Policies and procedures are subject to change at any time by HHSC, DSHS, the OAL Office, or the Program Director. All items not mentioned in this manual are governed by HHSC or DSHS policies and procedure. Residents are bound by the handbook in place at the start of their training.
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Letter from the Program Director

Peter Pendergrass, MD, MPH

Welcome to the Texas Department of State Health Services (DSHS) Preventive Medicine residency program. We are glad you are interested in preventive medicine. As you review our website, I hope you note three critical aspects of our program. These include a balanced curriculum, the opportunity for real world, hands-on experience, and a talented and skilled faculty who are actively practicing preventive medicine across the state of Texas. These three factors provide an environment for qualified candidates to excel in public health and preventive medicine.

Our program is nested in DSHS as a whole. As such, you will have the opportunity to gain preventive medicine experience from an urban/suburban to a rural/frontier perspective, insight into preventive medicine issues impacting counties bordering Mexico, and experience in such areas as disaster mitigation, response and recovery, epidemiology, communicable disease prevention and treatment, occupational medicine, and zoonotic diseases from a state, regional and local level. You will also gain insight into the interaction of public health with government at the state and local levels. As your skills and knowledge grow, you will be given real-world leadership opportunities.

Our faculty are highly trained and skilled in public health and preventive medicine. Their areas of expertise are in fields such as disaster response, epidemiology, health policy and management, occupational medicine, preventive medicine, and zoonotic diseases. They practice across all spectrums of public health. Moreover, they are actively engaged in assessment, assurance, and policy development from the local to state level.

I want to thank you for your interest in the preventive medicine residency program at DSHS. Our focus is on equipping the next generation of public health and preventive medicine leaders for Texas and the country.

If you have any questions, please feel free to contact me at peter.pendergrass@dshs.state.tx.us.
July 6, 2015

PREVENTIVE MEDICINE AND PUBLIC HEALTH RESIDENCY PROGRAM

INSTITUTIONAL STATEMENT OF SUPPORT

The mission of the Department of State Health Services is to improve health and well-being in Texas. To achieve that mission, Texas must have a strong and fully trained Preventive Medicine/Public Health physician workforce.

Recognizing a shortage of Preventive Medicine specialists nationwide and the benefits to the institution from being able to hire board eligible or certified Preventive Medicine physicians who have trained specifically in Texas, the Department established a residency program in 1959. The program’s graduates have greatly strengthened Texas’ public health efforts. Graduates of the program hold key positions at a local, regional, state, and national levels of public health practice.

The Department continues to appreciate the significant contributions the residency program makes to the strengthen Public Health in Texas and pledges its continued support to the program. Our commitment continues to include the assurance of appropriate educational experiences and the commensurate financial and human resources necessary for residents to achieve the competencies required by the program and the specialty.

Kirk Cole
Interim Commissioner

An Equal Opportunity Employer and Provider
Mission Statement and Educational Goals

With the intent to train future leaders of Texas public health, DSHS embarked on its program of residency training in the 1950’s. The program exists to prepare physicians possessing the dedication and value systems, for a competent, productive preventive medicine practice and career. The curriculum and training experiences enable the resident to reach the overall program educational goals:

- Achieve core and preventive medicine specialty competencies necessary for effective practice;
- Master subject matter pertaining to the scope of public health and preventive medicine duties of DSHS; and
- Attain certification by the American Board of Preventive Medicine.

Why a Preventive Medicine Residency Program at DSHS?

Physicians who continue their post graduate training through a year of clinical rotation (PGY-1), obtain an MPH or equivalent degree, and complete a two year practicum in the field of public health with an accredited program (PM-1 and PM-2) can become eligible to take the American Board exam in Preventive Medicine. Such physicians are in demand as directors of local, state, and federal health departments or agencies, as well as leaders in other preventive and public health roles.

DSHS recognized a shortage of Preventive Medicine specialists nationwide. The residency program also recognized the benefits being able to hire board certified Preventive Medicine physicians trained specifically in Texas public health law, demography, and epidemiology problems. Thus, DSHS established its residency program in 1959. The graduates of the program have greatly benefited Texas and held key positions at local, regional, state, and national levels.

Program Administration and Management

The Accreditation Council for Graduate Medical Education (ACGME) accredits the Texas Department of State Health Services (DSHS) Preventive Medicine residency program. The Office of Academic Linkages serves as the Graduate Medical Education
Department of State Health Services

(GME) office and administers the program for the Commissioner of Health. The Texas Commissioner of Health is the approving authority for the Institution. At the institutional level, the residency program includes:

1. Designated Institutional Official (DIO): The DIO is responsible for oversight of institutional and program compliance with ACGME and RRC requirements for residency training programs.

2. Graduate Medical Education (GME) Director: The GME Director is responsible for maintaining oversight of the accreditation process for each individual specialty program as well as the institutional accreditation. Works directly with the DIO (Designated Institutional Official) to direct the administrative operations and strategic planning as well as maintain appropriate oversight and management of all medical education programs within the institution for program compliance with accrediting and regulatory agencies and makes formal recommendations for improvement.

3. Graduate Medical Education Committee (GMEC): The GMEC is responsible for establishing and implementing policies and procedures regarding the quality of education and the work environment for the residency program. Voting membership on the committee must include the DIO, residents nominated by their peers, the Program Director, the Commissioner, and the GME Director. It may also include members of the faculty or of DSHS executive leadership as determined.

At the program level, the residency program includes:

1. Program Director: The physician with authority and accountability for the operation of the residency program.

2. Resident: Any physician completing an accredited graduate medical education program, including interns, residents, and fellows.

3. Residency Advisory Committee (RAC): Ensures that the program is in compliance with ACGME requirements for Preventive Medicine/ Public Health programs and provides overall curricular oversight.

4. Faculty: public health professionals at DSHS, medical schools, public health schools, and in private practices across the State of Texas who serve as site supervisors or resident mentors.

5. Site Supervisor: Faculty that will be available to answer questions or resolve problems during a rotation or learning activity. The Site Supervisor will also provide end of rotation evaluations.

6. Mentor: Each resident will be assigned a mentor to assist in developing a self-evaluation, provide critique and career advice.
Policies and Procedures
Resident Eligibility and Selection

Purpose
The General Preventive Medicine Residency program is a two-year residency program that prepares physicians for leadership roles in public health. This policy is to establish a formal institutional policy addressing eligibility and selection criteria for applicants to the Preventive Medicine/Public Health residency program within the ACGME accreditation guidelines. DSHS does not offer post-graduate observerships.

Eligibility for Appointment
Applicants eligible for appointment must meet the following qualifications to maintain compliance with the Institutional Requirements published by the ACGME:

1. Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME); or
2. Graduation from any college of Osteopathic Medicine accredited by the American Osteopathic Association (AOA); or
3. Graduation from medical school outside of the United States or Canada and possessing a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment.
4. Successful completion of a year of clinical training (PGY-1) in an ACGME-accredited clinical year (12 months) with a minimum of 11 months of direct patient care in both inpatient and outpatient settings. A notarized copy of the completion certificate and an evaluation of competencies by the Program Director is required as documentation of this requirement.
5. A Physician in Training permit (PIT) or an active license from the Texas Medical Board. Residents must obtain licensure before the residency program’s start date.
6. Appointment to a Resident Physician position is contingent upon possession of an MPH or equivalent degree, or admission into an MPH program at University of Texas School of Public Health.
7. Applicants must be eligible for either a training permit or a permanent medical license as granted by the Texas Medical Board.
8. Applicants must be legally authorized to work in the U.S. without sponsorship.

How to Apply
Interested applicants must use the Electronic Residency Application Service. Paper applications are not accepted. A complete application consists of:

Current Medical Students
1) Personal Statement;
2) Official Medical School transcripts;
3) 3 letters of recommendation;
4) USMLE or COMLEX scores;
5) Medical School Performance Evaluation (MSPE);
6) ECFMG certificate, if applicable;
7) CV.

Current Licensed Physicians
1) Personal Statement;
2) Official Medical School transcripts;
3) 3 letters of recommendation (one from a previous Program Director for your clinical training);
4) ECFMG certificate, if applicable;
5) CV;
6) Summative evaluation from previously completed residency programs.

Appointment and Reappointment

Notice of Appointment
Selection of the resident for appointment to the program will be in accordance with ACGME Institutional, Common and Specialty/Subspecialty Program Requirements, as well as with DSHS and human resource policies and procedures. The appointment term will generally be for a period encompassing the PGY year (typically 12 months); a resident may be appointed for shorter terms at the discretion of the Program Director. As a condition of appointment, a resident is not permitted to have concurrent agreements, appointments, and/or contracts with other hospitals or institutions while employed by DSHS.

Reappointment and Promotion
Reappointment and promotion to the next level of training is made at the discretion of the Program Director. The decision to promote and/or reappoint a resident will be based on performance evaluations, supervisor review and comments, an assessment of the resident’s readiness to advance (including, but not limited to attainment of the ACGME Competencies at the respective level of education, experience, demonstrated ability, clinical performance, professionalism), and the resident’s cumulative record of achievement and conduct. In instances where a resident will not be promoted and/or reappointed, the Program Director should provide the resident with a written notice of intent not to promote and/or not to reappoint no later than four months prior to the end of the resident’s current appointment term. However, if the primary reason(s) for the non-promotion and/or non-reappointment occur(s) within the four-month period preceding the end of the appointment term, the Program Director will provide the resident with as much written notice of the intent not to promote and/or not reappoint as circumstances will reasonably allow. Upon a resident’s timely written

1 Only three tries maximum on each respective test.
request, a Program Director’s non-reappointment and/or non-promotion decision will be reviewed pursuant to the policies set forth in this Manual.

**Criminal Background Checks**
DSHS conducts a criminal background check on applicants accepted into residency program. Appointment is expressly contingent in part upon a resident’s consent to and timely completion of the background check as well as receipt of acceptable results of the background check. Criminal background checks may be periodically conducted on current residents employed by DSHS as may be requested by affiliated hospitals or when a resident has self-reported an incident as set forth in Program’s and/or an affiliated entity’s policy.

**Drug Screening**
DSHS may require a resident who has been offered an appointment agreement to undergo drug screening. Appointment of a resident to DSHS is expressly contingent in part upon a resident’s consent to and timely completion of any required drug screening as well as acceptable results received by DSHS. DSHS may randomly screen a resident periodically during appointment, with continuation of the current appointment and each successive appointment, if any, expressly contingent upon consent to such screenings, especially as required by affiliated hospitals/clinics or upon reasonable suspicion of impairment and/or possession or use of drugs or alcohol on DSHS property and/or while on duty.

