

Graduate Medical Education Housestaff Handbook 2014-2015



Useful Information

Graduate Medical Education Website	www.health.usf.edu/medicine/gme/
Graduate Medical Education Office	(813) 250-2506
Pagers, Lab Coats, ACLS, BLS, TGH Scrubs, Call Room Keys	(813) 250-2529
Compliance Help Line	(813) 974-2222
Compliance Hotline	(866) 974-8411
Information Technology	(813) 974-6288
Resident Assistance Program (RAP)	(813) 870-3344
Diversity & Equal Opportunity USF Health Office	(813) 974-4373
USF Health Administration & Infectious Diseases Center	(813) 974-3163
Library USF Shimberg Health Sciences	(813) 974-2243
Library USF Main campus.....	(813) 974-2729
USF Parking Services	(813) 974-3990
TGH Parking Issues	(813) 844-2277
Payroll USF Health Business Office.....	(813) 974-3687
USF Human Resources	(813) 974-2970
USF Health Malpractice Self Insurance Programs	(813) 974-8008
United HealthCare	(813) 258-0033

USF Health E-Mail. All trainees are required to have a USF e-mail account and read e-mails regularly. This is the official means of communication from USF and the GME office to residents and fellows.

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Graduate Medical Education Housestaff Handbook 2014-2015

The Graduate Medical Education Housestaff Handbook (“Handbook”) is provided as a guide to the various policies and procedures, benefits, and services available and applicable to Graduate Medical Education (“GME”) residents and fellows appointed to participate in the house officer training program. The Handbook also summarizes the rights and responsibilities of GME trainees. Information contained in this Handbook is current as of the date published and is for informational purposes only. Please note that the Handbook shall **not** be construed as a contract. The policies and procedures, benefits, services, and rights and responsibilities of trainees described in this Handbook may be changed or discontinued at any time, with or without notice. Residents and fellows are encouraged to consult the GME policies and procedures and the most current Handbook, and to contact the GME office to get the most up-to-date information. Current information may also be found at www.health.usf.edu/medicine/gme/. The terms “residents” and “housestaff” in the handbook refers to residents and fellows in training programs through USF Morsani College of Medicine Graduate Medical Education.

MISSION STATEMENT

The Graduate Medical Education Program of the University of South Florida endeavors to provide an ideal environment for the acquisition of the knowledge, skill, and attitudes necessary for its graduates to achieve the highest levels of professional and personal accomplishment, and to safeguard the public trust. In doing so, we support a balanced educational program comprised of individual programs united under a common institutional goal and with shared participation in an interdisciplinary curriculum.

University of South Florida
Morsani College of Medicine
Graduate Medical Education
17 Davis Blvd., Suite 308
Tampa, FL 33606
GME@health.usf.edu



July 2014

Dear USF Health Morsani College of Medicine Resident / Fellow;

Welcome to the University of South Florida and the Morsani College of Medicine Graduate Medical Education (GME) Program. The USF College of Medicine is proud to sponsor a range of specialty and advanced sub-specialty training programs that cover the breadth of modern medicine.

The Office of Graduate Medical Education has prepared the House Officer Handbook to help you familiarize yourself with the benefits provided to you as a USF GME trainee. The Handbook also provides you with a comprehensive summary of policies, procedures and services available to you.

Again, welcome to USF. We look forward to guiding you through your training program here at USF. Should you have any questions or concerns, please do not hesitate to contact the Office of Graduate Medical Education.

Sincerely,

A handwritten signature in black ink that reads "Charles Paidas".

Charles N. Paidas, MD, MBA
Vice Dean, Clinical Affairs and Graduate Medical Education
Professor of Surgery and Pediatrics

CNP:las

Graduate Medical Education Administration

Graduate Medical Education (GME) at the University of South Florida represents an organized division within the Office of the Dean, Morsani College of Medicine, and is directed by the Vice Dean for GME who oversees the residency programs of the Morsani College of Medicine. The Vice Dean's responsibilities include institutional oversight of 90 training programs, of which 60 are accredited by ACGME. In addition, the Vice Dean is a member of the Graduate Medical Education Committee ("GMEC"), which governs policies and procedures for GME. Please see Attachment 2 of the Handbook for a GME Organizational Chart.

Graduate Medical Education Office Contacts

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Fax: (813)-250-2507
agiltner@health.usf.edu

GMEC and the GMEC Resident Advisory Committee

The Resident Advisory Committee is composed of peer-selected residents from different specialties and represents the interests of all residents and fellows to the GMEC and associated committees.

Chair

Akhil Patel Internal Medicine PGY-3

Vice Chair

Midhir Patel Diagnostic Radiology PGY 3

All Children's Hospital Liaison

Prachi Singh Pediatrics PGY 3
Jacqueline Nguyen Neonatal-Perinatal Fellow

Moffitt Cancer Center Liaison

Monique Sajjad Hematology and Oncology Fellow
Jennifer Byer Hematology and Oncology Fellow

Tampa General Hospital Liaison

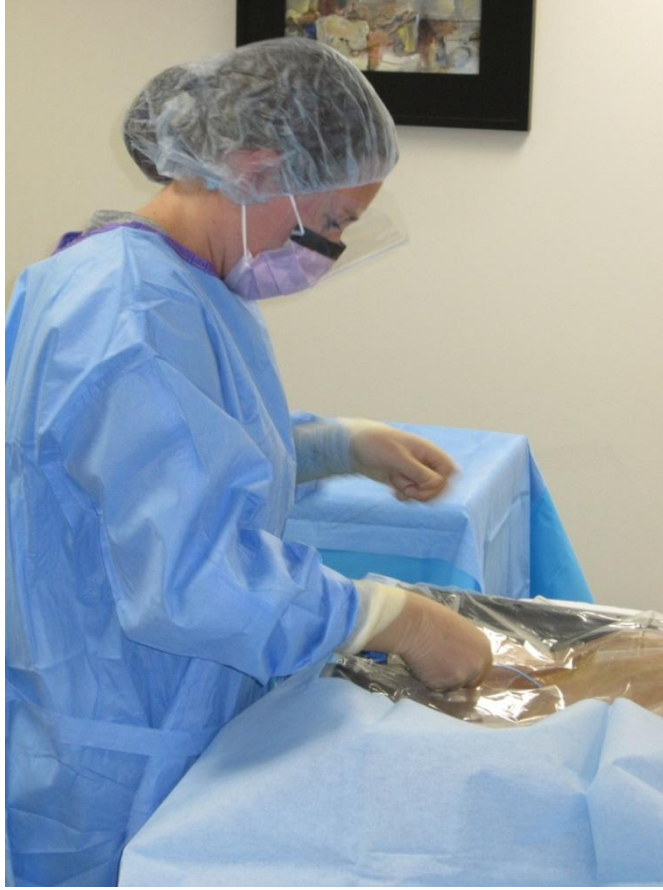
Nancy Rolfe Internal Medicine PGY 2
Adam Golas Surgery PGY 3

Veterans Administration Liaison

Omega Ball Internal Medicine PGY 3
Michael Beasley Internal Medicine PGY 2

Community Outreach Liaison

Michelle Tang Medicine / Pediatrics PGY4



HOUSE OFFICER CONTRACT DESCRIPTION

Salary

The University of South Florida Morsani College of Medicine and its affiliated hospitals provide competitive resident salaries for the southeastern United States based on the 50th percentile of the Association of American Medical Colleges (“AAMC”) Annual Survey.

As each resident progresses through the years of the training program, he or she will move up to the next salary level. The salaries listed below are in place as of FY 13-14 and may change July 1, 2014.

LEVEL	ANNUAL SALARY	BIWEEKLY SALARY
PGY-1	\$48,024	\$1,840.00
PGY-2	\$49,547	\$1,898.35
PGY-3	\$51,178	\$1,960.84
PGY-4	\$52,990	\$2,030.27
PGY-5	\$55,000	\$2,107.28
PGY-6	\$56,179	\$2,152.45
PGY-7	\$59,197	\$2,268.08

Appointment and Contract

Residents in the University of South Florida training programs are employed by the University of South Florida in a category known as Temporary Employees, which provides salary to the trainee. The Morsani College of Medicine issues a contract to residents that provides benefits and rights and describes the policies and procedures particular to residents. These benefits and rights are provided by the Morsani College of Medicine and not by the State University System or the University of South Florida Personnel Policies.

Duration of Appointment

Upon selection for a training appointment, residents will receive the House Officer Contract, a sample of which may be found as Attachment 4 in the Handbook. The term of appointment is annual and it must be renewed annually, for the duration of employment as a resident at USF. Acceptance into an initial residency position at the University of South Florida does not assure acceptance into subsequent advanced training programs nor does it assure transfer into another training program at the University. Trainees will receive an annual letter of reappointment upon renewal.

BENEFITS

Residents are provided with the following benefits during their employment. All benefits begin on the first day of employment. For further information regarding house officer benefits, contact Tara Stauffer at (813) 250-2515 or via e-mail at tstauffe@health.usf.edu.

INSURANCE

Basic Term Life Insurance

A basic term life insurance plan is provided for residents by the USF Morsani College of Medicine. The plan provides \$50,000 of life insurance and \$50,000 of accidental death and dismemberment insurance. Residents have the option to purchase additional insurance at their own expense. This plan is underwritten by Standard Insurance Company.

Disability Insurance

Following a 90 day waiting period, premium coverage for a disability insurance plan is provided by the USF Morsani College of Medicine, through The Standard Insurance Company, using funds contributed by the affiliated hospitals. The plan covers long term disability. Prior to utilization of the long term disability benefit, a 90 day waiting period is experienced during which time you must be continuously disabled. The resident may utilize a maximum of 90 days of the sick leave pool (full salary and benefits), with prior approval. The long term disability plan provides compensation of \$2,500 per month up to the Social Security Normal Retirement Age. Residents are required to produce medical confirmation of disability and to terminate their employment in order to be on formal disability.

Health Insurance

Health insurance is provided for residents through a comprehensive major medical policy from UnitedHealthCare Choice Plus Plan. The plan provides coverage for the resident, the spouse of an eligible house officer (unless legally separated or divorced), domestic partner, unmarried children under 19, and unmarried children between the ages of 19 and 25 who are full time students and dependent upon the insured for support. Services under the health insurance plan are provided through UnitedHealthCare's Preferred Provider Organization (PPO) of clinicians who are credentialed and have been approved by the insurance provider and their Preferred Provider Network of hospitals. Residents are expected to use the services of these providers.

Physicians and hospitals participating in the plan may be found by calling UnitedHealthCare's Member Services at (888) 451-7953 or by visiting www.unitedhealthcare.com. To locate a USF affiliated healthcare provider near you, visit <http://health.usf.edu/nocms/myhealthcare>. Use of providers in this USF network will result in little to no out-of-pocket cost to trainees and their dependents. There may be some ancillary costs, however, this provider network has the lowest out-of-pocket expenses.

Three tiers of coverage options are available through United HealthCare. A chart with these options may be found as Attachment 5 of the Handbook.

- Tier 1:** **USF Health Providers. The Tier 1 option is the lowest out of pocket cost.** Benefits are payable when using the USF Health, Tampa General Hospital, Moffitt Cancer Center, and All Children's Hospital physicians. These partners are encouraging you to use their facilities by minimizing out-of-pocket costs. There may be instances when ancillary services are not fully covered and subject to a \$250 deductible.
- Tier 2:** This is the remainder of the traditional UnitedHealthCare in-patient network and is subject to co-pays, deductibles, and co-insurance.
- Tier 3:** This represents the benefits payable if you utilize providers outside the UHC network. Using out-of-network providers will cost the most out-of-pocket compared with Tier 1 and 2.

It is the responsibility of residents to ensure that medical services are covered prior to receipt of such services, and to determine the cost or co-pay for such services. GME has no ability to offset or waive any charges payable to a medical provider or the insurance company for any medical services. Lab services for outpatient services are not covered in any tier plan.

Residents are charged a premium for dependent insurance coverage and will be billed depending upon the level of dependent coverage they elect. Once dependent coverage is elected, premium deductions are automatically deducted from residents' pay. Dependent coverage rates for July 1, 2014 – June 30, 2015 are as follows:

- Resident Only = \$0/month
- Resident and Spouse Only = \$50/month
- Resident and Family (Spouse & Children) = \$75/month
- Resident and Children = \$75/month

Please note that dental/vision insurance is not provided or offered by USF. You may elect to purchase a dental/vision plan at your own expense.

