



COLLEGE OF MEDICINE

DEPARTMENT OF SURGERY
DIVISION OF PLASTIC SURGERY

POLICY MANUAL
2017 - 2018

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INTRODUCTION

This policy manual provides the basic guidelines necessary for you to function effectively during your post-graduate training program in the Division of Plastic Surgery at the University of South Florida, Health Sciences Center. You are responsible for reading and complying with the policies of the Division.

MICHAEL A. HARRINGTON, M.D.
PROGRAM DIRECTOR
USF DEPARTMENT OF SURGERY
(813) 844-8416
E-Mail: mharring@health.usf.edu

WYATT G. PAYNE, M.D.
ASSOCIATE PROGRAM DIRECTOR
(727) 398-6661, ext 4797 office
E-Mail: wyattgpayne@yahoo.com

HAILEE CARROLL
RESIDENCY COORDINATOR
USF HEALTH SOUTH BUILDING
2 Tampa General Circle, 7th Floor
TAMPA, FLORIDA 33606
(813) 250-2261
E-Mail: haileecarroll@health.usf.edu

ADMINISTRATIVE CHIEF RESIDENTS
Heather Curtis, M.D.
hcurtis1@health.usf.edu

Joshua Elston, M.D.
jelston1@health.usf.edu

Lauren Kuykendall, M.D.
lkuykend@health.usf.edu

DIVISION OF PLASTIC SURGERY
DEPARTMENT OF SURGERY
HOUSE OFFICER RESPONSIBILITIES

House officer responsibilities, while progressing through the Plastic Surgery program, will include learning, patient care, and teaching. The house officer will be expected to participate in the teaching of fellow residents and medical students at the University of South Florida, Health Sciences Center, as well as nurses and paramedical personnel with whom s/he comes in contact.

Patient care is administered at Tampa General Hospital, James A. Haley Veterans' Administration Health Care Center, Bay Pines Veterans' Administration Health Care Center, H. Lee Moffitt Cancer Center, and All Children's Hospital. Progressive and increased responsibility for patient care is given to the house officer as s/he advances through the program under the direction of senior house staff and faculty.

The Division of Plastic Surgery within the Department of Surgery at the University of South Florida, Health Sciences Center, has the primary responsibility for teaching the residents general principles and techniques of surgery.

The Plastic Surgery residents work closely with Departmental faculty within the other Divisions and subspecialties including Vascular surgery, Surgical Oncology, Department of Interdisciplinary Oncology, Transplant surgery, Pediatric Surgery, General Surgery, Thoracic/Cardiovascular Surgery, Otolaryngology, Neurosurgery, and Orthopedic Surgery.

The first two years are an opportunity to administer pre- and post-operative care and to develop basic surgical techniques. The first and second year residents rotate through General Surgery, Surgical Intensive Care, Surgical Oncology, Thoracic/Cardiovascular Surgery, Transplant, Trauma, and Vascular Surgery. As the resident progresses through the training program s/he becomes increasingly responsible for pre-, intra and post-operative decision making.

The goals of the residency program are to produce a well-rounded competent plastic surgeon, fully trained in the principles and techniques required to practice plastic surgery. Certification by the American Board of Plastic Surgery is expected.

The Department of Surgery Residency Office is always available to assist you with your questions and problems. Please feel free to contact Dr. Michael Harrington, Dr. Wyatt Payne or Wendy McCrorey for direction.

DIVISION OF PLASTIC SURGERY
DEPARTMENT OF SURGERY FACULTY
2017-2018

PLASTIC SURGERY

Michael Harrington, M.D., Program Director

C. Wayne Cruse, M.D.
Deniz Dayicioglu, M.D.
Matthew Hiro, M.D.
Nicholas Panetta, M.D.
Wyatt G. Payne, M.D.
Julian Pribaz, M.D.
Martin C. Robson, M.D.
David Smith, M.D. (Chairman, Department of Surgery)
Paul Smith, M.D.

Clinical Faculty

Joseph Aguiar, M.D.
Paul Albear, MD.
Raj Ambay, M.D.
James Baker, M.D.
William Carter, M.D.
Clifford Clark, M.D.
David Halpern, M.D.
Moriah Moffitt, M.D.
Deepak Naidu, M.D.
Richard Rizzuto, M.D.
Ernesto Ruas, M.D.

Hand Surgery Clinical Faculty

Michael Garcia, M.D.
Alfred Hess, M.D.
Jason Nydick, D.O.
Jeffrey Stone, M.D.

Research Faculty

Mack Wu, M.D.
Sarah Yuan, M.D., Ph.D.

DIVISION OF PLASTIC SURGERY
DEPARTMENT OF SURGERY
HOUSE STAFF
2017-2018

PGY 6

Curtis, Heather
Elston, Joshua
Kuykendall, Lauren

PGY 5

Huber, Katherine
Triggs, Wilton
Watt, Anthony

PGY 4

Barnes, Connor
Billington, Alicia
Robertson, Ellen

PGY 3

King, Kathryn
Soni, Sara
Zimmerman, Amanda

PGY 2

Abbassi, Bahar
Laun, Jake
Weinstein, Brielle

PGY 1

Buller, Mitchell
Girardot, Alexandra
Ross, Jacqueline

ACGME Six Competencies

General Competencies

Plastic Surgery residents must become competent in the following six areas at the level expected of a surgical practitioner. Training programs must define the specific knowledge, skills, and attitudes required and provide the educational experience for residents to demonstrate:

1) Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Plastic Surgery residents must:

- a) demonstrate manual dexterity appropriate for their training level.
- b) be able to develop and execute patient care plans.

2) Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Plastic Surgery residents are expected to:

- a) critically evaluate and demonstrate knowledge of pertinent scientific information.

3) Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Plastic Surgery residents are expected to:

- a) critique personal practice outcomes.
- b) demonstrate a recognition of the importance of lifelong learning in surgical practice.

4) Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals. Plastic Surgery residents are expected to:

- a) communicate effectively with other health care professionals.
- b) counsel and educate patients, families, and others.
- c) effectively document practice activities.

5) Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Plastic Surgery residents are expected to:

- a) maintain high standards of ethical behavior.
- b) demonstrate a commitment to continuity of patient care.
- c) demonstrate sensitivity to age, gender and culture of patients and other health care professionals.

6) Systems-Based Practice as manifested by actions that demonstrate an awareness of and response to the larger context and system of health care and effectively call on system resources to provide optimal care. Plastic Surgery residents are expected to:

- a) practice high quality, cost effective patient care.
- b) demonstrate a knowledge of risk-benefit analysis.
- c) demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

SURGICAL EDUCATION

Overall General Educational Goals for USF Division of Plastic Surgery

The goal of the University of South Florida Plastic Surgery residency program is to prepare each resident to function as a qualified practitioner of plastic surgery at the high level of performance expected of a board-certified specialist in plastic surgery.

PGY 1

1. Care of surgical patient on the ward; including preoperative evaluation, writing preoperative and postoperative orders, postoperative care. Assessment: faculty evaluations, Inservice exam.
2. Basic pathophysiology of surgical disease. Assessment: Inservice exam, clinical correlation, 6 month case report.
3. ACLS and ATLS certification Assessment: Course test
4. Basic procedures: start IV, placement of central lines, swan ganz catheters, chest tubes, airway management skills. Assessment: Supervision/ACGME resident case log system.
5. Surgery: basic techniques, sterile technique, surgeon in simple procedures, excision subcutaneous lesions, breast biopsies, hernia repair, lesion excision. First assist on larger procedures. Assessment: Observation in OR, faculty evaluation.
6. Communicate as a professional with patients, hospital staff, students, fellow residents and attending staff. Assessment: 360 degree evaluation via web based evaluation program including review of core competencies
7. Begin developing adult learning skills, learning the language of medicine and surgery. Assessment: faculty and advisor evaluations

PGY 2

1. Care of more complex or severely ill patients including critical care, trauma and burns. Assessment: faculty evaluations
2. Expand basic surgical knowledge and learn to apply it during evaluation and care of patients with more complex surgical problems. . Assessment: faculty evaluations, clinical correlation, 6 month case report, conference presentation.
3. More advanced procedures: swan ganz, bronchoscopy, tracheostomies, basic hand and reconstructive surgical procedures. Assessment: Supervision/ACGME resident case log system
4. Surgery: be able to perform more advanced procedures under supervision and first assist on more complex surgical procedures. Assessment: Observation in OR, faculty evaluation/ ACGME resident case log system
5. Communicate more effectively with patient care team, begin to assume leadership position within the team, show foresight and planning in regards to patient care, concise and effective presentation. Assessment: 360 degree evaluation via web based evaluation program including review of core competencies
6. Further improvement of adult learning skills

PGY 3

- 1 "Leader/supervisor" on a smaller surgical team with close attending supervision. Assessment: faculty evaluations
2. "Mid-level/sub leader" on larger surgical teams with supervision and input from more senior residents and attendings. Coordinate patient care to include appropriate evaluation and treatment by other health care professionals and consultants Focused exposure to broad based plastic and hand surgery. Assessment: faculty evaluation.

3. Mastery of basic surgical pathophysiology and patient care, basic understanding of surgical alternatives. Assessment: faculty evaluations, Inservice exam, clinical correlation, 6 month case report, conference presentation.
4. Procedure: teach and supervise basic procedures.
5. Surgery: teach and supervise junior residents in the performance of basic surgical procedures. Perform as surgeon on more complex surgical procedures. Focused exposure to broad based plastic and hand surgery. Assessment: Observation in OR, faculty evaluation, feedback from junior residents, ACGME resident case log system.
6. Develop teaching and supervision skills. Assessment: Faculty evaluation, feedback from junior residents and students.
7. Improve communication with patient care team and function more effectively as team leader. Communicate effectively with other health care professionals. Begin to address issues of problem solving and dispute resolution. Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management. Assessment: 360 degree evaluation via web based evaluation program including review of core competencies
8. Improve mastery of adult learning skills.

PGY 4

1. Function in the role of senior resident with its associated increase in responsibility in an affiliated hospital. Assessment: faculty and 360 degree evaluations, patient feedback.
2. Assume leadership of larger surgical teams and supervise care of surgical patients at various levels of acuity with input from surgical attendings, consultants and other health care professionals. Assessment: faculty evaluation.
3. Master common surgical procedures. Assessment: Observation in OR, Faculty evaluation
4. Surgery: teach and supervise more advanced surgeries. Assessment: Observation in OR, Faculty evaluation, feedback from junior residents, ACGME resident case log system.
5. Mastery of general surgical knowledge. Assessment: faculty evaluations, Inservice exam, clinical correlation, 6 month case reports, conference presentation.
6. Advanced understanding of subspecialties including surgical oncology, transplant, and head and neck surgery. Assessment: faculty evaluation, Inservice exam.
7. Further develop skills in problem solving and dispute resolution. Assessment: 360 degree evaluation via web based evaluation program including review of core competencies.
8. Continue to improve the mastery of adult learning skills.

PGY-5

1. Provide clinical and administrative leadership of residents and students assigned to the surgical services of the affiliated hospitals. Assessment: faculty and 360 degree evaluations.
2. Function as a responsible surgeon under appropriate supervision. Assessment: faculty evaluation.
3. Master surgical skills. Assessment: Observation in OR, faculty evaluation, Inservice exam, ACGME resident case log system.
4. Provide oversight of all aspects of pre, peri and postoperative care. Coordinate evaluation, input, and care from consultants and other health care professionals. Assessment: faculty evaluation.

PGY-6

1. Provide clinical and administrative leadership of residents and students assigned to the surgical services of the affiliated hospitals. Assessment: faculty and 360 degree evaluations.
2. Function as a responsible surgeon under appropriate supervision. Assessment: faculty evaluation.
3. Master surgical skills. Perform as primary surgeon complex cases, such as free tissue transfer, rhinoplasty. Assessment: OR observation, faculty evaluation, Inservice exam, ACGME resident case log system.

