

**San Antonio Uniformed Services
Health Education Consortium
SAUSHEC**



**Program Director Manual
2004-2005 Academic Year**

SAUSHEC PROGRAM DIRECTOR'S MANUAL

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SAUSHEC Program Director's Manual

I. SAUSHEC OVERVIEW

A. History of SAUSHEC

Military graduate medical education (GME) in San Antonio has a long and proud history and has played a critical role in the military readiness of the Army and Air Force. Training programs were started at BAMC in the 1940s and in the 1950s at WHMC. There is a long history of cooperation between WHMC & BAMC regarding patient care and GME issues which has included the sharing of faculty and clinical rotations for trainees.

The first formal GME integration occurred in 1986 when the Joint Military Medical Command (JMMC) was established and the Emergency Medicine and Urology programs integrated. In 1993 when DoD directed the integration of duplicative GME programs in San Antonio and the National Capital Area, there were 57 GME programs in San Antonio--33 at WHMC and 24 at BAMC. Over the next few years 18 of the 22 BAMC/WHMC duplicated programs were integrated, a new program started and one closed which reduced the total GME programs from 57 to 39. Five programs were integrated with the University of Texas Health Science Center San Antonio (UTHSCSA).

In 1997 with the approval of the Army and Air Force Surgeons General, the Commanders of BAMC and WHMC formed the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) as the sponsoring institution for all military GME programs in San Antonio. A new position-Dean, Military Professional Education- was established to manage SAUSHEC, with the Dean serving as the ACGME recognized Designated Institutional Official (DIO).

The vast majority of SAUSHEC GME training is accomplished in DoD hospitals facilitating the healthcare of DoD beneficiaries. The healthcare specialists who are trained at SAUSHEC are critical to maintaining the readiness of the Medical Corps of the Army and Air Force.

B. Mission and Vision of SAUSHEC:

The mission of SAUSHEC is to serve as the Accreditation Council for Graduate Medical Education (ACGME) recognized sponsoring institution for all military GME programs in San Antonio. SAUSHEC is responsible for ensuring that its programs are: in substantial compliance with ACGME requirements for GME programs; are of the highest quality and meet the needs of the DoD by training physician specialists who are qualified, competent, and morally and ethically suited to serve in the Medical Corps of the uniformed services of the United States. After completion of training, SAUSHEC trained military physicians will provide medical care to DoD beneficiaries and must meet the highest standards of professional competence and efficiency. By combining the resources of its member institutions into a fully integrated GME entity, SAUSHEC provides a scholarly environment dedicated to excellence in both education and health care with the most efficient and cost-effective use of DoD physical, financial and human resources. In addition, SAUSHEC works closely with UTHSCSA and the South Texas Veterans Health Care System to insure that all efforts are made to maximize GME quality and efficiency in San Antonio. The Dean, SAUSHEC, serves as the ACGME Designated Institutional Official (DIO) for all military GME programs in San Antonio.

BAMC and WHMC, the SAUSHEC member institutions, are committed to providing the necessary educational, financial, and human resources to support SAUSHEC and its GME programs to insure that they can provide an ethical, professional, and educational environment of the highest quality. The member institutions will insure that SAUSHEC has the essential resources for its GME programs to meet all curricular, scholarly activity requirements and all other ACGME standards for a GME sponsoring institution and its programs. The member institutions maintain JCAHO accreditation as further evidence of their commitment to quality patient care and GME. The Dean, Graduate Medical Education, SAUSHEC, has direct access to the member institutions' Commanders and Administrators on matters relating to facility needs and resources for GME programs, and is empowered by those Commanders with the responsibility and authority to manage all GME programs in San Antonio. SAUSHEC, its member institutions and programs, will comply with all DoD Directives related to the conduct of GME. SAUSHEC

will also comply with all pertinent Air Force, Army and GME regulations unless there is a conflict between the two, in which case SAUSHEC will develop uniform policies for GME. The education mission of SAUSHEC and its member institutions will not be compromised by excessive reliance upon residents to fulfill service requirements.

