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UCSF

Department of Neurosurgery

Residency Program Policies

*** Program Policies Dismissal**

Policy on Resident Disciplinary Action

I. Summary Statement

The University of California, San Francisco Department of Neurological Surgery Resident Education Committee has adopted the following statement regarding the department's course of disciplinary action in dealing with resident misconduct.

II. Resident Misconduct

The following is a partial summary list of circumstances warranting disciplinary attention for resident behavior.

- poor clinical rotation performance
- incident reports filed against resident
- resident substance abuse
- dishonest behavior
- criminal behavior
- unethical behavior
- repeated non-compliance with:
 - hospital policies (e.g. dictations, verbal orders)
 - GMEC regulations (e.g. work hours)

III. Disciplinary Review

A resident whose conduct has been called into question according to the criteria outlined in Section II will receive a disciplinary review in a staged fashion.

STAGE 1. Residency Program Director

The review will begin with a meeting between the resident and the Residency Program Director to discuss the concerns raised. The results of the STAGE 1 meeting will be documented and recorded in the resident's permanent file.

STAGE 2. Resident Education Committee

The second stage of review will be conducted by the Resident Education Committee. A STAGE 2 review and/or formal meeting can be initiated either by the resident or the Residency Program Director at any point should either feel that the issues raised in STAGE 1 were addressed inadequately. The Resident Education Committee will review the minutes of the STAGE 1 review and formally address the concerns raised. The results of the STAGE 2 meeting will be documented and recorded in the resident's permanent file.

STAGE 3. Department Chair

The third stage of review will be conducted by the Department Chair. A STAGE 3 review can be initiated by the resident, Residency Program Director or the Residency Education Committee at any time. The Department Chair will review the minutes of the STAGE 1 and STAGE 2 meetings. The results of the STAGE 3 meeting will be documented and recorded in the resident's permanent file.

IV. Disciplinary Action

The following outline represents the order of disciplinary action to address resident misconduct.

1. Resident acknowledgment

All matters of misconduct raised in a STAGE 1, 2 or 3 review must be addressed in writing by the resident in question to discuss the concerns raised about his/her conduct and their plan of action to correct the issue. This letter will be included in the resident's permanent file.

2. Probation

A probationary period can be initiated by a STAGE 2 or 3 review. The length of the probationary period will be set forth by Committee consensus. During the probationary period, the resident will be

assisted with support service for anger management, substance abuse counseling, etc as needed to address pertinent concerns. At the conclusion of the probationary period, an exit STAGE 2 review will be conducted to assess the resident's progress during the probationary period. At this exit review, a decision will be made regarding the removal of probationary status, extension of probationary status or initiation of additional disciplinary action.

3. Suspension

(Per GMEC guidelines - <http://www.medschool.ucsf.edu/gme/residents/policies/hsbooklet/index.aspx>)

4. Dismissal

(Per GMEC guidelines - <http://www.medschool.ucsf.edu/gme/residents/policies/hsbooklet/index.aspx>)

*** Program Policies Duty Hours**

UCSF Neurological Surgery assures that residents will be provided with a sound academic and clinical education that is carefully planned and balanced with concerns for patient safety and resident well being foremost.

UCSF Neurological Surgery will ensure that the learning objectives of our residency program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education will have priority in the allotment of residents' time and energies. Duty hour assignments will recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Resident is defined as interns, residents, and fellows enrolled in ACGME-approved training programs at UCSF.

Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. These standards apply to all UCSF Neurological Surgery training sites including, but not limited to, the VA, SFGH, and Moffitt-Long hospitals.
- b. Duty hours will be limited to 80 hours per week, averaged over four-week period, inclusive of all in-house call activities.
- c. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. A-10 hour time period for rest and personal activities will be provided between all daily duty periods, and after in-house call.

Duty Hours Exception

NOTE (Excerpt from Dr. Susan Wall's E-mail dated October 23, 2003):

THE UCSF GRADUATE MEDICAL EDUCATION COMMITTEE HAS REVIEWED AND APPROVED THE REQUEST BY NEUROLOGICAL SURGERY RESIDENCY PROGRAM FOR AN EXEMPTION OF THE 80-HOUR WEEKLY LIMIT ON RESIDENT DUTY HOURS. THE COMMITTEE HAS APPROVED AN EXTENSION TO 88 HOURS FOR SOME OF THE ROTATIONS. (FYI: GME HAS FORWARDED TO DR. LARRY SULTON OF THE ACGME, A COPY OF OUR PROGRAM'S PROPOSAL AS WELL AS A COPY OF THE UCSF GMEC POLICY REGARDING REVIEW OF EXEMPTION REQUESTS.)