**Essential Personnel**
Residents have a professional obligation to be available for work during periods of adverse weather conditions and other declared emergencies, and unless released by the Program Director, are required to report to their designated work site during their appointed schedule even if the DSHS offices are closed due to adverse weather or other conditions. Residents should contact the Program Director to determine their status during times of adverse weather conditions or other emergencies. Residents are not authorized to be absent from their assigned rotations without the specific written advance approval of the Program Director. Residents who fail to report to their scheduled rotation because of weather conditions without the approval of the Program Director shall be subject to corrective action.

**Professional Fees**
As a condition of acceptance to the program, residents waive all rights to fees for professional services to patients, regardless of the level of participation in the care of those patients. Such fees will be collected on behalf of the supervising professional staff in accordance with the regulations of the hospitals or other clinical settings in which the work is performed; the practices of the professional staff of each hospital or clinical setting; and the regulations, where applicable, of third-party payers.
Deadlines for USMLE/COMLEX

PM-1 Level
No later than March 1 of the PM-1 year, or 4 months before the end of a resident’s PM-1 year, each resident shall be required to provide verification to the Program Director and GME Director of having passed USMLE, Step 3, or its equivalent, within the number of attempts permitted for Texas licensure consistent with state licensing laws.

Program Agreement Void
If a resident has not met the requirements with regard to passing USMLE or COMLEX as outlined herein, the resident is not eligible for promotion in the residency program. Therefore, any previously executed program agreement, if applicable, will be deemed null and void.

Failure to Pass USMLE/COMLEX Steps 3
If a resident fails to pass Steps 3 of the USMLE or the COMLEX no later than March 1, or 4 months before the end of the PM-1 year, a reappointment agreement will NOT be offered to the resident. However, the resident will be required to complete his/her obligation under the current appointment, i.e., serve as a resident through June 30 of the year, or until the resident has completed his/her then current year of training, unless specific facts or conditions indicate that an exception should be granted. Such exception must be approved by the Program Director.

Passing USMLE Step 3 after the Deadline
If a resident passes Step 3 of the USMLE subsequent to March 1 of the PM-1 year, but prior to June 30 of that year, or before the end of the PM-1 year, the Program Director, at his discretion, may offer a reappointment agreement if the program has not already filled the position. However, a resident who passes USMLE Step 3 after the deadline of March 1, or 4 months before the end of the PM-1 year, is NOT guaranteed a residency position under this circumstance.

Medical Licensures and Permits

Current or Former Medical License
Each resident shall timely provide copies of all medical licensure information to OAL. A resident having either a current or a former license from any state must provide a copy of it to OAL prior to the beginning of the residency. If any license has been canceled, limited, or removed for any reason, certified copies of that information must be provided in advance of appointment to establish eligibility for appointment. If, or when, discovery of licensure problems is made after appointment, failure on the part of the resident to provide this information at the earliest time possible to the Program Director, as outlined above, constitutes failure to comply with terms of the MOU, renders the agreement null and void and results in immediate termination of the resident’s appointment.
Texas License or PIT Permit

Patient Care
No resident will be allowed to participate in clinical or patient care duties unless a current, valid Texas medical license or a Physician in Training permit (PIT) is on file in OAL and the residency program department.

Physician in Training Permit
A Physician-in-Training permit is required for any resident not fully licensed as a practitioner in the State of Texas. The permit, obtained from Texas Medical Board (TMB), does not authorize a resident to practice clinical activity outside his/her training program. Notification from TMB that the resident’s application for a Physician in Training permit is denied for any reason will void the MOU and any applicable provisions therein.

Texas Medical License
Subject to program requirements, an eligible resident may be required to obtain a Texas license after the first year of training. If this is not a departmental requirement, the Physician in Training, formerly referred to as basic postgraduate permit, is renewed as applicable in accordance with current TMB rules. Expiration of one’s license or permit will result in suspension of privileges by the affiliated hospital and/or dismissal from the residency program.

Program Director’s Duty to Report to the TMB
TMB requires that within 7 days of occurrence, the Program Director must report in writing to the TMB Executive Director the following occurrences:

1) If an applicant did not begin the program due to failure to graduate from medical school as scheduled, or for any other reason(s).
2) If a permit holder has been terminated or has resigned from the program and the reasons(s) why.
3) If a permit holder has been or will be absent from the program for more than 21 consecutive days (excluding vacation, family, or military leave) and the reason(s) why.
4) If the program has information that a permit holder has been arrested after the permit holder begins training in the program.
5) If the program has information that a permit holder, while in postgraduate training:
   a. Engaged in alcohol or chemical substance abuse, dependency or addiction;
   b. Engaged in sexual contact with a patient, or sexually inappropriate behavior or comments directed towards a patient;
   c. Behaved in a disruptive manner toward physicians, hospital personnel, other medical personnel, patients, patient’s family members or others that interferes with patient care or could be reasonably expected to adversely impact the quality of care rendered to a patient; is known or suspected to have a medical disorder and has exhibited behavior that is likely to have resulted
from the disorder and that could reasonably be expected to adversely affect the quality of care rendered to patients;

d. Is known or suspected to have a sexual disorder including, but not limited to, pedophilia, exhibitionism, voyeurism, frotteurism, or sexual sadism;

e. Was named in a professional liability claim or suit in which the permit holder was named that involved death or serious bodily injury and in which funds were paid on behalf of the permit holder;

f. Failed to practice medicine in an acceptable professional manner consistent with public health and welfare where such failure indicates the permit holder is unable to practice medicine in a competent manner and the permit holder has been unable to correct his or her deficiencies through the remedial measures, if any, offered by the program.

6) If the program has determined that a permit holder has committed unprofessional or dishonorable conduct within the meaning of the Texas Medical Practice Act, or as further addressed in the Texas Administrative Code, Section 190.8, Violation Guidelines, relating to, and the reason(s) why;

7) If the program has, in relation to academic or non-academic reasons, made a final determination and taken disciplinary or adverse action to include:
   a. Limited, reduced, suspended, revoked or denied privileges;
   b. Formally warned, censured, reprimanded, or admonished in writing;
   c. Monitored admissions and/or treatment plans in a manner that exceeds standard educational practices;
   d. Placed the permit holder on academic or disciplinary probation;
   e. Requested termination or terminated the permit holder from the program, requested or accepted withdrawal of the permit holder from the program, or requested or accepted resignation of the permit holder from the program;
   f. Any such similar action and the reason(s) why.

**Resident’s Duty to Report to the TMB**

The TMB requires all Residents with PIT permits to report, in writing, the following circumstances to the Executive Director of the Board within 30 days of their occurrence:

1) the opening of an investigation or disciplinary action taken against the PIT permit holder by any licensing entity other than the Texas Medical Board;

2) an arrest, fine (over $250), charge or conviction of a crime, indictment, imprisonment, placement on probation or receipt of deferred adjudication; or

3) diagnosis or treatment of a physical, mental or emotional condition that has impaired or could impair the PIT permit holder’s ability to practice medicine.

Failure to comply with the provisions of this chapter (22 Tex Admin Code, Section 171) or Tex. Occ. Code, Sec. 160.002 and 160.003 may be grounds for corrective action, including disciplinary action up to and including dismissal from the residency program.
Required Certifications
Residents are required to have current accredited certification throughout their training period for the following:

- Advanced Cardiovascular Life Support (ACLS);
- Automatic External Defibrillators (AED);
- Cardio Pulmonary Resuscitation (CPR).

Residents are also required to be fit-tested for N-95 respirator and wear N-95 respirator for all patients with verified or suspect pulmonary TB, H1N1, SARS, and other diseases as required.

Drug Enforcement Administration (DEA) and Department of Public Safety (DPS) Numbers
Each eligible resident is responsible for obtaining, as well as maintaining current, his/her individual DPS and DEA numbers and must keep the program and OAL Office informed of his/her status.

Education Program

Educational Goals
The Program Director, with the assistance of the faculty, is responsible for developing and implementing the academic and clinical program that includes, but is not limited to, a written compilation of the program’s educational goals with respect to the knowledge, skills and other ACGME competencies required of each resident as s/he relates to each major assignment and level of the training program. The document will be distributed to and reviewed with each resident prior to the assignment.

Required Competencies
Appointment to a residency program requires that each resident develop and master competencies for each level of training expected of a beginning practitioner, as referenced below in the following six areas:

Patient Care
Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge
Medical knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care.

Practice-Based Learning and Improvement
Practice-based learning and improvement that involves investigation and evaluation of a resident’s own patient care, appraisal and assimilation of scientific evidence and improvements in patient care.
Interpersonal and Communication Skills
Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and other health professionals;

Professionalism
Professionalism as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population; and

Systems-Based Practice
Systems-based practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Scholarly Activities and Research
The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and requires that an active research component be included within each program. The faculty and each resident must participate actively in scholarly activity. Scholarship is defined as any of the following:
   a) The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals;
   b) The scholarship of dissemination, as evidenced by review of articles or chapters in textbooks;
   c) The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series;
   d) Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis for each resident involved in research; and provision of support for resident participation, as appropriate, in scholarly activities.

Continuity Clinic
During their residency, the residents will develop progressive skills in patient care and practice management. Health Promotion and disease prevention will be emphasized. With time, the resident will progress through the educational development of ambulatory clinical diagnostic and therapeutic skills. As the resident’s abilities improve, there is a progression in resident independence and an expectation of skills proficiency. Therefore, residents will maintain a record of the patients they see during each clinic session as well as procedures performed. Clinic reporting must be done weekly. The Program Director will review clinic performance monthly and discuss with the resident during semi-annual evaluations.
Evaluation and Advancement

A resident should generally be evaluated at least twice each year based on the ACGME core competencies and the resident’s performance in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. To progress in the program and be ultimately successful in completing the program, a resident must demonstrate his or her ability to assume increased responsibility for patient care. Advancement to higher levels of responsibility will be based on an evaluation of his or her readiness for advancement. This determination is the responsibility of the Program Director with input from members of the Clinical Competency Committee (CCC).

Evaluations will generally be communicated to the resident in a timely manner. The evaluations and the resident’s responses to the evaluations, if any, will be maintained in the Residency Management System (RMS), or, in limited situations, OAL and will be accessible to the resident for review.

It is the duty of the Program Director to establish a mechanism for evaluating the performance of the resident, including written progress reports to the resident. If a resident is not performing satisfactorily, the Program Director must document the deficiencies and outline a plan or program to correct the deficiencies. The plan or program may be formal or informal and may include corrective action. The resident is responsible to follow up with any questions regarding an evaluation.

The residency program must allow residents to complete written confidential evaluations of faculty at least annually. Furthermore, residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.

**Resident Evaluations**
- Faculty evaluation of residents should be immediately available for review by the resident after completion by the faculty. The OAL will notify residents of completed evaluations’ availability for review. The resident signatures are required before evaluations are filed.
- Program Director evaluations of residents should occur at least semi-annually.
- Residents will complete Self-evaluations in the Fall of each academic year. The self-evaluations will be discussed with assigned mentors and used to develop learning plans for the year.
- 360 evaluations.

