<table>
<thead>
<tr>
<th>Section</th>
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<tr>
<td>Policy and Procedure on Resident Selection</td>
<td>2 to 3</td>
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<td>Policy and Procedure on Resident Evaluation,</td>
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<td>Promotion, and Termination</td>
<td>4 to 33</td>
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<td>Policy and Procedure on Resident Duty Hours</td>
<td>34 to 35</td>
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<td>Policy and Procedure on Resident Evaluation of Surgical Faculty</td>
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<tr>
<td>and Surgical Residency Program</td>
<td>36 to 43</td>
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<tr>
<td>Policy and Procedure on Resident Supervision</td>
<td>44</td>
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<tr>
<td>Guidelines for Non-Resident Surgical Service (NRSS)</td>
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Policy and Procedure on Resident Selection

This policy and procedure delineates the Temple University Hospital, Department of Surgery guidelines for resident selection.

Only applicants who are eligible for entry into Accreditation Council for Graduate Medical Education (ACGME) approved graduate medical education (GME) programs shall be selected for appointment as residents in the Temple University Hospital, Department of Surgery.

Eligible candidates shall include:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
   a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or
   b. Have a full and unrestricted license to practice medicine in a United States licensing jurisdiction.

At the time of entry into the residency training program the candidate must be a citizen of the United States or hold a visa which is acceptable for graduate medical education.

At the time of entry into the residency training program the resident must posses a valid graduate medical training license issued by the Commonwealth of Pennsylvania.

Applicants shall be selected without regard to race, color, sex, age, religion, national origin, disability, sexual orientation, veteran or marital status.

The Surgical Residency Program of Temple University Hospital subscribes to the National Resident Matching Program (NRMP) system. The rules that govern NRMP participation for both matched and unmatched positions are followed.

Screening methods used to select residents are based on the National Board scores as well as educational preparation for graduate medical education and academic credentials in medical school.

A few interview dates are selected to provide applicants the opportunity to attend. Applicants are interviewed by surgical faculty members and/or senior surgical residents.
Each applicant has two interviews. The faculty may be either from the Temple University Hospital, Department of Surgery or faculty members of the affiliate hospitals.

A standardized grading system is used which takes into consideration academic background and performance, membership in Alpha Omega Alpha, medical school transcript, extracurricular activities, letters of recommendations, scientific publications and presentations, and interaction with the interviewer. Selection will also consider communication and interpersonal skills and personal qualities such as motivation and integrity.

At the end of each interview session, each applicant is discussed and given one grade. After all applicants have been interviewed, a separate day is selected where the faculty assigns a rank to each prospective resident. The core teaching faculty makes a final review of the rank list, which is then signed off on and submitted to the NRMP.

Amy J. Goldberg, M.D., FACS
Program Director
Interim Chair

Howard Ross, M.D., FACS, FASCRS
Associate Program Director

Resident Signature

Resident Print Name

Updated 6/15
Policies & Procedures

Temple University, Department of Surgery

Policy on Resident Evaluation, Promotion, and Termination

This policy and procedure delineates the department of surgery guidelines for the evaluation, promotion, and termination of surgical residents.

Each resident is evaluated by the teaching faculty and senior resident on the respective service at the end of each rotation. The resident is evaluated with respect to the six ACGME core competencies: Patient care (clinical and technical skills, as well as judgment), medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. An aggregated form is placed in the resident’s file. (See Attachment A & B)

Senior residents will be evaluated anonymously by their junior residents.

A 360 degree evaluation is sent to selected members of the health care team who evaluate the housestaff as well on selected services. (See Attachment C)

Residents will be evaluated by patients in the outpatient setting at TUH. (See Attachment D)

Residents will be evaluated anonymously by the medical students on their services. (See Attachment E)

All categorical and preliminary residents must complete their duty hours and must enter all cases into their op log by the end of each month. All PGY1 categorical and preliminary interns must complete their procedure card as early as possible in their intern year and a copy of this procedure card must be turned in monthly until completed.

All categorical and preliminary residents are expected each Wednesday to enter conference attendance into New Innovations.

All PGY-2 residents should have logged 250 operative cases by the end of the academic year.

All categorical and preliminary residents are expected to sign Clinic Sign-In Sheets at all rotations at least once a week.

