POLICY AND PROCEDURES

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EDUCATIONAL GOALS AND PHILOSOPHY

The goal of the Vascular Fellowship Program at the West Virginia University is to provide training to general surgeons who, upon completion of the program, will be qualified vascular surgery specialists. This is accomplished by providing both the experiences and environment where fellows can develop the surgical skills, medical knowledge, communication, clinical skills, and professional attitudes to become physicians committed to lifelong learning, medical system integration, and excellence in the diagnosis of vascular diseases, performance of open vascular surgery, and endovascular interventions.

Whether fellows pursue an academic career or one in community practice, the goal of the Vascular Fellowship Program is to equip fellows with the ability to critically assess the medical literature, develop an understanding of research, and keep abreast of new developments. Since the acquisition of knowledge in medicine must be lifelong, general principles are emphasized, as well as the importance of independent study, so that fellows can continue their education well beyond the period of fellowship training. Certain attributes of character are inherent in the practice of medicine, as a result the importance of professionalism, communication, compassion, reliability, initiative, responsibility and the ability to work harmoniously with all levels of medical personnel is emphasized throughout the duration of training.

PROGRAM OVERVIEW

Goals: The general goals of the program are to provide a learning and training environment which facilitates the development of expert vascular surgery specialists who will have the tools and abilities to be leaders in both the clinical and academic community of vascular surgeons. These goals are accomplished by providing:

- Didactic instruction and research experience in vascular physiology and pathobiology.
- Instruction and direct clinical experience with the technology, clinical applications, and professional interpretation of noninvasive vascular testing.
- Instruction and direct clinical experience in the performance and interpretation of the complete spectrum of endovascular interventions.
- Supervised performance of open vascular surgical procedures.

Following successful completion of the training program the trainee should be eligible for certification as an RVPI (Registered Physician in Vascular Interpretation) and eligible for certification in Vascular Surgery by the American Board of Surgery. It is expected that the trainee will be a competitive candidate for the professional position of his or her choice, whether private practice, academic, or a combination of the two. Additionally, it is a goal of the program to graduate physicians competent in all aspects of vascular care, including diagnosis, medical management, endovascular and open management.

CURRICULUM OVERVIEW

The fellowship training program in Vascular Surgery at West Virginia University is a two-year program comprised of a balance of all the clinical and academic components of:

- Endovascular diagnostics and therapeutics
- Noninvasive vascular testing with ultrasound-based therapeutics
- Clinical research
- Open surgical procedures

These activities are all conducted at Ruby Memorial Hospital of West Virginia University

GOALS AND OBJECTIVES FOR COMPETENCIES

At the completion of the training program it is expected that the fellow will be fully prepared to embark on a career as a vascular surgeon though education and successful completion in the following areas:

Medical Knowledge: Fellows must demonstrate knowledge of established and evolving biomedical, clinical and cognate medical sciences, and the application of this knowledge to patient care. Fellows are expected to:

- Demonstrate appropriate general medical knowledge in vascular diseases.
- Know and apply the basic and clinically supportive sciences which are appropriate to the discipline of vascular surgery.
- Demonstrate competence in all surgical and technical procedures commonly performed in vascular surgery.

Patient Care: Fellows must be able to provide both inpatient and outpatient care that is compassionate, appropriate and effective for the treatment of vascular diseases and the promotion of health. Fellows are expected to:

- Establish skills in gathering accurate and essential patient data.
- Demonstrate an understanding of informed treatment plans, including up to date scientific evidence, clinical, and surgical judgment.
- Demonstrate competence in pre and post-operative care, the ability to select the procedure most appropriate to the clinical situation, and to recognize his/her limitations.
- Demonstrate competence in all surgical and interventional procedures commonly performed in vascular surgery.

- Demonstrate caring and respectful behaviors when interacting with patients and families.

Interpersonal and Communication Skills: Fellows must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, families, and healthcare professionals. Fellows are expected to:

- Communicate openly and effectively with patients, peers, healthcare professionals and ancillary staff.
- Utilize effective listening and questioning skills while providing and receiving patient Information.
- Demonstrate effective exchange of information.
- Present clear and concise thoughts at conference and presentations.

Professionalism: Fellows must demonstrate commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a culturally diverse patient population. Fellows are expected to:

- Demonstrate acceptance of their accountability to patients, society, their profession, and a commitment to professional development.
- Express a commitment to ethical principles pertaining to provision or withholding of clinical care, the confidentiality of patient information, informed consent, and business practices.
- Articulate sensitivity and responsiveness to patient's culture, age, gender and disabilities.

Practice Based Learning and Improvement: Fellows must demonstrate the ability to investigate and evaluate patient care practices, appraise and assimilate scientific evidence, and improve patient care practices. Fellows are expected to:

- Demonstrate an ability to effectively utilize systematic methodology to assess practice experience and perform practice based improvement activities.
- Locate, appraise, and assimilate evidence from scientific studies related to patient's vascular problems.
- Demonstrate an ability to obtain and utilize information from patient population and the larger population from which they are drawn to enhance patient care.
- Utilize information technology to manage information, access on-line medical information, and to support their own education.
- Demonstrate an ability to utilize knowledge of study designs and statistical methods to recognize strengths and weaknesses in clinical studies and other information on diagnostic and therapeutic effectiveness.

- Facilitate the education of medical students, resident/fellows, fellows and other healthcare professionals.

Systems Based Practice: Fellows must be aware of their professional responsibilities in the larger context of the healthcare system. Fellows must further demonstrate an ability to effectively work utilizing system resources to provide care of optimal value. Fellows are expected to:

- Demonstrate understanding of vascular issues; how they affect other health care providers, the health care organization, and society as a whole. Collaborate with healthcare professionals from other disciplines to provide optimal care.
- Exhibit an understanding of how environmental factors impact healthcare organizations and healthcare costs.
- Demonstrate ability to recognize how types of medical practices and delivery systems differ from one another, including methods of controlling health care costs and allocating resources. Utilize this knowledge to insure quality healthcare.
- Develop an appreciation for practicing cost effective healthcare and resource allocation that does not compromise patient care.
- Express knowledge of hospital and community resources in place to support patients, advocate for quality patient care and consistently assist patients in dealing with complexities of the healthcare system.

Technical Skills: Fellows are expected to demonstrate competence in all surgical and technical procedures commonly associated with vascular surgery. In particular, competence must be acquired in:

- Detailed vascular anatomy and physiology.
- Proper history taking and physical examination of the patients with vascular problems in both the hospital and outpatient clinic setting.
- Early recognition and treatment of complications of vascular surgery.
- Open major vascular procedures.
- Endovascular procedures.

Here is the **2017-18** salary scale:

PG1 - $54,062

PG2 - $56,068

PG3 - $57,878

PG4 - $59,632

PG5 - $61,408

PG6 - $63,523

PG7 - $65,679

FACULTY SUPERVISION – RESPONSIBILITY GUIDELINES

Supervision of the fellows shall be carried out by the teaching faculty under the direction of the Program Director. It is the Program Director's responsibility to see that such supervision is adequate and appropriate to maintain both the optimal education environment and excellent quality of patient care. Determining the level of responsibility for each resident/fellow or fellow will be the responsibility of the Program Director with input from the teaching faculty.

The following is a list of faculty guidelines:

1. As a faculty member, you bear the ultimate responsibility for patient care and for providing the documentation in the medical record of the care provided. These responsibilities should be exercised without diluting the educational process.
2. Patient interaction should be real, not theoretical. Bedside, office and operating room clinical skills should be stressed and modeled. At least some new patient presentations should occur at the bedside.
3. All patients admitted to the vascular surgery service during the week should be seen and formally staffed with the resident/fellow / fellow on the day of admission. Patients admitted after this time should be seen and evaluated with formal staffing on the following day. If there is an acute change in the patient's condition during the daytime, the appropriate faculty member is to be notified immediately by the resident/fellow/fellow. If this occurs after hours, the resident/fellow/fellow will contact the individual faculty member or the vascular surgery faculty member on call at that time. For patients admitted on weekends or holidays, staffing should occur no later than 24 hours after admission. If you are absent, resident/fellows/fellows must be aware of your designee for patient care issues.
4. You are responsible for informing your resident/fellows/fellows of when they must contact faculty immediately relative to the following patient care issues: end of life status change, ICU admission, need for emergency operative intervention, etc.
5. You should plan your schedule so you will be available at all times during the day when patient care and teaching activities are proceeding. Resident/fellows/fellows must be aware of your designee when you are out of town or otherwise absent.
6. Feedback should be given to resident/fellows/fellows informally on a daily basis and formally at the end of the rotation via the evaluation process. Suggestions for improvement should be made early enough for corrective action to be attempted.
7. Regular chart reviews should be conducted. The focus should be on record completion and avoidance of unnecessary tests and procedures, and assessment of appropriate patient care and documentation.
8. Rotating medical students, resident/fellows and fellows from other services must be included in teaching and patient care activities. When requested, evaluations on these students, resident/fellows and fellows, should be completed in a timely manner.
9. Insist that resident/fellows/fellows on your service consult the literature regularly about issues that arise in the context of patient care. Ask them to cite the literature and share their findings with you and other team members.

10. You are responsible for attending and participating in scheduled conferences and other didactic activities of the Division and Department. An attendance log will be kept for program certification purposes.

SUPERVISION POLICY

Purpose: To establish a policy to ensure all resident/fellows/fellows are provided appropriate supervision while gradually gaining autonomy and independence.

Responsibilities/Requirements

Lines of supervision in the Department of Surgery follow a set of guidelines, which is used throughout all of the rotations.

1. PGY 1's are to be supervised directly or indirectly with direct supervision immediately available.

2. Junior (PGY 2-3) resident/fellows will supervise intern activities and also communicate with their superiors, either upper-level resident/fellows or faculty.

3. Senior (PGY 4-5) resident/fellows will also serve in a supervisory role and will communicate with faculty. Ultimately the decisions rest upon the faculty.

4. Fellows (PGY 6-7) will also serve in a supervisory role and will communicate with faculty. Ultimately the decisions rest upon the faculty.

Levels of supervision are defined as:

Direct Supervision: Physically present with the fellow and patient.

Indirect Supervision: (Direct supervision immediately available) Supervising physician physically within the hospital and immediately available to provide Direct Supervision.

Indirect Supervision: (Direct supervision available) Supervising physician is not physically present within the hospital, but is immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision.

Oversite: Supervising physician is available to provide review of procedures with feedback provided after care is delivered.

The Department of surgery, and Vascular Division wants to make it clear that all resident/fellows and fellows should feel comfortable seeking help. Only through non-judgmental interactions can resident/fellows learn effectively. Management and patient care can seem overwhelming at times and it is the responsibility of the faculty surgeons to ensure an environment where resident/fellows feel they have the necessary support and can perform to their utmost abilities.

The following Supervision guidelines have been established. It is again stressed that a fellow/ Resident/fellow should never feel intimidated or belittled when asking for assistance.

SUPERVISION

Safety of the patient as well as safety of the resident/fellow are of paramount importance. The Department of Surgery will not compromise the safety of a patient in any way. All patient care will be supervised by the attending faculty to varying degrees to allow for increasing autonomy and growth of the resident/fellow. It is the Department's goal to create a nurturing environment where resident/fellows may feel safe and secure at all times while gaining independence. A faculty is always assigned to supervise the resident/fellows/fellows.

Ultimate responsibility resides with the attending physician who supervises all resident/fellow activities. All clinical work is done under the supervision of an attending faculty. While the degree of supervision in any given examination/procedure will vary with the particulars of the event, as well as the level of training of the resident/fellow, the ultimate responsibility for the written report created is that of the attending surgeon.

Personal responsibility and accountability. Resident/fellows, fellows and faculty are expected to hold themselves up to the highest standards. Professionalism should be maintained at all times. It is understood that at times errors will be made, it is also understood that these errors should serve as learning points as to avoid them in the future.

Expiration. It is inevitable that at some point in a resident/fellow's career they will have to deal with the death of a patient. In this event the resident/fellow/fellow will notify their senior resident/fellow and/or attending immediately. Resident/fellow/fellow will be given proper training in regards to end of life issues, death pronouncements, communicating death to families and necessary paper work. Attending faculty will be available at all times to provide support to resident/fellows following the death of a patient.