C. SAUSHEC Organizational Structure (See Appendix 1 for Key leaders)

SAUSHEC ORGANIZATIONAL CHART



1. SAUSHEC's organization and management are detailed in the Memorandum of Agreement (MOA) and Bylaws approved by the Commanders of BAMC and WHMC and the Surgeons General of the Army and Air Force in 2001 and updated annually. These documents direct that SAUSHEC will be governed by the Dean, SAUSHEC, and a Board of Directors (BOD) under the oversight of the Command Council (Commanders of WHMC and BAMC & the Dean). The SAUSHEC Board of Directors, chaired by the Dean, will approve policies developed by the SAUSHEC Graduate Medical Education Committee (GMEC) to ensure that approved policies and procedures are implemented at member hospitals.

a. **Dean SAUSHEC:** The Dean, SAUSHEC is the DIO for SAUSHEC and has the authority, responsibility and resources for oversight and administration of GME programs sponsored by SAUSHEC. The Dean ensures there is regular communication between the GMEC and appropriate governing committees and medical staff of BAMC and WHMC. The Dean's office is staffed by an administrative assistant and program manager. The Dean & his staff oversee the GME staff of BAMC and WHMC.

b. **GMEC:** Under the chairmanship of the Dean, and as required by the ACGME, the GMEC provides administrative oversight to all Graduate Medical Education residency programs sponsored by SAUSHEC. Voting members of the GMEC include:

- The Dean, SAUSHEC
- The Associate Deans for GME, BAMC and WHMC
- The Associate Dean for GME, UTHSCSA
- The Program Directors of all SAUSHEC GME programs
- Selected BAMC and WHMC faculty and others approved by the Dean
- Housestaff representatives peer-selected by BAMC and WHMC Housestaff Councils

The GMEC establishes and implements policies and procedures that affect all SAUSHEC GME programs in their content, design, quality of education, supervision and assessment of resident performance and resident work environment. The GMEC standing subcommittees (see above Organizational Chart) work on the various GME issues assigned for their study and review.

c. BAMC and WHMC GME offices: Each member hospital will have a SAUSHEC Associate Dean for Graduate Medical Education (ADGME) to assist the Dean in dealing with GME issues at that institution. The ADGME will be a voting member of the GMEC and BOD and work with the Dean on the executive committee. The ADGME will be responsible for implementing SAUSHEC policies at his/her member institution. Each member institution has an education office staff under the SAUSHEC ADGME that provides administrative support for GME in the member institution and is integrated into the Dean's office for GME issues.

d. Transitional Year Committee: Each member hospital has a Transitional Year Committee (Institutional Coordinating Committee). As required by the Transitional Year RRC, this committee is responsible, under the direction of the transitional year Program Director, the GMEC & the Dean for managing the Transitional Year program.

2. Residents involvement in the SAUSHEC GME Organization

a. Housestaff (HS) Councils

Each SAUSHEC member institution has a HS Council that is peer-appointed with representatives from key training programs at the member institution. The HS Councils meet at least quarterly and maintain minutes that are reviewed and approved by the GMEC, working through the ADGME & the GMEC Residents' Issues Subcommittee. Purposes of the HS Councils are to support housestaff morale, to provide residents with an organized forum to discuss HS issues and to provide a mechanism to raise HS issues up the SAUSHEC chain and bring them to the GMEC.

b. Resident GMEC members

The HS Councils of each member institution ensure that one fellow and one resident are peer-selected to be full voting members of the GMEC.

c. Resident Appointment to BAMC & WHMC Hospital Committees

ACGME directs that residents have the opportunity to participate on hospital committees whose actions affect their education and/or patient care. The HS Councils working with the ADGME of each member institution ensure HS membership on appropriate member institution hospital committees. The intent of this ACGME mandate is that residents have a voice on committee decisions. This is not a resident introduction to the committee process.

3. SAUSHEC WEB site: Information about SAUSHEC can be found at www.whmc.af.mil/saushec. Each program should have a section on this web site that describes the program and its resident supervision policy.