Professional Liability/Tail Coverage

Liability coverage is provided in an amount equivalent to that provided to the faculty physicians of the USF Morsani College of Medicine through the USF Health Self-Insurance Program (SIP). All residents are provided with legal defense and protection through SIP for any action brought against the USF Board of Trustees regarding the resident's alleged care and treatment pursuant to Florida Statutes Section 728.28 during the course of their training as well as afterward, i.e., tail coverage, for alleged acts or omissions occurring during and within the scope of their University resident trainee appointment and educational program. This does not cover moonlighting or any activities outside of the University resident trainee appointment. Professional liability protection for residents for incidents occurring outside the scope of their University employment or function is not provided.

The waiver of sovereign immunity in tort actions, recovery limits, limitation on attorney fees, statute of limitations, exclusions, indemnification, and self-insurance programs are all covered in Florida Statute 768.28: Professional Liability Protection. This Florida statute is available for review on the GME website <http://www.health.usf.edu/medicine/gme>.

Malpractice Self-Insurance Program

USF Morsani College of Medicine residents are immune to personal liability for negligence when acting within the course and scope of their employment with the College. As a member of the University of South Florida Morsani College of Medicine, you are provided with professional liability protection by the Malpractice Self-Insurance Program (SIP) for the benefit of University of South Florida Health, its faculty, students, and other employees. In connection with this protection, residents have certain significant responsibilities, including full compliance with the SIP staff and SIP committee in the investigation, defense, and settlement of claims.

It is essential to the proper operation of SIP that residents give immediate notice when they become aware of any incident that may expose themselves and SIP to any loss. The failure to provide prompt notice of incidents is a prime contributor to being named in malpractice suits that should have been resolved well in advance of litigation. If a claim is meritorious, attempts can be made to settle and prevent litigation.

No definition of a reportable incident will cover all circumstances. In general, however, reportable incidents fall into three broad categories. Though there may appear to be no departure from accepted standard of practice, these cases should be reported:

Category One: Any incident in which a patient has sustained an iatrogenic injury that was not anticipated by the physician or patient.

Category Two: Any of the following injuries:

- Death (unexpected or unexplained);
- Paralysis, paraplegia or quadriplegia;

- Spinal cord injury;
- Nerve injury or neurological deficit;
- Brain damage;
- Total or partial loss of limb, or loss of the use of limb;
- Sensory organ or reproductive organ loss or impairment; and
- Injury which results in disability or disfigurement.

Category Three: All incidents in the following broad categories:

- Any injury to the mother or baby associated with birth;
- Any patient injury resulting from defective or nonfunctioning medical equipment;
- Any injury to parts of the anatomy not undergoing treatment;
- Any claim by a patient or family member that a patient has been medically injured;
- Any assertion by the patient or family that no consent for treatment was given;
- Any increase in morbidity due to misdiagnosis.

By far the best guideline to follow is that of medical common sense sustained by an ever-present awareness of the possibility of a claim. *When in doubt, always report, and do so promptly.*

The SIP office should be notified immediately in each of the following situations:

- Receipt of any correspondence from any source, attorney, patient, or third party, making an inquiry in connection with a claim or intent to initiate malpractice action;
- Receipt by a faculty member, resident or employee of a summons, complaint, or other legal documents in connection with a claim;
- Inquiry about any case by the Florida Department of Business and Professional Regulation (DBPR).

SIP staff works to protect University physicians. The office may be reached at (813) 974-8008. Further information may be obtained from:

Jennifer Adams
USF Self-Insurance Programs
Tel: (813) 974-8008
jadams2@health.usf.edu

Customer Service
Tel: (813) 974-8008
USFSIP@health.usf.edu

LEAVE OF ABSENCE

Residents shall be entitled to paid leave according to the following provisions:

Process for Requesting Leave

A written request for any leave other than unexpected sick leave must be submitted to the Program Director prior to commencement of leave. Unexcused absences may be subject to loss of pay and disciplinary action.

Absences from the residency in excess of that allowed by the Resident Review Committee and Board must be made up in order to fulfill the requirements for completion set forth by the ACGME. Individuals anticipating the need to request additional leave, compensated or uncompensated, should discuss the impact on their program completion with their Program Director prior to commencing the additional leave.

Annual (Vacation) Leave

All residents will receive a total of fifteen (15) weekdays of annual leave. Leave allowance is pro-rated for trainees beginning mid-cycle.

Use of vacation leave must be requested and approved in advance by the Program Director. All leave is to be used during the year it is accrued, and may not be carried over from one appointment year to the next. No payment for unused leave days will be made upon terminating a program.

Military Leave

Military leave will be granted for active duty training in the United States armed forces, reserves, or National Guard not to exceed seventeen (17) calendar days per year. Residents on active duty training are compensated by the military and are not paid by the University during this period; however, benefits continue. Residents who are called to active duty are not compensated by the University and receive no ongoing benefits. Re-admittance to the training program after completion of active duty may require formal application and selection.

Administrative leave, compensated and with full benefits, may be granted for residents who are called to active duty for reasons other than active duty training. Such administrative leave may not exceed thirty (30) calendar days per year, after which employment will cease. Such termination of employment is deemed a COBRA “qualifying event” that permits the resident and dependents to elect continuation of benefit coverage under a group plan at personal expense for up to eighteen (18) months. All such military leave must be validated by copies of orders that stipulate the dates of reporting and separation from the military.

Maternity/Paternity Leave

Each resident is allowed up to 2 weeks of compensated maternity/paternity leave for the birth or adoption of a child. Residents must apply for maternity/paternity leave in advance and obtain approval from their Program Director and the GME Office.

Family Medical Leave Act (FMLA)

Residents may take up to a total of twelve (12) weeks leave under the Family Medical Leave Act (FMLA) if the resident meets the qualifications stated in the FMLA. All current, unused maternity/paternity leave, sick or annual leave available shall be used as continuing compensation during the FMLA maternity/paternity leave. No other compensation is available. FMLA time will run concurrently with any paid or unpaid time taken, so as not to exceed a total leave time of no more than twelve (12) weeks, beginning with the first day of the qualifying event. If both parents are USF residents, a combined total of 12 weeks of parental leave is allowed as prescribed by Family Medical Leave Act.

To access information on the FMLA, please visit the Policies and Procedures section of the GME webpage at http://health.usf.edu/medicine/gme/policies_procedures/staff.htm.

Sick Leave

Residents will each be allocated nine (9) workdays of sick leave at the beginning of each appointment year, and these cannot carry forward beyond the appointment year. Leave will be pro-rated for residents who begin mid-cycle. Additionally, residents can access a sick leave pool for extended sick leave because of medical needs of up to 90 days. Such use may be allowed only after exhaustion of accrued sick leave and all but five (5) weekdays of annual vacation leave, up to a maximum of 90 days per individual, with the pre-approval of the Program Director and the GME Office. Sick leave is to be used in increments of not less than a full day for any health impairment that disables an employee from full and proper performance of duties, including illness caused or contributed by pregnancy, when certified by a licensed physician. Sick leave may be used in half-day increments as needed for personal medical appointments.

A resident suffering a personal disability necessitating use of sick leave without prior approval must notify the Program Director as soon as possible. Unused sick leave will not be paid upon termination of training program for any cause.

Bereavement Leave

In the event of death in the immediate family, the house officer may be granted three (3) days of Bereavement Leave in order to attend the funeral and assist in estate settlement.

For purposes of this policy, immediate family includes spouse, domestic partner, child or step-child, parent or step-parent, brother, sister, grandparent, grandchild. A miscarriage is included in this definition of death in the immediate family.

The house officer is required to notify and obtain approval for bereavement leave from the Program Director and the GME office.

Unexcused Absence

If a resident does not show up for assigned hours, including night call, without notifying his or her chief resident or Program Director, the absence will be considered unexcused and subject to progressive discipline up to and including dismissal. Unexcused time will be taken as leave from the resident's leave entitlement. Arrangements for "payback" to other residents who may be assigned to cover night call or assigned hours will be made at the discretion of the Program Director.

HOLIDAYS

Residents may join in the observance of all official holidays recognized by the affiliated hospital in which they are assigned at the time of the holiday and consistent with the appropriate performance of clinical responsibilities.

Residents are expected to notify the program at the beginning of each academic year if they intend to be absent from a rotation. Residents absent for religious reasons will be given reasonable opportunities to make up any work missed. The program follows University policy <http://generalcounsel.usf.edu/policies-and-procedures/pdfs/policy-10-045.pdf>, and any resident who believes that he or she has been treated unfairly with regard to the above or University policy may seek review of a complaint through established by the University's Office of Diversity and Equal Opportunity or the Graduate Medical Education Office.

COUNSELING

Resident Assistance Program (RAP)

The Resident Assistance Program (RAP) is a confidential evaluation, brief counseling, and referral service designed to assist the resident and family members in finding assistance with a wide variety of personal and professional concerns. This service is voluntary, confidential, and provided as a benefit of the residency program. To access the program, a resident may call (813) 870-3344, a number reserved specifically for RAP. **The first three visits by the resident and/or his or her family members to RAP are free of charge.** The program is staffed by highly qualified professionals to help with any area of concern related to emotional difficulties, marital problems, alcohol or drug abuse, family matters, grief and loss, or legal and financial concerns. In addition, residents are encouraged to utilize RAP for personal, professional, and career development. The service is established through non-University providers to assure privacy and freedom from interaction with colleagues or supervisors.

To receive assistance residents may simply call RAP, 24 hours a day, seven days a week. Additional information is available through the RAP website at www.woodassociates.net, or the GME website under CURRENT RESIDENTS/FELLOWS RESOURCES.

Physician Resource Network (PRN)

The Florida Medical Practice Act (Florida Statute 458; Impaired Physicians Act F.S. 458.331), the Legislature, the Department of Business and Professional Regulation, the Board of Medicine, and the medical profession authorize and support the Florida Impaired Practitioners Program. The Physician Resource Network (PRN), a part of the program, was established to address the specific needs of an impaired physician. The PRN can be reached by calling (800) 888-8PRN (8776) or writing to PRN at P.O. Box 1020, Fernandina Beach, FL 32035-1020. Incoming residents may be referred to PRN in conjunction with their Board of Medicine Application for a training license.

INITIAL APPOINTMENT REQUIREMENTS

SELECTION

The University of South Florida Morsani College of Medicine strives to maintain a competitive, high-quality GME program that provides fair and equitable access to individuals who meet the specified qualifications. In order to begin a residency training program at the University of South Florida, an individual must be a graduate of a North American medical school accredited by the LCME or a graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), and have successfully completed (passed) USMLE Steps 1 and 2. In addition, graduates of WHO-recognized medical schools who have full ECFMG certification are eligible to apply. International medical graduates with full ECFMG certification must have a J-1 visa. The University of South Florida Morsani College of Medicine only accepts J-1 visas.

All individuals who are considered for appointment as residents in a University of South Florida Morsani College of Medicine Residency Program must be interviewed and selected through an approved matching or interview process. Entry level individuals cannot be selected apart from the match except to fill vacant positions left after an unsuccessful match or through attrition.

Individuals selected for a training program must hold appropriate certification(s) and must be registered in the State of Florida and approved by the Board of Medicine prior to beginning the training program. To be approved by the State of Florida, the individual must meet all the current requirements of the State of Florida to be registered as an unlicensed physician in training, or hold a full Florida medical license.

DURATION OF APPOINTMENT

Upon selection for a training appointment, residents will receive the house officer contract. As noted in the contract, the term of appointment is annual for the duration of employment as a resident at USF. Acceptance into an initial residency position at the University of South Florida does not assure acceptance into subsequent advanced training programs nor does it assure transfer into another training program at the University.

INITIAL LICENSURE, REGISTRATION AND CERTIFICATION

Florida State Medical License

The State of Florida requires that all practicing physicians hold a valid Florida medical trainee license in order to provide healthcare services. Resident physicians who are officially enrolled in an accredited post-graduate training program recognized by the state must either hold a valid full license in the State of Florida or a valid training license in the state of Florida. Residents without a training license or a full license in the State of Florida may not participate in patient care.

Residents who wish to be licensed in the State of Florida are required to file a formal application with the State, pay a licensing fee, and have passed an appropriate certifying examination that includes the National Boards Part III, FLEX, or the USMLE Step 3 within ten years of application for licensure. The application for State licensure can be obtained from www.doh.state.fl.us/mqa. Application materials and specific information on application procedures are available from the USMLE website at www.usmle.org. Information is also available from the medical licensing authority in the jurisdiction where the examination is intended to be taken. USMLE Step 3 is administered by individual medical licensing authorities of the United States and its territories.