"Ready or Not". PGY-1 resident/fellows will participate in a supervisory evaluation at the completion of their PGY-1 year. The evaluation will consist of video modules, patient scenarios and a written assessment regarding various procedures and patient situations. These evaluations will be scored by supervising faculty. Successful completion of the evaluation will be necessary for the resident/fellow to be given supervisory privileges for the upcoming year.

Vital Signs. All significant change in patient vital signs or mental status will be communicated to the resident/fellow's supervisor. Should a patient become unstable at any time, this will be communicated to the attending surgeon.

Invasive procedures. Resident/fellows will be supervised by a more senior resident/fellow or attending faculty until they are felt competent to perform that procedure independently. Hospital privileging criteria will also be followed.

Status. Any change in patient status needs to be communicated to the attending faculty. Any change in level of care requiring a change in unit acuity, will be immediately communicated to the attending. Any change in code status will also be relayed to the attending faculty.

Introductions &Issues. Faculty, fellows and resident/fellows will introduce themselves and inform their patients of their role in each patient's care. All family or patient issues or concerns will be brought first to the attention of the supervising resident/fellow. If resolution cannot be obtained,

all issues will be discussed with the attending. Issues that arise between nursing, consulting services, ancillary care, etc. will be brought to the attention of the attending surgeon.

On call. A printed, emailed or online call schedule is sent out monthly to resident/fellows, fellows, faculty and the hospital paging office. In the event of unforeseen circumstances, such as illness, the resident/fellow/fellow will be informed by the program director, senior resident/fellow, fellow or program manager who the supervising surgeon will be. All faculty will be available during the day and when on call via telephone and/or beeper.

Notification. Faculty will be notified of all elective admissions or transfers within 2-4 hours of arrival. All discharges will be discussed with the attending surgeon. All changes in care plans will be communicated to the attending faculty. If she/he is unavailable, then the program director or the chairman of the department should be contacted in order to make a final decision on the plan and/or treatment. When the resident/fellows are called for consults in the Emergency Department or the wards, the attending faculty will be notified immediately following the resident/fellow/fellow's evaluation.

EDUCATIONAL CONFERENCES

Our conference schedule is designed to cover the comprehensive curriculum for vascular surgery topics as recommended by the Association of Program Directors for Vascular Surgery.

All fellows are relieved of all non-emergent duties to participate in the academic morning. The academic morning conferences are a dedicated period wherein all vascular surgery faculty, all resident/fellows rotating on the vascular service, and fellows meet once weekly on Wednesdays. Attendance is mandatory and recorded for vascular surgical staff, resident/fellows, and fellows. Physician extenders, nursing, vascular technologists, and ancillary staff are invited and encouraged to attend as well.

1. Core Curriculum Conference: The goal of the core curriculum conference is to provide the trainee with focused instruction on a topic relevant vascular surgery. Each Monday (7:00-8:00) consists of a multimodality format designed to instruct the vascular fellow on the core topics pertinent to vascular surgery. A didactic review of recommended readings will be followed by a quiz. The formatting will incorporate a Written Board question and answer session and an Oral Board Exam type case. Vascular Surgery Indications, Operations, and Outcomes, will be used in a two-year rotating conference schedule. Topics include the full spectrum vascular surgery, endovascular interventions, embryology, vascular biology, physiology and pathophysiology. The conference is organized and monitored by the program director with weekly faculty facilitators.

2. Vascular Surgery Academic Conference: will be held each week on Wednesdays (4:00-5:30). Each month there are four vascular case conferences, one journal club, one morbidity and mortality conference, and one vascular Lab/Non-invasive conference.
    - Vascular Case Conference: The purpose of the vascular case conference is to provide an environment in which fellows and faculty can discuss complex or interesting cases, management decisions, radiologic studies interpretation, subtle points, and general systems-based practice management questions. This conference will be held weekly. The presenters will be evaluated on their presentation.
    - Journal Club: The goal of the journal club conference is to promote active review of peer-reviewed published literature. The vascular surgery staff will create a repository of recently (within the last 6 months) published papers. A vascular surgery fellow will select up to 3 articles to read, prepare a PowerPoint presentation, and present at conference. It is expected that they will facilitate discussion by critically reviewing the papers for experimental design, execution, bias, outcomes analysis, and conclusions. Not only the fellow, but the participants are expected to gain a critical understanding of the literature, its content, and its applicability. The vascular surgery fellows will be evaluated on their presentations. Once per quarter, a seminal papers journal club will be scheduled in order to further ground the resident/fellow and fellow's knowledge.

- Morbidity and Mortality: The goal of the morbidity and mortality conference is self-surveillance as practicing vascular surgeons, to review best practices, to self-reflect, individually and as a collective, and to develop strategies for self and practice improvement. Morbidities and mortalities from the period four weeks prior to the conference will be accrued. Resident/fellows and fellows who participated in the listed cases will be responsible for preparing a PowerPoint presentation of the individual cases. The presentation will include salient points of the case's preoperative, intraoperative, and postoperative period. Associated photography and radiological imaging is anticipated to enhance the discussion. A short literature review is expected to close the presentation. The responsible attending physician will be in attendance to participate in the presentation. Fellows and resident/fellows will be evaluated on their presentation.
- Vascular/Non-Invasive Lab Conference: The goal of the vascular Laboratory conference is to convey the knowledge necessary to correctly interpret physiologic and ultrasound vascular studies and utilization in patient care. Participants at this conference include the vascular surgery faculty, vascular Lab technologists, fellows and resident/fellows. The fellows and vascular lab techs who participate in this conference will be expected to prepare a power point presentation to address a key topic with supporting imaging. The presenter will be evaluated on their presentation.

EXCEPTIONS: Resident/fellows are only excused from conference:

- With approved time off recorded by the Program Director
- With advance notification of absence (via email) to the Program Director AND his/her approval for said absence. (Christine Hayes should be copied on the note of approval from the Program Director.)

An attendance rate of 75% or higher at the listed vascular surgery conferences is required. During the Wednesday academic morning, clinical responsibilities are waived to attend conferences.

VASCULAR CASE LOG POLICY

The fellow cases database is managed by a computerized web-based log. The Accreditation Council for Graduate Medical Education (ACGME) is the organization responsible for accrediting all residency/fellowship training programs. The ACGME requires collection and submission of Operating Room and Endovascular suite data. The accuracy of the data is very important to the continued accreditation of our program and to the assessment of eligibility of each fellow and resident/fellow for the Vascular Surgery qualifying examination of the American Board of Surgery. It is mandatory that cases be logged throughout the continuum of the fellow's surgical training. It is not acceptable to log the minimal number of required cases and stop recording cases. Failure to maintain an accurate vascular surgery case log may result in ineligibility for the Vascular Surgery qualifying examination of the ABS.

Data collection is the responsibility of the individual fellow. To enter your cases, you must go to the ACGME web site and sign-in with your ID and password. Cases should be entered at least weekly. Operative logs are monitored each month by the program director and Program Education Committee (PEC). If cases are not logged and kept current, the fellow will be disciplined. Surgical case logs must be completed and available for the entire program upon graduation. No certifications will be issued until all logs are completed and the final surgical record is signed.

Fellows who have not entered their cases in a timely manner will be subject to disciplinary action. Letters may also be placed in the resident/fellow's file addressing the issue of non-compliance and may be discussed during evaluations with the Program Director. The entry of case logs in a timely manner is one of the factors contributing towards each resident/fellow's "Professionalism" Milestone.

VASCULAR SURGERY CASE LOG DIRECTIONS

The vascular surgery case log is an internet based case log system utilizing CPT codes to track a fellow's operative experience. The Residency Review Committee (RRC) has indexed these codes into categories for evaluation. This program was designed to allow resident/fellows to enter procedures on a regular basis at their convenience. Entry can be done from any PC connected to the World Wide Web at any time 24 hours a day.

- Go to the www.acgme.org homepage. Review the Case Log System Resident/fellow User Guide Select. The Resident/fellow Case Log System Screen will have updated information on instructions to obtain a user ID. User's manuals and listing of all available CPT codes are also available.
- Once you receive an email from the ACGME with a User ID, enter the User ID and Password and click on the "Login" button.
- You may change your password at any time after the initial first time log in. If you would forget your password you may contact the ACGME by clicking forgot password or reset a new pass-word.
- Take a few moments to review the welcome page and the manual. Depending on the level of user access allowed, certain heading tabs may not be available.

- If you need additional information or help, please contact Christine Hayes at (304) 293-7480.

OPERATIVE MINIMUMS FOR VASCULAR SURGERY

The Resident/fellow Review Committee of the American Board of Surgery has established operative minimums for the fellows in Vascular Surgery.

CATEGORY	MINIMUM
Endovascular Aneurysm Repair	20
Endovascular Therapeutic Procedures	80
Endovascular Diagnostic Procedures	100
Complex	10
Peripheral	45
Cerebrovascular	25
Abdominal	30

RESEARCH POLICY

The Division of Vascular and Endovascular Surgery recognizes research as an essential and integral component to both training and practice. It promotes academic thought, stimulates self-assessment and evolves new treatment strategies. As such, it is mandatory that each fellow evolves and completes at least 2 research project over the course of two (2) years of vascular surgical training. Project completion is defined as a presentation at a regional/national meeting or submission to a peer reviewed medical journal.

Resident/fellows/and fellows have the opportunity to present research projects they have completed before faculty, colleagues and students. The fellows will be required to submit an abstract for the Surgery Resident/fellows Research forum at the Zimmermann Lectureship held in March of each year. Resident/fellows/fellows will compete at the annual Greenbrier Resident/fellow Paper Competition at the West Virginia State American College of Surgeons Meeting (typically held in May). Furthermore, Resident/fellows and fellows will have the opportunities to submit papers and abstracts at all national meetings.

CONFERENCE, ATTENDANCE & CURRICULUM

ACGME - II.A.4. The program director must administer and maintain an educational environment conducive to educating the resident/fellows in each of the ACGME competency areas. (Core) The program director must:

II.A.4.a) Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;

The program director along with the faculty, will be responsible for the preparation and implementation of a comprehensive, effective, and well-organized educational curriculum; (Core)

II.A.4.t) Ensure that conferences be scheduled to permit resident/fellow attendance on a regular basis, and resident/fellow time must be protected from interruption by routine clinical duties. Documentation of attendance by 75% of fellows at the core conferences must be achieved;

*All surgical resident/fellows/fellows are required to attend conference each week to include VA MDTV, exceptions are: vacation, post call or approval from the program director to scrub in on a case that is deemed necessary for the resident/fellow to have required experience.