On-Call Activities

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

- a. In-house call will occur no more frequently than every third night, averaged over a four-week period.

- b. b. Continuous on-site duty, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- c. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1.) The frequency of at-home call is not subject to the every third night limitation. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2.) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

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

4.) Residents have been told to advise faculty, fellow residents, and the Neurological Surgery NP (for Residents) Marlene Burt if they are vulnerable.

*See section on Fatigue Monitoring.

Duty hour limits apply according to ACGME guidelines. Resident may occasionally use the 10% extension to these hours in order to meet certain educational objectives including attending of weekly conferences and remaining in the operating room to participate in particularly educational cases.

*** Program Policies Fatigue Monitoring**

A. Education

Residents are required to attend GME sponsored fatigue education lectures to the residents and faculty. Attendance is taken at these to ensure that the program residents, fellows and faculty are educated regarding stress and fatigue.

Fatigue education also takes place during new resident orientation by the Program Director.

B. Monitoring Methodology

The Physician Assistant (PA) contacts the on-call resident each morning at 24 hours into a 30-hour call session. The PA finds the resident and makes direct contact to perform a verbal and visual assessment of his/her level of fatigue. The resident is asked about the hours of sleep s/he had during the night and whether s/he has had a breakfast break. The PA is instructed to rate the resident on a scale of 1 to 5 with 1 being "rested" and 5 as being "exhausted". With a rating of 4 or 5 the resident is sent to the call room to rest and possibly to be later sent home. This information is documented on a monthly calendar by the PA and is submitted to the Program Director at the end of each month (example attached).