USMLE test dates can be obtained through their website at www.usmle.org or by calling (817) 868-4000. The USMLE is the only mechanism currently available for obtaining a license to practice medicine in any state in the United States. If you have obtained a Doctorate of Osteopathic Medicine, you may take the USMLE or the COMLEX. Although regulations vary slightly from state to state, all states now have a limitation on the time frame over which all three parts of the USMLE must be taken. In Florida, Step 3 must be taken within 7 calendar years of having taken Step 1. Because of the limit on the number of years and the fact that Step 3 is easier to take soon after medical school, we require that individuals pass Step 3 of the USMLE prior to starting their PGY-3 year.



CONTINUED APPOINTMENT REQUIREMENTS

EVALUATION

Each resident shall be evaluated twice yearly, in writing, according to written criteria and procedures established by the individual program and ACGME's six core competencies. Residents are also evaluated after each rotation. This evaluation process shall assess the knowledge, skills, and professional growth demonstrated by the resident associated with program-based milestones. There shall also be an evaluation of the resident's professional attitudes and core competencies by colleagues, supervisors, and others. Resident evaluations shall represent the collective input of the program faculty. Such evaluations shall be communicated to the resident in a timely manner and attempts should be made by the resident to remedy any deficiencies noted by the faculty's evaluation of the resident where appropriate. The decision to promote a resident to the next level will be made based on cumulative formative evaluations. A record of each evaluation is maintained in the trainee file and is accessible by the resident for review.

The decision to approve completion of training shall be made using a summative evaluation. Each program shall provide a written final evaluation for each resident who completes the program. The evaluation shall include a review of the resident's performance during the final period of training and shall verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation shall remain a part of the resident's permanent record maintained by the institution.

SUPERVISION

It is the policy of the USF Morsani College of Medicine, in keeping with the statutes of the State of Florida, that post-graduate trainees function only under the supervision of a member of the regular or clinical faculty of the College of Medicine who is credentialed to perform the activities and procedures involving the residents. Residents are not allowed to function without an appropriate level of direct or indirect supervision.

Under direct supervision, a resident can participate in any activity or procedure for which the attending physician is physically present and duly credentialed. For indirect supervision, each residency program shall maintain a scope of practice statement for each year of the residency indicating the activities suitable for performance by a resident under indirect supervision. Scope of practice statements define the procedures, actions, and processes that are permitted for each level of residency or fellowship. The scope of practice is limited to that which the law allows for specific education and experience, and specific demonstrated competency. Scope of practice can differ from program to program. Faculty, in conjunction with the Program Director, will assure that residents are provided an appropriate level of supervision at all times and at all clinical sites. Copies of the scope of practice for each residency can be obtained from the GME Office, the education office of each affiliated hospital, or from the program's residency coordinator. As noted above, every resident should have either a training license or full license to practice medicine in the State of Florida. All residents must notify the responsible supervising physician or attending physician of the following: (1) patients admitted to the hospital; (2) patients released from the Emergency Room; and (3) a significant change in a hospitalized patient's condition.

DISCIPLINARY MEASURES

Residents who do not maintain satisfactory performance as a student in post-graduate training and/or who do not maintain satisfactory performance in meeting professional standards in patient care may be placed on probation, suspended, or dismissed from the program. Notice of probationary status will be sent to the Office of Graduate Medical Education and will become a part of the resident's file. Upon successfully completing the period of probation, the resident's file will reflect the end of probation. In keeping with the principle of progressive discipline, residents will be dismissed from the residency program only after being placed on probationary status, except when performance is so egregious that it necessitates the resident's dismissal without probation. Residents may be immediately suspended from patient care responsibilities by the Program Director, or designee, or the Program Chairman following receipt of reliable information that the resident's clinical judgment or proficiency in clinical skills necessary to the practice of medicine is deficient or impaired. Residents who are given notice of their probation, suspension, non-renewal, or dismissal from the program have the right to appeal this decision by application to the Office of Graduate Medical Education.

MAINTENANCE OF LICENSURE, REGISTRATION AND CERTIFICATION

Drug Enforcement Agency (DEA)

Residents with an unrestricted (full) license to practice medicine in Florida may apply for registration with the Drug Enforcement Agency (DEA) and receive a DEA number. The DEA number allows a resident to prescribe controlled substances for patients. Application forms are available through the residency coordinators or the GME Office, and can be found at www.deadiversion.usdoj.gov. The current cost is \$550 for a three year registration. There are no fee-exemptions for residents or fellows. Only physicians licensed in the State of Florida or holding a valid registration may write prescriptions. **Physicians may not write prescriptions for themselves or for members of their immediate family; similarly, residents and fellows are not authorized to write prescriptions for other residents and fellows.** Prescriptions are legal documents and must comply with Florida requirements: the patient's full name and address, the date, the name and strength of drug and amount to be dispensed, instructions for use, and number of refills must all be specified. Florida statute requires that all prescriptions must be printed and legible in order to be filled. The prescription must be signed and must also include the printed name of the physician. Residents must comply with any requirements to use electronic prescribing or ordering that may be in effect at the affiliated institutions where they are rotating. A current phone number for the physician should be included. For controlled substances, a physician-specific DEA number must be included.

Physicians with Training Licenses. Physicians with a training license are not eligible for a DEA certificate and therefore must use a hospital-specific registration number issued by the Board of Medicine. The institutional DEA number is not valid for activities outside the scope of practice of the program. Prescriptions for controlled drugs must be written or countersigned by a Florida-licensed physician with a valid DEA number.

Maintaining a Training License. The State of Florida requires all physicians to hold a valid Florida full or training medical license. **Providing care to patients without a current full or training license or in the State of Florida is "practicing medicine without a license" and violates state law.** A lapse in license can result in suspension without pay and progressive disciplinary action, up to and including dismissal.

BLS/ACLS/PALS/NRP/ATLS

All residents are required to hold current Basic Life Support (BLS) as well as Advanced Cardiac Life Support (ACLS), except for Pediatrics who must hold a current Pediatric Advanced Life Support (PALS) certification instead of an ACLS certification, before beginning their term of employment in a USF affiliated institution. Family Medicine, Emergency Medicine and Internal Medicine/Pediatrics (combined program) are required to have both ACLS and PALS. Residents in Neonatology, Family Medicine, OB/GYN, Med/Peds, Emergency Medicine, and Pediatrics are also required to hold current certification as a Neonatal Resuscitation Provider (NRP). NRP renewal requirements are department-specific and not mandated by GME, with the exception of Neonatology. Residents must successfully complete updated courses every two years for each certification type.

Advanced Trauma Life Support (ATLS) is a requirement of the following programs: Neurosurgery; Emergency Medicine; General Surgery; Plastic Surgery; Otolaryngology; Orthopaedic Surgery; Complex Surgical Oncology, Urology; and Vascular Surgery. Certification is valid for four (4) years and must be renewed by the following specialties to continue practice in the Trauma aspect of their programs: Emergency Medicine; General Surgery; and Orthopaedic Surgery.

DRUG-FREE WORKPLACE

The University of South Florida is a drug-free workplace. University policy prohibits the unlawful manufacture, distribution, possession, or use of alcohol or controlled substances on USF property or in connection with any of its activities. No resident may report to work while under the influence of illegal drugs or alcohol. Any resident determined to have violated this policy shall be subject to disciplinary action. Individuals forging prescriptions or otherwise illegally obtaining controlled substances will be subject to severe disciplinary measures potentially including formal criminal prosecution. Such actions are also cause for evaluation/treatment for substance abuse and referral to the Physician Resource Network (PRN). Individuals declining referral to the PRN will be reported to the Board of Medicine and may be subject to adverse consideration by the USF Morsani College of Medicine. Additionally, individuals are subject to federal, state, and local laws.

THE FLORIDA MEDICAL PRACTICE ACT

The Florida Medical Practice Act ([F.S. 458](#)), the Legislature, the Department of Professional Regulation, the Board of Medicine, and the medical profession affirm their commitment to public safety by continuing to authorize the Florida Impaired Practitioners Program. The impaired practitioner program also governs the professions of osteopathic medicine, pharmacy, podiatry, and nursing. The legislation provides in some cases therapeutic alternatives to disciplinary action; in other cases, the legislation allows therapeutic intervention and treatment concurrent with disciplinary action. Recognition that illness and recovery are mitigating factors in Board disciplinary proceedings gives a licensee an opportunity to reenter practice after satisfactorily completing treatment and progressing satisfactorily in recovery, and provides increased incentive for early interventions and treatment.

DRUG TESTING

The affiliated institutions have specific policies and procedures regarding drug screening/testing. It should be noted that all federal institutions, including Veterans Administration hospitals, have authority to request random specimens for drug and alcohol screening. All residents may be required to submit appropriate specimens for drug and alcohol screening prior to beginning service rotations. For those hospitals requiring screening prior to commencement of work responsibility, residents can obtain specific procedural information from the Program Director or the GME Office. As outlined in the House Officer contract, all residents/fellows are required to comply with the policies and requirements of the affiliated institutions.

CORE CURRICULUM

The Accreditation Council for Graduate Medical Education requires that institutions which sponsor graduate medical education assure the development of personal programs of education. Furthermore, the ACGME requires that residents have an adequate knowledge and understanding of core concepts in several key areas. Each resident shares in the responsibility for the development of an ongoing program that includes these critical areas of education which may not directly link with the curriculum of your chosen specialty. Please recognize the importance of this area and integrate it into your ongoing program of self-study.

GENERAL CORE COMPETENCIES

Trainee performance will be evaluated on general core competencies. Trainees should discuss with their Program Directors how each core competency is evaluated and effects program expectations. The following are ACGME competencies within a programs curriculum. Each core competency is described below. In addition, trainees should consult the ACGME website for additional details concerning the core competencies.

Patient Care. Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

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

Practice-based Learning and Improvement. Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.

Interpersonal and Communication Skills. Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- communicate effectively with patients, families and, the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism. Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- compassion, integrity and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society, and the profession; and
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-Based Practice. Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- coordinate patient care within the health care system relevant to their clinical specialty;
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- advocate for quality patient care and optimal patient care systems;
- work in inter-professional teams to enhance patient safety and improve patient care quality; and
- participate in identifying system errors and implementing potential systems solutions.

GENERAL RESIDENT RESPONSIBILITIES

It is important to note that creating an appropriate learning environment for medical students is the shared responsibility of faculty, staff, medical students, and residents. The learning environment includes formal learning activities *and* the attitudes, values, and informal “lessons” conveyed by individuals who interact with the medical student. Residents who supervise or teach medical students and who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship rotation and be prepared for their roles in teaching and assessment. Clerkship/rotation directors must provide rotation objectives and clear guidance about the residents’ roles in teaching and assessing medical students.

Supervision/Attending Notification. All residents must notify supervising or attending physician of the following: (1) patients admitted to the Hospital; (2) patients released from the Emergency Room; and (3) a significant change in a hospitalized patient’s condition.

Affiliated Hospitals: Bylaws, Rules and Regulations; Policies and Procedures. Each affiliated institution maintains Bylaws, Rules and Regulations pertinent to the practice and conduct of the Medical Staff providing care within the facility. Residents are expected to comply with the Bylaws, Rules and Regulations pertinent to them while rotating through that institution. Additionally, the institution has established administrative policies and procedures that are critical to the maintenance of the hospital’s licensure, accreditation and certifications. Residents are also expected to comply with these policies and procedures where pertinent.

Medical Records. Timely completion of medical records is an ongoing responsibility for physicians. Accurate and legible entries are mandatory for appropriate patient management, continuity of care, billing and coding procedures and appropriate self-management program. Physicians, including residents, may be restricted from managing patients or having operating room access because of delinquent medical records. Assistance in locating records and reports as well as in using computer and dictation equipment is readily available in all affiliated institutions. Documentation of patient evaluations and treatment must be completed at the time the service is performed. In addition, physicians are required to sign all documentation of patient evaluations and treatment.

Media Relations. Calls for information on USF Health matters, research stories, and information on the College of Medicine should be referred to the USF Health Public Affairs Office at (813) 974-3300. Photography or filming on campus of any matters concerning the USF Morsani College of Medicine should be appropriately approved and coordinated through the Public Affairs Office. Photography involving patients and intended for purposes of medical care, education, or research, for public release or personal use, shall be taken only at such times and under such conditions as approved by the patient’s attending physician and only after the patient has expressed his/her informed consent in writing.

Health Insurance Portability and Accountability Act (HIPAA). Please see the GME website at http://health.usf.edu/medicine/gme/policies_procedures/staff.htm for information on accessing current HIPAA information. All trainees are required to comply with HIPAA and to immediately report privacy breaches to the Professional Integrity Office.