II.A.4.u) Ensure that the following types of conferences exist within a program;

II.A.4.u).(1) A course or a structured series of lectures that ensures education in the basic and clinical sciences fundamental to surgery, including technological advances that relate to surgery and the care of patients with surgical diseases, as well as education in critical thinking, design of experiments and evaluation of data;

II.A.4.u).(2) Regular organized clinical teaching, such as grand rounds, ward rounds, and clinical conferences;

II.A.4.u).(3) A biweekly morbidity and mortality or quality improvement conference. (Core)

*Attendance is taken for all conferences each week by paper method and transferred into the e*value program

2017-2018 CONFERENCE / CURRICULUM SCHEDULE

JULY	07:00-08:00	08:00-08:30	048:30-09:30
	Core Conference	Vascular case conference	Vascular Academic Conference
5	Embryology of the vascular system. (TBA)	Weekly case presentation. (PGY 5-7)	Journal Club
12	Vascular Physiology: Essential hemodynamic principles	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
19	Atherosclerosis: Mechanism and arterial wall pathology.	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
26	Intimal hyperplasia	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
AUGUST			
2	Gene therapy in vascular surgery	Weekly case presentation. (PGY 5-7)	Journal Club
9	Vascular Lab and the physiologic assessment of peripheral vascular disease	Weekly case presentation (PGY 5-7)	Morbidity and Mortality Conference
16	Vascular Lab and the physiologic assessment of venous disease	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
23	Vasculitis: Thromboangitis obliterans and Takayasus	Weekly case presentation (PGY 5-7)	Morbidity and Mortality Conference
30	Fibromuscular dysplasia	Weekly case presentation. (PGY 5-7)	Simulation Training
SEPTEMBER			
6	Etiology of arterial aneurysms	Weekly case presentation. (PGY 5-7)	Journal Club
13	Hemostasis and thrombosis: Coagulation cascade and coagulopathy, including antithrombotic therapy	Weekly case presentation (PGY 5-7)	Morbidity and Mortality Conference

20	Thrombolytic agents: Basics of arterial and venous lysis.	MURRAY LECTURSHIP	
27	Hypercoagulable states and management therapy	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
OCTOBER			
4	Medical risk factor modification in the patient with PAD	Weekly case presentation. (PGY 5-7)	Journal Club
11	Vascular conduits: autogenous, prosthetic, and modified biografts.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
18	Evaluation of cardiac risks, screening and per perioperative management in the vascular patient.	MUCHA LECTURE	
25	Infections in prosthetic grafts: evaluation and treatment.	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
NOVEMBER			
1	Aortoenteric fistula, diagnosis and treatment.	Weekly case presentation. (PGY 5-7)	Journal Club
8	Ischemic and diabetic neuropathy, complications and management.	Weekly case presentation. (PGY 5-7)	Simulation training
15	Acute extremity ischemia, etiology, physiology and management.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
22	Vascular Trauma	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
29	Compartment syndrome: Diagnosis and management.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
DECEMBER			
6	Causalgia, RSD, and post traumatic pain.	Weekly case presentation. (PGY 5-7)	Journal Club
13	Natural history of chronic lower extremity occlusive disease.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
20	Management of aortoiliac inflow disease.	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
27	Management of infrainguinal occlusive disease.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference

JANUARY			
3	Management of infrapopliteal occlusive disease.	Weekly case presentation. (PGY 5-7)	Journal Club
10	Non atheromatous popliteal artery disease: Diagnosis and management.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
17	Foot ulcers, Management in the diabetic and non diabetic patient.	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
24	Evaluation of upper extremity ischemia and management.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
31	Raynauds syndrome	Weekly case presentation. (PGY 5-7)	Simulation training
FEBRUARY			
7	Thoracic outlet syndrome	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
14	Management of aortic and iliac aneurysms.	TUBMAN LECTURESHIP	
21	Management of ruptured AAA	Weekly case presentation. (PGY 5-7)	Journal club
28	Management of TAAA	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
MARCH			
7	Management of lower extremity arterial aneurysms.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
14	Management of upper extremity arterial aneurysms	Weekly case presentation. (PGY 5-7)	Journal Club
21	Management of Visceral arterial aneurysms	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
28	Management of infected aneurysms	COVEY LECTURESHIP	
APRIL			
4	Congenital vascular malformations, diagnosis and management.		Journal Club
11	Strategies for AV dialysis access		Vascular Lab Conference
18	Management of AV access complications		Morbidity and Mortality Conference

25	Acute intestinal ischemia, diagnosis and treatment	ZIMMERMAN LECTURESHIP	
MAY			
2	Chronic mesenteric ischemia, diagnosis and treatment.		Journal Club
9	Cerebrovascular anatomy		Morbidity and Mortality Conference
16	Cerebrovascular testing, duplex, CTA, MRA, and angiography		Vascular Lab Conference
23	Carotid endarterectomy, indications for and results of open interventions.		Morbidity and Mortality Conference
30	CAS, indications for and results of percutaneous interventions.		Simulation training
JUNE			
6	Vertebrobasilar ischemia, diagnosis and management.		Journal Club
13	Uncommon carotid disorders: dissections, aneurysms, FMD, including management		Morbidity and Mortality Conference
20	Complications of CEA and CAS including management strategies.		Vascular Lab Conference
27	Diagnosis and management of acute DVTs		Morbidity and Mortality Conference

2018-2019 CONFERENCE / CURRICULUM SCHEDULE

JULY	07:00-08:00	08:00-08:30	08:30-09:30
	Core Conference	Vascular case conference	Vascular Academic Conference
4	Varicose veins: Diagnosis, management, and complications.	Weekly case presentation. (PGY 5-7)	Journal Club
11	Pathophysiology of chronic venous insufficiency and management strategies.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
18	Lymph circulation physiology, pathophysiology, evaluation and management.	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
25	Extremity amputation indications and technical tips as well as functional outcome. Upper extremity	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
AUGUST			
1	Extremity amputation indications and technical tips as well as functional outcome. Lower extremity	Weekly case presentation. (PGY 5-7)	Journal Club
8	Imaging techniques in vascular disease.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
15	Connective tissue disorders and arteriography; Marphan	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
22	Connective tissue disorders and arteriography: Ehler-Danlos	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
29	Uncommon Arteriopathies:	Weekly case presentation. (PGY 5-7)	Simulation training
SEPTEMBER			
5	Anatomy, Physiology and pharmacology of the vascular wall	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference

12	Influence of diabetic mellitus on vascular disease and its complications	Weekly case presentation. (PGY 5-7)	Vascular Lab Conference
19	Primary arterial infections	MURRAY LECTURE	
26	Spinal Cord ischemia associated with high Aortic clamping: Methods of protection.	Weekly case presentation. (PGY 5-7)	Morbidity and Mortality Conference
OCTOBER			
3	Non-infectious complications in vascular surgery		Vascular Lab Conference
10	Endothelial cells and vascular injury response		Morbidity and Mortality Conference
17	Regulation of Vasomotor tone and vasospasm.	MUCHA LECTURE	
24	Cigarette smoking and vascular disease		Morbidity and Mortality Conference
NOVEMBER			
7	Cholesterol, lipoproteins and vascular disease.		Journal Club
14	Ischemia reperfusion injury		Morbidity and Mortality Conference
21	Neuropathic and biomechanical etiology of foot ulceration in diabetics.		Vascular Lab Conference
28	Anatomy and physiology of erectile dysfunction		Morbidity and Mortality Conference
DECEMBER			
5	Portal hypertensions		Morbidity and Mortality Conference
12	Rational and strategies for aortic stent grafts treatments: To focus on imaging measurements and graft choice.		Journal Club
19			Morbidity and Mortality Conference
26			Vascular Lab Conference
JANUARY			
2			Morbidity and Mortality Conference
9			Journal Club

16			Vascular Lab Conference
23			Morbidity and Mortality Conference
30			
FEBRUARY			
6			Morbidity and Mortality Conference
13		TUBMAN LECTURE	
20			Vascular Lab Conference
27			Morbidity and Mortality Conference
MARCH			
6			Journal Club
13			Morbidity and Mortality Conference
20			Vascular Lab Conference
27		COVEY LECTURE	
APRIL			
3			Morbidity and Mortality Conference
10			Vascular Lab Conference
17			Morbidity and Mortality Conference
24		ZIMMERMAN LECTURE	
MAY			
1			Morbidity and Mortality Conference
8			Journal Club
15			Morbidity and Mortality Conference
22			Vascular Lab Conference
29			Morbidity and Mortality Conference
JUNE			
5			Journal Club
12			Morbidity and Mortality Conference
19			Vascular Lab Conference
26			Morbidity and Mortality Conference

Non-Invasive Vascular Laboratory Conference (list topics for a complete academic year)			
Who is in charge of the conference:			Alexandre d'Audiffret
Frequency of conferences : Monthly			Click here to enter text.
Presenter			
Name	**Faculty or Resident**	**PGY**	**Title of Presentation**
Dr. d'Audiffret			Principles of Doppler Ultrasound
Dr. Huseynova			Cerebrovascular Color Duplex Scanning and Interpretation
Dr. Marone			Venous Duplex Imaging of the upper and lower extremity
Dr. Zimmerman			Imaging Methods for Venous Inssuficiency
Dr. Pillai			Physiologic Arterial Testing
Dr. d'Audiffret			Color Duplex Imaging of the lower extremity
Dr. Huseynova			Arterial Bypass grafts and stents
Dr. Marone			Arterial Evaluation of the Upper extremity
Dr. Zimmerman			Vasculogenic Impotence
Dr. Pillai			Hemodialysis access fistulas and grafts
Dr. d'Audiffret			Abdominal Doppler Fundamentals
Dr. Huseynova			Transcranial Doppler

CONFLICT OF INTEREST DISCLAIMER

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_____

_____

PROGRAM DIRECTOR: _____

DATE: _____

Administrative responsibilities including accurate and timely documentation are vital to the practice of medicine. Not only in regards to patient care but also in the maintenance of the Residency and Fellowship Programs. Throughout the surgery residency and fellowship there are numerous administrative tasks in addition to documentation that must be completed. Failure to do so violates the essence of Professionalism, one of the six core competencies. These tasks include:

1) Weekly recording of duty hours.
2) Monthly updates of Operative Logs.
3) Yearly CBL's.
4) Reporting for semi-annual evaluation with the program director.
5) Employee Health requirements.
6) Completion of assigned ABSITE topic summaries.
7) fulfilling research requirements,
8) Completion of SCORE/TrueLearn assignments.
9) Chart completion within the allotted time frame.

Consequences:

A series of administrative steps have been approved by the Program Education Committee to correct non-compliance. Resident/fellows and fellows will be reminded 10 days before the end of the month in an email containing a list of tasks to be completed by the end of the month. On the first of the month, if the required administrative tasks are not completed, the resident/fellow and fellow will be notified by the Residency Administration that his/her meal card has been turned off. The meal card will remain off the number of days it took to complete the deficiencies. If the deficiencies persist by the 15th of the month the resident/fellow will be placed on administrative leave (see below) until the delinquencies are corrected.

Administrative Leave:

When a resident/fellow/fellow is on administrative leave, resident/fellow/fellows will relinquish all operative assignments during the day but will fulfill all other floor care, clinic assignments and all other non-OR responsibilities. The timed freed up from the operative theater will be used to complete the delinquencies. These resident/fellows will take call (night time and weekends) as assigned. In addition, if a resident/fellow has been placed on administrative leave for a third time in a single year, each day on administrative leave will consume one day of vacation time allotted. If a resident/fellow has no vacation remaining or exceeds the number of days remaining, days will be subtracted from the following year's allotment. Upon completion of the missing documentation, the resident/fellow will contact the Residency Program Administrator. Upon verification by the Residency Program Administrator that all documentation requirements have been completed, the resident/fellow may return to full clinical status. If vacation days were required, this will be communicated to the Program Director and a note placed into the resident/fellows file. Resident/fellows and fellows accruing three Administrative leaves in any one PGY year or five during their residency/fellowship, will proceed to the next step.

Academic Probation:

Academic probation is a residency specific disciplinary action, which is not reportable or appealable. It does not become part of the permanent record. Academic probation will last for a period of three months during which the resident/fellow must comply with all Surgery, WVU

School of Medicine, ACGME, and RRC policies. If the resident/fellow violates any policy, s/he may be placed on Probation (see below).

Academic probation also applies to those who have failed to complete documentation while on administrative leave, those who have accrued more than three administrative leaves in a single year, more than five cumulatively in five years or have used all vacation time remaining residency. With respect to documentation, deficiencies must be completed and no further deficiencies develop. Should these two conditions be met, the resident/fellow will return to normal status. Should deficiencies persist or new ones develop, the resident/fellow will be placed on probation.

Probation:

Probation shall be instituted for three months. "Have you ever been on Probation?" is a question asked by many states during the licensing process, hospital credentialing and insurance companies and thus should be avoided to save time and angst in the future. During probation, the remedial plan consists of correction of delinquencies and 100% compliance with all documentation and administrative requirements. If the resident/fellow does not comply, see Final Actions.

Final Actions:

The Program Director may proceed directly to termination from the program or consider allowing the resident/fellow to finish the year but not to be promoted to the next year. In the case of graduating resident/fellows, the program director may decide that the resident/fellow or fellow has failed to satisfactorily complete the residency / fellowship requirements and therefore would be unable to validate residency training, an essential requirement for being accepted for the Specialty certificate for Vascular Surgery.

Duty Hours:

Failure to log Duty Hours 2 weeks with in a single month constitutes one violation. Two violations over two (2) months will place the resident/fellow on Administrative Leave.