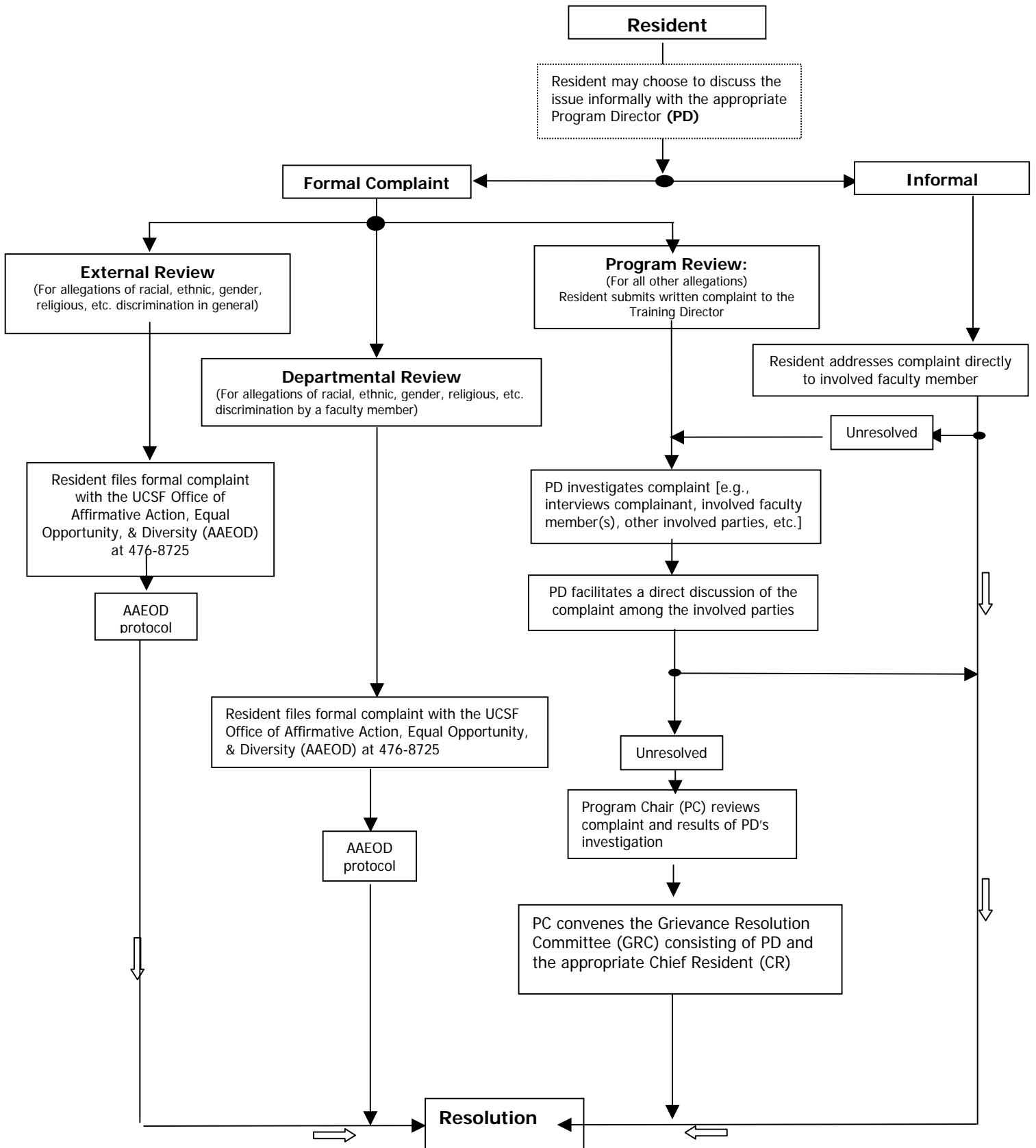
C. Backup systems for Fatigue

If a resident is found to be fatigued, s/he is instructed to go to the resident call room and rest. The attending covers the shift.

*** Program Policies Grievance**

Definition: A grievance is defined as a complaint by a trainee that alleges that: (1) a specific administrative act was arbitrary or capricious and adversely affected the trainee's then-existing terms or conditions of appointment; and/or (2) a violation of applicable University rules, regulations, or policies that adversely affected the trainee's then-existing terms or conditions of appointment. For the purposes of this policy, an act is not arbitrary or capricious if the decision-maker exercised reasoned judgment.

Residents meet with faculty regularly and are encouraged to discuss pertinent complaints, concerns, and other issues directly with the faculty member involved in the supervisory context. In issues involving perceived racial or gender discrimination, gender harassment by a faculty member, residents may file a formal complaint with the UCSF Office of Affirmative Action, Equal Opportunity & Diversity. However, situations in which trainees feel unable to address complaints or concerns effectively via direct communication sometimes arise. In such a situation, the Program Director is available to assist trainees and faculty in resolving conflicts via a protocol that first attempts resolution by informal means and subsequently, if necessary, by means of a formal complaint.



*** Program Policies Leave**

At the beginning of each academic year, Housestaff are allotted 20 workdays of leave time for the purpose of vacation and/or educational absences. How the time is used (to attend educational conferences and/or for personal vacations) will be determined by the individual trainee.

Each resident is entitled to use annual vacation/educational leave time up to the maximum of 20 workdays per academic year. Vacation time must be scheduled and taken in the same academic year (July 1 – June 30) the vacation is allotted. Vacation time may not be accrued from a previous year or “borrowed” from any future academic year(s).

The following policy describes the procedure by which trainees in the Department of Neurosurgery will request planned leave with pay (LWP) from their on-site clinical and educational responsibilities. Emergency situations necessitating absences will be addressed in a separate section below.

The following guidelines apply to all trainees requesting authorization for planned absences:

- ◆ Leave requests must be submitted in writing ***no less than 30 days*** prior to the planned absence. Failure to do so may result in denial of the request.
- ◆ Authorization for LWP must be discussed with and receive the prior approval of the Chief Resident in-charge and the Service Chief for the relevant rotation.
- ◆ Authorization for LWP is subject to verification by the Program Coordinator for adequate number of accrued paid leave days remaining.
- ◆ Under extenuating circumstances, the Program Director may authorize a trainee's special request for leave without pay (LWOP).
- ◆ Except under extenuating circumstances, leave time may not be used during the first week (so as not to miss first day orientations) or last week (for "clean-up/wrap-up" of any unfinished business) of any rotation without special permission granted in advance by the Service Chief(s) for the relevant rotation and/or by the Director of Residency Training.