Program Evaluation. Residents shall be offered the opportunity to confidentially evaluate the quality of the curriculum and the extent to which the educational goals of the program have been met. This evaluation shall occur no less than once a year. Additionally, residents shall be given the opportunity to evaluate the teaching faculty as to their effectiveness in supporting the goals established by the program.

Work Hours Reporting (Policy No. [GME-208](#)). Reporting work duty hours is a required part of residents’ employment at the University of South Florida. Work hours reporting is completed through New Innovations on a weekly basis. Failure to record work hours can result in disciplinary action, up to and including dismissal. All residents/fellows are responsible for adhering to the ACGME duty hours limits.

Call Responsibilities (Policy No. [GME-208](#), [GME-208 B](#)). Each program maintains a schedule of on-call activities for nights and weekends. Some programs have in-hospital call responsibilities while others allow residents to take call from home. In either case, individuals who are on-call are expected to be immediately available and ready to work during the entire period of assigned call. In general, programs are expected to require no longer than 80 total hours per week averaged over a four-week period, and each resident should have one day per week and one

weekend per month without assignment to in-hospital activities. There are circumstances, however, when such recommendations cannot be met within the structure of high-quality medical care.

Residents who believe that the time requirements are excessive have the opportunity to question the duty hour assignment, either with the Program Director or with the Associate Dean of GME. The University of South Florida GMEC supervises resident duty hours and night call, but also recognizes that patient needs come first. Residents who are scheduled to take night call and are not available or do not execute their responsibilities are subject to adverse action.

Moonlighting (Policy No. [GME-208-A](#)). Residents are never required to engage in outside employment. Residents may not accept outside employment or engage in other outside activity that may interfere with the full and faithful performance of clinical responsibilities. Additionally, all residents are limited to an eighty (80)-hour workweek, averaged over four (4) weeks, **which includes all time spent in moonlighting activities**. A limited number of opportunities to moonlight may be available with the knowledge and pre-approval of the Program Director. As stated in Policy No. GME-215 related to Leave of Absence, a leave of absence is granted for a specific reason and is not justification for moonlighting or locum tenens work. Accordingly, residents are not allowed to moonlight or do locum tenens activity during an approved leave of absence unless pre-approved by the Program Director and the GME Associate Dean. PGY-1 residents are not allowed to moonlight. Residents may not bill or supervise in their area of training.

Note that outside employment malpractice insurance coverage is not provided by the USF Health Self Insurance Program and is the responsibility of the moonlighting resident. Use of an affiliated hospital's institutional DEA number is not valid for activities outside the scope of practice of the program.

Attire. Appropriate standards of professional attire are required for all physicians, healthcare professionals, residents, and medical students. This standard of dress is intended to encourage patients' confidence in their physicians and to help patients and families recognize physicians, residents, and students as members of the healthcare team.

While in contact with patients, all physicians (residents and attendings), medical students, and other healthcare professionals with clinical privileges shall wear a white coat with Morsani COM patch, along with a shirt and tie for men and properly coordinated attire for women. A suit coat may be substituted for a white coat. Approved attire within the hospitals shall not include shorts, cutoffs, jeans, or similar casual clothing, e.g., T-shirts, jerseys. Footwear shall be clean and appropriate to the occasion. No flip-flops, sandals, or heavy boots shall be permitted.

Scrub clothing will be provided as appropriate for specific patient care areas. Staff in these areas shall, upon leaving the area for short periods of time, wear designated protective cover garments or white lab coats. Persons entering a sterile area, e.g., operating room, shall don a new set of clean scrubs. Disposable accessories, e.g., masks and shoe covers, must be properly discarded upon leaving areas at any time and replaced upon re-entry. Hospital scrub clothing shall not be removed from the facility. Personnel outside the hospitals with hospital-provided scrub clothing shall be subject to corrective discipline.

Living Quarters/Laundry. Neither the University nor the affiliated hospitals provide housing or laundry for residents. Residents who are assigned to take in-hospital calls will receive suitable quarters for sleep and study. Neither the University nor the affiliated hospitals provide sleeping facilities for family members during call hours.

MEALS AND MEAL PLAN POLICIES

The ACGME requires that the sponsoring institutions (hospitals) make available adequate food facilities that are accessible to the residents during the assigned duty hours. Residents who are assigned to take in-hospital call will receive an allotment for meals at the affiliate institutions. **This service is a privilege, not a requirement of the affiliated hospitals.** See hospital-specific policies below. Please note that meal gratuities are for the resident only and are not to be extended to other individuals. Abuse of meal privileges could result in their loss.

Hospital Specific Meal Plan Policies

All Children’s Hospital: Provides an annual stipend to help cover the cost of meals.

Bay Pines VA Healthcare Center: (a) Meals are provided without charge to authorized residents who serve as Officer of the Day/House Staff before/after medical center administrative working hours of 8am – 4:30pm, Monday through Friday. Residents performing these duties under the fee basis program or as part of their work schedule are excluded. (b) Meals are limited to the evening meal and breakfast the following morning (when the tour of duty includes the previous night). On weekends and federal holidays, the noon meal is also provided. Meals are served in the Building 100 training room or may be furnished “to go” upon request. Medical/surgical staff are responsible for notifying Nutrition and Food Services at extension 5417 if a late meal is required because of an emergency. All residents requesting meals must first sign in on the sign-in sheet. Any unauthorized meals will be charged to the individual resident at the prevailing guest rate for the current fiscal year.

James A. Haley VA Hospital: Meals will be provided without charge to authorized residents, interns, and medical students performing assignments after the hospital administrative working hours of 0800 -1630, Monday through Friday, under the following criteria: (a) those medical teams on published “on-call” schedules and residing in “on – call” quarters overnight; and (b) those medical teams that are in the hospital through a meal period due to an emergency. Note that regular VA staff physicians cannot be authorized meals without charge. The fee basis admitting residents are not entitled to gratuitous meals, but may purchase a meal at the established guest meal rate. Meals included are evening and breakfast; a box meal may be requested via menu sheet. If a resident requires a hot tray he or she may call extension 7040 to request it. Authorized medical team personnel will sign for the meal in the appropriate section on the sign-in sheet in the dining room. Weekend, holidays, and evenings, residents may call for trays to be sent to the 7th floor Physician’s Lounge or complete a meal request form.

Moffitt Cancer Center: Each resident taking in-house call will receive two (2) meals (dinner & breakfast) for each weeknight call and three (3) meals (dinner, breakfast & lunch) for each weekend day and holiday call, worth up to \$6 per meal. There is a meal card in each call room that must be returned after each use for the next resident assigned to call duty. Using this card the next day when the resident is not on call will take a meal away from the person assigned. There will be a \$5 fee to replace a lost card. Contact MCC GME at 745-1867 with questions.

Morton Plant/Mease Hospital: Provides meals for residents who are on inpatient rotations or night float.

Tampa General Hospital: Meal “debit” cards are issued prior to July 1 each year to all residents and fellows who meet the criteria based on their scheduled rotations at TGH. Cards are loaded one time per year, with amounts based on rotations as follows: \$65 for a ward rotation; \$135 for ICU, critical care or trauma rotations; \$0 for electives, ambulatory, research and multiple location rotations. The maximum to be spent in one day should not exceed \$16. Abuse of the meal card privilege will result in the meal card being voided of funds for the balance of the year after the 2nd violation of the policy.



FULL LICENSURE REQUIREMENTS

REQUIREMENTS FOR BOARD CERTIFICATION

Requirements for Certification by the ABMS. Each Board of the American Board of Medical Specialties has individual requirements that residents should become familiar with. A summary of each set of board requirements is available in the AMA publication “Graduate Medical Education Directory,” which is published each year and which is available in your Program Director or coordinator’s office. In addition, important information regarding requirements and applications is available on the <http://www.abms.org/> website, with links to the individual websites for each board. Listed on the website is a brief summary of the current requirements. Please note that many boards have a requirement for a minimum number of weeks worked for a year of training to qualify for board certification. A resident who is concerned about his or her eligibility should meet with the Program Director and/or contact the appropriate board for information.



CRISIS MANAGEMENT PLANS AND PROCEDURES

EMERGENCY PREPAREDNESS

In order to ensure the safety of self and others in the event of a life threatening situation, all residents are expected to familiarize themselves with the action plans and procedures of USF Health and the individual affiliated institutions.

At the time of a weather-related condition or other emergency, all official notifications regarding University operations will be released through the [USF Website](#) and on our toll-free information line at (800) 992-4231.

When a hurricane or tropical storm approaches, USF officials maintain communication with local and state agencies to monitor the storm's track. Official notifications will be updated as changes occur or there are cancellations to report. The fastest way to get emergency information is by subscribing to MoBull on a cell phone. To register for MoBull, visit <http://usfweb2.usf.edu/mobullplus/>. Additional information can be found at the [USF Emergency Preparedness website](#) at (ADD!).

LINKS TO MAJOR AFFILIATE INSTITUTIONS' EMERGENCY PREPAREDNESS RESOURCES

[All Children's Hospital Disaster Preparedness Online](#)

[Bay Pines VA Emergency Response & Information](#)

[James A. Haley VA Emergency Response & Information](#)

[Tampa General Hospital Hurricane Information](#)

HOSPITAL EMERGENCY CODES

For a chart of Hospital Emergency Codes please see Attachment 6 in the Handbook.



POLICIES & PROCEDURES

It is important that residents familiarize themselves with the policies, rules, and regulations of the University of South Florida, USF Morsani College of Medicine GME, as well as those of the affiliated institutions where training will occur. Information regarding policies and rules of the affiliated hospitals is provided at the hospital orientation. General University and College of Medicine policies and procedures are included here, but specific questions and procedural issues should be directed to the GME Office.

AMERICANS WITH DISABILITIES ACT (ADA)

The University of South Florida strives to ensure that all goods, services, facilities, privileges, advantages, and accommodations are meaningfully accessible to qualified persons with disabilities in accordance with federal and state laws. For more information, please see the full policy at the GME website.

COMPLIANCE

The University of South Florida Morsani College of Medicine places high priority on “compliance” with the laws, rules and, regulations applicable to healthcare services. The College considers this an important aspect of excellence in teaching and patient service, and has established a Compliance Plan that includes related training, monitoring, and corrective action. Because residents must play an integral role in providing and documenting patient services, they are expected to become knowledgeable about the regulated aspects of patient billing, resident participation in providing patient care, and resident supervision. Residents must be certified in HIPAA compliance. Information regarding compliance and related training requirements will be made available at Resident Orientation,

departmental grand rounds, and at senior resident retreats. A HELPLINE at (813) 974-8090 is available to answer questions, and to report compliance issues. Additional information is available at the GME website.

GRIEVANCES/APPEALS

Policy Statement (Policy No. GME-228). As part of the University's policy of Grievance, the fundamental character of the academic enterprise should set the context of administrative decision making. Thus, the values of the academic environment -- values that encourage free expression, self-direction, independence of thought and action, individual responsibility, collegiality, and the highest standards of ethical behavior -- should guide the determination of methods of investigation and documentation that will be utilized in the resolution of situations involving non-criminal malfeasance, misfeasance, or other misconduct of University employees in the performance of duties (See: University Policy #0-017 -- Non-Criminal Investigation Procedures). In addition, the University of South Florida recognizes the right of its employees and students to voice their concern on campus issues or personal issues of concern to them without fear of any negative, retaliatory, or reprisal action as a result of having lodged a grievance, appeal, or claim (See: University Policy #0-013 -- Reprisals.)

Residents may appeal significant disagreements, disputes, or conflicts with their program using the procedure outlined in GME-228.

HARASSMENT

The University of South Florida Morsani College of Medicine maintains specific guidelines regarding all forms of harassment, which are consonant with the rules and policies of the University, as well as laws and rules of the State of Florida. Sexual harassment and all other forms of harassment are inconsistent with the role of a professional and are not tolerated by the University. Individuals with knowledge of harassment are encouraged to promptly report such activity to the Office of the Dean or the Vice Dean of GME of the University's College of Medicine.

NONDISCRIMINATION

USF prohibits discrimination against any employee based on race, color, sex, religious creed, national origin, age, veteran status, handicap, political affiliation, or marital status. Any discrimination concerns should be reported to the Program Director or the Office of Graduate Medical Education.

PUBLIC RECORDS

As a State agency, USF operates under Florida's "Government in the Sunshine" policies. All documents of any form made or received in connection with the transaction of any University business, other than those specifically exempted, are considered to be Public Records open for inspection by anyone who requests them and are available for copying upon payment of the cost of duplication. University documents that are specifically exempt from these requirements include student records, medical records, evaluative personnel records, and certain sponsored research records. Additional information and advice about the University's Public Record Policies can be obtained from the GME Office or the University's Office of the General Counsel.