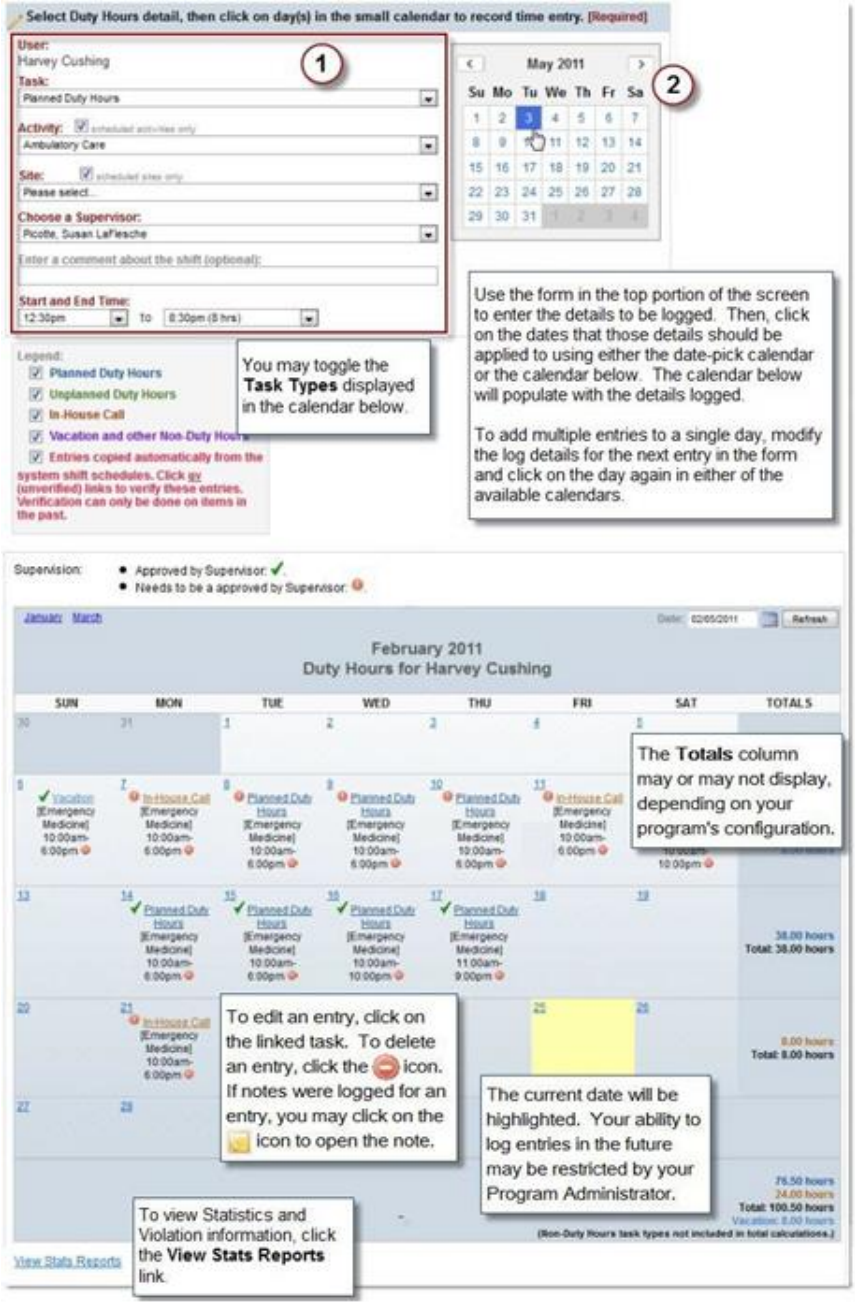
Three occurrences of Administrative Leave over 12 months leads to Academic Probation. Any subsequent violation of Duty Hour recording in that year results directly in Probation.

Case Logs:

Failure to update case logs by the last day of each month, will result in immediate Administrative Leave. Placement on Administrative leave three (3) times in one PGY year or five occurrences during the program, will result in Academic Probation.

DUTY HOUR POLICY

The Duty Hours menu item is assigned to users who are expected to track Duty Hours at some point during their educational experience. The use of this tool is customizable by program. It may be used by residency programs to monitor for Duty Hours violations, or by other programs for general time tracking. Trainees can use it to log the length of time spent on a given task, during a



certain activity and at a particular site. Programs may also require that Trainees record a Supervisor for the log entry.

Step 1: What are the details of the hours worked? Use the select lists to describe the hours worked.

- Task: Select the task that best describes the hours being logged. This list is defined by your

Program Administrator. Please note that the Task selected will impact how violations calculate for the hours logged; see your Program of Duty Hours Administrator if you have question on the task(s) you should log.

- Activity: Your program may require that you select an activity. If it is required, you will not be able to record an entry until an activity is selected.

If the scheduled activities only box appears and is checked, then the select box will be limited to those activities that appear on your schedule 60 days in the past and 30 days in the future. You may uncheck this box to re-populate the select box will all available activities.

Please note, when the Activity field precedes the Site field, then your Activity selection will filter the list of available sites. The reverse is also true - if the Site field precedes the Activity field, then your Site selection will filter the list of available activities.

- Site: Optional field - not all programs track Sites. If the field is included, select the site for the hours being logged. If the scheduled sites only box appears and is checked, then the select box will be limited to those sites that appear on your schedule 60 days in the past and 30 days in the future. Please note, when the Site field precedes the Activity field, then your Site selection will filter the list of available activities. The reverse is also true - if the Activity field precedes the Site field, then your Activity selection will filter the list of available sites.
- Choose a Supervisor: Optional field - not all programs use Supervision. Select the individual who supervised you during the time logged.
- Enter a comment about the shift (optional): You may include a comment with the log entry that will be available to supervisors and administrators.
- Start and End Time: Indicate the length of time being logged. If you enter a shift length that exceeds the length permitted for your training rank and program, you may be prompted by one or more questions. When the shift length form displays, you must answer each question and enter a comment before you can save the entry.

Step 2: What calendar day(s) do the details entered apply to? Use the date-pick calendar to select the days on which you want to log hours.

- Select Dates calendar: Once you have described the details of the log entry using the fields described above, use the Select Dates calendar to apply those details to applicable dates. As you select dates, the log details will populate in the Selected Dates list and on the calendar below.

Calendar Options and Explanations

- Legend: Log entries are color-coded by Task Type; these colors are described in the legend. All checked types will display in the calendar. You may uncheck types to filter the calendar entries by task.
- Supervision: There are 3 types of supervision available in E*Value: None, Active, and Passive.

    - None - If Supervision is not used, your entries will automatically be accepted and they will display the green check mark icon.

    - Active - If supervision is set to Active, then the selected supervisor will need to validate the entry before it is accepted. The entry will display a red exclamation icon until the hours are validated. Once it is validated, it will display the green check mark icon. Depending on your program setup, you may not be able to edit an entry that has already been validated.

- Passive - If supervision is set to Passive, then the entry will default to accept once it is logged. The supervisor will be notified that an entry was made. If the supervisor agrees with the entry, no action will be taken. If the supervisor disagrees with the entry, then the entry will be set to unapproved.

- **Duty Hours calendar:** The calendar will populate will entries logged from the **Select Dates calendar**. You may also apply details from the select box above by clicking on a date in this calendar. To edit an entry on the calendar, click on the linked task.

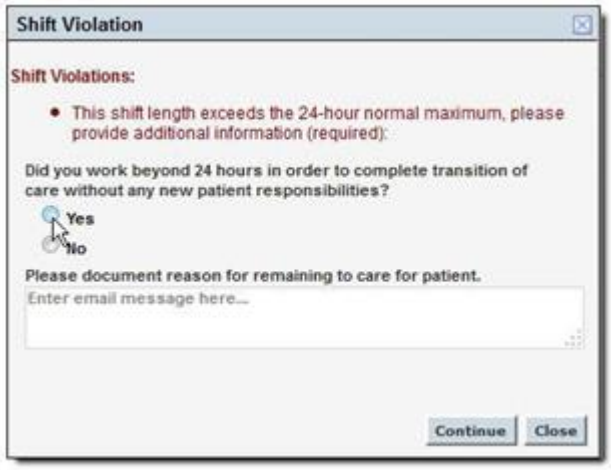
Shift Violation Questions

You may be prompted to answer questions about shifts that could be potential Duty Hours violations.

Shift Length Violations

When a shift is logged with a length that exceeds the permitted shift length for your training rank, but it is within the allotted time for transitioning patient care, a popup window may prompt you to indicate whether or not you were assigned new patient care responsibilities during this time:

Depending on your answer and your program's setup, you may be prompted to answer additional questions and enter a comment about the shift. Shifts logged that exceeded the permitted shift



length due to transitioning patient care only will display on the Duty Hours calendar with a T:

Shift Break Violations

If you log consecutive shifts separated by a length of time that is less than the required shift break for your training rank and program, then you may be prompted to answer a comment about the shortened shift break:

Verifying Shifts Imported from Schedule

Programs have the option to import shifts from E*Value's Shift Scheduling tool to their trainee' Duty Hours calendars. If your program chooses this option, those shifts will display on your Duty Hours' calendar as "Unverified." After the actual shift occurs, you should modify the hours, if necessary, and verify that you worked that shift. Click the UV link to verify the shift:

If the actual shift exceeds the permitted Shift Length for your program and Rank, then you will be prompted to answer any Shift Length Violation questions that have been defined by your program.

Editing an Entry

To edit an existing entry, click the task name on the calendar in the lower portion of the screen. The **Edit Duty Hours Entry** box will display. Please note, programs that track Supervisors for hours logged have the option to lock entries once they have been validated by a supervisor. If your program is configured this way, you may not be able to edit entries that appear with the green check mark icon. The following will display when you click on the entry:

Reviewing Statistics and Violations

You can click the View Stats Reports link in the lower-left corner of the logging screen to preview your Duty Hours Statistics and Violations.

The Duty Hours Trainee Reporting window will open:

Your statistics for the selected date range will display. Any violations that occurred during the period will display by type, as shown in the example below:

Duty Hours Trainee Reporting

Please specify the desired date range to run Duty Hours Statistic and Violation Reports. For additional history, please see Duty Hours under the Reports menu.

Start Date: March 1, 2011 End Date: March 31, 2011

Date Type: (by Calendar Month)

View Duty Hours Statistics

Duty Hours Statistics between 03/01/2011 12:00 AM - 03/31/2011 12:00 AM

Total Hrs Worked	Avg Hrs Per Days Worked	Avg Hrs Per Week	Vacation Days	Days Not Logged	% Logged	% Validated
137.00	9.79	30.94	0.00	15.00	51.61%	0.00%

Duty Hours Violations between 03/01/2011 12:00 AM - 03/31/2011 12:00 AM

Shift Length

Rank	Shift Start	Shift End	Shift Hours	Max Hours	Activities	Comments	Document
PGY2	03/01/2011 08:03	03/02/2011 08:03	24.00	21.00	Emergency Medicine		
PGY2	03/08/2011 08:03	03/09/2011 08:03	24.00	21.00	Emergency Medicine		
PGY2	03/15/2011 08:03	03/16/2011 09:03	25.00	21.00	Emergency Medicine		
PGY2	03/22/2011 08:03	03/23/2011 09:03	25.00	21.00	Emergency Medicine		

Email Notices and Reminders

Please note that your program may send email notices reminding you to log your hours. This is configured by program, but in most cases you will continue to receive these reminders until hours are logged.

Beginning July 2004, the ACGME began enforcing the 80-hour duty week for resident/fellow physicians. In addition, as of 2011, the ACGME has set aside new regulation concerning intern work restrictions. The goal is to enhance the educational experience by allowing the resident/fellow adequate time for rest and activities outside the hospital environment. It is vitally important that we comply with the regulations not only to stay within the guidelines but also to provide a program focused on educational needs not service needs. Therefore, it is important to have a thorough understanding of the rules, so that we can stay in compliance.

Duty Hours:

Failure to log Duty Hours 2 weeks with in a single month constitutes one violation. Two violations over 2 months will place the resident/fellow on Administrative leave.