Procedure:

1. Resident must request leave time in writing (e-mail sufficient) more than 30 days in advance.
2. Resident submits his/her request(s) to the Chief Resident in-charge 30 days or more in advance of his/her planned absence. There cannot be more than one clinical resident on vacation at a given hospital. If it is a Chief Resident requesting leave time, the request is submitted to the Program Director.
3. Resident written requests should include the Program Director, the Program Coordinator (for verification of adequate accrued leave days remaining) and the resident in charge of the on-call schedule.
4. The Chief Resident authorizes the planned absence and logs the absences with the relevant clinic/service staff (e.g., to coordinate clinic scheduling issues). The authorization is then forwarded to the Program Coordinator.
5. The Program Coordinator verifies that there are adequate number of paid leave days remaining, confirms the request and updates the resident's academic file to reflect the additional leave days.
6. A copy of the approved leave request is placed in the resident's academic file.

When a planned leave request is denied for any reason (e.g., for lack of available paid leave days), a memo will be forwarded immediately to the resident stating the reason for the denial and a description of the appeal/resubmission procedure (with a copy sent to his/her relevant rotation Service Chief).

Emergent (Unplanned) Leave Requests

Sometimes unfortunate events necessitate residents' abrupt, emergent, and extended absences from their clinical and educational responsibilities. Examples include, but are not limited to, death in the family, acute/severe illness in a loved one, legal issues, etc. While it is usually impossible to foresee such events, Residency Program expects the resident to communicate his/her circumstances immediately and directly to the Director, the relevant Service Chief and to the Chief Resident in-charge. In addition, the resident must provide reliable emergency contact information prior to departure and maintain regular contact by phone or email with the Director (or the Director's designee) until a firm plan for the resident's return is established. Addressing of various administrative issues (e.g., how to categorize the absence) may be postponed until the resident returns to duty.

- **Vacation Leave**
Each resident is entitled to use the defined number of vacation days established by the policies of the department. Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. In addition to any department regulations concerning vacations, all vacation time must be scheduled with the prior approval of the Program Director.
- **Educational Leave**
To the extent that a resident's department does not include educational leave as a portion of the annual vacation leave, each resident is entitled to use the department educational leave days consistent with the policies and procedures of the department.
- **Total Leave**
The total number of annual vacation/educational leave days for all residents is four (4) weeks per academic year.
- **Sick Leave & Disability Leave**
Each resident is entitled to use up to twelve (12) days per academic year for personal illness or disability. In addition, any remaining educational or vacation leave may be used to cover illness or disabilities, which exceed twelve (12) days of sick leave. Should a resident exhaust all paid time leaves (sick, educational, and vacation), the resident may be placed on an unpaid leave until the end of the illness or disability. The total length of the leave (paid and unpaid together) may not exceed four (4) calendar months unless expressly extended in writing by the Chair or Program Director with the Chair's approval. Any sick leave balance does not carry over from year to year. Absence from the training program may jeopardize approval status with the RRC. Each RRC has established requirements for maximal allowed time away from the training program during one year (or other time limits).
- **Maternity/Disability Leave**
A female resident is entitled to a maternity/disability leave for pregnancy and delivery or a pregnancy-related disability. The resident may elect to use accrued sick leave, vacation leave and educational leave to remain on full pay status for the initial period of the leave. Any additional time off, beyond the unused sick, vacation and educational leave, may be granted at the discretion of each department. If as the result of a continuing disability due to pregnancy, a resident needs additional time off, the resident is entitled to an unpaid

leave. The total duration of the maternity/disability leave (paid and unpaid) may not exceed sixteen calendar weeks. The resident may be eligible to file a claim for long-term disability benefits to begin after a four-week waiting period. Claim forms and further information can be secured at the Office of the Senior Associate Dean for Graduate Medical Education and at the Office of Human Resources. During the portion of the leave with pay, the resident will continue to receive the University's contribution to the insurance benefit plans. While on unpaid leave, the resident will be eligible to negotiate with their Department to purchase insurance coverage for the remainder of the leave. For purposes of Family and Medical Leave, the University shall continue its contribution for the residents' health insurance benefits for 12 workweeks in a 12-month period.