To advance to the PGY 3 year surgical residents must have completed all five on-line FLS didactic modules as well as become proficient in all five skills modules. All residents must have their FLS certificate to be advanced to the PGY4 level.
All categorical and preliminary residents are reviewed semiannually at a meeting of the teaching faculty of Temple University Hospital and the Directors of Surgery at the integrated and affiliated institutions. During these meetings, each resident is discussed in depth. For each resident, their evaluations are discussed as well as their performance on the IT/SBSE exam, Skills Lab, Attendance at mandatory Wednesday morning conferences, Completion of Academic Administrative Duties and overall performance for their level of training. A formal program of remediation may be required to help address deficiencies in ACGME competencies. Summaries of comments made about each resident are compiled.

The program director and/or associate program director meet with each resident twice a year. In that meeting their evaluations are discussed, a composite of their computerized evaluations is reviewed and signed by the surgical resident. Their overall performance evaluation (progress report) from the semiannual meetings is reviewed with the surgical resident, signed, and placed in their file. (See Attachment F)

Each resident is evaluated by the Clinical Competency Committee twice a year. A milestone evaluation form is filled out and sent to the ACGME/Surgery RRC twice a year December and June.

As stated in the TUH GMEC Medical Licensing Examination Requirements policy:

Residents who are entering their first year of post-graduate training must schedule and take the USMLE Step III within nine (9) months of beginning the program. Residents are required to provide the Program Director with the results of the USMLE III within one week of the results being available.

Residents whose training at Temple University Hospital begins at the second year of post-graduate training must schedule and take the USMLE Step III within three (3) months of beginning the program. Residents are required to provide the Program Director with the results of the USMLE III within one week of the results being obtained.

Those residents who score below the 35th percentile in the IT/SBSE exam are placed on a carefully supervised mandatory reading program utilizing one of the standard surgical textbooks.

Based upon all of the above evaluations and semi-annual meetings, residents may be promoted to the next level, asked to repeat a rotation or an entire year, asked to participate in a special remedial program, placed on academic probation, provided with psychological counseling, or dismissed. Residents are not dismissed without due process as per their resident contract. A score below the 10th percentile in two consecutive years
on the IT/SBSE, in the context of other deficiencies may provide strong grounds for dismissal. See resident appointment agreement for procedure on due process.

Chief Residents will give one Grand Rounds during their fifth year.

All Surgical Categorical Residents will be required to submit and have accepted at least two abstracts to be presented, locally or nationally at Academic Conferences. These abstracts should be written up into formal manuscripts and submitted for publication. Faculty and secretarial support will be provided.

A written evaluation for each resident who completes the program is performed. This evaluation will include a review of the resident’s performance during the final period of training. It verifies that the resident has demonstrated sufficient professional ability to practice competently and independently.

........................................Date.............. ........................................Date............
Amy J. Goldberg, M.D., FACS
Program Director
Interim Chair

........................................Date.............. ........................................Date..............
Howard Ross, M.D., FACS, FASCRS
Associate Program Director

........................................Date.............. ........................................Date..............
Resident Signature
Resident Print Name

Updated 6/15
<table>
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<td>Knowledge</td>
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<tr>
<td>Perform</td>
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**Objective:**
- To ensure compliance with the policies and procedures of the organization.
- To provide a structured approach to the assessment of an individual's skills, knowledge, and performance.

**Description:**
- The table outlines the criteria for assessing an individual's performance, knowledge, and skill levels.
- Each level is defined with specific criteria that an individual must meet to progress to the next level.

**Discussion:**
- The assessment process is designed to identify areas of strength and areas requiring improvement.
- Regular feedback sessions are scheduled to monitor progress and provide guidance.

**Conclusion:**
- The performance of individuals is reviewed periodically to ensure continuous improvement and alignment with the organization's objectives.
<table>
<thead>
<tr>
<th>LEVEL 4</th>
<th>LEVEL 3</th>
<th>LEVEL 2</th>
<th>LEVEL 1</th>
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</thead>
</table>

**Communications**

- Family information to providers and families
- Family information to providers and families
- Family information to providers and families
- Family information to providers and families

**Interpersonal Communication**

- Family information to providers and families
- Family information to providers and families
- Family information to providers and families
- Family information to providers and families

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<th>Child Dependence</th>
<th>Competency</th>
<th>Domain</th>
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**Policies & Procedures**

The American Board of Surgery and the Accreditation Council for Graduate Medical Education have established policies and procedures for the protection of patient information and the privacy and confidentiality of patient information. These policies and procedures are designed to ensure the confidentiality and security of patient information and to protect the privacy of patients. All rights reserved.