**Faculty Evaluations**
- Resident evaluations of the faculty will be held for two years, at which time an anonymous, aggregate summary of their evaluations may be released to faculty. This summary may also be released as necessary, with Program Director review and approval in instances where evaluations are required for faculty reappointment.
• The Program Director must review resident evaluation of faculty regularly. The Program Director must respond to low (below average) evaluation scores as soon as possible.
• The Program Director must notify the RAC chairs when a faculty member receives low evaluation scores. The biennial faculty evaluation review and reappointment process must include review and discussion of resident evaluations.

Program Evaluations
Faculty and residents must complete a written confidential evaluation of the program annually. The program will send a notice of the survey availability.

Benefits Summary
Resident Physicians at DSHS are eligible for the following:

Health Insurance
• HealthSelect and HMOs options
• $5,000 Basic Term Life Insurance
• Prescription drug program

Dental Insurance
• PPO and DHMO options
• Preventive, basic and major dental service levels

Disability Insurance
• Short and Long-term options
• Coverage available only to resident

Life Insurance
• Additional coverage up to four times your annual salary (maximum of $400,000)
• Purchased in increments of $5,000 with benefits between $10,000-$200,000 for Accidental Death and Dismemberment
• Terminally ill accelerated benefits
• $5,000 Dependent Term Life

Vision
• Benefits cover routine eye exams, glasses, and contacts.
• One routine eye exam for a $40 copay per calendar year
• Frames up to a 30% discount off retail price
• Eyeglass lenses and Contact lenses

Flexible Spending Reimbursement Accounts
TexFlex allows you to pay for planned out-of-pocket health and dependent day care expenses tax-free.
Retirement Accounts
• ERS Retirement account
• TexaSaver 401(k) and 457 accounts

Additional Benefits for You and Your Family
• 24/7 access to your account
• Tobacco Users
• Wellness Programs
• Discount Purchase Program

Reasonable Accommodation Policy

Purpose
It is the policy of the residency program to provide reasonable accommodations to qualified residents with a disability when available. Reasonable accommodation may be made in the form of an evaluation, where necessary. Whether or not a requested accommodation is reasonable or available will be determined on an individual basis. Determining what is a reasonable accommodation is an interactive process that the resident should initiate as early as possible with the Program Director.

Policy
General principles include:
• a reasonable accommodation must be effective;
• the reasonable accommodation obligation applies only to accommodations that reduce barriers to employment related to a person's disability;
• a reasonable accommodation need not be the best accommodation available, as long as it is effective for its purpose;
• The residency program is not required to provide an accommodation that is primarily for the resident's personal use, and
• ADA's requirement for certain types of adjustments and modifications does not prevent an employer from providing accommodations beyond those required by the ADA.

In compliance with applicable law, DSHS will provide a reasonable accommodation to a qualified individual with a disability during the application and selection process. If an applicant needs accommodation, the applicant should notify the Program Director as soon as possible to allow for appropriate measures. OAL is available to assist during this process.

A qualified individual with a disability under ADA:
1) has a physical or mental impairment that substantially limits one or more major life activities, and
2) can perform the essential functions of the job with or without reasonable accommodation(s).

To request a reasonable accommodation, the resident should:
1) notify the Program Director of the need for accommodation. This notification may be made orally or in writing; and
2) complete HR1602, Reasonable Accommodation Request, and submit the form to the Program Director, with a copy to OAL.

The resident can contact OAL prior to completing this step if he/she has questions or would like to discuss his/her circumstances before sharing with the Program Director.

Records obtained or created during the processing of a request for a reasonable accommodation are confidential to the extent allowed by law and maintained separately from resident master files.

**Resident Responsibility under ADA**

A resident requesting a reasonable accommodation has a duty to cooperate in an interactive process by:
- completing HR1602;
- providing medical release/report;
- answering additional questions about the type of accommodation that may be needed;
- suggesting any alternative accommodation when requested to do so; and
- providing additional information and documentation about specific medical information related to an accommodation.

The failure of an applicant or resident to provide necessary medical information or to cooperate in identifying an accommodation may be cause for closure of an accommodation request.

If a resident requests assistance or some adjustment or change necessary to do the job because of the individual’s disability, then the person receiving such request must refer the individual to policy and necessary forms for completion.

**DSHS Responsibility under ADA**

When an accommodation is requested, DSHS has an affirmative responsibility to initiate and engage in an interactive process with the individual to:
- determine the essential functions of the job in question;
- identify the individual's functional limitations as they pertain to the essential job functions;
- identify potential accommodations and examine the effectiveness of each in terms of enabling the individual to perform the position's essential functions;
- consider other possible accommodations; and
- consider the preference of the individual and select the accommodation most appropriate for both the individual and DSHS.

DSHS does not have to provide the best or preferred accommodation, as long as the accommodation is sufficient to meet the job-related needs of the person effectively. DSHS has the responsibility to make the final decision on the type of accommodation.
Resident Conduct

All residents need to become familiar with and abide by these rules of conduct.

Restrictions and Expectations

As public servants responsible for assisting Texans and serving the taxpayers of this state, DSHS expects residents to maintain the highest level of ethical conduct. DSHS has adopted standards of conduct and work rules to guide residents in dealing with ethical dilemmas in the workplace. Violation of these policies may result in disciplinary action, up to and including dismissal, and, in some cases, referral to state or federal law enforcement agencies. In addition to the DSHS standards of conduct, each DSHS agency may adopt additional standards of conduct to meet its needs.

When attempting to resolve concerns related to conflicts of interest, standards of conduct or work rules, residents should attempt to address their concerns with the Program Director. The DSHS standards of conduct and work rules are minimum requirements and are not all-inclusive.

Residents who work in areas with additional requirements (for example, counseling or internal auditing) must also abide by applicable professional requirements. Compliance with the DSHS standards of conduct and work rules does not create a right to future employment.

Standards of Conduct

Residents may not have any financial or other interest, engage in any business or professional activity, or incur any obligation that substantially conflict with the proper discharge of the resident’s duties in the public interest.

Specifically, residents should not:

- accept or solicit any gift, favor, or service that might reasonably tend to influence the resident in the discharge of official duties, or that the resident knows or should know is being offered with the intent to influence the resident’s official conduct;
- accept other employment, or engage in a business or professional activity that the resident might reasonably expect would require or induce the resident to disclose confidential information acquired by reason of the official position;
- accept other employment or compensation that could reasonably be expected to impair the resident’s independence of judgment in the performance of the resident’s official duties;
- make personal investments that could reasonably be expected to create a substantial conflict between the resident’s private interest and the public interest; or
- intentionally or knowingly solicit, accept, or agree to accept any benefit for having exercised the resident’s official powers or performed the resident’s official duties in favor of another.
Additionally, residents must exercise sound judgment in all relationships with DSHS agency’s clients, contractors, or other DSHS employees by displaying professional decorum and refraining from personal involvement of any kind that would discredit or embarrass the DSHS agencies or the individual involved.

In situations not specifically prohibited or addressed in these standards, federal and state regulations and laws shall apply (including Chapters 36 and 39 of the Texas Penal Code and Chapter 572 of the Texas Government Code).

**Work Rules**

Residents are expected to observe work rules. These rules may extend beyond regular work hours and the resident’s work site, provided there is a demonstrable relationship between the resident’s conduct and job performance or agency policies.

Violating work rules could result in disciplinary action, up to and including dismissal from employment and possible criminal prosecution.

Any resident who knows about a violation of work rules and does not report it may be subject to disciplinary action, up to and including dismissal from employment.

Residents must:

- be familiar with and follow all DSHS policies and procedures relating to job performance and work rules;
- perform their job duties, meet DSHS standards for job performance, and follow job-related instructions from DSHS supervisors;
- avoid, during assigned work hours, doing personal work or personal reading, using the telephone excessively for personal reasons, or behaving in a way that distracts others or disrupts the workplace;
- limit personal use of state computers. Personal use must not increase the state’s costs for computer supplies, such as paper or toner. Printing personal documents is prohibited;
- not use state computer resources to play games unless there is a DSHS agency approved business related purpose, such as using a computer game for resident training on computer skills or a client's therapy or rehabilitation;
- exhibit courtesy and respect in all interactions with clients, peers, coworkers, vendors, contractors, and any other people the resident meets in the course of their job;
- avoid situations in which personal or private gain or benefit may conflict with the public interest;
- not accept or solicit any gift, favor, service, or other benefit from anyone in exchange for performing their job duties, except for the resident’s salary and state employee benefits;
- not steal, sell, willfully or negligently damage, destroy, misuse, lose, or have unauthorized possession of owned or leased state property or use any DSHS property, services, or information in an unauthorized manner or for monetary
gain (including vehicles, long distance telephone services, and DSHS computer systems); not use DSHS telephone numbers in personal advertising;

- protect state information and property;
- not destroy, falsify, or cause another to falsify, remove, steal, conceal, or otherwise misuse state information (including documents and oral information) or property;
- maintain honest and accurate records relating to time, leave, work, expense, and travel activities;
- not make false statements relating to the resident’s job duties or employment;
- not purport to represent a DSHS agency without having such authority;
- not consume, be under the influence of, use, or possess alcohol, illegal drugs, or inhalants during work hours or on a DSHS agency's premises;
- not participate in gambling, betting, or illegal lotteries during work hours or on a DSHS agency’s premises;
- not engage in relationships with DSHS clients, service providers, contractors, or vendors that would impair objectivity in performing their duties or endanger confidentiality;
- not solicit, accept, or agree to accept an honorarium in consideration for services that the resident would not have been requested to provide but for the resident’s official position or duties. This does not prohibit a resident from accepting transportation, meals, and lodging expenses in connection with a conference or similar event when allowed by law. See Texas Penal Code § 36.07;
- keep all DSHS information and all information obtained as a DSHS resident confidential, except as otherwise required by law, e.g., the Public Information Act, Texas Government Code, Chapter 552 (client-related information may be released only in accordance with sound professional practices, state and federal regulations, and DSHS policies and procedures);
- repay the amount of any travel advance not used for travel expenses upon returning to their designated headquarters;
- maintain work areas in a manner which adheres to safety rules and allows for accessibility by authorized staff;
- not solicit or sell products or services to DSHS employees during work hours, or at any time where such conduct might lead to a conflict of interest;
- not solicit or sell products or services to DSHS clients at any time that such conduct might lead to a conflict of interest;
- not solicit or sell products or services to DSHS contractors, licensees, or others who do business with a DSHS agency;
- follow DSHS policy regarding political activities (See Chapter 4, Employee Conduct [B. Employee Conduct; Permitted Political Activities]);
- not have been convicted of a misdemeanor or felony that prohibits continued employment in the resident’s position; and
- not act in a manner that interferes with the proper performance of duties, office operations, or DSHS agency and program goals and objectives, or act in a manner that violates DSHS agency or program rules, regulations, or policies.
Dress Code
During business hours, residents are expected to present a clean and neat appearance, and to dress according to the requirements of their position. Examples of unacceptable attire include:
- anything minimal or revealing in nature;
- see-through or backless clothing; or
- anything with offensive language or graphics.
Supervisors and managers are responsible for consistently enforcing appearance and dress standards. When a resident is out of compliance, the Program Director should tell the resident privately to change attire. If the resident has to leave work to change, the time away from work will be charged to leave (vacation, state compensatory, or without pay).