WHITE COAT POLICY/ID

Residents are required to wear white lab coats with identification badges at all times while on duty. Two lab coats are provided to each resident at the beginning of each residency year. Enforcement of this dress code is the responsibility of the Hospitals' Chiefs of Staff, College of Medicine Department Chairs and Division Chiefs or their designees.

PAGERS

Each resident is issued a pager when he or she begins training at the University of South Florida, with the exception of certain Pediatric, Med-Peds, and Family Medicine residents. (Pediatric and Med-Peds residents are issued pagers at the All Children's Hospital orientation. These pagers are the property of All Children's Hospital and the responsibility of the resident.) Family Medicine (Morton Plant/Mease Hospital) residents are issued pagers through the GME office at Turley Family Health Center (727) 467-2502.

The assignment of pagers is made by the GME Office. The individual retains the same pager as he or she rotates from hospital to hospital. At times, individuals may be asked to carry a second pager, e.g., a trauma pager at Tampa General, a code pager, etc., but should continue to carry his or her individual paging device.

Residents are prohibited from loaning or transferring to any other person the paging systems given or assigned to them. Residents are individually responsible for assigned pagers. For difficulties with pagers, residents should notify TGH Communications at (813) 844-7000. Lost or damaged pagers will be replaced at the resident's expense.

EQUIPMENT

All equipment and materials, unless specifically issued to or purchased by residents, are the property of the affiliated institution or College of Medicine Department. Institutional equipment should be identifiable by an owner's mark or control number. Residents are prohibited from utilizing affiliated institution or University equipment outside of the setting for which its use is intended, including personal use.

Note that residents are individually responsible for any and all assigned equipment.

IDENTIFICATION

All residents will obtain a USF photo ID card that will be worn on their lab coats at all times. This card will allow access to USF campus activities and benefits. On the Tampa Campus, customers may pay with Visa/MasterCard, Cash, Check, or BullBucks at the USF Card Center, located in the Marshall Center, Room 1505, and reachable at (813) 974-2357.

The initial cost of the card is \$10. Replacement/re-make cards are \$15. Normal hours of operation are Monday to Thursday from 9:00 a.m. to 6:00 p.m. and Friday from 8:00 a.m. to 5:00 p.m., and also the first Saturday of each month from 9:00 a.m. to 1:00 p.m.

For a complete listing of USF Card Locations & Hours, visit <http://www.usf.edu/it/class-prep/usf-card.aspx>. Please note that identification cards specific to the affiliated institutions may be required during rotations at their sites. Program coordinators or the GME Office can assist if this is required.

OCCUPATIONAL HEALTH

Employment-Related Injury

For training-related, i.e., employment, health incidents, e.g., injuries, exposures, all residents must follow state and federal regulations for Worker's Compensation. Each hospital affiliated with the University of South Florida Morsani College of Medicine has an employee health unit to which residents must report within five (5) days following any injury. All units require that an incident report be filed.

Many subsequent benefits, including long-term hospitalization and disability compensation, depend upon prompt reporting of any employment-related injury. Work-related incidents that occur at any of the affiliated institutions will be managed at that location. Employee health information for the primary institutional affiliates is listed below.

Questions regarding employment-related injuries should be referred to the USF Morsani College of Medicine Health Administration and Infectious Diseases Center at (813) 974-3163.

Occupational Exposures

The following GME Policy (No. GME-310) is applicable to occupational exposures:

USF – College of Medicine
GRADUATE MEDICAL EDUCATION POLICY & PROCEDURE
TITLE: [Blood Borne Pathogen Exposure](#) No.: GME-310
Effective Date: 11/01/01 Revision Date: Distribution: All

Policy Statement

Residents are at risk of exposure to and contraction of blood borne pathogens. If infected, a resident serves as a potential source of infection to patients, yet the recognized risk appears to be small. The College of Medicine has a responsibility to protect the confidentiality of the resident while at the same time protecting patients from potential injury. Accordingly, an evidence-based protocol, which assures decisions that are consistent with current practice and confidentiality of the resident, will govern the decisions relating to resident participation in invasive clinical activities.

For incoming residents, the technical standards policy requires that individuals accepted into Graduate Medical Education programs have the necessary physical and mental skills (with reasonable accommodation) to be able to function as a practitioner in the chosen specialty. Vision, hearing, and speech capabilities must be adequate for the satisfactory conduct of the chosen field. Upper and lower extremity function must be adequate to accomplish the essential functions of the chosen field. Additional physical requirements may exist for some programs and will be provided to interested individuals on request. Individuals must meet the current requirements for licensure within the State of Florida. If a prospective resident is not able to meet the current requirements to be able to practice in the specific specialty of medicine, such resident will not be allowed to begin training in the designated discipline. For residents already in a training program, the Vice Dean for GME or the resident will contact the USF Health Advisory Committee and notify the committee.

The Vice Dean for GME will ask the USF Health Advisory Committee to formally initiate the USF Health Procedure for Employees Infected with a Blood Borne Pathogen. The Vice Dean will request the Dean of the College of Medicine to appoint individuals to the USF Health Advisory Committee on a temporary and ad hoc basis to include: the Program Director of the involved program, the medical directors of the involved hospitals, and at least one representative of the House Staff Association. The USF Health Advisory Committee will make a recommendation to the Dean regarding the individual protocol for the resident and will serve as the monitoring and oversight body. The Committee will function in a confidential manner and all records will be maintained as individual health care records of the individual. Decisions regarding restriction of invasive clinical activity, notification of patients, and counseling of the resident will be made by the Dean of the College of Medicine.

Procedure

<i>Responsible Party</i>	<i>Action</i>
Resident	Notify Vice Dean of GME or USF Health Advisory Committee of exposure.
Vice Dean	Activate USF Health Advisory Committee.
USF Health Advisory Committee	Review all pertinent information and formulate a recommendation for the Dean regarding restriction of clinical activity and notification of patients.
Dean, College of Medicine	Notify resident of Committee recommendations.
USF Health Advisory Committee	Monitor health status of resident and recommend changes in the resident monitoring protocol.

If you have questions regarding Bloodborne Pathogens, contact:

USF Health Administration & Infectious Disease Center
Tel: (813) 974-3163

Occupational Exposure Reporting Locations

<p>All Children’s Hospital Where: Employee Health Services Ph: (727) 767-8827 When: 8:00am – 8:00pm, Mon. – Fri. After Hours: Page evening/night nursing supv. Who: Susan Stauber, RN (pager 767-0456) or Main Secretary: (727) 767-4190</p>	<p>Tampa General Hospital Where: Employee Health Ph: (813) 844-7649 When: 7:00am – 4:30pm, Mon. – Fri. After Hours: Emergency Rm (813) 844-7100 or page evening/night supervisor Who: John Sinnott, MD, Medical Director; JoAnn Shea, ARNP, Manager; Linda Carter, ARNP; Patrick Lark, ARNP; Bridget Pugh, ARNP</p>
<p>James A. Haley VA Hospital – Tampa Where: Occupational & Employee Health, 6N, Rm 650 Ph: (813) 972-7628 or (813) 972-7199 When: 8:00am – 4:00pm, Mon. – Fri. Other hours: Emerg. Rm. (813) 972-7226 Who: Anyone in the O&E Health Office</p>	<p>USF Health Where: Health Administration/Infectious Disease Ctr Ph: (813) 974-3163 or (813) 974-4403 When: 8:00am – 5:00pm, Mon. – Fri. Who: Linda Lennerth, RN, MSN, Director, Medical Health Administration</p>
<p>Moffitt Cancer Center Where: Employee Health Ph: (813) 745-4276, option 1 When: 8:00am – 4:00pm, Mon. – Fri. After Hours: Administration Coordinator Who: Anyone in the Employee Health Office</p>	<p>USF Psychiatry Center Where: UPC – 2nd Floor, Rm 220 Ph: (813) 974-4657 When: 8:00am – 5:00pm, Mon. – Fri. Who: Maureen Tavrell</p>
<p>Morton Plant/Mease Hospital Where: Employee Health Ph: (727) 734-6850 When: 7:00am – 4:00pm, Mon. – Fri. Who: Sherie Becker or any other nurse in office</p>	<p>Bay Pines VA Healthcare Center Where: Occupational Health - Bldg. 22, Rm 116 Ph: (727) 398-6661, Ext. 5212 When: 7:30am – 4:00pm, Mon. – Fri. After hours: Emergency Room Who: Tom Sutton, MD, Occupational Health or Diana O’Keefe, RN</p>
<p>Shriners Hospital Where: Infection Control Nurse Ph: (813) 975-7141 When: 8:00am – 4:30pm, Mon. – Fri. After Hours: page evening/night nursing coordinator Who: Sheryl Chewning, RN</p>	

UNIVERSITY SERVICES

PARKING

Parking arrangements for residents are defined by the affiliated institutions and must be strictly respected. Parking on the USF campus is rigidly restricted. Parking permits are required 24/7/365 for parking during Grand Rounds, department meetings or conferences, and medical clinic rotations. No parking is permitted in the patient lots or reserved areas, where offenders are subject to fines and towing. Payment of the parking permit is the responsibility of the resident or fellow.

USF campus parking permits can be purchased online at www.usf.edu/parking_services or in person at the main office of Tampa Campus Parking Services. The office is located at the intersection of USF Holly Drive and USF Plum Drive. Payment may be made with Visa or MasterCard only.

Residents who wish to pay in cash or by check must first visit the Parking Services Office to obtain account information and a voucher. Residents will then go to the Cashier's Office to process their cash or check payment. The Cashier's Office will provide the House officer with a voucher and a receipt which must be turned in at Parking Services in order to complete the transaction.

COMPUTER SERVICES

The University of South Florida Morsani College of Medicine has established an extensive intranet throughout the College and affiliated hospitals. This network provides email and Internet access, Medline searches, personal information in GEMS, access to online periodicals, as well as access to an educational database. In order to access the network, all incoming residents must obtain a USF email account from Health IS after orientation. All residents are required to maintain a current HEALTH email account because this is the method most frequently used to communicate with College of Medicine residents. Email communication will not be sent to any other email addresses. Residents must complete an acceptance of responsibility form to obtain network access.

The IS department's website (<http://health.usf.edu/is/index.htm>) offers helpful information, technical support, network maintenance and education programs. The support desk hotline can be reached by calling (813) 974-6288, option 2.

GRADUATE MEDICAL EDUCATION WEBSITE

A website created exclusively for the GME Office facilitates efficient communication, provides ready access to essential documents, and serves as a repository for educational information regarding topics of interest to all residents. The website, <http://www.health.usf.edu/medicine/gme>, is updated on a regular basis.

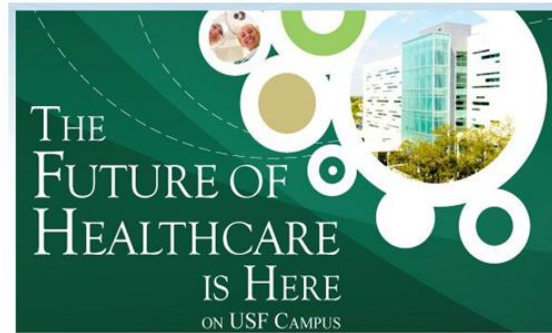
Among the helpful information residents may find on the GME website, is a comprehensive list of all GME Policies (see below) and Procedures -- including the policies referenced in the Handbook -- and corresponding links to view each of those documents. Visit http://www.health.usf.edu/medicine/gme/policies_procedures/staff.htm for this information.

Welcome to USF Graduate Medical Education

North Office: 12901 Bruce B. Downs Blvd., MDC 41
Tampa, FL 33612

South Office: 17 Davis Blvd., 3rd floor
Tampa, FL 33606

813-250-2506



The Graduate Medical Education Program of the University of South Florida endeavors to provide an ideal environment for the acquisition of the knowledge, skills, and attitudes necessary for its graduates to achieve the highest levels of professional and personal accomplishment and to safeguard the public trust. In so doing, we support a balanced educational program comprised of individual programs united under a common institutional goal and with shared participation in an interdisciplinary curriculum.