4. Provide oversight of all aspects of pre, peri and postoperative care. Coordinate evaluation, input, and care from consultants and other health care professionals. Assessment: faculty evaluation.
5. Achieve the full competence (knowledge, skills, attitudes) of a board eligible plastic surgeon.
6. Demonstrate lifelong learning skills, plan for continued education.

University of South Florida College of Medicine Plastic Surgery Residency

Policy on Resident Supervision July 2017

Policy Definitions:

1. **Resident:** A medical school graduate who is enrolled in the Plastic Surgery Residency Program of the University of South Florida College of Medicine or who is temporarily assigned to the Program by another residency program in this institution or by an accredited residency program in another institution.
2. **Post Graduate Year (PGY):** The current year of clinical residency education in surgery for a given resident representing the number of such years satisfactorily completed plus one.
3. **Attending Surgeon:** Any licensed independent practitioner who has been granted privileges by the hospital to perform surgical procedures and who has an appointment to the teaching staff of the University of South Florida College of Medicine.
4. **The Hospitals:** The hospitals that are affiliated with the Program are Tampa General Hospital, Moffitt Cancer Center, James A Haley VAHCS, All Children's Hospital and Bay Pines VAHCS.

Statement of Commitment: It is the policy of this residency program that each patient will have assigned one Attending Surgeon. That surgeon (or another Attending Surgeon acting as her/his designee) is primarily responsible for the care of the patient and has both an ethical and legal responsibility for the overall care of the patient. At all times and for all types of patients the participating residents will act under the supervision and direction of the Attending Surgeon. The University of South Florida's Plastic Surgery Residency Program ("the Program") is committed to providing the opportunity for its residents to perform progressively more independent decision making and clinical activity. It is therefore necessary for the Program Director (on behalf of the Program) to assess the demonstrated capability of each resident.

Resident Evaluation: The Program Director, with the advice of members of the teaching faculty, is responsible for assigning the PGY level of each resident. The Program Director will make such determination based on written performance evaluations, formal faculty discussions, and personal observations regarding each resident. The Program Director will share such evaluations with each resident no less frequently than every six months and document same in the file of the resident. The manner in which corrective actions against residents are implemented is stated in the University of South Florida Graduate Medical Education Policies and Procedures. It is also incumbent on each Attending Surgeon to closely monitor the actions of each resident involved in the care of patients assigned to her/him and to inform the Program Director in an accurate and timely fashion of the capabilities of such residents. The method regularly used for doing so will be the Resident Evaluation submitted at the conclusion of each resident rotation. However, when an Attending Surgeon determines it is important or necessary to do so, (s)he may contact the Program Director directly to transmit her/his assessment of a resident's performance.

Method of the program communication with the hospital about the current level of responsibility and supervision due each particular resident: The Program Director will provide to the hospitals a listing of all residents in the Program as well as their currently assigned PGY level.

This list will be provided at least once each academic year but may be submitted more frequently to reflect the addition of residents or the change in status of any given resident.

Supervision: Residents may at any time seek the advice of fellow residents or Attending Surgeons. Residents may be supervised in their activities by more senior residents in the Program or the Attending Surgeon. Supervision may consist of observation, consultation or personal assistance and can be direct and person to person (both parties simultaneously present) or direct via telephonic or other contemporaneous communication. Supervision can also be indirect via chart review or non-contemporaneous reporting whether face-to-face or by other means. However, the Attending Surgeon (or another Attending Surgeon acting as her/his designee) is ultimately responsible for the care of the patient and for appropriate resident supervision and must therefore be readily available at all times. For this purpose, “readily available” is defined as being able to reach the bedside of the patient within one hour of being summoned. On-call schedules for more senior residents and teaching staff will be structured to ensure that supervision is readily available to residents on duty and will be regularly published and available. Supervision of residents in clinical activity is mandatory in all settings including but not limited to the clinical office, Emergency Department, the operating room and other patient care areas. The Attending Surgeon or her/his attending surgeon designee must evaluate the hospitalized patients(s) for whom (s)he is caring at least three days each week and must evaluate intensive care unit patients at least daily.

Resident Obligation: The resident(s) must convey directly to the Attending Surgeon any substantial change in the condition or status of a patient under the care of that Attending Surgeon including admission, transfer to a hospital area providing a higher level of care, discharge and the development of any medical or surgical complications.

Emergency Situations: In emergency situations in which immediate care is necessary to preserve the life of a patient or prevent serious deterioration of a patient, any resident shall be permitted to carry out any medically necessary treatment that is within the scope of her/his self-assessed capability. The Attending Surgeon will be contacted and apprised of the situation as soon as possible. The resident will document in the patient’s medical record the nature of the emergency, any interventions performed, and notification of the Attending Surgeon.

Michael A. Harrington, M.D.
Program Director

July 1, 2017

University of South Florida College of Medicine
General Surgery Residency

Policy on Resident Supervision
Scope of Practice
July 2017

General Statement: As stated above, at all times and for all types of patients the participating residents will act under the supervision and direction of the Attending Surgeon. Residents can evaluate outpatients, write prescriptions, write orders and progress notes, and otherwise complete medical records. Residents cannot perform invasive procedures (chest tube, arterial line, central line, and endotracheal intubation) without direct supervision until they have completed an ACLS course. Residents cannot function without direct or indirect supervision by the Attending Surgeon who has privileges for patient care and to perform the indicated procedures.

PGY1: Can bring patients into operating room for induction of anesthesia; can insert IV lines and Foley catheters; can write admission orders, pre and post-op orders, and notes; can dictate admission history and physical, write progress notes, orders, and prescriptions; can dictate discharge summaries; can write orders for restraints. They may provide in-hospital care, assist in surgery, and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon as determined by the Attending Surgeon. May place arterial lines, central lines, chest tubes, and pulmonary artery catheters under the direct supervision of a qualified more senior resident ($\geq$ PGY2) resident. Eventually these procedures may be done under indirect supervision once competence has been demonstrated under direct supervision.