Tobacco Policy
The DSHS Enterprise has adopted a tobacco-free policy in state buildings to promote health and well-being, and avoid the hazardous effects of tobacco use. Smoking or using other tobacco products is prohibited in all state buildings where a State agency is the sole occupant, except for DADS State Supported Living Center clients within designated areas of residential buildings. In buildings shared by State agencies and other agencies, companies, or organizations, smoking or using other tobacco products is prohibited in the portion of the building occupied solely by the DSHS agency. For the purposes of this policy, tobacco products include:
- smoking tobacco,
- e-cigarettes,
- chewing tobacco, and
- any article or product made of tobacco.
Smoking is prohibited on all property owned or leased by a health and human services agency, state vehicles and outdoor areas including parking lots/garages, sidewalks and grounds, including previously designated smoking areas.

No Right to Privacy of Property or Systems
The DSHS agency-provided equipment and informational systems, such as computer files, desk files, electronic mail (e-mail), and voice mail, are the property of the State of Texas. A DSHS employee does not have a right to privacy in any of the property provided by a State agency. Without advance notice, DSHS agencies reserve the right to:
- monitor voice mail messages;
- monitor messages sent over the e-mail system;
- monitor Internet usage;
- enter or monitor the computer files of residents; and
- examine any state-owned equipment or property.

Use of Internet and E-mail System
Like any other DSHS resource, the DSHS Internet connection and e-mail system are intended to support official DSHS business. The Internet and a resident’s DSHS agency
e-mail address may be used for limited personal purposes in the same manner as the telephone may be used for limited personal purposes. Any personal use of the state's computers must not increase the state's costs for computer supplies, such as paper or toner. Therefore, printing personal documents is prohibited. Residents must not use the Internet or e-mail system for:

- activities that interfere with the performance of official DSHS duties and normal work activities, including listening to or watching non-work related audio or video broadcasts;
- initiating, distributing, or forwarding chain letters;
- subscribing to mailing lists, mail services, list servers, chat rooms, or electronic discussion groups for strictly personal purposes;
- solicitation;
- personal business activities;
- viewing offensive or harassing statements, including comments based on race, color, national origin, age, sex, religion, disability, or veteran status; and
- viewing, sending, downloading, or storing sexually oriented messages or images.

Residents found using the Internet or e-mail system for inappropriate purposes may be subject to disciplinary action, up to and including dismissal. Viewing, downloading, sending, or storing non-work related sexually oriented material is cause for disciplinary action, up to and including immediate dismissal.

Residents who observe or suspect inappropriate use of the Internet or e-mail system must immediately report their observations to either their supervisor or the DSHSC Office of Inspector General (OIG), Internal Affairs Section. Residents must not conduct personal investigations or tamper with suspected computer equipment. OIG staff will notify appropriate staff of next steps.

Permitted Political Activities
Residents are guaranteed the following the right to vote; and the full rights of freedom of association and political participation, subject to applicable state and federal law. State and federal laws restrict the political activities of DSHS residents. However, DSHS residents are entitled to participate in all political activities not specifically prohibited by law or DSHS policy. For example, a DSHS resident may serve as a member of the governing body of a school system, city, town, or other governmental district, if the following conditions are met:

- the Executive Commissioner for Health and Human Services or designee approves;
- the resident is elected in a nonpartisan election;
- the resident does not receive a salary for the position; and
- the governing body does not have a contract with the DSHS agency employing the resident.

DSHS residents who are interested in receiving approval for participation in permitted political activities should contact agency legal services.

Prohibited Political Activities
DSHS agencies must not use public funds to:
• influence the outcome of any election;
• influence the passage or defeat of any legislative measure;
• pay the full or partial salary of any resident who is also a paid lobbyist; or
• pay any resident who violates any of these provisions.

A resident may not:
• use official authority or influence, or permit the use of a program administered by the state, to interfere with or affect the result of an election or nomination of a candidate, or to achieve any other political purpose (Texas Government Code § 556.004[c], Texas Human Resources Code § 21.009);
• coerce, attempt to coerce, command, restrict, attempt to restrict, or prevent the payment, loan, or contribution of anything of value to a person or political organization for a political purpose (Texas Government Code § 556.004[d]);
• dismiss, demote, or discriminate against a state officer or employee who uses state resources to provide public information or information in response to a request (Texas Government Code § 556.007);
• be a candidate for elective office in an election in which any of the candidates represents a political party whose candidate received electoral votes in the preceding election (5 USC §§1502-1503);
• use any state-owned or state-leased vehicle, equipment, telephone, materials, or time in connection with any type of political campaign; or
• wear or display political badges, buttons, or stickers while on duty, if the resident has contact with clients or the public, or if these activities interfere with the proper performance of duties or office operations.

Complaint Policy

Purpose
To ensure that residents have a mechanism through which to express concerns and complaints. For purposes of this policy, complaints should involve issues related to personnel, patient care and residency training environment matters.

Policy
DSHS and the residency program encourage the participation of residents in decisions involving educational processes and the learning environment. Such participation should occur in formal and informal interactions with peers, faculty and DSHS staff.

Efforts should be undertaken to resolve questions, problems and misunderstandings as soon as they may arise. Residents are encouraged to initiate discussions with appropriate parties to resolve issues in an informal and expeditious manner.

With respect to formal processes designated to address issues deemed as complaints under the provisions of this policy, the residency program must have an internal process, known to residents, through which residents may address concerns. The mentor is the first point of contact for this process.
Process
To ensure that residents are able to raise concerns and complaints in a confidential and protected manner in an environment which fosters open communication without fear of intimidation and retaliation, the following options and resources are available and communicated to residents and faculty annually:

Step One
Discuss the concern or complaint to your mentor, Regional Medical Director, Program Coordinator, and/or Program Director as appropriate.

Step Two
If the concern or complaint involves the Program Director and/or cannot be addressed in Step One, residents have the option of discussing issues with the RAC chairs as appropriate.

Step Three
If you are not able to resolve your concern or complaint with your program, contact the Designated Institutional Official (DIO) aileen.kishi@dshs.state.tx.us.

Grievances are limited to allegations of wrongful dismissal, wrongful suspension, wrongful nonrenewal or wrongful renewal without promotion of the annual resident Memorandum of Understanding. Grievances may not be filed for being placed on probation or immediate suspension from clinical responsibilities. The decision to suspend from the program, dismiss, not renew or renew without promotion a resident rests solely with the Preventive Medicine residency program.

Please refer to detailed information regarding the Grievance process in this manual.

Disciplinary Action Policy
Purpose
The purpose of this policy is to describe the Preventive Medicine/Public Health residency program guidelines to address any disciplinary action. The Program Director, Regional Medical Director or resident’s Mentor and the resident should attempt to resolve problems with a resident’s performance and/or behavior on an informal basis prior to invoking the procedure set forth below.

Probation
a. Probation may occur when ongoing and/or significant deficiencies in a resident’s performance or behavior are noted.

b. Probation allows the resident to continue active participation in the program while addressing the concerns and deficiencies identified in the written notice of probation.

c. The Program Director will issue a remediation plan to strengthen the resident’s performance deficiencies that may disrupt a resident’s progression or continuation in the program.
d. Probation is the period of critical remediation and evaluation of substandard performance that may otherwise be cause for immediate dismissal from the program.

e. At the Program Director’s discretion, time spent on probation may or may not count toward the completion of the training program. The Program Director shall specify the period of probation. Probation normally shall be a period appropriate to achieve the necessary performance or behavioral improvements. However, there may be instances where it is appropriate for the period to be as long as 12 months.

f. As outlined in *Grievance Policy and Procedure*, the resident may not file a grievance against a probation decision.

**Immediate Suspension from Physician duties**

a. Immediate suspension from resident physician duties involves removal for an indefinite period, usually not to exceed 30 days, without prior notice or the probationary/remedial period described above due to significant performance deficiencies related to patient safety.

b. The Program Director may impose immediate suspension from resident physician duties at his/her discretion.

c. The DIO may grant short-term paid administrative leave during preliminary verification of the allegation(s).

d. As outlined in *Grievance Policy and Procedure*, the resident may not file a grievance against an immediate suspension from resident physician duties.

**Suspension from the Program**

a. Suspension from the program involves removal from the program because of serious deficiencies in knowledge, performance, or behavior for an indefinite period without prior notice.

b. The Program Director may impose suspension from the program at his/her discretion.

c. During the period of suspension from the program, usually not to exceed 30 days, the Program Director must determine whether to reinstate or dismiss the resident.

d. The resident may file a grievance as outlined in *Grievance Policy and Procedure* against a suspension from the program.
Renewal without Promotion

a. Renewal without promotion means the resident does not promote to the PM-2 year at the completion of the PM-1 year of training.

b. The Program Director should renew without promotion when a resident has not been able to demonstrate clearly the knowledge, skills, or behaviors required to advance to the next level of training and responsibility.

c. The resident may file a grievance as outlined in *Grievance Policy and Procedure* against a decision to renew without promotion.

Non-Renewal

a. Non-Renewal means the training program has decided not to offer a contract to the resident for the next academic year or training period.

b. The resident will receive credit for successfully completing training as determined by the Program Director.

c. The resident may file a grievance under the Grievance Policy and Procedure against a non-renewal decision.

Dismissal

a. Dismissal involves immediate and permanent removal of the resident from the educational program for failing to maintain academic and/or other professional standards required to progress in or complete the program.

b. The Program Director or the DIO may dismiss a resident.

c. Sufficient notice to the resident that there are significant deficiencies in the knowledge, performance, or behaviors and potentially by previous disciplinary actions typically precedes dismissal.

d. However, there is no requirement that there be any preceding disciplinary action prior to a resident’s termination.

e. Dismissal can occur at any point other than the end of the academic year or end of the stated contract period, at which time it becomes a non-renewal.

f. The resident may not file a grievance against dismissal from the program if the action directly relates to suspension from the program and the resident invoked the grievance procedure for the suspension action.

g. Except in the above situation, the resident may file a grievance as outlined in *Grievance Policy and Procedure* against dismissal from the program.
Criteria for Dismissal
The Program Director may recommend that a resident be dismissed for unsatisfactory performance, lack of professionalism or conduct during the term of his/her annual program agreement/contract. Examples include, but are not limited to, the following:

- Performance that presents a serious compromise to acceptable standards of patient care or jeopardizes patient welfare.
- Failure to progress satisfactorily in fund of knowledge, skill acquisition and/or professional development.
- Unethical conduct.
- Excessive tardiness and/or absenteeism.
- Illegal conduct.
- Unprofessional conduct.