Two occurrences of Administrative Leave over 6 months lead to Academic Probation. Any subsequent violation of Duty hour recording in that year results directly in Probation.

Each resident/fellow will log his or her hours into the E*value, online system at www.e-value.net. You will be given a login name and password. If you should forget your name or password please contact the Fellowship Program Manager, Christine Hayes at 293-7480.

Weekly periods run from Monday through Sunday. The hours are to be logged in upon completion of their Sunday shift. The hours will be retrieved by the program on Monday and compiled. Off-service resident/fellows should also record their hours. The administrative chief also monitors resident/fellow compliance of duty hours who is responsible for overseeing that all hours are reported in a timely fashion.

EVALUATION POLICY

The Division of Vascular and Endovascular Surgery follows the Department of Surgery established policy for evaluation and structural feedback in order to enhance the fellowship training program and institute quality improvement mechanisms.

Formal evaluation of each resident/fellow will be based on the following criteria:

- Faculty, peer, nursing and support staff evaluation forms from each rotation (360 evaluation process).
- The six ACGME Competencies.
- Attendance and participation in conference.
- Oral (Mock) exam by faculty.
- Fellow operative experience tracking (record keeping of cases).
- Duty Hour log (record keeping of hours).
- Clinical Competency Committee Meetings (semi-annually for each fellow).

An evaluation form is completed for each fellow every month no matter the length of the rotation. Any negative evaluations will be brought to the attention of the Program Director, who will bring it to the attention of the fellow. Measures to correct the problem will be addressed.

Fellow performance is evaluated twice a year by the program director and the Clinical Competency Committee (CCC) for each fellow. The fellow has access to the evaluations at all times through the e- value system.

The fellow will meet with the Program Director on a semi-annual basis to discuss his/her progress in the program. These meetings take place in December and May. All rotation evaluations will be reviewed with the fellow and if there is an area of concern, the program director may have additional meetings to address any issues.

All evaluations are kept as part of the fellow's personnel file. Fellows are urged to review their files monthly and sign all evaluation forms. Fellows may have access to their academic files at any time. The fellows each have electronic files that can be obtained by entering the e- value system. The Program Director is available for discussion and the fellows are encouraged to seek guidance for any perceived difficulty or problem. The fellows routinely and anonymously complete confidential evaluations of their various rotations, the program, and the faculty.

The resident/fellow's evaluations are based on the ACGME competencies and vascular surgery milestones.

Direct Feedback to resident/fellow is available at any time upon their demand.
Resident/fellow will be provided an anonymous mechanism for faculty feedback accessible at any time.

FATIGUE

Fatigue and Stress Policy Purpose:

Symptoms of fatigue and stress are normal and expected to occur periodically in the resident/fellow population, just as it would in other professional settings. Not unexpectedly, resident/fellows and fellows may experience some effects of inadequate sleep and stress. The West Virginia University, Division of vascular and endovascular surgery has adopted the following policy to address resident/fellow fatigue and stress:

In 2014, the Department of Surgery implemented a Sleep & Fatigue CBL course in SOLE that is a requirement for all resident/fellows and faculty to complete. The WVU School of Medicine Office of Graduate Medical Education has the "Fundamentals of Fatigue Prevention, Identification, and Management in Graduate Medical Education" posted to SOLE for your reference.

Recognition of Resident/fellow Excess Fatigue and Stress:

Signs and symptoms of resident/fellow fatigue and stress may include but are not limited to the following:

- Inattentiveness to details Forgetfulness.
- Emotional instability Irritability.
- Increased conflicts with others.
- Lack of attention to proper attire or hygiene
- Difficulty with novel tasks and multitasking.
- Impaired awareness.

Response:

The demonstration of resident/fellow excess fatigue and stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the resident/fellow, mandates implementation of an immediate and proper response sequence. In non-patient care settings, responses may vary depending on the severity and demeanor of the resident/fellow's appearance and perceived condition.

The following is intended as a general guideline for those recognizing or observing excessive resident/fellow fatigue and stress in either setting:

Patient Care Settings:

Attending Clinician:

In the interest of patient and resident/fellow safety, the recognition that a resident/fellow is demonstrating evidence of excess fatigue and stress requires the attending or senior resident/fellow to consider immediate release of the resident/fellow from any further patient care responsibilities at the time of recognition.

The attending clinician or senior resident/fellow should privately discuss his/her opinion with the

resident/fellow, attempt to identify the reason for excess fatigue and stress, and estimate the amount of rest that will be required to alleviate the situation.

In all circumstances the attending clinician must attempt to notify the chief/senior resident/fellow on-call, fellowship program manager, fellowship director, or department chair, respectively of the decision to release the resident/fellow from further patient care responsibilities at that time.

If excess fatigue is the issue, the attending clinician must advise the resident/fellow to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the resident/fellow should first go to the on-call room, surgery resident/fellow lounge for a sleep interval no less than thirty (30) minutes the resident/fellow may also be advised to go to the Emergency Room front desk and ask that they call for security, a cab or someone else to provide transportation home

If stress is the issue, the attending, after privately counseling the resident/fellow, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the resident/fellow stress has the potential to negatively affect patient safety, the attending must immediately release the resident/fellow from further patient care responsibilities at that time. In the event of a decision to release the resident/fellow from further patient care activity notification of program administrative personnel shall include the chief/senior resident/fellow on call, residency program manager, residency director or department chair, respectively.

A resident/fellow who has been released from further patient care because of excess fatigue and stress cannot appeal the decision to the attending.

A resident/fellow who has been released from patient care cannot resume patient care duties without permission from the program director.

The residency director may request that the resident/fellow be seen by the Faculty and Staff Assistance Program (FSAP) prior to return to duty.

Allied Health Care Personnel:

Allied health care professionals in patient service areas will be instructed to report observations of apparent resident/fellow excess fatigue and/or stress to the observer's immediate supervisor who will then be responsible for reporting the observation to the respective program director.

Resident/fellows and fellows:

Resident/fellows who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the chief resident/fellow, and the program director without fear of reprisal.

Resident/fellow recognizing resident/fellow fatigue and/or stress in fellow resident/fellows should report their observations and concerns immediately to the attending physician, the chief resident/fellow, and/or the fellowship director.

Following removal of a resident/fellow from duty, in association with the chief resident/fellow, the residency director must determine the need for an immediate adjustment in duty assignments for

remaining resident/fellows in the program.

Subsequently, the fellowship director will review the resident/fellows' call schedules, work hour time cards, extent of patient care responsibilities, any known personal problems and stresses contributing to this for the resident/fellow.

In matters of resident/fellow stress, the fellowship director will meet with the resident/fellow personally as soon as can be arranged. If counseling by the residency director is judged to be insufficient, the residency director will refer the resident/fellow to the FSAP (Faculty and Staff Assistance Program) for evaluation.

If the problem is recurrent or not resolved in a timely manner, the residency director will have the authority to release the resident/fellow indefinitely from patient care duties pending evaluation by FSAP.

HANDOFF AND TRANSITIONS OF CARE

I. Rationale

To assure continuity of care and patient safety, ACGME requires a minimum number of patient care transitions, a structured and monitored handoff process, training for competency by resident/fellows in handoffs, and readily available schedules listing resident/fellows and attending physicians responsible for each patient's care. In addition to resident/fellow-to-resident/fellow patient transitions, resident/fellows must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

•Department of Surgery and the Division of Vascular Surgery call schedules are available within the connect call system. These include service specific as well as attending staff contact information.

II. Policy

A. Each training program should review call schedules at least annually to minimize transitions in patient care within the context of the other duty hour standards. Whenever possible, transitions in care should occur at a uniform daily time to minimize confusion. Should changes in the call schedule be necessary, documentation of the process involved in arriving at the final schedule should be included in the minutes of the annual program review.

•Dedicated Department of Surgery and Vascular Surgery Division sign-out time each day (M-F) is from 5:30-6:30 pm.
•Call Schedules are made monthly and done so in a manner so that transitions of care are kept to as much of a minimum as possible.

B. Each residency training program that provides in-patient care is responsible for creating an electronic patient checklist utilizing an appropriate template and is expected to have a documented process in place to assure complete and accurate resident/fellow-to- resident/fellow patient transitions. At a minimum, key elements of this template should include:

- Patient name.
- Age.
- Room number.
- ID number.
- Name and contact number of responsible resident/fellow and attending physician.
- Pertinent diagnoses.
- Allergies.
- Pending laboratory and X-rays.
- Overnight care issues with a "to do" list including follow up on laboratory and X-rays.
- Code status.
- Other items may be added depending upon the specialty.

C. There must be a structured face-to-face, phone-to-phone, or secure intra-hospital electronic handoff that occurs with each patient care transition. At a minimum this should include a brief

review of each patient by the transferring and accepting resident/fellows with time for interactive questions. All communication and transfers of information should be provided in a manner consistent with protecting patient confidentiality.

- The Department of Surgery instituted a "Protected Time" between 5:30-6pm each day for the Handoff/Sign-out of patient care to the Night Team. The On Call" paging system reads: "Please hold Non-Urgent Pages between 5:30-6pm for Surgery Sign-out".
- All surgery resident/fellows will be excused from the floors and the operating room during the handoff/transition time period. The nurse managers of the floors have been notified to hold all non-urgent pages and calls until after this time.
- Once a month a surgery faculty member is assigned to moderate and document the sign-out process of the surgery teams.

D. Each training program is responsible for notifying the hospital telephone operators about its call schedule so that the entire health care team (staff physicians, resident/fellows, medical students, and nurses) know how to immediately reach the resident/fellow and attending physician responsible for an individual patient's care.

E. Each training program is responsible for assuring its trainees are competent in communicating with all caregivers involved in the transitions of patient care. This includes members of effective inter-professional teams that are appropriate to the delivery of care as defined by their specialty residency review committee. Methods of training to achieve competency may include annual review of the program-specific policy by the program director with the resident/fellows, departmental or GME conferences, or review of available on-line resources. Programs must include the transition of care process in its curriculum. Resident/fellows must demonstrate competency in performance of this task. Programs must develop and utilize a method of monitoring the transition of care process including evaluation of the resident/fellows, as well as the process, using E*Value, and must update this method as necessary.

III. GME Monitoring and Evaluation

A. To evaluate the effectiveness of transitions, monitoring will be performed using information obtained from electronic surveys in E*value. Each resident/fellow must be evaluated, at minimum, once per year, to assess their ability to effectively and safely hand off their patients. For the first year resident/fellow, best practice would necessitate this evaluation to occur early in the academic year so problem areas may be addressed quickly.

B. Programs must have resident/fellows and faculty complete an evaluation, at least annually, on the effectiveness of the handoff system. This will be done via questions on the standard program evaluation for both resident/fellows and faculty. In addition, programs may choose to add specialty specific questions to gain more detailed information.

C. Monitoring and assessment of the Handoff process by the program must be documented in the Annual Program Review. In addition, during the annual meeting between the Program Director, the Department Chair, and the DIO, this documentation will be reviewed to confirm the Transition of Patient Care process is in place and being effectively taught, monitored, and evaluated by the program. Deficiencies in this area will result in an in-depth special program

review of your program.

INTENT NOT TO RENEW CONTRACT

In the event that the Department of Surgery elects not to reappoint a resident/fellow to the program and the agreement is not renewed, the department shall provide the resident/fellow with a four (4) months advance written notice of its determination of non-reappointment unless the termination is "for cause".

MATERNITY AND PATERNITY LEAVE (FAMILY MEDICAL LEAVE)

Sick Leave/Short Term Disability is to be used for Maternity/Paternity Leave. If you have exhausted all of your sick time to cover your time off, you will be required to use any unused vacation time.

Additional information regarding all leaves can be found www.hr.wvu.edu

PLEASE NOTE: In addition to WVU, leave policies, the Accreditation Council of Graduate Medical Education (ACGME) and The American Board of Surgery (ABS) have requirements that must be followed in order to obtain your certificate and sit for your boards. Additional training as a resident/fellow may be required. The ABS (American Board of Surgery) has the following requirements in regard to medical or maternity leave.