II. GOVERNING BODIES OF GME:

A. Military

1. Air Force Physician Education Branch

The Physician Education Branch has oversight of the Air Force's medical education programs, to include the Armed Forces Health Professions Scholarship Program (HPSP), Reserve Officer's Training Corps (ROTC) Medical Delay Program, GME, Financial Assistance Program (FAP), Medical Corps Specialty Delay Program, Continuing Medical Education (CME) and Active Duty Service Commitment. The Physician Education Branch is the central point of contact for Air Force medical education issues for DoD agencies and numerous national medical organizations. The Physician Education Branch also manages personnel issues for physicians.

Present points of contact (*primary POCs) in the Physician Education Branch are:

Col Mark T. Nadeau, Chief

*Mrs. Dayan Geiger, Assistant Chief

*Maj Eileen Luterzo, Active Duty GME Program Manager
Mr. Cush Medical Student Program Manager
Mr. Dave Esparza, Deferred Program Manager (including FAP)
ILt Steve Henshaw, CME Coordinator

The address for the Physician Education Branch is:
HQ AFPC/DPAME
550 C Street West
Suite 27
Randolph Air Force Base, TX 78150-4729

The telephone number is: (210) 565-2638/2639 (DSN: 665-2638/2639)
The branch's FAX is: (210) 565-2830

The Physician Education Branch's web site is at: www.afpc.randolph.af.mil

2. Army Medical Education Directorate

The Medical Education Directorate has oversight of the Army's medical education programs to include the Armed Forces Health Professions Scholarship Program (HPSP), Reserve Officer's Training Corps (ROTC) Medical Delay Program, Health Professions Loan Repayment Program (HPLRP), Undergraduate Medical Education (UME), First Year GME (FYGME), other GME, Financial Assistance Program (FAP), Medical Corps Specialty Delay Program and CME program. The Directorate is the central point of contact for Army medical education issues for DoD agencies and numerous national medical organizations. Army personnel issues (assignments etc.) are handled by the Medical Corp Branch of the US Army Human Resources Command. <https://www.perscom.army.mil/OPhsdMc/medcorps.htm>

Present points of contact at the Directorate of Graduate Medical Education are:
COL John Powers, Chief, Directorate of Graduate Medical Education
Ms. Dee Pfeiffer, Assistant Chief, Directorate of Graduate Medical Education, FYGME
Program Manager
Ms. Janna Cox, FYGME
Mr. Art Covi, HPSP
Ms. Lisa Capers, Continuing Medical Education
Ms. Audrey Woolen, Medical Education Training Specialist

The address for the Medical Education Directorate is:
HQDA, OTSG
ATTN: DASG-PSZ-MG
5109 Leesburg Pike
Skyline 6, Room 691
Falls Church, VA 22041-3258

The telephone numbers are: 1-877-MEDARMY (TOLL FREE)
or (703) 681-7781 (DSN: 761-7781)
The Directorate's FAX is: (703) 681-8044
The Directorate's web site is: www.mods.army.mil/medicaleducation

The Chief, Directorate of GME, and the Chief, Medical Corp Branch of the US Army Human Resources Command, travel annually to all Army training institutions to speak individually with training program directors and consultants. They also brief staff and housestaff on updates within GME and the Medical Corps.

3. Specialty Consultants

Each specialty in the Army and Air Force has a consultant who works directly with the Army and Air Force Medical Education & Personnel Offices in defining location of training, number of positions to be filled and resolving problems concerning residency-training programs. The consultant also manages/ tracks the number of physicians in that specialty and the needs of the Army/Air Force. They also work with the career managers at the Personnel offices in making assignments for those in their specialty.

Army consultants can be found at <https://ke2.army.mil/tsgconsultants/roster/index.php> using an AKO account

AF consultants can be found at:

https://kx.afms.mil/ctb/groups/dotmil/documents/afms/knowledgejunction.hcst?functionalarea=AFClinicalQuality&doctype=convert&docname=ctb_004756

B. CIVILIAN:

1. Accreditation Council for Graduate Medical Education (ACGME).

The ACGME is the accrediting body for residency programs. Specific information on the role of the ACGME and its Residency Review Committees (RRCs) may be found in the Directory of Graduate Medical Education (Green Book) or the ACGME WEB site (www.acgme.org), along with specific procedures concerning review and accreditation of training programs. Program director's responsibilities are defined in this directory, along with institutional requirements that must be met.