**Note:**

- The information in this document is confidential and protected by legal and regulatory requirements.
- The information is for educational purposes only and should not be used for non-educational purposes.

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**Page 18**
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<tr>
<td>Communication Skills</td>
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</table>

**Comments**

1. The resident demonstrates an understanding of the principles of patient care.
2. The resident's performance is consistent with the hospital's standards.
3. The resident effectively communicates with the patient and healthcare team.
4. The resident is able to perform procedures independently and accurately.

**Version 7/29/13**
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<td><strong>Critical Elements</strong></td>
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This table outlines the various levels and critical elements related to communication and interpersonal skills. Each level is associated with specific competencies, ensuring a comprehensive approach to skill development.
New Innovations RMS Evaluations
(Attachment - 8)

TEMPLE UNIVERSITY HOSPITAL-SURGERY
SENIORS EVALUATING JUNIORS

[Subject Name]
[Subject Status]
[Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
[Evaluator Status]

Responsible
Defined as:

Trustworthy
Honest
Prompt/Punctual
Humble
Efficient

Displays Minimal Traits Displays Some of the Traits Displays Most Of the Traits (Role Model)

Attitude
Defined as:

Altruism
Enthusiastic
Team Player
Communicates Well
Compassion
Liked by ancillary staff

Displays Minimal Traits Displays Some of the Traits Displays Most Of the Traits (Role Model)

Knowledge
Defined as:

Reads about cases
Reads about patients
Eager to learn
Asks intelligent questions
Knows patient data like labs, x-rays, etc.

Displays Minimal Traits Displays Some of the Traits Displays Most Of the Traits (Role Model)

Overall Comments:

New Innovations RMS Evaluations
(Attachment – 81)

TEMPLE UNIVERSITY HOSPITAL - SURGERY
JUNIORS EVALUATING SENIORS

[Subject Name]
[Subject Status]
[Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
[Evaluator Status]

Teaching (Outside OR)
Defined as:
Lectures
Teaching Rounds Daily
Encourages literature search
Stimulates thinking
Displays Minimal Traits Displays Some of the Traits Displays Most Of the Traits (Role Model)

Technical/Cases (In OR)
Defined as:
Confident/prepared for OR
Take juniors through cases
Offers opportunities for Juniors to perform surgery/skills
Ombudsman for Juniors to attending
Displays Minimal Traits Displays Some Of The Traits Displays Most Of The Traits (Role Model)

Professionalism
Defined as:
Altruism
Dress up clean for morning report
On time
Excellent bedside manner
Addresses colleagues with professionalism
Does not take advantage of the seniority
Displays Minimal Traits Displays Some of the Traits Displays Most Of the Traits (Role Model)

Attitude /Expectations
Defined as:
Rarely complains
Shows enthusiasm
Respect to juniors and students
New Innovations RMS Evaluations

Runs a tight ship with little room for slack, mistakes or inefficiency.
Defines expectations when the rotation starts.
Fair and listens to what juniors say.
Cares about the well-being of the junior.

- Displays Minimal
- Displays Some of the Traits
- Displays Most of the Traits
(Role Model)

Approachability/Advisor

Defined as:
Available 24 hours/day to discuss patient care or personal matter.
No problems with juniors calling home.
Offer advice and guidance with career.
Represents juniors well.

- Displays Minimal
- Displays Some of the Traits
- Displays Most of the Traits
(Role Model)

Overall Comments:

Remaining Characters: 5,000

return to Questionnaire List
New Innovations RMS Evaluations

(Attachment - C)

TEMPLE UNIVERSITY HOSPITAL
DEPARTMENT OF SURGERY

360 EVALUATION

[Subject Name]
[Evaluation Dates]

Evaluato
[Evaluator Name]

FUND OF KNOWLEDGE

Considerations: Is basic medical knowledge appropriate to PGY level of training? Is knowledge sound, current, well applied and logical? Is knowledge of disease, pathophysiology, diagnosis and therapy limited or extensive? Is resident self-motivated to acquire knowledge?