- **Make-Up for Time On Leave**
If extended leave results in the requirement for additional training in order to satisfy American Board requirements, the pay status for the additional training time will be determined prior to the commencement of the make-up activity by the department.
- **Family & Medical Leave**
A resident may request from his/ her department family and medical leave for the birth of the resident's own child, for the placement of an adopted or foster child with the resident, for the resident's own serious health condition, or for the serious health condition of the resident's parent, spouse, or child. The duration of the family medical leave must conform to one's departmental and American Board requirements together with applicable state and federal law. (California Family Care and Medical Leave Act of 1993, and the Federal Family and Medical Leave Act of 1993).
- **Personal Leave**
A resident may request from his/ her department a personal leave of absence in order to attend to personal matters of a serious, time consuming nature. A personal leave, if granted, is unpaid and a resident must use any remaining unused vacation and/or educational leave at the beginning of the leave. The total duration of the personal leave (including paid and unpaid time) may not exceed two (2) calendar months.
- **Benefit Status During Leave**
During that portion of any leave of absence that is with pay, the resident will continue to receive the University's contribution to the insurance benefit plans. While on unpaid leave, the resident will be eligible to maintain insurance coverage for the remainder of the leave by reimbursing the University for the cost of the insurance. During the first 12 workweeks of Family and Medical Leave in a 12-month period, the University shall continue its contribution for the resident's health insurance benefits. Please note that Residents and Clinical Fellows are not eligible for, nor covered by the State of California for short-term disability insurance.
- **Military Leave**
 - **Short-Term Military Leave**
A House staff member may use, as necessary, up to thirty (30) days of military leave with pay. All University insured benefits and premium contributions will continue during a short-term Military leave.
 - **Extended Military Leave**
 - **Eligibility**
House staff who are ordered into active military duty as members of a reserve component of the U.S. Armed Forces; residents who are ordered into active federal duty as members of the National Guard or the Naval Militia; and residents who are otherwise ordered into active duty as

members of the U.S. Armed Forces; the leave is for the initial period of enlistment, service or tour of duty.

- **Duration Of Leave**
House staff who are ordered to full-time active duty are entitled to up to four years of extended military leave or as long as ordered if the period of service is voluntarily extended. In addition to this leave, the department may grant, at its discretion, additional leave for a period of up to six months from the date of release from duty. Such a leave must be requested within two weeks of release from duty.
 - **Eligibility for Pay**
House staff at any percent effort immediately prior to the leave (and House staff who are members of the National Guard) receives regular University pay for up to the first month of leave provided. The aggregate paid leave for training, full-time service, and/or tour of duty cannot exceed one month's pay in any fiscal year.
 - **Return to Work**
Recognizing the training and educational aspects of the residency programs, House staff will be returned to their positions as soon as it is reasonably practical following their release from military duty.
 - **Impact on Vacation/ Education Leave**
House staff beginning their extended military leave will receive a lump sum payment for any earned and unpaid salary/accrued vacation and educational leave.
 - **Health Insurance**
During the first (6) months of military leave, medical, dental and optical coverage may continue through the University. The resident's department will pay the full premiums for coverage during this period. If the leave extends beyond six months, group coverage may be continued under COBRA for an additional 18 months.
 - **Life & Accidental Death & Dismemberment Insurance**
The resident may continue these insurances for the first six (6) months of the leave.
 - **Dependents**
Dependents may be continued under COBRA after the six (6) months of University paid coverage. House staff going on extended military leave of absence should contact the Office of the Senior Associate Dean for Graduate Medical Education or the Office of Human Resources.
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- **Jury Duty**
A resident who is called to Jury Duty or to Grand Jury Duty will not suffer a loss of regular pay for those days when one would otherwise be scheduled to perform their House staff duties. A resident member is obligated to keep the Program Director apprised of the status once a jury summons has been received. Only the court pursuant to the procedure outlined in the Jury Summons Notice can grant deferment or excused absence from jury service. Deferment or excused absence are generally not granted for inconvenience but may be granted for reasons of personal health or undue hardship, as determined on a case by case basis, by the court.
 - **Make-up Time**
If it is determined that training experiences necessary to satisfy American Board requirements are lacking and the resident member must gain such experience, the pay status of the time spent in such make-up training will be determined prior to the commencement of the make-up activity by the department.

***Program Policies**
Moonlighting

The UCSF Department of Neurological Surgery **strictly forbids** moonlighting by its residents.

*** Program Policies Promotion**

At the conclusion of each NS year, residents are advanced to the next level if their performance has been satisfactory. An evaluation performed at the end of each rotation determines whether the resident will advance to the next phase of training. An overall summary evaluation for each resident is completed by the Program Director.