a. RRC Executive Director:

Each training specialty is assigned a RRC Executive Director who represents that specialty at the ACGME. The Executive Director is the point of contact if the Program Directors has a specific question or needs clarification about program requirements or other ACGME/RRC issues. The executive director's name and phone number are listed on the ACGME home page located at www.acgme.org.

b. RRC Meeting Dates:

Each RRC sets its own meeting dates, which vary from two to three times a year. This is the time the RRC reviews information submitted, such as a request to change the number of residency training positions authorized, program information forms (PIF) after a visit by a site reviewer, appointments of new program directors, definitions and changes of specific program requirements and other items that affect your program. Specific meeting dates may be found on the ACGME home page.

c. Site Reviews:

All ACGME site review dates are set by the ACGME field surveyor, Ms. Ingrid Philibert, (312) 464-4948. At her discretion, she schedules the surveyor who will review your program. A short bio on the surveyor may be found on the ACGME home page. You should review your last accreditation letter to determine approximately when your next site review will be. Your residency review site date will be set depending upon the availability of the site surveyor. You will receive approximately a three-month notice of your scheduled site visit. Do not wait until you receive notice from the RRC of an impending site visit to start completing the PIF. It is wise to begin planning for a site visit 12 months prior to the anticipated date of review. The PIF is no longer mailed with the letter announcing a pending site review. PIFs are now downloaded from the web site and thus are available to you at anytime. The first section of the PIF now contains the accreditation data common to all specialties.

d. ACGME Institutional Requirements and inspections:

SAUSHEC, as a GME sponsoring institution, must also undergo periodic review by the ACGME's Institutional Review Committee to determine whether it oversees and supports its training programs and residents appropriately and meets the ACGME's Institutional Requirements. The Institutional Requirements are found on the ACGME home page.

e. Accreditation Data System (ADS):

The ACGME has an accreditation data system (ADS) at their web site. All PDs are required to go into this system at least annually to update the information on their program and their residents. Similarly, the

sponsoring institution information is updated annually by the Dean who is the designated institutional official (DIO) for SAUSHEC. The DIO will ensure that the institutional affiliation agreements are in place and verify basic information for each affiliated institution.

f. ACGME Course:

The ACGME conducts a course called "Mastering the Accreditation Process" in March of each year. The workshop provides an overview of the ACGME with lectures on pertinent ACGME topics. Attendees are able to meet the Executive Director(s) for their Residency Review Committees.

g. ACGME Newsletter:

The ACGME publishes a newsletter four times a year. All PDs automatically receive this publication, which announces changes to program requirements and provides information on pertinent GME topics. The newsletter is also posted on the ACGME home page.

h. ACGME Glossary of Terms:

A glossary of selected terms used in GME accreditation can be found in the "Green Book." and on the ACGME web site.

i. ACGME manual for PDs:

The ACGME has developed a useful guide for new PDs that should be downloaded from the ACGME Web site.

2. American Medical Association (AMA) and the Association of American Medical Colleges (AAMC)

a. FREIDA: The AMA's FREIDA (Fellowship and Residency Electronic Interactive Database Access) on-line system assists interested parties in obtaining information on residencies and their faculty, work environment and other program information. Updates for this program are now accomplished on-line and is tied in with the "GME Track" program, sponsored by the AMA and AAMC. There is a fee, approximately \$100, to participate and have all the information on your program displayed through this interactive database. Since SAUSHEC programs are not open to civilian applicants, who are the main users of this system, they provide the minimal information that AMA requests, but decline to pay the listing fee. Program information is still listed, but in a modified format. PDs may now go into the AMA FREIDA, through the "GME Track" web site at www.aamc.org/gmetrack, at anytime throughout the year and update their program information.

b. GME Track: The AMA and AAMC have teamed together to create a database called "GME Track" to jointly conduct the Annual GME Census. This replaces the annual AMA Survey of Graduate Medical Education Programs and the AAMC's annual survey. This on-line system is a resident database and tracking system that is pre-loaded with information collected from existing sources. This system allows for immediate and on-going access to resident and program information. The data collected in the program component is used to update the Directory of GME (Green Book). Program Directors are required to update the information on this system at least annually to include information on their current residents, graduated residents, and program. The website is www.aamc.org/gmetrack.