Disciplinary Procedure
1) The Program Director has the primary responsibility to monitor the resident’s progress and take appropriate academic and administrative disciplinary actions based on the resident’s performance in accordance with all ACGME core competencies.

2) The Program Director, after consultation with the resident’s mentor, may proceed under this policy to address deficiencies in the resident’s performance.

3) In instances where a training agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Program Director must provide the resident with a written notice of intent no later than four months (typically March 1st) prior to the end of the resident’s current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the program must provide the resident(s) with as much written notice of the intent not to renew or not to promote, as circumstances will reasonably allow, prior to the end of the current agreement.

4) Appropriate probationary and remedial periods as described in this policy should occur prior to non-renewal and/or renewal without promotion. However, there may be instances where immediate action is necessary.

5) The resident must be on probation for a specified period. The probationary and remedial period together should not be less than 30 days in length and may last as long as 12 months if appropriate. For ethical misconduct or substance abuse, a resident may be on probation indefinitely through the remainder of the training program. The mentor and Program Director shall meet with the resident regularly during the probationary period for formal review of the resident’s progress. Meetings may occur more frequently if deemed necessary.
6) While on probation, all moonlighting privileges and out-of-town electives for the resident will cease.

7) During and at the end of the probationary period, the Program Director will review the resident’s progress and determine whether satisfactory improvement has been made based on information obtained from various sources and results relating to terms of remediation outlined in the Letter of Probation, which may be solicited from faculty, staff and peers of the resident. If improvement has been unsatisfactory during the probationary period, (1) probation may continue for a specific period not to exceed an additional six months or (2) the Program Director may dismiss the resident. Any resident who is placed on probation for a third time for any reason may be continued on probation indefinitely, through the remainder of the training program, or dismissed without further notice.

8) There are limited circumstances where the period of probation may be indefinite and imposed for the remainder of the program. These circumstances include, but are not limited to, substance abuse and ethical misconduct. Examples of ethical misconduct include, but are not limited to, sexual harassment, patient abandonment, abuse of prescribing privileges and unlawful discrimination.

9) If a resident placed on probation for substance abuse or ethical misconduct, demonstrates a recurrence of unsatisfactory performance due to substance abuse during training, additional disciplinary actions may occur. Furthermore, the Program Director may dismiss the resident without any additional remedial period. If the resident’s behavior is potentially dangerous to patients, himself, herself or other individuals, the Program Director and resident’s mentor may impose immediate suspension of clinical responsibilities without a probationary period.

10) If the resident does not satisfactorily correct the deficiencies or if other deficiencies arise during the remedial/probationary period, the Program Director and GME Director will notify the DIO of the intent to dismiss the resident from the residency program. The DIO will review the department’s intended action prior to any notice to the resident. After such a review, the Program Director, resident’s mentor, and DIO must notify the resident in writing of the decision to dismiss the resident. If the residency program mails the decision, certified mail is required. The letter must identify the deficiencies lacking adequate correction.

Notification of State Boards

1) Reporting to the Texas Medical Board is required for residents dismissed, suspended from the program, or required to repeat the year.

2) Probation is a remedial mechanism utilized by the residency program in a variety of circumstances and designed to improve the academic performance of
a resident. In most instances, residents placed on probation continue to progress satisfactorily in a program. Reporting of residents placed on probation to the Texas Medical Board is not required of the residency program except as set forth below.

3) The Program Director is obligated to report unprofessional conduct of other licensed physicians to the Texas Medical Board (TMB). As defined by the statute, “unprofessional conduct” includes “habitual intemperance or excessive use of any habit-forming drug or any controlled substance...” and “such physical or mental disability as to render the licensee unable to perform medical services with reasonable skill and with safety to the patient.” This obligation to report to the TMB does not apply to situations where the Program Director has referred the resident for treatment as part of the probationary process.

Grievance Policy and Procedure
If a resident believes a wrongful suspension, dismissal, non-renewal or renewal without promotion occurred; he/she may invoke the grievance procedure described below. The grievance process intends to protect the rights of the resident and the residency program and to ensure fair treatment for both parties. Grievances are limited to allegations of wrongful dismissal, wrongful suspension, wrongful nonrenewal or wrongful renewal without promotion of the annual Memorandum of Understanding. This policy does not apply to probation and immediate suspension from clinical responsibilities.

The decision to suspend a resident from the program, dismiss, not renew or renew without promotion is an academic action and is the decision of the Preventive Medicine/Public Health Residency program.

In all cases of suspension from the program, dismissal, nonrenewal or renewal without promotion of a contract, the appropriate probationary and remedial periods should occur as prescribed in this manual. However, as discussed in this document there may be instances where immediate suspension without probation or remediation will occur.

All “written notification” associated with the formal grievance process shall be by certified mail.

Notification of intent to appeal
Any resident suspended from the program, dismissed or whose Memorandum of Understanding is not renewed or renewed without promotion shall be informed of the decision in person and/or by certified mail. The resident who receives said notice may appeal the dismissal, suspension, nonrenewal or renewal without promotion. Any appeal by the resident must be received by the Program Director within ten (10) calendar days of the resident’s receipt of the certified notice, or personal notice, whichever occurs first. The appeal notice period shall begin to run based on the date resident receives notice by certified mail or the date the resident receives the notice in hand, whichever occurs first. However, in the event the resident refuses to accept the
notice or otherwise does not receive the certified notice, the residency program will presume receipt of the certified notice within three (3) business days following dispatch from the residency program. In that case, the resident will have ten business days, plus three business days for a total of thirteen (13) days from the date of dispatch to file an appeal. A dated return receipt from the United States Postal Service shall be conclusive proof of an “attempt to deliver the notice.”

**Assembly of review committee**
Upon receipt of an appeal, the DIO (or designee) will convene an ad hoc committee to review the resident’s case. The committee shall seek advice from agency counsel who shall be present for the hearing to advise the committee. The review committee may also seek advice from other agency experts in the field of the resident’s specialty if deemed necessary. The review committee will include the DIO (or designee), one full-time faculty member, and one regional medical director not associated with the issue. The DIO will chair the review committee. The resident may object to a member of the review committee for cause. The DIO has sole discretion to replace a member if deemed warranted.

**Hearing**
The review committee will assess the merits of the decision at issue and hear evidence and arguments by the resident and the Program Director. Since the hearing is an academic proceeding, the rules of evidence shall not apply.

The Program Director is obligated to present to the review committee the reasons for and substantiating evidence in support of the decision at issue. The resident and Program Director may present documents or letters of support and call the testimony of witnesses. The resident may question witnesses who testify on behalf of the Program Director. The Program Director may question witnesses called by the resident.

The review committee shall tape record the hearing proceedings, but not its deliberations. Either party, at its own expense, may have a verbatim transcript made of the proceedings by a court reporter. Both parties may request a copy of the review committee’s tape recording.

An attorney may represent the resident in an advisory capacity, but the attorney may not function as a spokesperson for the resident during this grievance process.

**Final Determination**
The review committee will not overturn or modify the academic decision at issue unless, by majority vote, it concludes that the resident has established by a preponderance of the evidence that the decision at issue was arbitrary or capricious. The review committee will make its determination within thirty (30) calendar days from the close of the hearing. The review committee will notify the resident and the Program (in writing) of its decision. The decision of the committee is final. Should the Program reinstate the resident, the review committee may impose an additional period of probation as a condition of continuation.
Moonlighting Policy

Policy
The Graduate Medical Education Committee (GMEC) recognizes that moonlighting is not an activity associated with part of the formal educational experience. Residents will not practice medicine or any of the healing arts or other employment related to being a physician outside the scope of the residency training curriculum or the employment requirements of Texas Department of State Health Services.

Supervision Policy

Purpose
To ensure that the residency program provides residents adequate and appropriate levels of supervision at all times during the course of the program and residents deliver patient care in a safe manner.

Clinical Supervision
A licensed physician must supervise any resident working in a clinical setting. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. To ensure oversight of resident supervision and graded authority and responsibility, the program must use the ACGME classification of supervision (CPR VI.D.3):

Direct Supervision
The supervising physician is physically present with the resident and patient.

Indirect Supervision
With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight
The supervising physician is available to provide review of procedures/encounters with feedback provided after delivery of care.
**Supervisory Lines of Responsibility**

The attending physician is ultimately responsible for activities the resident will participate in within the context of the delineated educational goals and objectives for each rotation and level of training. The resident must perform under the direct supervision of the assigned attending and/or supervising physician. Educational goals and objectives for each rotation must be clearly discussed with residents by the supervising faculty at the beginning of each rotation. Residents must satisfactorily meet the goals and objectives and, upon conclusion of the rotation, the residents' performance must be discussed with the supervising faculty and/or program director.

Properly credentialed and privileged attending physicians will supervise residents in manners consistent with ACGME program requirements for the residency program. Supervising physicians who share responsibility for patient care on clinical rotation shall be clearly identifiable by residents. Both residents and supervising physicians will inform each of their patients of their respective role in that patient’s care. The residency program must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, taking a patient to surgery, or end-of-life decisions. Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

The faculty supervisor assigned for each rotation or clinical experience (inpatient or outpatient) shall provide to the Program Director a written evaluation of each resident’s performance during the period that the resident was under his or her supervision. The Program Director (or his/her designee) will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each resident and delegate to the resident the appropriate level of patient care authority and responsibility.

**Duty Hours Policy**

**Purpose**

The DSHS residency program policy on duty hours for residents follows the intent and language found in the ACGME guidelines addressing this topic. The program must abide by the following principles:

1. be committed to and responsible for promoting patient safety and resident well-being and provide a supportive educational environment;

2. learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations; and

3. duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Duty hours are defined as all clinical and academic activities related to the program, i.e., patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities and scheduled academic activities such as conferences.
Averaging must occur by rotation – 4 week period, 1 month period, or the period of a rotation if less than 4 weeks. Vacation and leave must be excluded when calculating duty hours, call frequency, or days off.

When residents complete a rotation outside the program, the specialty-specific program requirements regarding duty hours, as well as the receiving program’s duty hour policy apply.

**Maximum Hours of Work per Week 80-hour rule**
Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities, and internal and external moonlighting.