PGY2: Can participate in SICU activities and can function in the SICU under the indirect supervision of the SICU attending in both the intensive care units and non-intensive care units. This will allow placement of arterial lines, central lines, chest tubes, pulmonary artery catheters; endotracheal intubation and other superficial procedures. Under supervision, may assist in surgery and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon at the discretion of the Attending Surgeon. Under indirect supervision, can write orders for restraints. Can perform simple to intermediate procedures under indirect supervision once competence has been demonstrated under direct supervision.

PGY3: Can function as senior resident on selected services under the direction of a Chief Resident and Attending Surgeon. Can initiate surgical procedures. Under indirect supervision, can administer conscious sedation and write orders for restraints. Can function as senior resident on call and as senior resident in the SICU. Can participate in clinics under indirect supervision. Can evaluate trauma patients in the ER and supervise their resuscitation (ATLS certified). May assist in surgery and perform certain operations with direct supervision by a Chief Resident or Attending Surgeon at the discretion of the Attending Surgeon.

PGY4, PGY5 and PGY6 (Chief Resident): Can function as senior resident and supervise routine ward activities and SICU activities. Can participate in clinics under indirect supervision and supervise the conduct of outpatient clinics. Can evaluate outpatients for emergency surgical procedures. Can initiate surgical procedures after discussion with responsible Attending Surgeon who has privileges to perform the anticipated procedure and anticipating the arrival of the attending surgeon. May assist in surgery and perform certain operations with direct or indirect supervision by an Attending Surgeon at

the discretion of the Attending Surgeon. Under indirect supervision, can administer conscious sedation and write orders for restraints. Can oversee medical record completion.

Change in Patient Status

The responsible Attending Surgeon or his/her designee must be informed when a patient on his/her service has a clinically important change in status. This includes but is not limited to instability in vital signs, transfer to the intensive care unit, endotracheal intubation, and need for an invasive procedure/monitoring or death.

ACCIDENTAL EXPOSURE:

All individuals receiving accidental injury with possible exposure to disease (e.g. needle sticks) are to seek immediate and appropriate care at the institution at which the injury occurred. Please refer to the USF College of Medicine Policies and Procedures Manual for information.

ACLS CERTIFICATION:

House staff is required to hold current ACLS certification during their term in a USF affiliated institution. House officers not holding certification by January 1 will be required by the University to take vacation leave to complete certification by March 1.

House Officers will be held responsible financially for new courses if attendance was based upon a lack of follow-through from a previous course.

APPOINTMENTS AND SALARIES:

1. Appointments for first year post-graduate year positions will be made through the National Resident Matching Program.
2. When appointed to a six year post-graduate position, any resident planning to continue in the program may expect to complete his/her training, provided that s/he continues to perform house officer duties at a level comparable to peers. In other words, there is no "pyramid" system in the University of South Florida, Health Sciences Center, Department of Surgery program. There is, of course, no guarantee that all residents will reach the senior year automatically. Contracts are renewed annually only if the resident's performance and progress is satisfactory. **Residents' progress in the program will be evaluated by faculty, the Chairman, Division Director and the Program Director every 6 months. Contracts will only be renewed and residents only be advanced in the program after successful completion of the evaluation process.** Satisfactory completion of the training program shall be determined by the Program Director/Associate Program Director within the requirements of the accrediting agency. There is no guarantee of salary or benefits beyond the contracted training period.
3. All contracts are renewed on an annual basis for salary change purposes. The salary schedule is as follows:

PGY-1	\$50,896
PGY-2	\$52,605
PGY-3	\$54,434
PGY-4	\$56,579
PGY-5	\$59,102
PGY-6	\$61,096

4. The funding for resident salaries is provided by the hospitals where the residents are rotating. The funds are deposited into a grant account called the Common Pay Source. The University of South Florida administers the Common Pay Source, and residents are paid by the State of Florida.

5. Paychecks are issued bi-weekly. Residents are required to sign up for electronic payroll direct deposit, as a condition of employment, as mandated by the State of Florida.

BOARD CERTIFICATION:

Residents completing six years of Plastic Surgery residency training are expected to apply for board certification through the American Board of Plastic Surgery within the required timeframe.

The Board has specific requirements of the types of cases that must be performed. These numbers are similar to that required by the ACGME but may vary slightly. Residents are responsible for making sure they meet the requirements as stated. The application and cases breakdown is available on the ABPS website (www.abplsurg.org)

CAUSE FOR DISMISSAL:

- 1) Failure to be present during duty hours or when on call.
- 2) Intoxication or imbibing of alcohol or illicit drugs while on duty or on call.
- 3) Conviction of a felony or violation of federal, state, or local narcotics law.
- 4) Falsification of medical records.
- 5) Repeated violation of Department rules after counseling.
- 6) Patient neglect resulting in injury or harm to the patient.
- 7) Performance of invasive procedures without appropriate authorization, except in definite life-threatening situations.
- 8) Failure to maintain academic standards and educational requirements of the Department.
- 9) Falsification of data on your application.
- 10) Performing operating room procedures without proper attending supervision.
- 11) Failure to give emergency help to all patients at all times throughout the hospital, regardless of whether or not that patient is on the service.
- 12) Recommendation by faculty evaluation process.
- 13) Repeated failure to answer pages during assigned duty hours.