The ABS will accept 46 weeks surgical training the first three years, for a total of 142 weeks during the first three years and 46 weeks of training for the last two years, for a total of 142 weeks in the first three years and 94 weeks during the last two years.
(American Board of Surgery, Booklet of Information Section II B 2.b) American Board of Surgery – www.absurgery.org
Accreditation Council of Graduate Medical Education –www.acgme.org

MOONLIGHTING POLICY

At West Virginia University, the rules and regulations governing house staff require all moonlighting activities engaged in by house staff to have the approval of the Program Director. It is the individual Program Director's prerogative as to whether or not moonlighting is permitted.

Moonlighting is NOT permitted for vascular surgery fellows. The Division of vascular surgery feels that activities outside the educational program must not interfere with the fellow's performance nor must they compete with the opportunity to achieve the full measure of the educational objectives of the fellowship.

The faculty feels that a vascular fellowship is a demanding and rigorous experience. It is felt that moonlighting also interferes with the fellow's opportunities for study, relaxation, rest and a balanced life style.

PARKING POLICY

Here are some helpful hints and information that address many of the more common questions we receive regarding parking.

Do not use patient/visitor parking lots. This is one of the most egregious parking offenses an employee can commit, with the exception of parking illegally in a handicapped space. This practice does not reflect the patient first values of our organization.

Do not park illegally anywhere on WVUH property. There are always permit parking spaces available in resident/fellow lots E and B-1. If you cannot find a space, approach one of the Security Officers and they will direct you to a space.

If you have more than one vehicle and you forget to transfer your permit, please obtain a staff temporary, good for one day. You will need to obtain the permit from the Security office.

If you lose your parking permit, please see the Security Office at (304) 598-4444 for replacement. There is a fee to replace a lost permit.

If you have been towed, you will need contact the WVUH Security Office or a security officer.

PRACTITIONER'S HEALTH COMMITTEE

The Practitioners' Health Committee serves as a resource in the management of impaired physicians. Impairment includes any physical, psychiatric or emotional illness that may interfere with the physicians' ability to function appropriately and provide safe patient care. In an effort to ensure consistency in our approach to these difficult problems, the Practitioners' Health Committee has formulated the following guidelines.

NEW RESIDENT/FELLOWS/FACULTY

Substance Abuse

Any resident/fellow or faculty member who requests an appointment to practice at WVUH who has a reasonable suspicion of substance abuse or has a history of substance abuse and/or treatment of substance abuse must be initially referred to the Practitioners' Health Committee. The Practitioners' Health Committee will determine whether the resident/fellow or faculty needs additional evaluation from a psychiatrist or other person specializing in substance abuse.

After receiving an evaluation, and consulting with the Department Chairperson, the Practitioners' Health Committee will make a recommendation concerning:

- Advisability of an appointment to WVUH
- Need for restriction of privileges
- Need for monitoring
- Need for consent agreement concerning rehabilitation, counseling or other conditions of appointment

Decision to grant Hospital staff privileges or allow resident/fellows to treat patients at WVUH, and under what terms are at the discretion of the WVUH Board of Directors through the Joint Conference Committee and based upon the recommendation of the Departmental Chairperson, the Vice-President/fellow of Medical Staff Affairs and the Practitioners' Health Committee.

These recommendations will be communicated to the GME office and the Program Director/Chair (for resident/fellows), the Vice-President/fellow of Medical Staff Affairs and the Practitioners' Health Committee.

If it is agreed that the resident/fellow or faculty is to have an appointed position at WVUH, the resident/fellow/faculty member must sign an agreement that upon granting privileges, he/she will submit to a blood and urine drug screening before assuming any patient care responsibilities.

Where the circumstances dictate a need for monitoring, the resident/fellow/faculty must sign an agreement that he/she will meet with a member of the Practitioners' Health Committee and agree to random blood and urine drug screens and other conditions that the Committee determines are appropriate in their sole discretion as requested by the Practitioners' Health Committee, the Vice-President of Medical Staff Affairs, and other supervisors.
All conditions of privileges and all test results will be communicated in writing to the GME office,

Program Director/Chair (for resident/fellows) and the Vice-President of medical Staff Affairs

Practicing Resident/fellows/Faculty

It is the responsibility of all faculties, resident/fellows, or any other person, to immediately report any inappropriate behavior or other evidence of substance abuse/health problems that could impact on professional/clinical performance in the Hospital. In addition, a resident/fellow or faculty member can and is required to self-refer to the Practitioners' Health Committee in the event that he/she experiences any substance abuse/health problem which could impact on professional/clinical performance in the Hospital.

All such reported information shall be kept confidential except as limited by law, ethical violation, or when patient safety is threatened.

If a Program Director/Chair or Vice-President of Medical Staff Affairs receives a report suggesting impairment of a physician (faculty or resident/fellow) or observes behavior suggesting impairment, then the following actions are required:

The Program Director/Chair or Vice-President of Medical Staff Affairs will do the best of his/her ability to ensure that the allegation of impairment is credible.

The Program Director/Chair or Vice-President of Medical Staff Affairs must notify the Dean, the Vice-President of Medical Staff Affairs (the Chairperson), and the Practitioners' Health Committee (within twenty-four (24) hours or within the next business day) in writing of any reported incidents or observed behavior suggesting impairment.

The Program Director/Chair or Supervisor must immediately send the physician to Employee Health or the Emergency Department for blood and urine drug screening, as set forth in WVUH policy. Refusal to cooperate with testing is grounds for dismissal from the medical staff for faculty and removal of resident/fellows form providing any patient care within the hospital.

The Program Director/Chair or Supervisor must immediately remove the physician from patient care or patient contact.

The Program Director/Chair or Supervisor must immediately make a mandatory referral to the Employee Assistance Program (EAP), based on the possibility of impaired performance.

The Program Director/Chair or Supervisor must immediately send the physician to Employee Health or the Emergency Department for blood and urine drug screening, as set forth in WVUH policy. Refusal to cooperate with testing is grounds for dismissal from the medical staff for faculty and removal of resident/fellows form providing any patient care within the hospital.

The Program Director/Chair or Supervisor must immediately remove the physician from patient care or patient contact.

The EAP office will require that the physician sign a release, authorizing exchange of medical information between EAP, the Chairperson, WVUH, and the Practitioners' Health Committee. EAP

will provide a report of their evaluation and treatment recommendations in a timely manner to the Dean, Practitioners' Health Committee, Chairperson, and the Vice-President/fellow of Medical Staff Affairs of WVUH.

The Practitioners' Health Committee will review the report from the EAP and provide a recommendation to the Vice-President/fellow of Medical Staff Affairs who will be responsible for the final decision concerning return to work and monitoring. The Practitioners' Health Committee will participate in the monitoring of physicians until the rehabilitation or any disciplinary process is complete. All instances of unsafe treatment will be reported to the Medical Executive Committee.

Other impairments (physical, emotional or psychological)

Any resident/fellow or faculty who requests an appointment to practice at WVUH where there is a physical, emotional or psychological impairment that may interfere with the physicians' ability to function appropriately and provide safe patient care must be initially referred to the Practitioners' Health Committee. The Practitioners' Health Committee will determine whether the resident/fellow or faculty needs additional evaluation from a psychiatrist or other person specializing in the specific condition.

The same process will apply as above, however, there may be different or additional monitoring required besides random blood and urine drug screens.

SICK LEAVE

Accumulation of Leave – Additional Information regarding leave can be found at www.hr.wvu.edu

Accumulation of sick leave is unlimited. Full-time regular classified staff and 12 month regular faculty accrue 1.50 days of sick leave per month during active employment. If you are sick and need to "call- in" to take a sick day you must do 3 things:

1) Contact the program director.

2) Contact the chief resident/fellow of your service

3) Contact or leave a voice mail message for Fellowship Program Manager, Christine Hayes at 304-293-7480.

Sick time may be taken for:

- Scheduled Dr./Dentist appointment for employee.
- Non-scheduled appointment for employee's child (i.e. called by caretaker or daycare that child is sick and needs medical attention).
- Funeral leave (3 days) for immediate family. If additional leave is required (i.e. extensive travel), it **must be approved by the Program Director.**
- Maternity/Paternity Leave.

If you have any questions on whether sick time can be used or not, please contact the Residency Program Administrator. **Excessive/unexplained absences may affect your competency evaluation or even your promotion to the next level of training**.

PROGRAM CLOSURE/REDUCTION POLICY

In the event that the Department of Surgery's program is closed, reduced or discontinued, the department will:

Inform the resident/fellow in writing as soon as possible. If a resident/fellow is unable to complete his/her training in the program, the department will make a good faith effort to assist the resident/fellow in enrolling in an ACGME accredited program in the same specialty at the appropriate PGY level;

Exercise proper care, custody and disposition of the resident/fellow's education records, and appropriately notify licensure and specialty boards.

PROMOTION POLICY

The Department of Surgery has established this policy for the General Surgery Residency Training Program and vascular fellowship program to use in the promotion of resident/fellows and fellows to the next level of training. Additional information regarding the policy can be found at the following website under GME Bylaws: www.hsc.wvu.edu/som/gme

The Department of Surgery has established this policy for the General Surgery Residency Training Program Training Program and Vascular Fellowship Program to use in the promotion of resident/fellows and fellows to the next level of training. Additional information regarding the policy can be found at the following website under GME Bylaws: www.hsc.wvu.edu/som/gme.

The decision to reappoint and promote a resident/fellow or fellow to the next level of postgraduate training is done annually by the Program Director upon review of the resident/fellow's and fellow's performance and with input from the faculty.

The vascular fellow is expected to make and maintain satisfactory progress in appropriately developing sound surgical and non-surgical treatment plans, good communication skills, patient management for surgical and non-surgical care, effectively and completely assuring the role of surgical consultant to a wide variety of referring physicians, and mastery of technical skills for performing required procedures independently (with faculty support).

The Program Director shall consider the following factors in the decision to promote a resident/fellow and fellow to the next level of training:

- All evaluations of the resident/fellow's and fellow's performance (refer to the Policy of Evaluation of Resident/fellows) – by making satisfactory progress in the program as documented by evaluations semi-annually and a yearly basis from faculty and making measurable progress in acquiring didactic knowledge.

- *For resident/fellows only* Performance on the American Board of Surgery In-Training Examination (ABSITE).
- Preparation and performance at conferences.
- *Second year resident/fellows* must pass Step 3 of the USMLE examination in order to advance to the third year of training.
- Progress toward research requirement.
- Any other criteria deemed appropriate by the Program Director.

Any resident/fellow pending promotion due to academic performance will be placed on either department remediation or institutional probation. In the event that a resident/fellow is on departmental remediation or institutional probation at the time of contract renewal, the program director may choose to extend the existing contract for the length of time necessary to complete the remediation process or to promote the resident/fellow to the next level of training. If the resident/fellow's performance continues to be unsatisfactory, he/she either will be placed on the next level of discipline or terminated. The resident/fellow may request a Fair Hearing in the case of contract extension or non-renewal.

Grievances:

Academic Grievance Policy and Procedure

A. The purpose of this policy is to provide a mechanism for resolving disagreements, disputes and complaints which may arise between postgraduate resident/fellows and their Program Director or other faculty member.

B. Policy

Postgraduate resident or fellows may appeal disagreements, disputes, or conflicts with the decisions and recommendations of their program regarding academic related issues using the procedure outlined in this section. This grievance procedure does not cover issues arising out of (1) termination of a resident/fellow during an annual contract period;

(2) alleged discrimination;
(3) sexual harassment;
(4) salary or benefit issues.

These grievances are covered under the employment grievance procedures for employees of West Virginia University as outlined in section XXV of these bylaws.

C. Definitions

Grievance: any unresolved disagreement, dispute or complaint a resident/fellow or fellow has with the academic policies or procedures of the Residency Training Program or any unresolved dispute or complaint with his or her Program Director or other faculty member. These include but are not limited to issues of suspension, probation, retention at current level of training, and refusal to issue a certificate of completion of training.