**Mandatory Time Free of Duty 1-in-7 off rule**

a) Residents must be scheduled for a minimum of 1 day free of duty every week (when averaged over a 4-week period). At-home call cannot be assigned on these free days.

b) One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.

**Maximum Duty-Period Length**
PM-1 and above have a 24 hour maximum

1) (24+4) - The additional 4 hours for transitions of care, no additional clinical responsibilities after 24 hours of continuous in-house duty.

2) Strategic napping, especially after 16 hours of continuous duty and between 10 pm and 8 AM, is strongly suggested.

3) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

   a) The resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director.

   b) The Program Director must review each submission of additional service and track both individual resident and program-wide episodes of additional duty.

**Minimum Time off Between Scheduled Duty-Periods 10-hour rule**

a) Residents should have 10 hours and must have 8 hours free of duty between scheduled duty periods.

b) Intermediate-level residents (PM-1 and above) must have at least 14 hours free of duty after 24 hours of in-house duty.
c) residents in the final years of education and under certain circumstances (as defined by the Review Committee), may need to stay on duty to care for their patients or return to duty less than 8 hours in preparation of entering unsupervised practice of medicine and care for patients over irregular or extended periods.

d) These instances must be monitored by the Program Director and there must continue to be compliance with the 80 hour, 1-in-7 off, and maximum duty-period length requirements.

Fatigue Mitigation

The residency program must educate all faculty and residents to recognize the signs of fatigue and sleep deprivation; provide education in alertness management and fatigue mitigation processes; and must adopt and apply policies to prevent and counteract the potential negative effects on patient care and learning such as back-up call schedules and naps.

Closure or Reduction of Program

Notice Regarding Closure or Reduction of Program

In the event a Program Director determines the need exists to reduce the size of or close the program, the Program Director shall first confer with the GMEC. After notice is given to the GMEC, The Program Director, in conjunction with representatives of OAL, will notify each affected resident in writing at the earliest possible date.

Effect of Closure or Reduction of Program

In the event of reduction or closure as outlined herein, DSHS will either allow a resident already in the program to complete his/her training, or assist the resident in obtaining a residency position in another ACGME-accredited program.

Program Completion

Completion Requirements

A post-graduate education program is not considered completed until the resident has satisfactorily fulfilled the total training time specified by program requirements. Failure to complete this requirement satisfactorily may jeopardize a resident's eligibility for Specialty Board Examination, the discretion and responsibility of which rest with the Program Director.

Certificate of Completion

Upon recommendation of the Program Director, a certificate of completion is awarded to a resident who satisfactorily completes the residency training requirements for board certification eligibility, and all exit protocols are appropriately completed.

Verification of Training

Letters verifying training are provided at the request of the resident who satisfactorily completes only a portion of training, but does not complete the training requirements
for board eligibility. Advance written verification by the program and written approval by OAL are required prior to issuance of a letter verifying training.

Conditions of Separation

Resignation
A Resident may resign from a Program by providing at least 30 days' written notice of his or her intent to resign. The resident’s resignation must be submitted to the GME Director. All conditions of appointment will terminate on the effective date of the resignation. At the discretion of the Program Director, a resignation may be accepted effective immediately, notwithstanding the proposed effective date provided by the Resident.

Separation
Separation may occur at the end of an appointment term under any circumstances in which reappointment does not occur, including successful graduation from the program.

Termination
A Resident’s appointment may be terminated prior to the end of the appointment term as described in this manual.

Checkout Procedure
Residents departing a Program, whether through completion, program closure, resignation, separation, termination, or other means, shall check out through the program in accordance with the checkout procedures set forth by OAL.

Photo ID Card
Photographic I.D. badges will be issued during the orientation process. You are required to wear your I.D. badge at all times when on duty. Under no circumstances may your I.D. badge be loaned to anyone. Your I.D. badge functions as your identification badge & security access card. Upon completion of training, you will need to turn in your badge to OAL Office.

Library Services
All residents have access to both physical and online library services. Library hours are Monday through Friday from 8:00 am to 5:00 pm. Please bring your DSHS photo ID badge.
Policy Dissemination and Education

In order to make sure that faculty and residents are aware of the program policies, this manual will be added to the program website. The Program Director will review the manual with new residents and faculty during orientations.
Appendices
APPENDIX A - MANDATORY PROCEDURES

Certain requirements in the areas of medical records, employee health, and cardiopulmonary resuscitation must be met by all residents. Failure to comply may result in the unpaid suspension of the house staff officer from training, pending satisfactory completion of any given requirements.

Medical Records

1) Protection of Medical Information/records
   a) All medical records are the property of DSHS or the property of the external program site for clinical rotations.
   b) HIPPA regulations must be complied with fully at DSHS and at external rotations.
   c) Review of a medical record is for professional purposes only.
   d) Information from the medical record shall not be disclosed to persons not otherwise authorized to receive this information without written permission from the patient or his/her legally authorized representative.
   e) All medical records must remain in the health care facility.

2) Timely completion of medical records
   a) Medical record entries shall be completed the same day as the patient visit for DSHS and all external clinical rotations unless the external rotation site has an established policy that sets its own standard.
   b) Verbal orders must be signed within 48 hours.
   c) All orders must be timed, dated, and signed.

3) Data encryption
   a) Personal Health Information (PHI) may only be transmitted via encrypted email or encrypted flash-drive.
   b) PHI includes but is not limited to the following:
   c) Patient identifiers such as name, address, date of birth, age, contact information,
   d) Medical records, x-rays, lab results, photographs, prescriptions,
   e) Billing and insurance information, and
   f) Research data.
   g) PHI should not be view, stored, or transmitted from personal phones, computers or flash-drives unless the equipment is registered with the GME office and has been approved by DSHS IT.

4) Self-reporting
   a) Resident is required to report to the GME office and the program director any breach of confidentiality.
   b) Resident is required to cooperate with any DSHS investigation or rotation site investigation.

Failure to comply with all requirements can lead to disciplinary action up to and including termination.
Occupational Health Requirements
1) Residents must submit documentation of all immunizations.
2) All residents must have documentation of the following immunizations or receive vaccine:
   a) Hepatitis B
   b) Tetanus
3) All residents must have annual TB screening. If TB screening is positive, a chest x-ray will be performed. In case of a needle stick, the resident will notify the site supervisor and begin the needle stick protocol at that location. The resident will also notify the program director.

Computer training
The resident must comply with and successfully complete all DSHS/HHS required trainings to include but not limited to:
   • Civil rights,
   • Computer usage,
   • HIPPA, and
   • Workplace violence.

Cardiopulmonary resuscitation training
   • The resident must maintain current medical CPR certification.
   • The resident must maintain current AED certification.
   • The resident must maintain current ACLS certification.

Infection Prevention
1) Mandatory infection prevention procedures
   a) Perform hand hygiene (soap and water wash or waterless alcohol gel) before and after every patient contact.
   b) Wear appropriate personal protective equipment (PPE) for contact with blood/body fluids (e.g. gloves, gowns, eyewear)
   c) Get fit tested for N-95 respirator and wear N-95 respirator for all suspected or verified TB cases and other respiratory diseases as required.
   d) Demonstrated immunity to hepatitis B, measles, and rubella.
   e) Blood and Bodily Fluid Exposures
      i) Wounds and skin: Immediately wash wounds and contaminated skin with soap and water for 3-5 minutes
      ii) Eyes: Immediately remove contact lenses and flush eyes with copious amounts of water or saline for 15 minutes.
      iii) Mouth and Nose: Rinse mouth and/or nose with tap water or saline for 3-5 minutes
      iv) Notify the blood borne pathogen specialist at your current facility
   f) Do not report to work if you have a fever, flu-like symptoms, or skin lesion drainage. Report to your primary care provider.

Electives/Rotations
All away electives must be approved by the GME Director and Program Director at least 60 days in advance. Submit all paperwork to the GME office for review and
approval. Elective rotations must be completed through accredited residency programs only. Upon seeking approval, the following must be attached:

1) Competency based goals and objectives for the rotation;
2) Statement of how the rotation ties into the Individual Learning Plan;
3) Completed and signed letter of acceptance from the Program Director at the elective site.

During an away elective, the DSHS resident will be under the general direction of the DSHS Graduate medical Education Committee’s and Program’s Policy and Procedure manual and the participating site’s policies for patient care and hospital/clinical staff rules. The Program Director at the elective site will be responsible for supervising and evaluating the resident during the rotation.
APPENDIX B - RESIDENT IMPAIRMENT POLICY

Statement of Policy Overview
The Department of State Health Services (DSHS) is committed to maintaining and assisting in the restoration of the physical and mental health of residents, as well as to maintaining a drug-free environment. The primary goal related to substance abuse in the resident community is prevention. DSHS recognizes that, both, substance abuse and mental disorders are treatable medical conditions. As an institution dedicated to health, the residency program will facilitate the treatment and rehabilitation of these conditions for both patient populations and healthcare providers.

Policy
The unlawful purchase, manufacture, distribution, possession, sale, storage, or use of any controlled substance or illegal drug by residents while on duty, or while in or on premises or property owned or controlled by DSHS or any of its affiliated institutions, is strictly prohibited.

The unauthorized use, possession, being under the influence of alcohol, controlled substance, or illegal drug by residents while on duty or while in or on premises or property owned or controlled by DSHS or any of its affiliated institutions, is strictly prohibited. State law will be enforced at all times in or on all premises or property owned or controlled by DSHS or any of its affiliated institutions.

Any use of alcohol or any other substance by a resident that adversely affects job performance or that may adversely affect the safety of other residents, students, visitors or patients in any facility owned or controlled by DSHS or its affiliated institutions are strictly prohibited, regardless of whether such use occurs during duty hours. Prescription and over-the-counter medications that may induce impairment are included in this policy. A Program Director’s advice and assistance may be necessary when duty adjustments are required to ensure a resident’s ability to perform assigned work in a safe manner because of the use of such medications. Failure to comply with this policy by any resident will constitute grounds for disciplinary (non-academic) action, up to and including termination.

At the discretion of the Program Director, a resident may be referred to the HHSC Employee Assistance Program (EAP) for evaluation, and a resident with a diagnosed or claimed impairment may be referred to UT EAP for and be required to participate in and satisfactorily complete an approved treatment and follow-up program.

Procedures
Because substance abuse has a potential for serious adverse effects upon the resident, patients, colleagues and the institution, it is necessary to have a comprehensive program that:
1. educates both residents and faculty about the problems associated with substance abuse, mental illness and behavioral problems, and trains them to recognize the associated signs and symptoms;
2. provides a means for immediate evaluation and appropriate referral for diagnosis, treatment and follow-up, including monitoring; and

3. Complies with state and federal law as well as policies included in the Resident Handbook.

**Educational Efforts**

DSHS relies on the observations and judgment of teaching faculty and peers to evaluate the behavior of residents, to identify suspected impaired behavior, and to refer residents exhibiting such behavior to the Program Director for possible referral to the HHSC EAP. The HHSC EAP services are available to all residents for self-referral. Faculty awareness of the availability and functions of the HHSC EAP and the issues and implications of substance use and abuse will be facilitated through the Program Director.