3. American Osteopathic Association (AOA) Osteopathic interns training in ACGME (allopathic) programs are required to submit to the AOA a request for approval of their training programs. A written description of each rotation signed by the program director must accompany the AOA application that the intern submits. Osteopathic interns initiate this approval during their PGY -I year and the process continues until final verification that all allopathic GME training is complete. Failure to receive AOA approval of the residency-training program may result in denial of eligibility for AOA board certification. An AOA approved internship is also required for licensure in several states. The web site for the AOA is listed in the WEB sites in section V. Posted on this web site is the current booklet on Postdoctoral Training and a list of the required rotations for an approved AOA internship. If program directors have osteopathic interns, they need to review the list of required rotations to ensure that all such rotations have been incorporated into the program 's training requirements. The AOA's phone number is (800) 621-1773, extension 8276.

III. Program Director Administrative Duties and Issues

A. Qualifications and selection of Program Directors: Program directors must be board certified/qualified in the designated specialty and meet ACGME/RRC standards for a program director. Using the process delineated in the SAUSHEC Bylaws the SAUSHEC command council makes the final selection of PDs. Program directors are given full authority to administer their program in accordance with all established criteria set forth in BAMC/Army, WHMC/Air Force and SAUSHEC policies and the ACGME Essentials of Accredited Residencies.

B. GMEC Duties: All PDs are voting members of the GMEC, which is the managing body for GME. It meets monthly except December and May on the 3rd Thursday of the month at 1500. Even numbered months meetings are at WHMC and odd numbered months meetings are at BAMC. If the PD cannot attend, he/she should make sure the associate PD attends so that the program is always represented. PDs are expected to ensure that their program is represented at 90% of GMECs and that they personally attend at least 60% of the GMEC meetings. The PD and his/her associate PD will be a member of one of the GMEC's subcommittees and will be asked to contribute to the work of that subcommittee. In addition, PDs and Associate PDs will be asked from time to time to serve on Internal Review teams, Faculty Boards, PD Search Committees and other SAUSHEC level GME duties as required by the Dean, the Commanders or the GMEC.

C. Program Organization: Program directors are required to organize their program to meet all RRC, ACGME, JCAHO, DoD and SAUSHEC standards. Large and or integrated programs should have an Associate PD selected per SAUSHEC Bylaws and, if applicable, ACGME policy. PDs and Associate PDs need to work as a unified GME team with the PD as the leader. PDs need to work closely with appropriate Service, Department Chiefs/Flight, Squadron, and Group Commanders to make their GME program work in the complex organizational structure of BAMC & WHMC. PDs should ensure their Program Coordinators are up to date on GME issues. PDs must establish a training committee for their program and assign a training officer to each resident as a mentor. The PD and training committee develop program-specific policies on resident supervision, duty hours, curriculum and resident evaluation. They also manage residents who are having academic difficulty. The PD and training committee, with HS involvement, must conduct an annual review of the faculty and the program and its educational outcomes. The results of this review must be used to improve the program.

D. Program Budget: The PD is responsible for developing an annual GME budget and submitting that for review by the ADGME(s) and the Dean in the spring of each year. PDs need to follow the SAUSHEC budget principles (see Appendix 2) when developing their budget.

E. Monitoring of and improving their program- Program's annual review of itself; Program's annual SAUSHEC metric report; Internal Reviews; other Data Calls.

1. The PD is responsible for conducting any annual review of all aspects of his/her program and should use the training committee and input from current residents and educational outcomes from recent resident graduates to determine what parts of the program are working and what needs improvement or change. The goal of the ACGME Outcomes Project is to use objective data to determine if a program is successful or not i.e. is the program training competent physicians. The PD should use the tools available in the ACGME "Tool Box" at the ACGME Web site to evaluate trainees and his/her program.

2. The PD is responsible for completing the SAUSHEC metric report (see Appendix 3 for template) on his/her program annually.