D. Procedure

1. Level I Resolution

A good faith effort will be made by an aggrieved resident/fellow and the Program Director to

resolve a grievance, which will begin with the aggrieved resident/fellow notifying the Program Director, in writing, of the grievance within 10 working days of the date of receipt of the dispute or complaint. This notification should include all pertinent information and evidence which supports the grievance. Within ten (10) working days after notice of the grievance is received by the Program Director, the resident/fellow and the Program Director will set a mutually convenient time to discuss the complaint and attempt to reach a solution. Level I of the grievance procedure will be deemed complete when the Program Director informs the aggrieved resident/fellow/fellow in writing of the final decision. This should occur within 5 working days after the meeting between the resident/fellow and Program Director. A copy of the Program Director's final decision will be sent to the Department Chair and to the Designated Institutional Official for GME (DIO). The resident/fellow/fellow is not entitled to legal representation during the Level 1 meeting.

2. Level II Resolution

If the Program Director's final written decision is not acceptable to the aggrieved resident/fellow, the resident/fellow may choose to proceed to a Level 2 resolution, which will begin with the aggrieved resident/fellow notifying the appropriate Department Chair of the grievance in writing. Such notification must occur within 10 working days of receipt of the Program Director's final decision. If the Department Chair is also functioning as the Program Director, then the Level 2 resolution will be handled by the DIO. The resident/fellow's notification should include all pertinent information, including a copy of the Program Director's final written decision, and evidence which supports the grievance. Within ten (10) working days of receipt of the grievance, the resident/fellow and the Department will set a mutually convenient time to discuss the complaint and attempt to reach a solution.

Level II of this grievance procedure will be deemed complete when the Department Chair (or DIO) informs the aggrieved resident/fellow in writing of the final decision. This should occur within 5 working days of the meeting with the resident/fellow and the Chair. Copies of this decision will be kept on file with the Program Director, in the Chairman's office and sent to the DIO. The resident/fellow/fellow is not entitled to legal representation during the Level 2 meeting.

3.Level III Resolution

If the resident/fellow disagrees with the Department Chair's final decision, he or she may pursue a Level III resolution of the grievance. The aggrieved resident/fellow must initiate this process by presenting their grievance, in writing, along with copies of the final written decisions from the Program Director and Department Chair, and any other pertinent information, to the office of Graduate Medical Education within 5 working days of receipt of the Department Chair's final written decision. Failure to submit the grievance in the 5 working day time frame will result in the resident/fellow waiving his or her right to proceed further with this procedure. In this situation, the decision at Level II will be final. The resident/fellow/fellow is not entitled to legal representation during the Level 3 meeting.

Upon timely receipt of the written grievance, the DIO will appoint a Grievance Committee and will contact the aggrieved resident/fellow to set a mutually convenient time to meet with them. The Grievance Committee will review and carefully consider all material presented by the resident/fellow and his or her Program Director or the greiveable party at the scheduled meeting, following the protocol outlined in Section XI.F.

The Grievance Committee will provide the aggrieved resident/fellow/fellow with a written decision within five working days of the meeting and a copy will be placed on file in the Office of Graduate Medical Education, and with the Program Director and Department Chair.
The decision of the Grievance Committee will be final.

E. The Grievance Committee
Upon request for a formal resolution at Level III, the DIO will form a Grievance Committee composed of at least two resident/fellows, and three Program Directors. No members of this committee will be from the aggrieved resident/fellow's own department. The DIO will choose a faculty member appointed to the Grievance Committee to be the chair of the committee. The Grievance Committee hearing should occur within 20 working days from receipt of the Level III grievance.

F. Grievance Committee Procedure
1. Attendance: All committee members should be present throughout the hearing. The aggrieved resident/fellow/fellow must personally appear at the Grievance Committee meeting.

2. Conduct of Hearing: The chair will preside over the hearing, determine procedure, assure there is reasonable opportunity to present relevant oral or written information, and maintain decorum. The Chair will determine if information is relevant to the hearing and should be presented or excluded. The aggrieved Resident/fellow may present any relevant information or testimony from any colleague or faculty member. The resident/fellow is NOT entitled to legal representation during the grievance committee hearing. The Program Director and Department Chair may be requested by the Committee to also be present for oral testimony. The committee chair is authorized to exclude or remove any person who is determined to be disruptive.

3. Recesses and Adjournment: The committee chair may recess and reconvene the hearing by invoking the right for executive session. Upon conclusion of the presentation of oral and written information, the hearing record is closed. The Grievance Committee will deliberate in executive session outside the presence of the involved parties.

4. Decisions: Decisions are to be determined by vote of a majority of members of the Committee and are final. After deliberation, the Chair will prepare a written decision to be reviewed and signed by all of the Committee members. The aggrieved resident/fellow should be notified within working days of the hearing.

5. Meeting Record: A secretary/transcriptionist may be present for the purpose of recording the meeting minutes. Minutes and the final written decision of the Committee will be placed on file in the GME Office. The program will post the final decision in the resident/fellow's or fellow's academic file.

NOTIFICATION OF TERMS AND CONDITIONS OF APPOINTMENT
MEDICAL AND DENTAL RESIDENT/FELLOWS

Name: «Name» Annual Salary: «PGSALARY».00
Administrative Supplement: «SUPPLEMENT».00

College	Title	Start	Stop
College of Medicine	*Medical Resident/fellow*	*«start_date»*	*«end_date»*

Appointment: This appointment is made by virtue of the authority vested by law in the West Virginia University Board of Governors and is subject to and in accordance with the provisions of the rules, regulations and policies of the governing board.

1. **Conditions of Employment**:

Consistent with the provisions of the rules, regulations, and policies of the governing board and of West Virginia University, this appointment and/or compensation is/are subject to the fulfillment of the responsibilities of the position during the term of the appointment, the availability of the state funding, and the following:

License to Practice Medicine/Dentistry:
If the medical resident/fellow holds a Medical Doctor (M.D.) degree and has already completed twelve months of residency training and is otherwise eligible for licensing, this appointment is subject to resident/fellow obtaining and maintaining an unrestricted license to practice medicine from the State of West Virginia and/or from any other State's licensing authority where resident/fellow has been assigned by the Dean of the School of Medicine. If the medical resident/fellow holds a Doctor of Osteopathy (D.O.) degree, this appointment is subject to resident/fellow obtaining and maintaining an unrestricted license to practice medicine from the State of West Virginia Board of Osteopathy and/or from any other State's licensing authority where resident/fellow has been assigned by the Dean of the School of Medicine. In the case of dental resident/fellows, this appointment is subject to resident/fellow obtaining and maintaining an unrestricted license to practice dentistry from the State of West Virginia and/or from any other State's licensing authority where resident/fellow has been assigned by the Dean of the School of Dentistry.

House Staff Responsibilities:
This appointment is subject to resident/fellow obtaining and maintaining a house staff appointment at the affiliated hospital(s) to which resident/fellow is assigned by the Dean of the West Virginia University School of Medicine or Dentistry. The resident/fellow shall be subject to all policies, rules, and regulations of said affiliated hospitals(s).

2. **Health Maintenance Organizations, Managed Care Entities and Other Purchasers of Health Care:** Resident/fellow's signature below in acceptance of this appointment shall constitute the authorization by resident/fellow for the School of Medicine or Dentistry or affiliated hospitals of the School of Medicine or Dentistry, to release confidential information concerning resident/fellow's education, skills, quality of care, utilization, and patient care experience to health, maintenance organizations, managed care entities and other purchasers of health care that contract for the provision of professional medical/denial services by resident/fellows. The resident/fellow participating in managed care activities shall be subject to all policies, rules, regulations and agreements of said organizations or entities.

3. **Benefits**:

Information on benefits including conditions for reappointment, conditions under which living quarters, meals, laundry are provided, professional liability insurance, liability insurance coverage for claims filed after completion of program, and health and disability insurance can be found in the House Staff Manual and the GME/WVU Bylaws, in print and on the GME website, at www.hsc.wvu.edu/som/gme.

3.1 **WVU Human Resources Policies:** WVU Policies regarding leaves include annual leave, sick leave, parental leave, leave of absence policy accommodations for disabilities, etc. and information about insurance may be found at www.hr.wvu.edu/benefits/benefits,cfm Policy on effects of leaves on satisfying criteria for program completion is determined by each department and subject to grievance process.

3.2 **WVU Faculty and Staff Assistance Program:** WVU Faculty and Staff Assistance Program is available for WVU employees and additional information may be accessed at www.hsc.wvu.edu/fsap/

4. **Miscellaneous:**

WVU Sexual Harassment Policy: Information may be accessed at www.wvu.edu/~socjust/sexual.htm**.**

Information may be accessed at http://pegboard.state.wv.us for Human Resources issues. Grievance procedure and due process for Academic issues may be accessed at www.hsc.wvu.edu/som/gme**.**

Other policies:
Information on duty hour policies and procedures, policy on moonlighting, policy on other professional activities outside the program, counseling, medical, psychological support services, harassment, program closures & reductions, restrictive covenants, & policy on physician impairment and substance abuse may be found at www.hsc.wvu.edu/som/gme.

5. **Specific Assignments:**

Specific assignments of this appointment will be determined by the President/fellow or the President/fellow's designated representative and employment in the appointed position is contingent upon the fulfillment of the responsibilities assigned.

6. **Acceptance of Appointment:**

This notification of terms and conditions of appointment must be signed, dated and returned to the Office of the Dean of the West Virginia University School of Medicine or Dentistry within ten (10) days of its receipt in order to indicate acceptance of the appointment.

I hereby accept the appointment described above, subject to all the specified terms and conditions.

_____

Employee Signature Date

CRITERIA FOR APPOINTMENT/ELIGIBILITY AND SELECTION OF CANDIDATES

For Graduate Medical Education at the West Virginia University School of Medicine:

The primary source of candidates for entry into graduate medical education programs will be graduates of Liaison Committee for Medical Education (LCME)-accredited medical schools. All programs participate in an organized matching program. WVU School of Medicine only accepts J-1Visa Status for Resident/fellow Physician positions. In addition, to be eligible for consideration a candidate must be a:

A. Graduate of a medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

B. Graduate of a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).

C. Graduate of a medical school outside the United States and Canada who meet at least one of the following qualifications:

a. Have received a currently valid certification from the Educational Commission for Foreign Medical Graduates (ECFMG) or

b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.

D. Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school. A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who

a. Have completed, in an accredited U.S. college or university, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school;

b. Have studied at a medical school outside the United States and Canada but listed in the World Health Directory of Medical schools;

c. Have completed all of the formal requirements of the foreign medical school except internship;

d. and/or social service;

e. Have attained a score satisfactory to the sponsoring medical school on a screening examination; and

f. Have passed either the Foreign Medical Graduated Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

E. Candidates must meet all federal standards as may be required by Centers for Medicare & Medicaid Services (CMS) or other federal and state regulatory agencies. Applicants that are designated by CMS as “excluded providers” shall not be eligible to appointment as a resident/fellow. Resident/fellows selected outside the normal matching process, whether that is through the match ‘scramble’ or during the ‘off-cycle’ must be reviewed and approved by the Designated Institutional Official (DIO).

Program directors should base their selection on the eligible candidate’s ability, aptitude, and preparedness as evidenced by their academic credentials including but not limited to class rank, course evaluations, and standardized licensure qualifying examination scores, communication skill both written and verbal, and letters of recommendation from faculty and the Dean of their school verifying their ability, aptitude, and preparedness as well as their motivation and integrity. There must not be any discrimination in the selection process with regard to gender, race, age, religious affiliation, color, national origin, disability or veteran status.

USMLE/LICENSE POLICY

The WVU Department of Surgery will comply with the School of Medicine's Bylaws and Policies regarding the completion of the USMLE exams and application of a West Virginia State Medical License. In doing so the following department policy will be in effect.
Overview:

CBL'S:
Failure to complete required CBL's by the assigned deadline, will result in Administrative leave.

1. All PGY 1 resident/fellows will have completed Step 1 and Step 2 CS AND CK prior to starting their intern year.

2. All PGY 1 resident/fellows will have applied for Step 3 by June 30 of their intern year.

3. All PGY 2 resident/fellows will have successfully completed and passed the USMLE Step III exam by Dec 31st of the resident/fellows PGY II year. If the resident/fellow has not passed USMLE III, by December 31st. they must re- apply, complete and pass the exam by April of their PG 2 year. Failure to complete, will result in immediate Academic Probation.