**HHSC EAP**

**A. Course of Action: Referral and Treatment**

- Residents whose behavior or performance gives rise to reasonable suspicion of impairment may have exhibited performance problems prior to being referred to the HHSC EAP for assessment. The Program Director will work with other departmental supervision sources to document the resident’s failure to meet program expectations. The Program Director will meet regularly and counsel the resident.

- A resident reasonably suspected of drug and/or alcohol use and/or other substance abuse or other impairment may be referred by the Program Director to the HHSC EAP for evaluation. Drug and/or alcohol use and/or impairment may constitute an immediate or incipient threat to patient safety; under such circumstances, the Program Director may immediately relieve the resident of all clinical responsibilities. Documentation of the conduct providing the basis for reasonable suspicion of drug and/or alcohol use and/or other substance abuse or impairment will be provided to the Program Director as soon as possible.

- All such documentation, as well as descriptions of prior efforts (if any) to address the conduct in question, or any prior such conduct, will be forwarded to the HHSC EAP for evaluation purposes. The evaluation may include drug and alcohol screening. This evaluation by the HHSC EAP will assess the resident's condition and determine the likelihood that the observed behavior might be caused by drug and/or alcohol use (as well as mental illness and/or other behavioral problem).

- The evaluation, when completed, will be forwarded to the Program Director and may include recommendations for further evaluation, if needed, as well as treatment and monitoring. A "last chance" agreement between the resident and the residency program will be developed and provided to the resident. This contract will include the
requirements and expectations of the treatment and monitoring for the duration of the residency. Guidelines for actions to be taken in those instances of a relapse or refusal to comply with recommendations or other requirements will also be included.

- The Program Director should make every effort to communicate the message that mandatory referrals are not meant to be punitive. Instead, these referrals are intended to assist the resident in addressing use, abuse and/or impairment issues; the program's intent, whenever possible, is that the resident ultimately returns to full participation and productivity while ensuring the health and safety of the resident, patients and others.

- Rehabilitative actions, including return-to-work restrictions, and regular random unannounced blood and/or hair and/or urine screening, monitoring, regular follow-up, or other actions as a consequences of the resident's conduct will be determined by the Program Director, after consulting with the OAL Office (and as appropriate, the HHSC EAP) following consideration of pertinent information, including any evaluations, treatment recommendations, and the requirements of the "last chance return to duty" agreement.

- The HHSC EAP will coordinate the necessary follow-up and monitoring and will inform the Program Director as to whether or not the resident has cooperated. Regular reports of the resident’s progress will be provided as needed to ensure smooth transitions back to full employment. Reports will ultimately be provided a minimum of twice annually to the Program Director by the HHSC EAP.

- Failure to comply with treatment and or positive results from drug/alcohol screenings or other tests for prohibited substances will be reported to the Program Director.

- The HHSC EAP will participate in a return-to-duty meeting in all cases when the treatment and monitoring plan are fully in place. The assessment and referral function of the HHSC EAP provides a measure of protection for the resident who has made a good faith effort towards recovery.

- Reinstatement to the DSHS Residency Program of a resident who was previously monitored by the HHSC EAP should be referred back to the HHSC EAP upon re-admission. This resident will be assessed and evaluated for risk factors. It will be up to the Program Director, after consulting the HHSC EAP, to decide if the resident remains in need of ongoing counseling or other supervision.
B. Course of Action: Self-referral
Residents who wish to obtain assistance for the treatment of a drug- and/or alcohol-related (or other mental health) problem are encouraged to seek assistance through HHSC EAP, which may help coordinate evaluation and potential resolution. Residents may use health insurance to defray the cost of many treatment programs, although certain restrictions may apply, depending on the type of treatment recommended. In addition, medical leaves of absence may be granted at the discretion of the Program Director to address needs imposed by outpatient and/or extended hospital care. Self-referral will not jeopardize the resident's position or potential in the training program. Involvement with the HHSC EAP will not grant special privileges or exceptions from normal performance and/or conduct standards. Confidentiality between the resident, Program Director, and the HHSC EAP will be maintained in accordance with state and federal law and the residency program handbook. In all cases, regardless of the method of referral, the rules and regulations of the Texas Medical Board (TMB), including the required initial and follow-up reports, will be strictly observed.

C. Drug Screening
Participation in the graduate medical education program at DSHS may require residents offered appointment to consent and submit to a drug screen. Candidates who do not consent to a drug screen will not be permitted to participate in the Residency Program. Residents who do not consent to a drug screen will be barred from clinical participation and are subject to dismissal. A resident who has had a break in service in their GME training may be subject to a drug screen before returning to duty. The Program Director will designate the company (ies) approved to conduct the drug screening. Results from any company not designated will not be accepted. The resident will be responsible for the cost of the drug screen. Drug screen results are considered confidential and are accessible only to authorized persons in accordance with state and federal law. "Positive" screening results will be sent to the Program Director for interpretation of the test results. The Program Director may conduct a telephone or face-to-face interview with the resident to determine if there is a valid medical reason for a positive result. The resident may be required to provide evidence of any legally-prescribed drug use that may have caused a positive screening result. If the Program Director determines that a legitimate medical explanation exists, the Program Director will then "overturn" the results reported by the lab and will instead report the "final" result as "negative." If the resident has a "final" positive drug screen result, the Program Director shall suspend the resident from his/her clinical rotation. Residents who have a positive drug screen will be immediately referred by the Program Director to the HHSC EAP for evaluation. Residents who have a positive screening result will not be allowed to continue their clinical rotations until cleared by the HHSC EAP, subject to Section II.A., above.
Sanctions
Corrective actions or other consequences of the resident's conduct will be determined exclusively by the Program Director in consultation with the OAL Office, following their consideration of the pertinent facts and circumstances. A resident arrested or charged with any drug-related offense on or off-duty shall inform the Program Director within 24 hours of notification of such charges. In turn, the Program Director shall immediately notify the Office of Academic Linkages after receiving notice of such arrest. Any resident convicted (including, but not limited to any "pre-trial diversion" or deferred adjudication premised on a plea of guilty or nolo contendere or "no contest") of any drug-related offense, including, but not limited to use, possession, dispersion, distribution, or manufacture of an illegal drug, shall be dismissed from the Program and the resident's appointment shall be terminated. The Program Director will notify the Texas Medical Board of such termination and the nature of the conviction. Additionally, residents are expected to self-report any matters to the TMB, as may be required by the TMB.
APPENDIX C - POLICY ON RESIDENT HARASSMENT

The Preventive Medicine Residency Program is committed to maintaining an environment that is free of unlawful harassment or intimidation. Harassment includes any behavior or conduct which is based on a protected characteristic and which unreasonably interferes with an individual’s work performance or creates an intimidating, hostile, or offensive work environment. Such behavior is in violation of policy and will not be tolerated.

All faculty and residents should be aware that the residency program will take appropriate action to prevent unlawful harassment, including sexual harassment, and that people engaged in such behavior will be subject to corrective action, up to and including termination. No reprisals against resident reporting suspected harassment or discrimination in good faith will be tolerated.

Standards for Conduct
The academic environment, particularly in medical education, requires civility from all participants, regardless of role or level, and a particular respect for the values of professionalism, ethics, and humanism in the practice of medicine. The relationship between teacher and learner is based on mutual respect and trust. Faculty must respect a resident’s level of knowledge and skills, which residents have the responsibility to represent honestly to faculty. Faculty are obligated to evaluate residents’ work fairly and honestly, without discrimination based on gender, ethnicity, national origin, sexual orientation, religious beliefs, disability or veteran status. Faculty have a duty not only to promote growth of the intellect but at the same time to model the qualities of candor, compassion, perseverance, diligence, humility, and respect for all human beings. Because this policy pertains to residents as learners, references to “teachers” or “faculty” shall also include residents in their teaching and supervisory role with regard to fellow residents. Examples of unacceptable behavior include but are not limited to:

- Physical or sexual harassment or abuse;
- Discrimination or harassment based on race, gender, age, ethnicity, national origin, religion, sexual orientation, veteran status or disability;
- Speaking in disparaging ways about an individual including humor that demeans an individual or a group;
- Requesting or requiring residents to engage in illegal or inappropriate activities or unethical practices;
- Loss of personal civility, such as shouting, displays of temper, publicly or privately abusing, belittling, or humiliating a resident;
- Use of grading or other forms of evaluation in a punitive or retaliatory manner.

Residents are also expected to maintain the same high standards of conduct in their relationships with faculty, staff, and fellow residents.

Procedures for Reporting and Investigating Violations
Residents should report abuse or mistreatment to Program Director or the Office of Academic Linkages (which permits anonymous reports and/or complaints). HHSE policies concerning misconduct, including allegations of discrimination (including
harassment) and retaliation, are outlined in the Human Resources Manual. The GME Director will advise and assist the resident in following applicable procedures of the program.

Dissemination and Education
In order to make sure that faculty and residents are aware of the Harassment Policy, mechanisms for dissemination include:

- A paper copy of the policy will be reviewed and discussed at orientation for entering residents.
- A paper copy of the policy will be provided to faculty and distributed at faculty orientations.
- A copy of the policy will be provided as an appendix to the Resident Handbook.
APPENDIX D - PATIENT PRIVACY

Information that is protected under the law is Protected Health Information (PHI) and applies to both living and deceased patients. PHI is defined as individually identifiable health information that relates to a patient’s past, present or future physical or mental health or condition, the provision of health care to a patient, or the past, present, or future payment for health care provided to a patient. Residents should assume that all information that accessed, used or disclosed – in any form, verbal, electronic or physical – about patients or their relatives is subject to the law and must be safeguarded. At a minimum, the following information about a patient or a patient’s relatives, employers or household members is considered PHI and must be protected.

- Names;
- Social Security Numbers;
- Telephone numbers;
- Addresses and all geographic subdivisions smaller than a State;
- All elements of dates (except year), including birth date, admission date, discharge date, date of death; and all ages over 89;
- Fax numbers;
- Electronic mail (e-mail) addresses;
- Biometric Identifiers, including finger and voice prints;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) addresses;
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic or code.

All Residents are expected to comply with all policies of DSHS and affiliated partners, including privacy and compliance policies and procedures. Residents must be especially careful to adhere to the following patient privacy practices:

- DO NOT save patient information to non-hospital approved locations or devices. For example, do not store or transport patient data on unencrypted laptops, flash drives, smartphones, or other mobile media. Do not save data to the desktop or c: drive.