MAJOR TEACHING AFFILIATES

All Children's Hospital

501 Sixth Ave. S., St. Petersburg, FL 33701
(727) 898-7451

President and Physician-in-Chief: Jonathan Ellen, MD
Medical Education Contracts: Melodye Farrar, Manager
Risk Manager Contact: Louise Bearns
Employee Health Contact: Lynda Ruckman, RN



Bay Pines VA Medical Center

10000 Bay Pines Blvd., St. Petersburg, FL 33744
Mailing Address: P.O. Box 5005, Bay Pines, FL 33744
(727) 398-6661

CEO: Suzanne Klinker
Medical Education Contact: Rhonda Lee Omslaer, BSN
Risk Manager Contact: Kern Massingill
Employee Health Contacts: Melvin Bradley, MD, Diane Purdum, RN



James A. Haley Veterans Hospital

13000 Bruce B. Downs Blvd., Tampa, FL 33612
(813) 972-2000

Hospital Director: Kathleen Fogarty
Chief of Staff: Edward P. Cutolo, Jr., MD
Medical Education Contact: Larry C. Carey, MD
Risk Manager Contact: Kyna Tyndall
Employee Health Contacts: Eve Hanna, MD, Alicia Rosario, PA-C



Moffitt Cancer Center

12902 Magnolia Dr., Tampa, FL 33612
(813) 745-4673

President and CEO: Alan List, MD
Medical Education Contact: Jonathan Zager, MD
Risk Manager Contact: Maura Woerner
Employee Health Contact: Vicki Elie



Morton Plant/Mease Hospital

P.O. Box 210, 300 Pinellas St., Clearwater, FL 34616
(727) 462-7000

President: Kristopher Hoce
Executive VP, BayCare Physician Affairs: Bruce Flareau, MD
Medical Education Contact: Paul Lewis, MD
Risk Manager Contact: Laura Ratcliffe
Employee Health Contact: Sherie Miranda



Tampa General Hospital

1 Tampa General Circle, Tampa, FL 33606
(813) 844-7000

President and CEO: James R. Burkhart

Chief Medical Officer: Sally Houston, MD

Medical Education Contact: Sally Houston, MD

Risk Manager Contact: Carl Heaberlin, Director

Employee Health Contact: JoAnn Shea, ARNP

Manager: Jeanne Forsman, RN

**USF Health**

12901 Bruce B. Downs Blvd., Box 33

Tampa, FL 33612

(813) 974-2201

Dean/Senior Vice President: Charles Lockwood, MD

Medical Education Contact: Deborah Sutherland, PhD

Employee Health Contact: Linda Lennerth, RN, MSN



HELPFUL LINKS

Accreditation Council for Graduate Medical Education (ACGME): www.acgme.org

American Medical Association (AMA): www.ama-assn.org

Educational Commission for Foreign Medical Graduates (ECFMG): www.ecfmg.org

Florida Board of Medicine (MD): <http://flboardofmedicine.gov/>

[Florida Board of Osteopathic Medicine \(DO\): http://floridasosteopathicmedicine.gov/](http://floridasosteopathicmedicine.gov/)

Florida Department of Health Medical Quality Assurance: www.doh.state.fl.us/mqa

Florida Medical Association (FMA): www.fmaonline.org

Medical Insurance Plan – Preferred Providers: www.phcs.com

New England Journal of Medicine: www.nejm.org

On-line Journal: <http://sfx.fcla.edu/usf/azlist/default>

Shimberg Health Sciences Library: <http://library.hsc.usf.edu/>

USF Health Home Page: www.health.usf.edu

USF Health Division of Research Integrity & Compliance: www.research.usf.edu/cs/


Attachments

INSTITUTIONAL STATEMENT OF COMMITMENT.....	Attachment 1
GME ORGANIZATION	Attachment 2
USF HEALTH LEADERSHIP ORGANIZATION	Attachment 3
HOUSE OFFICER CONTRACT	Attachment 4
UNITED HEALTHCARE COVERAGE PLANS.....	Attachment 5
HOSPITAL EMERGENCY CODES	Attachment 6

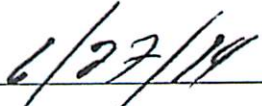
**INSTITUTIONAL STATEMENT OF COMMITMENT****UNIVERSITY OF SOUTH FLORIDA****MORSANI COLLEGE OF MEDICINE**

The University of South Florida Morsani College of Medicine authorizes the Vice Dean for Clinical Affairs and Graduate Medical Education to function as the Designated Institutional Official (DIO). The DIO, in conjunction with the duly appointed Graduate Medical Education Committee (a committee appointed by the Faculty Council of the College), will function as the operating officer responsible for all graduate level training programs including ACGME accredited programs, programs accredited by other organizations, and unaccredited fellowships, within all of the affiliated hospitals. The Designated Institutional Official reports directly to the Dean of the College of Medicine, but works collaboratively with the Vice-Deans for Education and Research. The Designated Institutional Official, while formally responsible for all training activities in graduate medical education, will also work collaboratively with the directors of Undergraduate Medical Education and Continuing Professional Education in order to assure continuity and integration between the three principle components of medical education.

The University commits to provide the necessary resources, i.e., financial, educational, and human resources, for the conduct of the training programs to ensure the residents' professional, ethical and personal development, for the maintenance of an appropriate, centralized Office of Graduate Medical Education and for the continued oversight of all graduate medical education programs through the Office of Graduate Medical Education, under the direction of the Designated Institutional Official. In the absence of the Designated Institutional Official, the Chairman of the Graduate Medical Education Committee will have signatory authority for all GME documents and will provide administrative oversight and assistance to the staff of the Office of Graduate Medical Education.



Charles J. Lockwood, M.D., M.H.C.M.
Senior Vice President for USF Health
Dean, Morsani College of Medicine



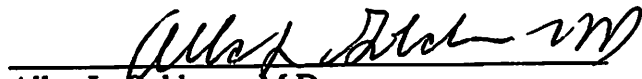
Date



Charles N. Paidas, M.D., MBA
Vice Dean, Clinical Affairs and Graduate Medical Education
Designated Institutional Official

June 25, 2014

Date



Allan L. Goldman, M.D.
Chairman, GMEC

6/30/14

Date



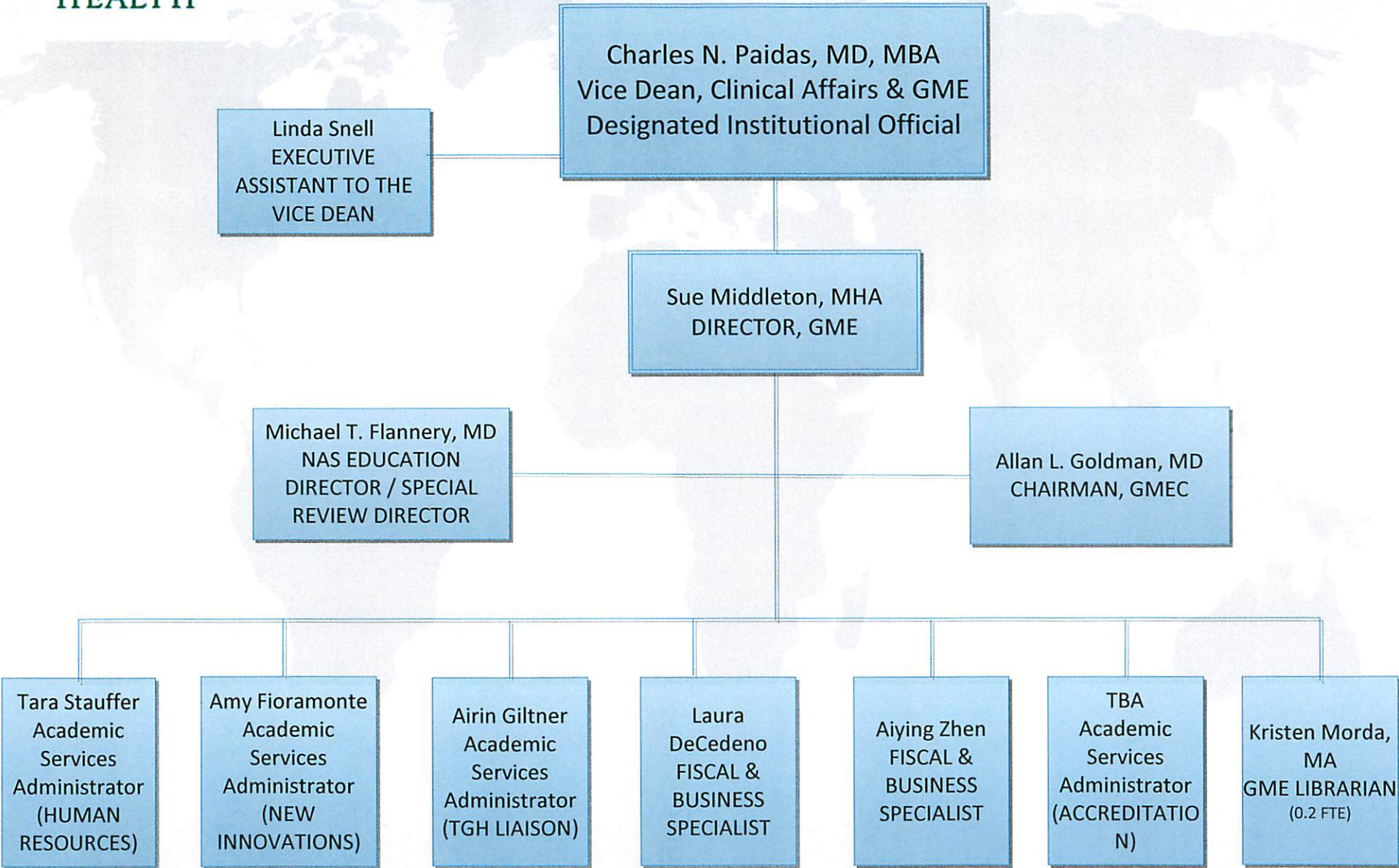
Javier Cuevas, PhD
President, Faculty Council

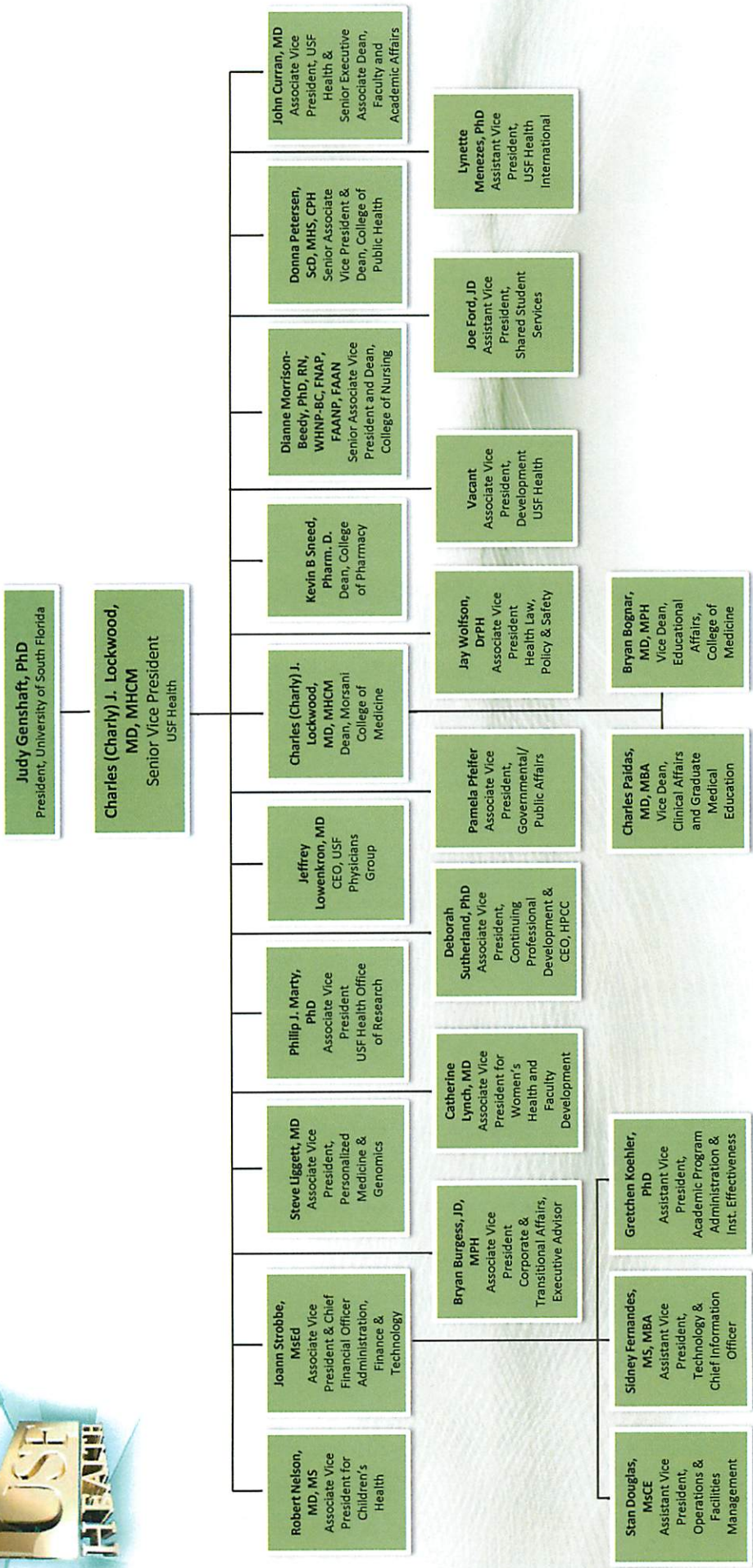
June 25, 2014

Date



GRADUATE MEDICAL EDUCATION





**USF Health Leadership
Organizational Chart**

05/05/2014

**UNIVERSITY OF SOUTH FLORIDA
MORSANI COLLEGE OF MEDICINE**

HOUSE OFFICER CONTRACT

2014-2015

This House Officer Contract (hereinafter "Contract") is made and entered into by and between the University of South Florida Board of Trustees, a public body corporate of the State of Florida (for the University of South Florida Morsani College of Medicine), (hereinafter "University"), and (hereinafter "House Officer"). In consideration of the mutual promises and conditions set forth in this Contract, University and House Officer agree as follows:

I. House Officer accepts appointment to the University's House Officer Training Program (hereinafter "Program") as a PGY- in the Department of Specialty from 7/1/ through 6/30/ (hereinafter "Contract Year").