4. All PGY 2 resident/fellows will have applied for their WV State medical license by April of Their PGY 2 year. International Medical Graduates (IMG's) will start the process for their WV State medical license toward completion of his/her PGY 3 year to be eligible to enter his/her PGY 4 year of residency. Failure to apply for a WV State Medical License by April 1st of the PGY II (PGY III for IMGs) year results in immediate Academic Probation.

5. No PGY 3 or 4 contracts for any resident/fellow will be issued until proof of application for a WV State license is on file in the Program Coordinator's office.

6. Doctors of Osteopathy participating in residency programs at WVU School of Medicine are also required to be licensed by the State of West Virginia when they are first eligible. They must obtain a license from the osteopathic board upon successful completion of their rotating osteopathic approved internship. They must have passed all three parts of the COMLEX to qualify for this license. Information on rules and regulations, fees, and applications can be obtained from the Board of Osteopathy.

7. All fellows must be licensed by the State of West Virginia prior to starting their first year.

Time Limit and Number of Attempts Allowed to Complete All Steps.

Although there is no limit on the total number of times you can retake a Step or Step Component you have not passed, the USMLE program recommends to medical licensing authorities that they:

- require the dates of passing the Step 1, Step 2, and Step 3 examinations to occur within a seven-year period; and
- allow no more than six attempts to pass each Step or Step Component without demonstration of additional educational experience acceptable to the medical licensing authority.

For purposes of medical licensure in the United States, any time limit to complete the USMLE is established

by the state medical boards. Most, but not all, use the recommended seven years as the time limit for completion of the full USMLE sequence. While medical schools may require students to pass one or more Steps for advancement and/or graduation, you should understand the implications for licensure. For states that establish a time limit for completion of all three Steps, the "clock" starts running on the date the first Step or Step Component is passed or, in some cases, on the date of the first attempt at any Step. For definitive information, you should contact directly the licensing authority in West Virginia. The addresses and phone numbers are listed below in order to give you state-specific requirements.

Information can be obtained regarding licensure from the following:

Doctors of Medicine:
West Virginia Board of Medicine
101 Dee Drive
Charleston, WV 25311334
(304) 348-2921 or (304) 558-2921

Doctors of Osteopathy:
State of West Virginia.
Board of Osteopathy.
Penco Road.
Weirton, WV 26062
(304)723-4638

VACATION POLICY- DEPARTMENT OF SURGERY

The American Board of Surgery now requires all vacation, meeting and interview days be recorded on the application for the qualifying exam. A minimum of 48 weeks of full time surgical experience is required per residency year.

1. Interns (PGY 1) will receive 3 weeks of vacation per year.
2. Resident (PGY 2-5) will receive 3 weeks of vacation per year.
3. Resident will submit a request for their proposed vacation dates to the administrative chief and program director for the year, prior to July 31st. Alternate dates should be included.
4. Any resident/fellow not submitting requested dates by July 31st, will be assigned their vacation dates by the program director.
5. All attempts will be made to accommodate each resident/fellow's first choice. The administrative chief resident/fellow and the program directors, if needed, will mediate disputes.
6. NO vacations will be permitted in July, the last 2 weeks of June, the last two weeks of December or the first week of January. (Rare exceptions may be granted at the program directors discretion)
7. All vacations must be taken in one-week intervals. Exceptions will be made on a case-by-case basis in consultation with the administrative chief resident/fellow and the program director.
8. Only one week of vacation will be allowed per month per resident/fellow.
9. Only one week of vacation will be allowed per rotation per resident/fellow.
10. A week constitutes 7 consecutive days.
11. Each service will share an equal burden of vacation absences by resident/fellow. Night Float will be an exception to this rule, as no vacations will be permitted during the night float rotation.
12. Only one resident/fellow per PGY year may be gone at the same time. Exceptions will be made on a case-by-case basis.
13. No vacations will be granted during the week prior to the In-service training exam.
14. Exceptions will be made on a case-by-case basis for unscheduled absences, e.g. deaths, births, or other family emergencies.
15. ******Vacations are not approved until all three signatures (service chief resident/fellow, faculty service chief and program director) are obtained on the vacation request form and it is returned to the program director's office.******
16. DO NOT make flight arrangements, reservations etc. until you are officially granted your vacation.
17. Three days, not included as vacation time, are granted for travel to conferences for presentations. Copies of meeting and registration forms must be attached to the Travel Authorization form and have the approved signature of the chairman.
18. Each resident/fellow (PGY-3 and above) is granted a TOTAL of five interview days. Any days necessary above these five, will be taken as vacation days. (These days are only granted for job and/or Fellowship interviews.) If a resident/fellow leaves at noon, ½ day will be charged to that resident/fellow.
19. Meeting/travel requests must also be approved by the Department Chair.
20. Requests for changes in vacation dates must be submitted in writing to the program director and will be approved or denied on a case-by case basis.

VACATION POLICY OFF-SERVICE ROTATORS *(Applies to Resident/fellows only)*

The Department of Surgery recognizes that a significant number of resident/fellows rotating on our services will be requesting vacation during their time on our services. Our goal is to maintain a healthy learning

environment while maximizing the educational experience of your resident/fellows. To help eliminate confusion and conflicts the Department of Surgery has put together the following guidelines for off-service resident/fellows requesting vacation while on a general surgery /sub-specialty service.

1. ****Vacation requests must be submitted 4 months in advance. Those requests falling in the first 4 months of the year (July-Oct) must be submitted by July 31st.****
2. ****Vacations are not approved until all three signatures (service chief resident/fellow, faculty service chief and Surgery program director) are obtained on the vacation request form and it is returned to the program director or coordinator's office.****
3. ****DO NOT make flight arrangements, reservations etc. until you are officially granted your vacation.****
4. All attempts will be made to accommodate each resident/fellow's first choice. The administrative chief resident/fellow and the program directors, if needed, will mediate disputes.
5. NO vacations will be permitted in July, the last 2 weeks of June, the last two weeks of December or the first week of January. (Rare exceptions may be granted at the program directors discretion)
6. NO vacations will be granted during the week prior to the General Surgery In-service training exam (the last week in January).
7. NO vacations will be permitted on the Trauma/SICU Services surrounding holidays. These include: Fourth of July, Christmas, and New Year. (Rare exceptions may be granted at the program director's and head of Trauma's discretion.) Resident/fellows will be assigned days off during either Christmas or New Years.
8. All vacations must be taken in one-week intervals. Exceptions will be made on a case-by-case basis in consultation with the administrative chief resident/fellow and the program director.
9. Only one week of vacation will be allowed per month per resident/fellow.
10. Only one week of vacation will be allowed per rotation per resident/fellow.
11. Only two total weeks per individual resident/fellow will be permitted while on the surgical services.
12. A week constitutes 7 consecutive days.
13. Only one resident/fellow per rotation may be on vacation at a particular time.
14. Exceptions will be made on a case-by-case basis for unscheduled absences, e.g. deaths, births, or other family emergencies.
15. All requests must be made on the Surgery department's vacation request form. This form can be obtained from the program administrator (Linda Shaffer 293-1254).
16. Meeting/travel requests must be submitted one month prior to the rotation. These will be considered on an individual basis. Only the days of the meeting and one travel day will be granted. Additional days will be considered vacation.
17. If a resident/fellow is away from the service to attend a meeting, they will not be permitted to take a separate vacation that same month.
18. Requests for exceptions to the above guidelines must be submitted in writing to the program director and will be approved or denied on a case-by case basis.

We appreciate your co-operation and hope that by following the above guidelines, we will be able to accommodate all resident/fellow's vacation requests. Please see that each of your resident/fellows rotating with us receives a copy of these guidelines.

Revised 6/2015

CODE OF PROFESSIONALISM

The West Virginia University School of Medicine embraces the following Code of Professionalism amongst all students, residents/fellows, faculty, and staff. This Code provides the foundation for proper lifelong professional behavior. It is the expectation that this behavior will be consistently maintained at its highest level both inside and outside of the professional training environment. This is one of the core ACGME competencies.

The nine primary areas of professionalism are defined as:

- Honesty and Integrity
- Accountability
- Responsibility
- Respectful and Nonjudgmental Behavior
- Compassion and Empathy
- Maturity
- Skillful Communication
- Confidentiality and Privacy in all patient affairs
- Self-directed learning and appraisal skills

Honesty and Integrity

- Honesty in action and in words, with self and with others
- Does not lie, cheat, or steal
- Adheres sincerely to school values (love, respect, humility, creativity, faith, courage, integrity, trust)
- Avoids misrepresenting one's self or knowledge
- Admits mistakes

Accountability

- Reports to duty/class punctually and well prepared
- Keeps appointments
- Is receptive of constructive evaluations (by self and others)
- Completes all tasks on time
- Follows up on communications

Responsibility

- Reliable, trustworthy, and caring to all
- Prompt, prepared, and organized
- Takes ownership of assigned implicit and explicit assignments
- Seriously and diligently works toward assigned goals/tasks
- Wears appropriate protective clothing, gear as needed in patient care

Respectful and Nonjudgmental Behavior

- Consistently courteous and civil to all

- Tolerates diversity in culture, country of origin, gender, sexual orientation, religious preference, political views, age, ethnicity, and race
- Works positively to correct misunderstandings
- Listens before acting
- Considers others' feelings, background, and perspective
- Realizes the value and limitations of one's own beliefs, and perspectives
- Strives not to make assumptions

Compassion and Empathy

- Respects and is aware of others' feelings
- Attempts to understand others' feelings
- Demonstrates mindfulness and self-reflection

Maturity

- Exhibits personal growth
- Recognizes and corrects mistakes
- Shows appropriate restraint
- Tries to improve oneself
- Has the capacity to put others ahead of self
- Manages relationships and conflicts well
- Maintains personal and professional balance and boundaries
- Willfully displays professional behavior
- Makes sound decisions
- Manages time well
- Able to see the big picture
- Seeks feedback and modifies behavior accordingly
- Maintains publicly appropriate dress and appearance

Skillful Communication

- Effectively uses verbal, non-verbal, and written communication skills that are appropriate to the culture/setting
- Writes and speaks with clarity at a comprehendible level
- Seeks feedback that the information provided is understood
- Speaks clearly in a manner understood by all
- Provides clear and legible written communications
- Gives and receives constructive feedback
- Wears appropriate dress for the occasion
- Enhances conflict management skills

Confidentiality and Privacy in all patient affairs

- Maintains information in an appropriate manner
- Acts in accordance with known guidelines, policies, and regulations
- Seeks and reveals patient information only when necessary and appropriate

Self-directed learning and appraisal skills

- Demonstrates the commitment and ability to be a lifelong learner.
- Accomplishes tasks without unnecessary assistance and continues to work and value the team.
- Completes academic and clinical work in a timely manner.
- Is honest in self-evaluation of behavior, performance, skills, knowledge, strengths, weaknesses, and limitations, and suggests opportunities for improvement.
- Is open to change.
- Completes in-depth and balanced, self-evaluations on a periodic basis.

MISCELLANEOUS/FORMS

P.O. Box 9238, HSCN, Morgantown, WV 26506-9238

VACATION AND MEETING REQUEST FORM

RESIDENT/FELLOW: _____

(Circle One): VACATION / MEETING

DATES OF TRAVEL: _____

(Only if attending meeting) LOCATION: _____

_____

(Please Print) TITLE OF ABSTRACT/PAPER OR POSTER (Please have completed and attached Authorization to Travel Form): _____

_____

(If presenting abstract/paper or poster) SPONSORING FACULTY MEMBER(S):

_____

CHIEF FACULTY MEMBER SIGNATURE OF SERVICE FROM WHICH YOU WILL BE ABSENT:

_____

CHIEF RESIDENT/FELLOW OF SERVICE SIGNATURE: _____
ADMINISTRATIVE CHIEF SIGNATURE:

PROGRAM DIRECTOR'S SIGNATURE: _____

Please return completed form to:

Christine Hayes
Fellowship Program Manager
P.O. Box 9238
West Virginia University
Morgantown, WV 26506-9238