3. The PD must ensure an internal review is conducted at the midpoint between his/her RRC site visit. A 4-member review team from outside the program, appointed by the Dean, will interview the Program Director, housestaff and faculty of the program. They will also review the Internal Review Questionnaire completed by the PD, the results of the most recent RRC site visit and last internal review and other relevant policies and schedules (duty hours, supervision, etc.). Using this data, the internal review team will ascertain whether program is in substantial compliance with ACGME/RRC and SAUSHEC requirements. The report of the team will be submitted to the Dean and be reviewed and approved by the GMEC. PDs, Associate

PDs and program coordinator will be asked periodically, on a rotating basis, to serve as internal reviewers for other programs.

4. The PD must update the ACGME ADS system annually and supply other information/Data Calls required by the ACGME, SAUSHEC, BAMC, WHMC or Army/AF GME.

F. Resident Recruitment: PDs must be familiar with Army and AF GME policies on recruitment and selection of residents. PDs should develop a recruiting strategy to get information to prospective trainees and, when appropriate, try to get medical students to do rotations in their program. PDs should develop and maintain a WEB section or link on the SAUSHEC WEB site that describes their program for prospective trainees.

G. GME Application and Selection Process for First Year Graduate Medical Education (FYGME) Training: You should be aware that 4th year Medical Students are provided the following documents by the Undergraduate Division of the Air Force or Army GME Office:

Appendix 4: Example of an " Army FYGME Calendar of Events-2005" providing students with important dates to remember.

Appendix 5: A memorandum entitled "Undergraduate Medical Licensure Requirements (Steps I and II)

Appendix 6: A document entitled "Army First Year Graduate Medical Education (FYGME) Fact Sheet.

1. Army Process

a. 4th year Medical Students (HPSP/USUHS/ROTC) are required to submit their applications for internship (FYGME) through the Electronic Residency Application System (ERAS). They obtain instructions for internship application from the FYGME office of the Medical Education Directorate.

b. A detailed letter from the Army GME Office is also sent to current HPSP students. A sample of this letter is at Appendix 7. This letter provides information on how to apply for internship and details on application procedures, number Army of FYGME positions to be filled and deferments.

c. 4th year Medical Students must obtain a token to complete their ERAS applications from the Student Affairs Office at their medical schools. A token is a special code for accessing and registering in MyERAS on line. Students are told that "Once you have completed MyERAS on the web, your student affairs office will be notified that you have used your token and that you have applied to programs. The student affairs office will then attach your transcript, letters of recommendation (LORs), photo and dean's letter on 1 November and send to the ERAS post office for transmission to the military and civilian residency programs that you selected. A copy of your application will automatically be forwarded to Army Student Management Office for their records. You should verify that your application was transmitted to ensure that the programs have received the documents. The deadline for receipt of MyERAS application at military programs is 15 October. You must ensure that the appropriate individuals at your school are aware of the 15 October deadline."

d. SAUSHEC program directors download Army intern applications and supporting documents from ERAS over the Internet. The Army GME Directorate (FYGME Office) provides program directors with a list of applicants (who listed their program in their 5 training site choices) in alphabetical order. Program directors do not receive any information that indicates whether applicants ranked their program as their 1st or 5th choice. Program directors are required to rank everyone that is on this list (even if the applicant did not rotate with them or did not interview with the program director) using a local selection board. The BAMC GME office will establish local selection board(s) to develop order of merit lists (OML) for its FYGME applicants of various programs. The selection board(s) will consist of a minimum of three Medical Corps officers. Board members will, to the fullest extent possible, be of equal or higher rank to all applicants and represent the racial, ethnic and gender backgrounds of all individuals being considered. Objective criteria to rank applicants on an OML must be formulated by the program director in conjunction with the board members. These selection criteria must assure that all applicants are evaluated equally regardless of sex, race, color, religion, or national origin. Discrimination is not tolerated. In addition to academic and other performance details provided by the Army GME Office (FYGME), selection board members might elect to seek further qualifying data about individual applicants