Unsatisfactory  Marginal  Satisfactory  Good  Excellent  Unknown

0  0  0  0  0  0

Comments

Remaining Characters: 5,000

CLINICAL JUDGMENT

Considerations: Exhibits ability to discern relationship of medical facts, clinical data, to evaluate risks and benefits and alternatives? Uses diagnostic procedures appropriately? Indecisive or reasons well in difficult patient management or ambiguous situations? Treats the patient, not just the problem? Manages time well given the complexity of the case? Is aware or unaware of his/her own limitations of knowledge and skill?

Unsatisfactory  Marginal  Satisfactory  Good  Excellent  Unknown

0  0  0  0  0  0

Comments

Remaining Characters: 5,000

PROFESSIONALISM & HUMANISTIC PATIENT CARE

Considerations: Exhibits ability to place patient's interests and well-being first? Displays sensitive, caring, respectful attitude toward patient, family, team members and students? Establishes trust and maintains credibility with patient care team and patient? Establishes good rapport with all care givers, patient and family? Is reliable and demonstrates integrity?

Unsatisfactory  Marginal  Satisfactory  Good  Excellent

0  0  0  0  0

Remaining Characters: 5,000

INTERPERSONAL & COMMUNICATION SKILLS

Considerations: Communicates pertinent information clearly and in a timely fashion? Demonstrates ability to maintain confidential information appropriately? Chooses words wisely and professionally? Listens first; considers the question and formulates answer? Shows regard for opinions that differ from his/her own? Does not patronize or demonstrate inappropriate body language?

Unsatisfactory | Marginal | Satisfactory | Good | Excellent | Unknown
---|---|---|---|---|---
1 | 0 | 2 | 3 | 0 | 0

Comments:

Remaining Characters: 5,000

PRACTICE-BASED LEARNING & IMPROVEMENT

Considerations: Can analyze own practice experience and patient population data to perform practice-based improvement activities? Demonstrates ability to locate, critically appraise and assimilate evidence from scientific studies and apply to own patients’ health problems? Exhibits competence with information technology and accessing on-line medical resources to self-educate and to guide patient education? Facilitates learning of students, colleagues and other health care team members?

Unsatisfactory | Marginal | Satisfactory | Good | Excellent | Unknown
---|---|---|---|---|---
1 | 0 | 2 | 3 | 0 | 0

Comments:

Remaining Characters: 5,000

SYSTEMS-BASED PRACTICE

Considerations: Exhibits understanding of types of medical practice, delivery systems & how his/her practices affect & are impacted by other health care professionals, organization & society? Practices cost-effective health care & resource allocation while advocating for quality? Demonstrates understanding and can assist/inform others about system complexities? Works with health care managers & providers to assess, coordinate and improve health care and system performance?

Unsatisfactory | Marginal | Satisfactory | Good | Excellent | Unknown
---|---|---|---|---|---
1 | 2 | 3 | 4 | 0 | 0

Remaining Characters: 5,000

Temple Surgery Outpatient Practice
Patient Survey

(Attachment - D)

Dear patient,

As part of our ongoing effort to improve the care delivered here in the General Surgery Outpatient Practice, we are asking for your honest opinions about Dr: ____________________________

Age: ______ Gender: M F

Please complete this survey. It will only take a couple minutes of your time.
Your doctor will receive your comments as part of a review session meant to teach them how to improve their skills as doctors.
We are especially interested in what you, the patient, have to say!!

This survey is anonymous, so no one will ever know who filled out this form; and you may feel free to be honest and write whatever you want.

How was the doctor you saw today at ________?

1. Greeting you warmly; calling you by the name you prefer; being friendly, never rude? (Circle one)
   Poor       Fair       Good       Excellent       Don't Know

2. Treating you with respect, not "talking down" to you or treating you like a child? (Circle one)
   Poor       Fair       Good       Excellent       Don't Know

3. Letting you tell your story; listening carefully and not interrupting (Circle one)
   Poor       Fair       Good       Excellent       Don't Know

4. Telling you what he/she finds during the physical examination (Circle one)
   Poor       Fair       Good       Excellent       Don't Know
Patient Survey Continued

How was the doctor you saw today at ________?

5. Using words you can understand when explaining your problems and treatment; explaining any medical terms in plain language (Circle one)
   Poor    Fair    Good    Excellent    Don't Know

6. Discussing options with you; encouraging you to ask questions; asking what you think before telling you what to do
   Poor    Fair    Good    Excellent    Don't Know

7. IMPORTANT!!! What was the thing you liked BEST about the doctor you saw today? Please be specific.

8. IMPORTANT!!! What was the thing you liked LEAST about the doctor you saw today? What is the thing they most need to work on to become an excellent doctor? Please be specific.