CHIEF RESIDENT DUTIES:

The Chief Resident is directly responsible to the Program Director/Associate Program Director in the Division of Plastic Surgery. His/her responsibilities also include the items listed below:

- Assign coverage of operative cases to members of team (residents, students, physician extenders).
- Ensure that residents on their team work no greater than 80 hrs/week (averaged over 4 weeks).
- Ensure all residents have at least an average of one day off in seven.
- Make daily rounds at a time that allows morning rounds to be completed in time to make scheduled conferences, operations, clinics and other duties.
- Notify staff of any deterioration in patient status and of any emergency surgery.
- Ensure that the residents staff all patients with the proper attendings.
- See that all residents read and follow the regulations in the Division of Plastic Surgery Policy Manual.
- Notify the Program Director of the Division when there are major Departmental /Division problems.
- Responsible for all junior residents' actions and their relationships with patients.
- See all hospital consultations and make the appropriate disposition prior to staffing with attendings.
- Supervise all major operating of junior residents.
- Be readily available for consultation and patient care.
- Ensure regular attendance of all house staff and students attend all surgical department educational activities in addition to individual hospital conferences.
- Responsibility for the supervision and education of medical students.
- Daily overall running of the team.

1) Transfer of Patients at TGH:

All requests for acceptance of the patient must be directed to the Transfer Center, 844-7979. Accurate documentation is required when the patient is transferred from one service to another, so there is no doubt as to the responsibility of the patient.

2) Early Discharge Planning (all hospitals):

Begin within 24-48 hours of admission. There must be appropriate communication between the physician and Utilization Management, Nursing, Social Services, and Home Health Care. Write orders for discharge the afternoon prior to discharge, or early in the morning, whenever possible. Patients should be discharged by 11:00 am.

3) Completion of Death Certificates:

Death certificates must be signed within 72 hours of the patient's death. (TGH-extension 7467)

4) Attendance is required at the Chief resident Meetings at the Tampa General Hospital, which are held the third Monday of every month. Pertinent information from this meeting should be shared with all plastic surgery residents.

5) Investigation, counseling, and appropriate action should be taken when misunderstandings or problems occur between a resident and other physicians, nurses, hospital personnel, or family members. Serious matters require consultation with the Program Director and/or Associate Program Director

COMMITTEES:

The Tampa General Hospital and James A. Haley Veterans' Hospitals have assigned house officers to various standing committees of the hospital. They will allow the selected house officer(s) the opportunity of actively participating in hospital affairs and provide a beneficial educational experience for him/her in the mechanics of hospital administration committees.

DRESS CODE:

Each male and female house officer is expected to be neatly and appropriately groomed and attired while on duty.

Appropriate shoes shall be worn by both male and female house officers while on duty. Flip flops and sandals are not acceptable during regular duty hours.

University of South Florida identification badges are to be worn at all times. ID badges may also be issued at Tampa General Hospital, James A. Haley VA Hospital, Bay Pines VA Medical Center, All Children's Hospital, and Moffitt Cancer Center.

DUTY HOURS:

Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

On call schedules are prepared by the chief residents and accessed by residents and staff through Amion (www.amion.com). Password is: USFPS. Residents are required to log their duty hours at least weekly into the New Innovations (www.new-innov.com) website using your user ID password assigned. Duty hours must be entered by noon of Thursday of the following week. Compliance will be tracked and reported to the Program Director.

1. Faculty Supervision of Residents

- a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules must be structured to provide residents with continuous supervision and consultations.
- c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
- d. The attending physician has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the resident involved in the

care of that patient. Although senior residents require less direction than junior residents, even the most senior must be supervised. A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending surgeon who is ultimately responsible for the patient's care; such judgments shall be based on the attending surgeon's direct observation and knowledge of each resident's skills and ability.

- e. A fellow may not supervise chief residents.

2. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Duty period of PGY1 residents must not exceed 16 hours in duration.
- d. Residents must be provided with 1 day in 7 free from all educational and clinical responsibility, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- e. PGY1 and intermediate residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods. Intermediate residents must have at least 14 hours free of duty after 24 hours of in-house duty. Final years residents should have 8 hours off between duty periods but can return to duty with fewer than 8 hours off but must comply with 80 hour rule and 1 day off in 7 rule.

3. Call

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call for PGY2 and above must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours are permitted for effective transitions. Residents may not attend continuity clinics after 24 hours of continuous duty.
- c. Residents must not be scheduled for more than six consecutive nights of night float.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - 1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3. The program director and the faculty must monitor the demands of the at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

EDUCATION CONFERENCES:

House staff are required to attend all scheduled conferences at their assigned hospital.

In order to maximize educational time in the era of work hour restrictions, all educational activity (M & M, Grand Rounds, Resident Lectures) takes place on Monday, 4:00 pm to 6:00 pm in the USF STC 5th floor conference room. Residents are excused from all clinical duties during this time, roll is taken and attendance is mandatory. These conferences constitute a major portion of the Division's teaching program. The attendance of the house staff at these conferences is interpreted as an index of their participation in the educational process of the Division. House staff are responsible for the attendance of their students at conferences.

Regular attendance is mandatory for all house staff and students at all Division of Plastic Surgery conferences. Attendance will be monitored and will also be used in the overall evaluation process with regards to resident promotions. Institution/rotation specific conferences are also required.

Morbidity & Mortality Conference

This monthly conference will cover complications and mortality occurring at the Tampa General Hospital, the James A. Haley Veterans' Hospital, H. Lee Moffitt Cancer Center, and Bay Pines VA Medical Center. In addition, unusual cases will be presented for more detailed discussion by the senior resident on each service.

All residents are to log their operative cases into the ACGME operative log for use at M&M; this must be completed by Thursday noon of the following week. Senior residents are also responsible for reporting any complications or deaths on his/her service to the Program Coordinator by 12:00 noon on Thursday. X-rays or autopsy findings should be available for review when appropriate.