A. Residents' Responsibilities: Residents are expected to conduct themselves as professionals in all situations. As such, residents are expected to dress appropriately, use appropriate language, refrain from actual or perceived harassment, and interact with patients, families, and co-workers in a congenial and constructive manner. As mature adults with professional responsibility and standing, residents must be committed to quality and excellence in all aspects of their activities and are expected to positively represent the University and the Affiliated Hospitals (this term should be defined) in all activities, both within and outside of the workplace.

Residents' responsibilities include:

1. Developing a personal program of self-study and professional growth with guidance from the teaching staff.
2. Participating in safe, compassionate, and cost efficient patient care under supervision, commensurate with level of advancement and responsibility and advising all patients at an appropriate time of their status.
3. Participating in all the educational activities of the Program and, as required, assuming responsibility for teaching and supervising other house staff and residents.
4. Participating in all required orientations, continuing education, and safety seminars.
5. Maintaining current BLS/ACLS/PALS/NRP/ATLS certification, as applicable.
6. Participating in institutional programs and activities involving the medical staff and adhering to established practices, procedures, policies, and medical staff by-laws of the University and of the relevant Affiliated Hospital.
7. Participating in institutional committees and councils, especially those that relate to patient care review activities and residency oversight activities.
8. Maintaining an active and verifiable State license or registration as a physician in training as required by the Florida Department of Professional Regulation as described in the Resident Handbook. Active and verifiable State license or registration as a physician in training must be obtained on or before July 1 of the contract year and renewed at regular intervals. Submission of an application to the State licensing board is not considered an active and verifiable State license or registration as a physician in training until such license or registration has been granted by the State licensing board and can be verified with the State licensing board on the website or through written documentation from the State licensing board.

9. Complying with the scope of practice documents pertinent to the training program and obtaining an appropriate level of supervision for all patient care activities.
10. Recording duty hours according to Graduate Medical Education (hereinafter "GME") policy.
11. Limiting moonlighting, employment outside of residency responsibilities, to that which is approved in writing by the Program Director and within the limits of the eighty (80)-hour workweek. PGY-1 residents are not allowed to moonlight.
12. Timely paying all financial obligations to the University. The resident agrees that, in the event he/she has any unpaid financial obligation(s) to the University, the University is authorized to withhold issuance of the certificate of program completion until all such financial obligations are paid in full.
13. Complying with the applicable requirements and policies & procedures of all University and Affiliated Institutions and Affiliated Hospitals involved in residency education.
14. Providing the Office of Graduate Medical Education with written notification of any change in status regarding education, license, visa, and fitness for duty.

B. **Duration of Appointment:** While it is generally understood that efforts will be taken to assure that a resident who has met all requirements of his/her training program and conducted himself/herself appropriately will be allowed to complete the training program to which he/she was accepted, this Contract is for one (1) year only and is subject to renewal prior to each academic year. In addition, acceptance into an initial residency at the University does not assure acceptance into subsequent advanced training programs, nor does it assure transfer into another training program at the University.

C. **The University agrees to compensate the House Officer during the above appointment period under this Contract at the rate of \$ per annum.** All residents will receive financial support from the University as stipulated in their applicable Contract. All residents at comparable levels will be compensated according to the same schedule. Any exception to this policy must be approved in writing by the University's Morsani College of Medicine Dean or his designee. All residents will receive the same benefits package.

D. **Conditions for Re-appointment:** In order to be re-appointed for the next year of residency training, a resident must be in good standing with the University. Re-appointment requires satisfactory progress in the training program, program-specific continuing education as required, active training license and ACLS/PALS certification. Re-appointment is subject to approval by the Program Director and Designated Institutional Official (hereinafter "DIO"). Residents who are not re-appointed have full rights of appeal as described in the Resident Handbook and GME Policies and Procedures.

E. **Discipline and Discontinuation:** House Officer agrees and understands that his/her continuation in the Program is dependent upon his/her satisfactory performance in accordance with professional and patient care standards, the criteria of his/her Program, the criteria and requirements of the Accreditation Council for Graduate Medical Education ("ACGME"), and compliance with the conditions and requirements of this Contract, University Policies and Procedures, GME Policies and Procedures and the Resident Handbook. Both can be found on the GME website at <http://health.usf.edu/medicine/gme/index.htm> and are incorporated herein by reference. The University endorses the principle of progressive discipline and seeks to address substandard performance and/or conduct with the least-severe action necessary to effect the desired change.

The University agrees that any academic, professional or other disciplinary action, including dismissal, which may be taken against House Officer, will be in accordance with fair institutional policies and procedures as described in the Resident Handbook and GME Policies and Procedures. The University agrees that the adjudication of any House Officer complaints and grievances related to actions

which could result in dismissal or could significantly threaten the House Officer's intended career development will be in accordance with fair institutional policies and procedures as described in the Resident Handbook and GME Policies and Procedures.

F. **Grievance Procedures:** Residents are provided full protection against unfair treatment through a formal grievance procedure. Specific directions for filing a grievance are found in the Resident Handbook and GME Policies and Procedures. Residents are advised that defined time intervals apply to most grievances and delay beyond these prescribed times may exclude the possibility of filing a grievance. The Office of GME will provide assistance to residents seeking to file a grievance in a fair and impartial manner.

G. **Physician Impairment and Substance Abuse:** The University and the Affiliated Institutions and Affiliated Hospitals are Drug Free Workplaces. No resident may report to work while under the influence of illegal drugs and/or alcohol. Physician impairment and substance abuse will be handled in accordance with the GME Physician Impairment and Substance Abuse policy.

H. **Policies on Gender or Other Forms of Harassment:** The University's Morsani College of Medicine and Office of GME publishes specific guidelines and policies regarding all forms of harassment. These guidelines and policies are consistent with the rules and policies of the University as well as laws and rules of the State of Florida. Sexual harassment, in particular, as well as all other forms of harassment, is inconsistent with the role of a professional and is not tolerated by the University. Residents with knowledge of harassment are encouraged to promptly report such activity to the Office of the Dean of the University's College of Medicine, the Office of GME, or their Program Director.

II. The University agrees to provide:

A. **Professional Liability Protection:** Professional liability protection, equivalent to that provided to the clinical faculty physicians, is provided through the University of South Florida Health Sciences Center Self Insurance Program (hereinafter "SIP"). All residents are provided legal defense and protection through SIP for any action brought against the USF-Board of Trustees regarding the resident's alleged care and treatment pursuant to Florida Statutes Section 728.28 during the course of their training as well as afterward, i.e., tail coverage, for alleged acts or omissions of the residents occurring during and within the scope of their University appointment and educational program. The SIP and Florida Statutes Section 768.28 do not provide professional liability protection to residents for incidents occurring outside the scope of their University employment or function, including for moonlighting.

B. **Health, Disability, and Life Insurance:** Health, disability, and life insurance benefits are described in the Resident Handbook. Benefits begin on the first date of employment. As a component of their benefits, all residents participate in the comprehensive health insurance plan obtained for the University's College of Medicine GME program. Residents should refer to the Resident Handbook to familiarize themselves with the conditions of the plan, including but not limited to: deductibles; co-payments for non-participating physicians/institutions; and benefits for dependents. The health insurance policy is continuous for eighteen (18) months after completing training, at the resident's expense under the provisions of COBRA. All residents receive disability benefits as follows: Prior to utilization of the long term disability benefit, a 90 day waiting period is experienced during which time you must be continuously disabled. The Resident may utilize a maximum of 90 days of the sick leave pool (full salary and benefits), with prior approval. The long term disability plan provides compensation of \$2,500 per month up to the Social Security Normal Retirement Age (SSNRA), your normal retirement age. NOTE that being on formal disability requires medical confirmation via a disability claim being filed in a timely manner and also requires termination of employment.

Residents are encouraged to refer to the Resident Handbook and/or to contact the Office of GME to obtain specific information regarding these policies. The permanent disability policy can be converted at individual expense to an individual policy at completion of training.

In order to provide appropriate coverage, the University will charge residents who enroll for family health insurance, i.e., dependent, coverage at the following rates: fifty dollars (\$50) per month for spouse only;

seventy five dollars (\$75) per month for spouse and child(ren); or, seventy five dollars (\$75) per month for child(ren) only. House Officer will be billed the applicable amount, which will be deducted from his/her paycheck on a bi-weekly basis.

C. Leave Policies:

1. Annual Leave: Paid vacation leave with use and accrual are subject to provisions set forth in the Resident Handbook. All residents are entitled to have and are required to use paid vacation leave as described in this Contract and the Resident Handbook. All residents are entitled to fifteen (15) weekdays of annual vacation leave. Annual leave must be used during the Contract Year in which it is accrued.

2. Sick Leave: Paid sick leave during each year of residency and participation in the sick leave pool are subject to the provisions set forth in the Resident Handbook. Each resident is allocated nine (9) weekdays of sick leave per Contract Year. Use of the sick leave pool is available for extended illness of the resident and is limited to a maximum of ninety (90) days per resident. All sick leave pool requests must be approved by the Program Director and DIO.

Residents who are required to discontinue work because of the medical needs of the mother or unborn child may be authorized to use leave from the sick leave pool. Use of the sick leave pool is not available for uncomplicated maternity.

3. Maternity/Paternity Leave of Absence: Each resident is allowed up to ten (10) weekdays of maternity/paternity leave and up to twelve (12) weeks of uncompensated maternity/paternity leave for the birth of a child. Residents must apply for maternity/paternity in advance and obtain approval from their Program Director and DIO. Residents may utilize all current unused sick or annual leave as continued compensation during parental leave, No other compensation is available for maternity/paternity leave. Residents are still required to meet all board requirements for their particular specialty and must determine if an extensive absence will jeopardize board eligibility. Residents enrolled in training programs at the University are not automatically entitled to additional training beyond the prescribed number of years, in order to complete board requirements. Any such extension of the training program must be approved by the Program Director and DIO.

4. Bereavement Leave of Absence: In the event of death in the immediate family, the house officer may be granted up to three (3) days of Bereavement Leave in order to attend the funeral and assist in estate settlement. The house officer is required to notify and obtain approval for bereavement leave from the Program Director and the DIO. Immediate Family, as defined in the GME 215 policy, includes spouse, domestic partner, child or step child, parent or step parent, brother, sister, grandparent, grandchild. A miscarriage is included in this definition.

Leave of Absence: Residents wishing to take a leave of absence from their training program must obtain approval from both their Program Director and the DIO. Residents are not automatically guaranteed re-entry into the training program and therefore should discuss future arrangements with their Program Director prior to commencing a leave of absence. Leave of absence is uncompensated leave.

5. Military Duty: Residents who are called to active military duty are eligible for re-entry into the training program based on availability of appropriate positions in the program.

6. Effect of Leave on Program Completion: Approved annual leave and sick leave are within the current requirements of all certifying agencies. Residents anticipating the need to request additional leave, compensated or uncompensated, should discuss the impact on their program completion prior to commencing the additional leave. Repeat of training and/or make up time required to fulfill criteria for completion of residency is determined by the Program Director consistent with the standards of the [American Board of Medical Specialties](#) (ABMS) and the [American Osteopathic Association](#) (AOA).