Thank you very much for your comments!
- We hope these will help us to improve our care of patients like you.
   Have a wonderful rest of your day.
Physician-Specific Evaluation

Please evaluate the specific attendings and residents with whom you worked during the clerkship (1 = strongly disagree, 7 = strongly agree; N/A = not applicable)

During the clerkship I worked with:
- [ ] Attending
- [ ] Resident

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<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>N/A</th>
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<tr>
<td>1. The physician had excellent teaching skills.</td>
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<td>2. The physician clearly explained my roles and responsibilities.</td>
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<tr>
<td>3. The physician was available to help with problems.</td>
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<tr>
<td>4. The physician provided timely feedback regarding my performance.</td>
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<td>5. The physician observed my histories and physical exams.</td>
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<td>6. The physician modeled professional behavior.</td>
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<td>7. The physician had excellent bedside skills and manners</td>
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<td>8. The physician emphasized pathophysiology, differential diagnosis, problem identification and problem solving skills</td>
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<td>9. The physician emphasized psychosocial and ethical issues</td>
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</table>

Comments regarding physician:

The following will be displayed on forms where feedback is enabled...

*Did you have an opportunity to meet with this trainee to discuss their performance?
  - [ ] Yes
  - [ ] No

(for the evaluator to answer...)

*Did you have an opportunity to discuss your performance with your preceptor/supervisor?
  - [ ] Yes
  - [ ] No

(for the evaluatee to answer...)

Page 1
New Innovations

Semi-Annual Review

Review Period: 1/1/2015 - 6/21/2015
Residency Period: 6/18/2010 - 6/21/2015

SEMI ANNUAL

Smith, Radhika Kousalya
Chief Resident
Surgery
radhika.smith@chandlerarizona.gov

Milestone Progress

Residency:

4.0

Duty Hour Rule Violations

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<tr>
<th>Violation</th>
<th>Start Date</th>
<th>Exit Date</th>
<th>Hrs/Max</th>
<th>92 Hr</th>
<th>24+</th>
<th>OR</th>
<th>Short Break</th>
<th>Days Off</th>
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Conference Attendance

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<th>% Attended</th>
<th>% Required</th>
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<td>4</td>
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## New Innovations

### Policies & Procedures

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Temple University, Department of Surgery

Policy and Procedure on Resident Duty Hours and Call

This policy and procedure describes resident duty hours for the Department of Surgery at Temple University Hospital.

It is the philosophy of the Department of Surgery at Temple University Hospital that graduate education in surgery requires a commitment to continuity of patient care. For this reason, it is expected that residents will participate in the preoperative, operative and postoperative care of their patients. This continuity of care does take precedence over any on-call schedule.

However, it is also a priority in the Department of Surgery at Temple University Hospital to train residents in an environment that is optimal for resident education and patient care.

Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. In–house call will occur no more frequently than every third night, averaged over a four-week period. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 4 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients or conduct outpatient continuity clinics. No new patients may be accepted after 24 hours of continuous duty. Residents must have 8 hours free between shifts. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities averaged over a four- week period. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

Duty periods for PGY-1 residents must not exceed 16 hours in duration.

PGY-1 residents must have direct supervision until competence is demonstrated. Competence will be demonstrated by:

2. Successful evaluation and management of patients in the urgent or emergent situation and post-operative complications.
3. Successful performance of selected procedures.
4. ATLS certification
5. ACLS certification
6. Participation in Skills Lab
7. Completion of the Duke Central Line Modules
All residents are required to keep track of their duty hours. Duty hours are to be logged onto New Innovations online and submitted by the fifth day of the next month following the rotation. It is the responsibility of the Chief/Senior residents on each service to ensure resident compliance with duty hours. If a resident is not compliant by the end of the month, they will be removed from clinical duty and sent home until the resident is compliant with the duty hours policy and procedures. If this suspension exceeds 24 hours (cumulative for year), it will be deducted from vacation time.

In accordance with the institutional policy, residents are given meals when on call as well as an on call room.