EVALUATIONS:

Faculty Evaluation of Residents:

- 1) Residents will be evaluated by the faculty they work with at the end of each rotation. Service evaluations are internet based and include aspects of the 6 competencies (patient care, medical knowledge, practice based learning, interpersonal and communication skills, professionalism, and system based practice). Faculty evaluates residents through New Innovations software. The resident may review these evaluations through this website upon completion by the faculty.
- 2) The faculty meets as a group at least twice per year for a comprehensive review of all the residents' evaluations and a discussion of their performance. Each individual resident's operative experience as reflected by the ACGME case log will also be reviewed. The residents are informed of the results of the evaluation every 6 months. This information is relayed in a meeting with the program director.
- 3) Faculty evaluations and written examination will be used by the Faculty Program Director/Assistant Program Director of the Department in determining the progress of the resident through the training program.
- 4) The Division Director/Program Director, or his designated alternate, will administer any necessary remediation or counseling. When indicated, individuals will be placed on probation or suspended.

Resident Evaluation of Faculty/Services/Program:

Residents will have the opportunity to anonymously evaluate the program, rotations and faculty via New Innovations. The results of these evaluations are reviewed by the program director. Appropriate feedback is given to the individual faculty members. This information is used to alter the educational content of the program and its rotations.

GRIEVANCE POLICY:

The Department of Surgery follows the grievance policy published by the USF College of Medicine GME office. This policy is available for review in the Policy and Procedure manual located on the webpage (www.hsc.usf.edu/housestaff) under "Housestaff Disciplinary and Appeal Procedures."

HAND-OFFS (Transition of Care):

Per ACGME policy, the Department of Surgery ensures and monitors effective and structured hand-over processes to facilitate both continuity of care and patient safety. Appropriate communication with team members in the hand-over process is essential.

HARASSMENT:

The University's 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 Associate Dean of Graduate Medical Education of the University's College of Medicine, the Chairman of the Department of Surgery, and the Plastic Surgery Division Director/Program Director.

HOLIDAYS

Residents at **Tampa General Hospital** will observe the following holidays:

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

Residents at the **James A. Haley Veterans' Hospital and Bay Pines VA Medical Center** will observe the following holidays:

New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Independence Day
Labor Day
Columbus Day
Veterans' Day
Thanksgiving Day
Christmas Day

Residents at the **H. Lee Moffitt Cancer Center and Research Institute** will observe the following holidays:

New Year's Day
Martin Luther King Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

HOLIDAY HOURS ARE THE SAME AS SUNDAY HOURS.

INSERVICE EXAMINATION:

Each resident is required to participate in the American Board of Plastic Surgery Inservice Training Examination each academic year. The purpose of this examination is to allow the individual house officer to compare his own academic progress with his peers on a nationwide basis. Residents are expected to score above the 35th percentile for the appropriate year in training. The Inservice Training Examination is customarily given on the first Thursday in March. The Inservice Training Examination plays a significant role in resident evaluation by the Division of Plastic Surgery. The examination will be used as an important method of determining the house officer's progress in the program. Emphasis is also placed on the Inservice Training Examination results when applying for fellowship. Residents scoring less than the 25th percentile will be required to participate in a remediation program of study.

LEAVE:

Absence from Clinical Duties:

All activities that will require absence from clinical duties including vacations, meeting/course presentations and attendance, taking USMLE or other standardized tests, require that residents check with and get approval from service attendings and administrative chief residents prior to scheduling activity. Other resident absences such as vacations may take priority. Not getting prior approval for absence from clinical duties may result in your not being able to take the activity and loss of fees.

Unexcused Absence:

If a resident does not show up for assigned hours, including night call, without notifying his Chief Resident or Program Director, the absence will be considered unexcused. Unexcused time will be taken as leave from the resident's leave entitlement. If the unexcused absence is repeated, disciplinary action may be taken by the Program Director depending upon the severity and frequency of the infraction. 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.

Vacations:

- 1) Vacations will be assigned by the Administrative Chief Residents and approved by the Program Director.
- 2) Each house officer is entitled to 15 weekdays of vacation. **Vacation leave days MAY NOT be carried over from one appointment year to the next, and no payment for unused leave will be made upon terminating the training program.** In general, vacation leave is to be taken in increments of a full seven days (Monday-Sunday). The weekend before your vacation is **NOT** automatically included and travel plans should be made based on prior approval from Chief Administrative Resident.
- 3) It is the responsibility of each resident to contact the senior resident on the service and service attending at least one month prior to the scheduled vacation to confirm the vacation and therefore allow the service to schedule accordingly.

- 3) There will be no compensation for unused leave. Once assigned, vacation time may not be able to be modified.
- 4) The deadline for submission of vacation requests is **July 15 each year**. Requested vacations are not guaranteed. Once vacations are assigned, they **WILL NOT** be changed. After July 15, vacations will be assigned.
- 5) A maximum of one week's vacation may be taken during each 4 month block rotation. Residents assigned to the VA must make arrangements through the VA Surgical Office at least two months before the planned vacation.
- 6) No vacations will be approved during the following periods:
 - a. The month of July
 - b. The month of June
 - c. Christmas/New Year's Weeks (December 22-January 4)
 - d. During ASPS (usually Sept/Oct)
- 7) House officers should take their vacation time evenly over the year. House officers should plan to take at least one week of vacation during each 1/3 (four months) of the year.

Sick:

Residents will each be allocated nine (9) working days of sick leave at the beginning of each appointment year. In addition, each resident contributes one (1) working day of sick leave to the Sick Leave Pool. Sick leave pool credits may be used by individuals who are required to discontinue work because of medical needs. Such use may be allowed only after exhaustion of accrued sick leave and all but five (5) weekdays of annual vacation leave, up to the maximum of 90 days per individual, with the pre-approval of the Program Director and the GME office. The use of the Sick Leave Pool is not available for uncomplicated maternity.

The non-pool sick leave days cannot be carried forward in the case of parental leave where accumulated sick leave days may be carried forward 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 appointments with a physician, dentist, or other recognized health care practitioner.

In case of death in the immediate family, sick leave may be used in reasonable amounts at determined by the house officer's immediate supervisor. Immediate family includes spouse, parents, grandparents, brothers, sisters, children, or grandchildren of both house officer and spouse. A resident suffering a personal disability necessitating use of sick leave without prior approval must notify the supervisor as soon as possible.