- DO NOT use cloud storage, i.e., Google Docs, Dropbox, Sugarsync and other consumer Internet document, mail and storage solutions for transferring and storing patient information.

- DO NOT use your personal email account, e.g., Gmail, Hotmail, Yahoo for sending or receiving patient information; do not forward your work email to your personal email account.

- DO NOT share or disclose your user ID or password.
• DO NOT leave patient information or devices containing patient information in a car, a car trunk, an unlocked room, or any other area unattended (not even for a few minutes).

• DO NOT access patient medical records without a legitimate job related need to access the information.

• DO use only DSHS networks, shared drives, team sites and hospital-approved devices and encrypted solutions for saving patient information.

• DO abide by the minimum necessary standard e.g., de-identify information whenever possible. De-identifying information means removing all the patient identifiers in the list above.

• DO report loss or suspected theft of a mobile device (laptop, tablet, smartphone), desktop, or media (CD, thumb drive, etc.) immediately.

Residents are required to complete Health Insurance Portability and Accountability Act (HIPAA) training annually. The HIPAA training is available online through CAPPS.
APPENDIX E - TUITION PAYMENT POLICY

IMPORTANT!
Prior to proceeding with the Residency Program Tuition Payment process, DSHS recommends that all residents read the Repayment Principles, to understand fully the spirit and intent of the program’s tuition payment process.

Introduction
The Tuition Payment Policy helps residents further their knowledge, skills and job effectiveness through higher education and meet the program requirements for the Preventive Medicine residency. Tuition payment is available to any resident who does not possess an MPH (or equivalent) degree or needs to take additional courses to meet residency and/or ACGME requirements. Furthermore, residents who have an MPH (or equivalent) degree may be required to take additional advanced courses in an MPH program to meet residency requirements. Only courses taken at UT Houston School of Public Health-Austin location will be approved for reimbursement. Under special circumstances the Designated Institutional Officer may approve a course at another institution to meet the career goals on a resident.

Purpose
DSHS residents are required to improve their education, skills and knowledge in areas that relate to public health and preventive medicine. The purpose of the tuition payment policy is to provide residents appropriate opportunities to access education that enhances their abilities to perform in their current or future job responsibilities as preventive medicine physicians. Additionally, tuition payments must link to a resident’s Individual Learning Portfolio as well as meet the residency program’s curriculum requirements for specific advanced public health courses. Applicable formal education has a positive impact on a resident’s contribution to the program and a policy that supports tuition payment is an effective attraction and retention tool. Residents are not eligible for tuition payment if they are:

- A temporary resident;
- An intermittent resident;
- A summer hire or an intern.
- Unable to work due to illness or injury, or are on a personal, disability, labor dispute or military leave of absence or family medical leave of absence (FMLA) (if the absence or leave began prior to your application for Tuition Reimbursement).
- Grades lower than a “B” or equivalent or better.

Tuition payment
The residency program will pay 100 percent of tuition and other mandatory, incidental expenses required for enrollment directly to the school as follows:

- Tuition payment will not exceed $15,000. NOTE: All courses require the approval of the Program Director (see advanced degree approval section below).
- Resident must maintain the minimum GPA required to obtain the degree.
Residents must obtain pre-approval before enrolling in the desired course(s) or degree programs. See procedures below for the tuition approval process.

**General Eligibility Guidelines for Tuition Payment**

Approved programs and courses are those that align with the resident’s *Individual Learning Plan* and meet the residency program’s curriculum requirements. Residents will complete the “Generalized/Customized” degree plan with the public health concentration unless a resident’s professional goals cannot be accomplished through this program. A change in degree plan should be approved by the Program Director prior to beginning the program. To be eligible for tuition reimbursement, the resident:

- Must be a DSHS resident;
- Must meet the performance expectations of his or her current duties;
- Must have an *Individual Learning Plan* in place, reviewed and agreed to by the Program Director with recognition that the educational investment is part of the resident’s development;
- Only pre-approved public health related graduate-level credit and non-credit courses are eligible for reimbursement;
- Must have a clear alignment between the resident’s professional interests, the program’s needs, and the resident’s individual learning plan;
- Must ensure that courses are taken from UT Houston School of Public Health system or receive prior approval from DIO;
- Must be pre-approved before enrolling in courses or any other type of formal education such as professional certifications, etc. It is advisable for request to be made a month in advance of the course/program to allow the program to consider approval and budgeting, as appropriate;
- Must sign and submit the *Repayment Commitment and Authorization for Salary Deduction* to the GME Director prior to enrolling in the course(s). This form states that repayment is required if he or she leaves the program without successfully completing the residency requirements. Furthermore, repayment is required prior to the termination date; and in the event repayment is not remitted by the termination date, deductions of the amounts due will be made from the final paycheck or any amounts payable including, but not limited to annual leave balances;

Once a course or program is approved, the GME Director will return the *Application of Reimbursement* and the *Repayment Commitment and Authorization for Salary Deduction* forms with documented approval to the resident.

**Approval and Payment Checklist**

- Read the *Tuition Payment Policy*.
- Read the Professional Fee *Repayment Principles*.
- Complete and obtain Program Director approval for an *Individual Learning Plan*.
- Apply to UT School of Public Health.
- Obtain final approval on the original *Application for Tuition payment* form used to obtain pre-approval to attend courses.
- Submit tuition bill for payment.
Submit the Application for Tuition Payment.

Sign and submit the Professional Fee Repayment Commitment and Authorization for Salary Deduction form to the GME Director.

Upon each course completion and receipt of grade, submit the official transcripts to the Program Director.

Submit transcripts 60 days of course completion date to the GME Director.

**Frequently Asked Questions (FAQs)**

*Can I receive tuition payment for courses taken at a school not listed in this policy?*

DSHS does require that you complete your MPH at the UT Houston School of Public Health in Austin.

*Can a resident be disqualified for tuition payment?*

Yes, under any of the following conditions. Tuition payment will not be approved for any resident who:

- Does not successfully pass or complete the courses (specific exceptions are listed in the following FAQ).
- Does not provide the required grade and cost documentation.
- Does not obtain pre-approval and approval signatures from the GME Director or Program Director.
- Does not obtain all additional appropriate approvals for advanced degrees.
- Did not submit Repayment Commitment and Authorization for Salary Deduction form to the GME Director in advance of course enrollment.
- Transcript of grades has not been submitted 60 days after completion of each course.
- Has given indication that employment will be sought or accepted elsewhere or has voluntarily terminated before the reimbursement is processed.

*Are incomplete courses ever eligible for tuition payment?*

Yes. The policy will pay for tuition when you withdraw from a course for one or more of the following reasons:

- Active military service.
- On-the-job accident.
- DSHS-initiated change to working hours/work location or unanticipated business travel.
- DSHS-initiated termination for reason other than "cause."
- Death of the resident (estate to receive reimbursement).

If you need to withdraw from a course for the above reasons, you should (or your spouse, in the case of death) withdraw as soon as possible to receive the maximum amount of reimbursement available from the institution. A note of explanation and record of the institution’s reimbursement must accompany the Application for Tuition Payment that you submit for reimbursement processing.

**Administrative Guidelines**
Each time a resident begins a new semester or enrolls in their next round of course(s), they must first obtain pre-approval of those individual courses(s) on a new application. A new application is required for each semester or round of course(s).

**APPENDIX F - PROFESSIONAL FEE REPAYMENT PRINCIPLES**

**Purpose**
The purpose of the residency program reimbursing miscellaneous fees is to provide residents appropriate opportunities to access education, membership in professional organizations, and professional licensing that enhances their abilities to perform in their current or future job responsibilities. Additionally, educational reimbursement is intended to link to a resident’s *Individual Development Plan* as well as meet Residency Program curriculum requirements. Applicable formal education has a positive impact on a resident’s contribution to the program and a policy that supports educational reimbursement is an effective attraction and retention tool. Residents are encouraged to improve their education, skills and knowledge in areas that relate to their current or probable positions to which they may realistically transfer or progress in the future.

**Repayment upon Failure to Complete the Program**
DHS5 expects residents to remain with the program for the two-year residency program. Residents who fail to successfully complete the residency program must repay the Residency Program the entire amount of any educational stipend reimbursed. Furthermore, the resident must repay any professional fees paid by the program for the following:

- Federal DEA licenses prorated by 36 months;
- State DEA licenses $25 application fee;
- TMB License prorated by the length of the license in months;
- Advanced Cardiac Life Support (ACLS) $200 certification course;
- And the CPR/AED $70 certification course.

Please contact the Graduate Medical Education Director with any questions about repayment requirements.

**Professional Fee Repayment Commitment and Authorization for Salary Deduction**
Prior to management approval of any reimbursement request, the resident must sign a *Professional Fee Repayment Commitment and Authorization for Salary Deduction* form. This form states:

- that repayment is required if a resident leaves the Residency Program without successfully completing the two-year requirement;
- that repayment is required prior to the termination date;
- and that in the event repayment is not remitted by the termination date, deductions of the amounts due will be made from the final paycheck or any amounts payable including, but not limited to vacation.

This two-year continuity of service condition does not apply to residents who die, separate due to a long-term disability, involuntarily terminated for any reason other than termination for cause.
### APPENDIX G - ACRONYM LIST

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ACGME</td>
<td>Accreditation Committee For Graduate Medical Education</td>
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<tr>
<td>ACLS</td>
<td>Advanced Cardiac Life Support</td>
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<tr>
<td>AED</td>
<td>Automatic External Defibrillators</td>
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<td>AOA</td>
<td>American Osteopathic Association</td>
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<tr>
<td>COMLEX</td>
<td>Comprehensive Osteopathic Medical Licensing Examination</td>
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<td>CPR</td>
<td>Cardio Pulmonary Resuscitation</td>
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<td>DEA</td>
<td>Drug Enforcement Administration</td>
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<td>DIO</td>
<td>Designated Institutional Official</td>
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<td>DPS</td>
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<td>Department Of State Health Services</td>
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<td>EAP</td>
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<td>ECFMG</td>
<td>Educational Commission For Foreign Medical Graduates</td>
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<td>ERAS</td>
<td>Electronic Residency Application System</td>
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<td>GME</td>
<td>Graduate Medical Education</td>
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<td>GMEC</td>
<td>Graduate Medical Education Committee</td>
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<td>HHSC</td>
<td>Health And Human Services Commission</td>
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<td>LCME</td>
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<td>MOU</td>
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<td>Medical Student Performance Evaluation</td>
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<td>National Residency Match Program</td>
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<td>Office of Academic Linkages</td>
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<td>Protected Health Information</td>
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<td>Residency Advisory Committee</td>
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<td>RMS</td>
<td>Residency Management System</td>
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<td>TMB</td>
<td>Texas Medical Board</td>
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<tr>
<td>USMILE</td>
<td>United States Medical Licensing Examination</td>
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