In the event that any resident experiences fatigue that is interfering with his/her ability to safely perform his/her duties, they are strongly encouraged and obligated to report this to his/her senior resident or attending surgeon on service. Appropriate coverage will be arranged as well as any other necessary support. Attending surgeons and surgical residents are instructed to closely observe residents for any signs of undue stress and/or fatigue. This should be immediately reported to the supervising attending and/or Program Director. The resident will be relieved of his/her duties until the effects of fatigue are no longer present. They will also be provided with any other necessary support.

Residents are given three weeks’ vacation a year. In their chief year, residents are given additional time to attend a surgical conference of their choice.

The institutional policy addresses Sick Time, Funeral Leave, Maternity and Paternity Leave.

..........................Date........ ......................................Date........
Amy J. Goldberg, M.D., FACS Howard Ross, M.D., FACS, FASCRS
Program Director Associate Program Director
Interim Chair

..........................Date........ ......................................
Resident Signature Resident Print Name

Updated 6/15
Policy on Evaluation of Surgical Faculty and Surgical Residency Program

This policy and procedure delineates the department of surgery policy for the evaluation of the surgical faculty and the surgical residency program.

Residents will fill out an anonymous evaluation of each attending on their respective service at the end of the rotation. This will be performed on-line. Evaluations will be compiled by the residency coordinator and submitted to the Chairman and Program Director. These evaluations will be discussed with the departmental faculty at least annually. Faculty does not have online access to their own evaluations. (See Attachment A)

All residents are also expected to anonymously evaluate the residency program. This will be done on-line as well semi-annually. Rotations, conferences, and hospital services, will be evaluated. This provides a confidential means of evaluation. These evaluations are reviewed and used to improve the residency program. (See Attachment B)

Amy J. Goldberg, M.D., FACS            Howard Ross, M.D., FACS, FASCRS
Program Director                                              Associate Program Director
Interim Chair

Resident Signature     Resident Print Name

Updated 6/15
New Innovations RMS Evaluations

TEMPLE UNIVERSITY HOSPITAL-SURGERY
RESIDENTS EVALUATING ATTENDING PHYSICIAN/FACULTY

Evaluator
[Evaluator Name]
[Evaluator Status]
[Evaluator Employer]

For each criteria, please rate the attending physician (faculty) whose rotation you just completed.

AVAILABILITY

Considerations: Was usually prompt, adhered to rounds and consult schedules; kept interruptions to a minimum and spent enough time on rounds; was unhurried

1 2 3 4 5 N/A

Comments

Remaining Characters: 5,000

TEACHING

Considerations: Kept discussions focused on case or topic; asked questions in non-threatening way; used bedside teaching to demonstrate medical interviewing and physical exam skills; emphasized problem-solving (thought processes leading to decisions); integrated social/ethical aspects of medicine (cost containment, pain control, patient management, humanism); stimulated team members to read, research and review pertinent topics; accommodated teaching to actively incorporate all members of the team; and, provided special help as needed to team members

1 2 3 4 5 N/A

Comments

Remaining Characters: 5,000

PROFESSIONALISM & HUMANISTIC PATIENT CARE

Considerations: Placed the patient’s interest first; displayed sensitive, caring, respectful attitude toward patients; established rapport with team members; showed respect for physicians in other specialties/subspecialties and other health care professionals; served as a role model; was enthusiastic and stimulating; demonstrated gender sensitivity; recognized own limitations; and was appropriately self-critical

1 2 3 4 5 N/A

Comments

Remaining Characters: 5,000
New Innovations RMS Evaluations

FUND OF KNOWLEDGE & CONTINUING SCHOLARSHIP

Considerations: Demonstrated broad knowledge of medicine; demonstrated current (state-of-the-art) thinking; identified important elements in case analysis; used relevant medical/scientific literature in supporting clinical advice; and discussed pertinent aspects of population and evidence-based medicine

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Comments

ORGANIZATIONAL SKILLS

Considerations: Reviewed expectations of each team member at the beginning of the rotation; provided useful feedback including constructive criticism to team members; and balanced service responsibilities and teaching functions

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Comments

RECOMMENDATIONS

Would you recommend this attending physician continue to serve as faculty for the training program?

No

NM

To further enhance professional development, would you recommend this attending receive formal training in teaching methodologies and graduate medical education?