Unused sick leave will not be paid upon termination of training program for any cause.

Family and Medical Leave:

Please refer to the University of South Florida College of Medicine House Officer Policies and Procedures Manual. <http://health.usf.edu/housestaff/new/GME%20P&P/LOA.pdf>

Military and Child Care Leave:

Please refer to the University of South Florida College of Medicine House Officer Policies and Procedures Manual.

<http://health.usf.edu/housestaff/new/GME%20P&P/LOA.pdf>

Administrative/Educational Leave:

Compensated leave is allowed at the discretion of the responsible program for administrative or educational purposes.

LIABILITY, PROFESSIONAL (MALPRACTICE COVERAGE):

As a member of the University of South Florida Health Science Center you are provided professional liability protection by the **University of South Florida Health Sciences Center Insurance Trust Fund**, a self-insurance program created by the Florida Board of Regents for the benefit of the University of South Florida Health Sciences center, its students, faculty, and other employees. Proof of protection can be obtained by contacting the Office of Surgical Education or the **USF Trust Fund Office at (813) 974-8008**.

LICENSING:

Residents obtain a training license issued by the Florida Board of Medicine at the beginning of the program. All residents are expected to obtain and maintain full medical licensure in the State of Florida by the beginning of their PGY4 year.

LOG OF OPERATIONS:

The log of operations is required for our residency accreditation and will prove to be invaluable in preparing your American Board of Plastic Surgery (ABPS) application.

Each resident is responsible for keeping a record of all their own cases. All residents will be required to record their operative data utilizing the ACGME Resident Data Collection System, which is an Internet-based data collection system utilizing CPT codes. **Each case should be entered into the database on a timely basis and are due by Thursday of the following week. This will be tracked and reported to the Program Director.** The RRC can and does review each resident's case load on a regular basis and can cite the program for deficiencies. The ACGME case log will be used by the

faculty to review each resident's operative experience during the semi-annual evaluation meetings. Residents will be counseled if deficiencies in case numbers are discovered.

The RRC (Residency Review Committee) requires a minimum number of cases:

http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramResources/Operative_Minimums_effective_07012014.pdf

Timely and accurate records of the resident's and the Department's operative experience are important, not only for each resident's American Board of Plastic Surgery application at completion of residency, but also for the Program's accreditation.

ABPS application will not be signed or supported by the Chairman until the resident's ACGME logs are updated and complete.

MEDICAL STUDENTS, TEACHING OF (CLINICAL CLERKSHIP):

All house officers will be expected to participate in the education of medical students. This includes:

- Teaching them the requisite patient care procedures.
- Instructing them in the development of logical approaches to clinical problems.
- Encouraging their reading of literature and texts and providing them with selected review articles on topics concerning their patients.
- Instructing and assisting the students in development of good patient care and treatment. Ensuring that the students attend all necessary conferences.
- Reviewing each of their "work-ups" and providing constructive criticism.
- Treating the medical students in a professional and courteous manner.

NEW INNOVATIONS SOFTWARE:

New Innovations is the software that is in use by Graduate Medical Education at the University of South Florida. In addition to duty hours recording, the Surgery department uses this software for our assignment schedule, to maintain conference attendance, to register competence in bedside procedures, and to distribute each rotation's goals and objectives. Additionally, faculty and residents are to complete evaluations of performance and each rotation using this method. Each resident is expected to become familiar with this software and use it for the purposes listed.

NIGHT CALL:

- 1) All call schedules are generated by the administrative chief residents and published in New Innovations.

- 2) All changes in the call schedule at any hospital must be authorized by the administrative chief residents and the service attendings and the Division of Plastic Surgery Program/Associate Program Director.
- 3) At Tampa General Hospital, all call rooms are located on the fourth floor of the West Pavilion, Room J-402. Rooms are divided by Department, and rooms reserved by using the calendars on the individual call room doors. A lounge, computer labs, outside patio area and kitchen are provided for house staff. Your TGH ID badge is used to access this area. For further information, Colleen Stevens can be contacted at 844-7412.

Entrances to the hospital are locked from 8:30 p.m. to 6:00 a.m. daily, with the exception of the East Pavilion entrance, near McDonalds which is open 24 hours.

- 4) At the Bay Pines VA Medical Center, the call rooms are on the 2nd and 3rd floors.
- 5) Chief/Senior Residents must be readily available at all times for consultation and patient care within the dictates of ACGME guidelines.
- 6) When you are in the sleeping quarters, notify the operators of the telephone number at which you may be reached.

OUTSIDE EMPLOYMENT:

House officers may not accept outside employment or engage in other outside activity which may interfere with the full and faithful performance of clinical responsibilities. Any employment outside the scope of this residency program must be individually and specifically approved by the Program Director. Violation of this policy may lead to disciplinary action up to and including termination of training.

PGY1 residents are not permitted to moonlight under any circumstances. Time spent by residents in Internal and External Moonlighting must be counted towards the 80 hour maximum weekly hour limit, and therefore requires regulation and is discouraged.

Outside employment malpractice insurance coverage is **not** provided by the Health Sciences Trust Fund and is the responsibility of the house officer.

PAGING:

Surgical house staff are provided pagers. The pagers provide the primary means of communication. They should be "on" during duty hours.

House officers will be assigned pagers by the GME office. House officers usually maintain the same pager for the duration of the residency training at the University of South Florida. At the end of the residency, pagers should be returned GME. **Damaged or lost pagers will be the responsibility of the resident.**

A Special Note:

If you are covering the Emergency Room or are on call for emergencies (at any hospital), never leave your pager unattended or turned off. Should you need to go to the operating room or otherwise be unable to respond IMMEDIATELY to a page, leave your pager with another member of the surgical house staff who is free to “cover” for you.

All hospitals have back-up loudspeaker paging systems which may be utilized in the event of radio failure.

Not answering pages during assigned duty hours will be considered grounds for dismissal from the residency.