*** Program Policies Selection**

The Residency Training Program in Neurological Surgery is a member of the **Society of Neurological Surgeons (SNS)** and thus utilizes the **Neurosurgery Residency Matching Program (NSMP)**. The NSMP Match takes place in January and will be used to process all applicants who want to start their residency training in July of the following year. The Department of Neurological Surgery offers three appointments each year in a 7-year program that includes 6 years of ACGME training and 1 year as a Clinical Instructor of Neurological Surgery. The first year of postgraduate training after medical school is an 11-month surgical internship provided by the Department of Surgery. Applicants accepted by the Department of Neurological Surgery are automatically assigned to the surgical internship and need not apply separately for it.

The program director and program chair review all applications to determine who is invited to interview. Applicants then come to the UCSF campus for a series of interviews with both clinical and research faculty. Approximately 40 applicants are interviewed and all interviews take place on a Thursday and Friday between the months of October and December at the different training sites: Moffitt, SFGH, and VAMC. Applicants are provided lunch and dinner with residents to learn more about the program in an informal setting. All interviewers are required to complete and submit an evaluation form on each applicant interviewed. The residency selection committee (RSC) meets a week prior to the rank submission deadline to discuss the interviews and rank the interviewed applicants.

Applicants who have already completed their NS-0 year elsewhere should state their intention to apply for an NS-1 position. Receiving such an advanced appointment depends on the availability of an NS-1 position, which occurs infrequently. It is the policy of UCSF and its affiliated hospitals that programs do not discriminate with regard to sex, race, age, religion, color, national origin, sexual orientation, and disability or veteran status.

*** Program Policies Supervision**

Supervision of Residents

- a. All patient care must be supervised by qualified faculty. The program director will ensure, direct, and document adequate supervision of residents at all times. Residents will be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules will be structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents will be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Program Policies Well-Being

The Department of Neurological Surgery is committed to supporting the physical and emotional well-being of its residents. The key features of the Departmental Well-Being Policy are the *Mentorship Program*, the *Resident Education Committee*, and frequent direct contact with the Program Director, direct faculty contact and frequent interaction between senior and junior residents.

The *Mentorship Program* requires that each resident choose a faculty mentor within the first six months of the R2 year. If the resident does not choose a faculty mentor, one is chosen for them. Residents can change their faculty mentor at any time. Mentors are given summaries of the faculty evaluations and comments by the Program Director before their meetings that occur every 4 months. These meetings are held in an informal fashion and the residents are encouraged to discuss any issues, including work or personal issues and long-range career plans. Specific issues identified by the other faculty or that are discussed at the Resident Education Committee are forwarded to faculty mentors. Documentation of these meetings is forwarded to the Program Coordinator.

The *Resident Education Committee* is comprised of faculty and residents. Philip Weinstein is Chair of the Committee. The Program Director regularly attends the meetings and the Chairman is invited on an intermittent basis. The two resident members include one Moffitt Chief Resident and a senior resident chosen by the residents. This Committee reviews all aspects of the residency including curriculum, resident and faculty performance and makes recommendations on potential discipline when necessary (see Dismissal Policy). Residents take an active part in determining the agenda for this Committee and communicate certain issues back to the other residents. As some issues discussed are considered confidential, residents and faculty are reminded of when certain issues should not be discussed with others (typical in cases of potential disciplinary action).

Each month the Program Director meets with all residents in a lunch session. This provides an opportunity to communicate regarding all aspects of the program and to review any issues of importance to the Program Director or residents. Various policies are discussed and residents are encouraged to bring up any issues related to their overall well-being.

Residents have frequent direct contact with faculty through patient care, conferences and in informal sessions. In addition, the faculty chief of each resident rotation is expected to meet with each resident at the end of a rotation to provide direct feedback on performance issues. A review of the rotation with respect to other issues is also encouraged.

An important source of resident well-being is the mentorship provided to junior residents by senior residents. This occurs in more formal settings when Chief Residents meet with junior residents on their individual services. In addition, as residents meet nearly all day on Thursdays for academic purposes, a forum for this type of interaction is provided.

Other Sources of Support

Faculty and Staff Assistance Program

Residents who either express or exhibit significant signs of stress or depression are referred to the FSAP Program. Residents are given the contact phone number (476-8279) and are asked to report back to the Program Director indicating that contact has been made. Specific referral to individual counselors can be made on an ad hoc basis.

Moffitt-Long Physician Well-Being Committee:

Sue Carlisle, PhD, MD (476-9442); Roy Gordon, MD (353-1300)

SFGH Medical Staff Assistance Committee: Mark Leary, MD (206-5216)

SFVAMC Employee Health: John Dekutoski, MD (750-2122, or 221-4810 ext 2735)