No

NM

OVERALL COMMENTS

Comments

New Innovations RMS Evaluations

TEMPLE UNIVERSITY HOSPITAL
DEPARTMENT OF SURGERY
CONFIDENTIAL PROGRAM EVALUATION

Evaluator
[Evaluator Name]
[Evaluator Status]
[Evaluator Employer]

Subject Name
Subject Status
Subject Employer
Subject Rotation

Please give your opinion on the quality and appropriateness of your training. Feel free to add comments and/or address any issues that may not be listed but are important to you. This form is anonymous. Your center is of paramount importance. Evaluation results are aggregated and returned to the Program Director. Your evaluation of your program is an important aspect of your training and is vital in assisting the faculty in improving your training experience.

GOALS AND OBJECTIVES OF THE PROGRAM

Please list YOUR goals and objectives and comment about whether or not they are being met.

Comments

Remaining Characters: 5,000

My goals/objectives are being met.

Comments

Remaining Characters: 5,000

Faculty Support

Program Administration & Structure

Supervision by teaching faculty

Expertise of teaching faculty

Exposure to procedures

Quality of admissions/consults

Number of admissions/consults

OR Experience

Clinic Experience

## New Innovations RMS Evaluations

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### Comments

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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Vascular Conference</td>
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**Comments**

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Temple University Hospital, Department of Surgery

Policy and Procedure on Resident Supervision

This policy and procedure delineates the mechanisms for acceptable supervision of surgical residents at Temple University Hospital.

It is the policy of the Department of Surgery at Temple University Hospital that all surgical residents, regardless of level of training, be supervised by a faculty member in all clinical activities.

It is the philosophy of the Department of Surgery at Temple University Hospital, that all patients on the surgical services, either inpatient or outpatient, be assigned an attending surgeon who is responsible for that patient. The attending surgeon has both an ethical and legal responsibility for the overall care of the patient and for the supervision of the residents involved in the care of that patient.

Proper supervision takes into account the care of the patient as well as the training of the resident to participate in independent decision making. The degree of supervision will vary with the clinical circumstances and the training level of the resident. These judgments will be based on the attending surgeon’s direct observation and knowledge of each resident’s skill and ability.

On those instances where the attending surgeon is not in-house, housestaff are instructed on how to contact attending surgeons. All surgeons are available by pager or cell phone. The page operator and amion has available an up to date call schedule with attending beeper numbers and home phone numbers.

If a resident at any level finds that there is not a rapid reliable system for communicating with a supervising attending, this should be immediately reported to the Program Director or Chairperson.

…………………………………..Date………. ………………………..Date………..
Amy J. Goldberg, M.D., FACS            Howard Ross, M.D., FACS, FASCRS
Program Director                                              Associate Program Director
Interim Chair

…………………………………..Date…….  ………………………………………..
Resident Signature     Resident Print Name

Updated 6/15
Guidelines For Non-Resident Surgical Services (NRSS)

1. The core values of the Temple department of surgery include quality, respect, safety, teamwork, integrity and trust.

2. Monday through Friday 7am until 7pm, residents and medical students will not be routinely involved in NRSS patient care in the operating room (including SPU and prep/hold), on the floors (e.g. 9W, 5E), in the ER, or in the clinic. An exception may be made for life threatening emergencies.

3. SICU patients on the NRSS will be cared for by the SICU team (attendings, residents, nurses) as they are now. To the extent possible, communication regarding patient care in the SICU should be between NRSS attendings and SICU attendings or nurses.

4. Communication is important for good patient care. Appropriate sign out between the covering resident team and the NRSS team should occur each morning and evening as necessary. Urgent patient care issues should be communicated directly to the NRSS attending.

5. Urgent or emergent operations at night or on the weekend will be covered by the surgical residents. The covering resident(s) will not be required to round on these patients postoperatively; however with the permission of the NRSS attending they may follow routinely the patient during the postoperative period for educational purposes.

6. Residents will cover the NRSS attendings when they are on call. Residents will not round on the NRSS patients on the weekend. Occasionally, they may be asked to check and report on a floor patient.

7. Residents may be asked to perform procedures on NRSS patients (e.g. nasogastric tube insertion, CVP insertion) if necessary.

8. NRSS attendings may offer elective rotations for surgical residents and fourth year medical students. NRSS attendings are expected to participate in departmental conferences and meetings.

........................................Date...... ........................................Date........
Amy J. Goldberg, M.D., FACS Howard Ross, M.D., FACS, FASCRS
Program Director Associate Program Director
Interim Chair

........................................Date...... ........................................
Resident Signature Resident Print Name

Updated 6/15