All residents should provide their contact information to each institution including pager number, cell number and home phone number.

PATIENT CHARTS:

- 1) It is the responsibility of the Surgical house staff to keep all dictation and chart work current. Major delinquencies are not acceptable. The operative note must be done at the completion of the procedure the day of surgery, before leaving the operating room for accuracy and for legal reasons.
- 2) The complete history and physical is to be dictated or written by the junior house officer within 4 hours of admission (in addition to the medical student). A co-signed student's note is not acceptable.
- 3) A senior house officer's note must be on every chart and shall contain a pertinent illness and physical examination.
- 4) Please be sure that each chart includes discharge instructions.
- 5) The discharge summary should be dictated on the basis of the problem list. It is to be dictated by the junior house officer assigned to the patient prior to the patient's departure. A note must be entered into the chart. No patient can be discharged from the hospital until the face sheet has been completed.
- 6) The discharge note includes a brief summary, the diagnosis, the discharge instructions and following. If the Department/Division is notified that you have an excessive amount of delinquent charts, you will be suspended from the operating room.
- 7) Each medical student's orders must be countersigned immediately by the house officer. The medical student will write orders only under the direct supervision of his/her house officer. The nursing staff has been instructed not to carry out orders written by medical students until they are appropriately countersigned by a M.D.
- 8) **Post-op check:** This note is to be written the evening of surgery 4-8 hours after the surgery was performed. It should briefly describe the patient's progress and condition

since leaving the operating room including vital signs, In's and Out's, physical exam including mental status.

- 9) **Progress notes** should be made whenever appropriate. There is no set rule as to their frequency. An extremely ill patient may require hourly notes. All progress notes must include date, time entered, and signature. Each patient should have a minimum of one physician note per day.
- 10) **Operative notes** will be dictated immediately following operation. They should contain sufficient information concerning the pathology found as well as techniques used. Failure to dictate operative notes prior to midnight the day of surgery will result in the suspension of operative privileges for one week.
- 11) All written orders must include the date and time written.
- 12) Signatures must be legible.
- 13) All charts must include an accurate brief operative note. This note should be written in the operating room at the conclusion of the procedure. This is important because dictated operative notes do not get placed in their charts for several days after the procedure. This note should include the following:

Brief OP Note:

- A. Surgeon(s) names (attendings, residents and students).
- B. Procedure and findings.
- C. Anesthesia (medication used and name of anesthesiologist).
- D. Fluids and blood given during surgery.
- E. Estimated blood loss.
- F. Complications.
- G. Drains.
- H. A statement regarding the patient's condition and prognosis written when the patient reaches the recovery room.
- I. A diagram or sketch if/when appropriate.

RESIDENT ASSISTANCE PROGRAM:

The Resident Assistance Program (RAP) is a confidential evaluation, brief counseling and referral service designed to assist the resident and family members in finding help with a wide variety of problems. The RAP is intended to help the resident complete the Program in the healthiest condition possible, whether that health issue is mental, physical, or spiritual. This service is voluntary, completely confidential and provided as a benefit of the residency program. To access the program a resident calls 813-870-3344 (24 hours a day, seven days a week), a number reserved specifically for the Resident Assistance Program. The first three visits by the resident and/or his/her family members to the 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. The service is established through non-University providers to assure privacy and freedom from interaction with colleagues or supervisors.

RESEARCH:

House officers are encouraged to engage in basic and clinical research. Basic research protocols must be approved by the Chairman of the Department of Surgery and the Research Committee. Residents wishing to be involved with basic science research need to inform the Department/Division no later than one year prior to the date they anticipate to begin research. All residents are expected to obtain independent non-departmental funding for salary support during their time in the lab. Possible sources of funding include the mentor's grant or the resident's own grant such as those available from the American College of Surgeons and other organizations. Assistance in identifying and obtaining funding will be provided by the department if the resident notifies the department 12 months prior to entering the research year(s).

Residents will only be allowed to leave the clinical rotations and enter research if service needs/resident numbers are adequate. In the event that more residents are interested in pursuing research than spots/funding are available, interested residents should submit a proposal (at least one year prior to entering the lab) and absolutely no later than the November prior to the beginning of the academic year. Residents will be selected to enter the lab after their proposals are evaluated by the Chairman and the Research and Educational Committee.

During the course of his/her residency, each house officer will be extended the opportunity to participate in research projects/scholarly activity. Each resident is expected to carry on ongoing projects which have the goal of publication/presentation. The goal for resident scholarly activity is one publication every six months.

TRAVEL TO MEETINGS:

House officers may be sent to regular or national meetings at the discretion of the Division Director.

It is the prerogative of the Chairman, Program Director and Division Director to establish resident travel guidelines. Residents **must** submit a leave request and this must be approved by the Program Director and the Associate Dean, GME, at least 30 days prior to attending the meeting. Attendance to meetings is not guaranteed and in the case of conflicts, scheduled vacations and service coverage/commitments take priority. Residents will be reimbursed for their airfare, meals, registration fees, etc. (following established reimbursement guidelines). Please see the GME website for complete details and requirements:

http://health.usf.edu/medicine/gme/directors_coordinators/edu_funds.htm

Submission of scholarly work for presentation at local, regional, and national meetings is encouraged and these activities will be supported.

Educational meetings are planned to supplement and focus learning activities at established courses and meetings. Approved/sponsored educational activities include:

PGY-2 Maxillofacial course

PGY-3 Flap course

PGY-4 Microsurgery course

PGY-5 SESPRS Regional meeting

PGY-6 ASPS meeting; senior resident's conference

USMLE STEP III:

All residents must abide by the institutional policy of taking and passing USMLE Step III by March 1 of their PGY2 year. If taking the test will require absence from clinical duties, residents must check with and get approval from service attendings and administrative chief residents prior to scheduling exam. Other resident absences such as vacations may take priority. Not getting prior approval for absence from clinical duties may result in your not being able to take the exam and loss of fees.