D. **Duty Hours Limitation:** Residents will not work more than eighty (80) hours per week (averaged over a four (4)-week period, depending on specialty), inclusive of all in-house call activities and all moonlighting. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. PGY-1s are NOT permitted to moonlight. Residents must be scheduled for a mandatory 24 hours off per 7-day period free of duty every week (when averaged over a four (4)-week period, depending on specialty). At home call cannot be assigned on these free days. Duty periods of PGY-1 residents must not exceed sixteen (16) hours in duration. Duty hours of PGY-2 and above residents may be scheduled to a maximum of twenty-four (24) hours of continuous duty in the hospital. Residents should have ten (10) hours, but must have eight (8) hours, off between duty periods. Intermediate level residents must have at least fourteen (14) hours off after twenty-four (24) hours of in-house duty. Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. PGY-2 and above residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four (4)-week period, depending on specialty). Time spent in the hospital by residents on at-home call counts toward the eighty (80) hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but it must satisfy the requirement for one (1) day in seven (7) free of duty, when averaged over a four (4)-week period (depending on specialty). Residents/fellows are required to log their work hours online every pay period. Residents/fellows will receive an e-mail in their designated e-mail accounts, which will supply them with the direct link to complete these work hours.

E. **Moonlighting:** House Officers are not required to engage in Moonlighting. House Officers may not accept employment or engage in outside activity, compensated or uncompensated, which may interfere with the full and faithful performance of clinical responsibilities, interfere with house officer achievement of the educational goals or objectives, or adversely affect patient safety. Any proposed outside professional activities must be reported in writing to and approved in advance by the Program Director and the DIO for GME using the approved Moonlighting Request Form. House Officers must adhere to GME's Moonlighting Policy and Procedure. The University's SIP does NOT provide liability protection for residents participating in moonlighting. PGY-1 residents are not permitted to moonlight.

F. **Counseling and Psychological Support Services:** A Resident Assistance Program (hereinafter "RAP") is provided to all residents as a benefit of their employment by the University. Services include rehabilitation, alcohol and drug abuse, grief and loss, financial, and other counseling. Residents are advised to consult the Resident Handbook for a full description of this benefit. Currently, three (3) visits per year are prepaid. Additional visits and/or treatment may be covered by health or disability insurance programs. RAP is a confidential service which utilizes health care providers outside of the normal house staff experience to assure privacy and freedom from interaction with colleagues or supervisors.

G. **Residency Closure/Reduction:** Changes in public policy as well as changes in federal funding may, in the future, require adjustments in the number of residents in existing programs or could even result in the closure of a program. In the event the University intends to reduce the size of or close a residency program, the University will inform affected residents as soon as possible and make every effort to allow residents already in the program to complete their education. If any residents are displaced by the closure of a program or a reduction in the number of residents, the University will make every effort to assist the residents in identifying a program in which they can continue their education.

House Officer (print name) _____ Date _____

House Officer (signature) _____ Date _____

Program Director (signature) _____ Date _____

DIO and Vice Dean, Graduate Medical Education (signature) _____ Date _____

HEALTH, DISABILITY AND LIFE INSURANCE

Health

Provided via United HealthCare – Choice Plus Plan and is based on a three-tier plan. USF COM pays for the Resident/Fellow portion of the health insurance coverage. If you wish to add dependents, you will have a deduction of \$50 per month for spouse coverage or \$75 per month for child(ren) with or without spouse via automatic payroll deduction.

Disability

Coverage is provided by Standard Insurance Company and is paid for by USF COM. Prior to the use of the long term disability benefit, a 90 day waiting period is experienced during which time you must be continuously disabled. The plan provides compensation of \$2,500 per month up to your normal retirement age (SSNRA).

After the training period is completed, an offer is extended for the purchase of a guarantee-issue, individual own-occupation disability policy with a \$5,000 monthly benefit and includes an \$8,000 future purchase option. This offer is uniquely discounted for USF COM Residents/Fellows.

Life

A group term life policy is provided for you by USF COM and has a death benefit of \$50,000 along with an accidental death & dismemberment of \$50,000. During your training, you have the ability to purchase additional life insurance.

Note: Dental insurance is not provided by USF COM.

Contact Muniz and Associates at (813) 258-0033 for detailed information about your current benefits or if you choose to supplement those with additional disability or life insurance protection.

United HealthCare

Choice Plus Plan

for USF College of Medicine

	Tier 1 USF	Tier 2UHC In-Network	Tier 3 UHC Out-Of-Network
Plan Features			
<ul style="list-style-type: none"> ■ Physician Services Office Visit Copay ■ Specialist Copay ■ Plan Coinsurance ■ Emergency Room - Copay \$0 If Admitted Urgent Care ■ Individual Deductible ■ Family Deductible ■ Hospital Confinement Deductible ■ Non-Notification Penalty ■ Individual Out-Of-Pocket ■ Family Out-Of-Pocket ■ Lifetime Maximum 	Copay \$0 Copay \$0 100% 100% 100% Deductible \$0 Deductible \$0 Deductible \$0 Reduction to 50% Out of Pocket \$0 Out of Pocket \$0 Unlimited	\$10 Copay Per Visit \$20 Copay Per Visit 80% \$50 100% \$250 \$500 N/A Reduction to 50% \$2000 \$4000 Unlimited	80% after Deductible 80% \$50 80% after Deductible \$500 \$1000 \$250 Reduction to 50% \$4000 \$8000 Unlimited
Covered Services			
Physician Office Visits <ul style="list-style-type: none"> ■ Routine Physical Examinations ■ Diagnostic Lab & X-Ray ■ Eye Examination\ ■ Injections in Doctors Office, except for immunizations ■ Well Child Care/Immunizations ■ Preventive Care ■ Specialist (Office Visits) 	Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0 Copay \$0	\$10 Copay Per Visit \$10 Copay Per Visit \$10 Copay Per Visit \$10 Copay Per Visit \$10 Copay Per Visit \$10 Copay Per Visit \$20 Copay per Visit	80% after Deductible Not Covered 80% after Deductible 80% after Deductible 80% after Deductible Not Covered Not Covered 80% after Deductible
Outpatient Diagnostic Services <ul style="list-style-type: none"> ■ Diagnostic, Laboratory And X-Ray 	100%	80% after Deductible	80% after Deductible
Outpatient Surgery <ul style="list-style-type: none"> ■ Outpatient Surgical Center 	100%	80% after Deductible	80% after Deductible

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	Tier 1 USF	Tier 2 UHC In-Network	Tier 3 UHC Out-Of-Network
Outpatient Rehabilitation (In office) ■ Physical Therapy ■ Occupational Therapy ■ Speech Therapy ■ Spinal Manipulation 20 Visits Of Each Type Per Year	Copay \$0 100% 100% Copay \$0	\$20 Copay \$20 Copay \$20 Copay \$20 Copay	80% after Deductible 80% after Deductible 80% after Deductible 80% after Deductible
Hospital Care ■ Room And Board ■ Diagnostic Laboratory And X-Ray ■ Misc. Charges	100%	80% after Deductible	80% after Deductible
Professional Fees - Inpatient ■ Surgeon/Physicians	100%	80% after Deductible	80% after Deductible
Maternity Care ■ Physician Prenatal And Postnatal Care	100%	80% after Deductible	80% after Deductible
Emergency Care ■ Hospital Emergency Room Care (Copay \$0 If Admitted) ■ Ambulance Services	100%	\$50 Copay 100%	\$50 Copay 100%
■ Dental- Accident only	100%	100%	100%
■ Prosthetic Devices \$50,000 lifetime max	100%	100%	80% after Deductible

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	Tier 1 USF	Tier 2UHC In-Network	Tier 3 UHC Out-Of-Network
<ul style="list-style-type: none"> ■ Durable Medical Equipment \$50,000 lifetime maximum 	100%	100%	80% after Deductible
<ul style="list-style-type: none"> ■ Home Health Care 40 Visits Per Calendar Year 	100%	100%	80% after Deductible
<ul style="list-style-type: none"> ■ Hospice Services 	100%	100%	80% after Deductible
<ul style="list-style-type: none"> ■ Skilled Nursing/Extended Care Facility Services 120 Days Per Calendar Year 	100%	100%	80% after Deductible
<ul style="list-style-type: none"> ■ Infertility Services For The Diagnosis And Treatment Of A Medical Condition. . Any facilitation of pregnancy and associated services are not eligible(Reference Summary Plan Description for Details.) 	100%	100%	80% after Deductible
<ul style="list-style-type: none"> ■ Transplant Benefits Through United Resource Networks 	100% Through The Program	100% Through The Program	80% after Deductible
<ul style="list-style-type: none"> ■ Mental Health/Substance Abuse Inpatient 	100%	80% after deductible	80% after deductible
<ul style="list-style-type: none"> ■ Outpatient 	Individual copay \$0 Group Copay \$0	\$10 Copay	80% after deductible
Prescription Drug Services			
<ul style="list-style-type: none"> ■ Retail Pharmacy 			
<ul style="list-style-type: none"> ■ Retail Generic 	\$10 Copay	\$10 Copay	Not Covered
<ul style="list-style-type: none"> ■ Retail Formulary Brand 	\$25 copay	\$25 Copay	Not Covered
<ul style="list-style-type: none"> ■ Retail Non Formulary Brand 	\$40 copay	\$40 Copay	Not Covered
<ul style="list-style-type: none"> ■ Mail Order Drugs 			

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	Tier 1 USF	Tier 2UHC In-Network	Tier 3 UHC Out-Of-Network
■ Mail Order Generic	\$20 copay	\$20 Copay	Not Covered
■ Mail Order Formulary Brand	\$50 Copay	\$50 Copay	Not Covered
■ Mail Order Non Formulary Brand	\$80 Copay	\$80 Copay	Not Covered
Network Type	Preferred Network	Preferred Network	Not Covered
Generic Drug Policy	Voluntary	Voluntary	Not Covered
Contraceptives – oral, diaphragms and self-administered injectibles	Covered	Covered	Not Covered
<ul style="list-style-type: none"> • All plan limits are combined for network and non-network services. • Deductibles and Out of Pocket limits are separate for in network and out of network and do NOT cross apply. 			

Attachment 6

CRISIS MANAGEMENT: HOSPITAL EMERGENCY CODES

	Moffitt	Morton Plant/ Mease Countryside	ACH	Bay Pines	JAHVA	TGH
Internal Emergency Number	44	-	-	-	-	-
Potential Disaster	Code A – Albert	-	-	-	-	-
Disaster	-	-	-	-	Code D	Code Green
Mass Casualty – Disaster	Code Green D- David	Code Green	Code Green	-	-	Code D- David
Bomb Threat	Code Black	Code Black	Code Black	-	Code Purple	Code Black
Medical Emergency	Code Blue	Code Blue	Code Blue	Code Blue	Code Blue	Code Blue
Special Code Blue (Acute MI)	-	-	-	-	Code Lysis	-
Severe Weather	Code Brown	Code Brown	Code Brown	-	-	-
Violence/Security Alert	Code Gray	Code Gray	Code Gray	-	-	Code Gray
Armed Aggressor	-	-	-	Code White	Code Black	Code Gray W

	Moffitt	Morton Plant/ Mease Countryside	ACH	Bay Pines	JAHVA	TGH
Hostage	Code White	Code White	Code White	-	-	-
Hazmat/Chemical Leak/Bio-terrorism	Code Orange	Code Orange	Code Orange	-	-	Code Orange
Infant/Child Abduction	Code Pink	Code Pink	-	Code Adam	-	Code Pink
Missing or Runaway Patient/Visitor	-	-	Code Pink	-	Code Yellow	Code Yellow
Fire	Code Red	Code Red	Code Red	Doctor Red	Code Red	Code Red
Lockdown	Code Yellow	Code Yellow	Code Yellow	-	-	-
Computer System Failure	-	-	-	Code Purple	Code Z	-
Radiation Incident	-	-	-	-	Code Gray	-
All Clear	-	-	-	-	Code Green	-
Morgue Cart Needed	-	-	-	-	Code M	-
Disruptive Behavior	-	-	-	-	Code Orange	-

D.B., No Overhead Page	-	-	-	-	Silent Code Orange	-
D.B., Infectious Illness Suspected	-	-	-	-	Special Code Orange	-
Operating Room Needs Surgeons	-	-	-	-	Code White	-
Autopsy	-	-	-	-	-	Code Brown
In-house Stroke Alert	-	-	-	-	-	Code Gold
E.R. Fully Capacity	-	-	-	-	-	Code Navy
Patient, Staff, Visitor Injury	-	-	-	-	-	Code Purple
Utilities Outage	-	-	-	-	-	Code White