from other faculty members and/or current house officers. If this exchange is to be subsequently utilized by board members as part of the process to determine where an individual applicant is placed on an OML, the information must be firsthand, factual, and accurate. When an OML is finalized, each selection board member must sign it. These signatures will serve to document that each board member agrees with the final prioritization of applicants and to affirm the impartiality of the procedures utilized to create the OML. The original copy of the FYGME OML must be returned to the Army GME Office by the date specified in the yearly memorandum of instruction. A copy of the FYGME OML must be maintained by the program director for a minimum of two years. Army GME will use the Program's OML in conjunction with applicant's ranking of training programs to run a computer match program which determines the placement of Army FYGME trainees. Results of this match will be presented at the Joint Service GME Selection Board. The results are confidential and cannot be released until the Army Surgeon General approves them and Army GME releases them on or about mid December via e-mail to the applicants.

2. Air Force Process: Obligated AF applicants do not participate in ERAS. All AF applicants apply to the selection board for consideration. Applications/instructions are available on the AFIT/AFPC web site. AF applicants are reviewed only through the joint service GME selection board process.

H. GME Application and Selection Process for PGY-2 and Above: In mid July of each year, the BAMC and WHMC GME offices provide electronic guidance on the GME application process and suspense dates. Suspense for application for GME is usually 15 September and all supporting documents are usually due by 1 November although these dates can vary from year to year and between the services. It is imperative that applicants abide by their local GME Office suspense dates for submission of documents. Beginning in 2004 and finishing in 2005 the Army will eliminate the requirement that categorical interns in selected specialties must reapply for their PGY2 year.

1. Army - The Army GME Directorate use an Internet application process. This system enables an applicant to submit much of his/her GME application and curriculum vitae to the education office electronically. The web sites for GME applications are: www.mods.army.mil/medicaleducation. The BAMC GME Offices will always have earlier suspense dates for supporting documents than those of the Army GME Directorate to give the local GME Office staff time to review the supporting documents, make copies and mail them to Army GME Offices in one packet.

2. Air Force - Air Force application/supporting documentation is available on the AFPC web site. Applicants are instructed to complete their GME application and submit a hard copy (including original signature) directly to the AF GME office (AF applicants are not required to submit their GME application to their local GME office). AF applicants receive a timeline table in their GME instructions. All applications/supporting documentation are forwarded from the applicant to the AF GME office directly. Once applications are received, applicants received a checklist from the AF GME office indicating which documents have been received and those identified as outstanding. AF GME office coordinates with each applicant ensuring complete applications to the GMESB. Once an application is completed, a final checklist is provided to the applicants.

3. Program Director Recommendation Form and Interview Forms: These forms are completed at the Army GME WEB site (www.mods.army.mil/medicaleducation) for Army Applicants. For the AF, these forms are provided to the local GME office electronically (email) to be forwarded to each PD within their facility. Program Directors must complete a Program Director Recommendation form (serves as letter of recommendation) on trainees who are applying for additional GME (this includes Army categorical interns who have to apply for residency training). Applicants who are no longer at a training program are required to request a program director recommendation from their last program director. A sample of a PD Recommendation Form is at Appendix 8. Program directors must complete an interview sheet for each individual applying to his/her program that listed their program as their 1st choice. Applicants are allowed to interview either in person or by telephone. A sample of a Program Director Interview Sheet is at Appendix 9. Program directors must also complete an interview sheet for Navy applicants applying to their programs. Interview sheets for Navy applicants should be mailed to:

Commanding Officer
ATTN: Naval Medical Education and Training Command
Code OG11
Bldg 1, T-15, Room 15145

8901 Wisconsin Ave
Bethesda, MD 20889-5611

Tel: (301) 319-4514 DSN: 285-4514
FAX: (301) 295-6113
E-Mail: jhpelot@nmetc.med.navy.mil

I. PDs responsibilities at the Joint Service GME Selection Board (JSGMESB).
The following documents are included as information for program directors concerning the JSGMESB:

Appendix 10: Rules of Engagement for 03 JSGMESB

Appendix 11: JSGMESB Panel Procedures

Appendix 12: 03 JSMGESB Scoring Guidelines

Appendix 13: 03 JSGMESB Applicant Score Sheet

Appendix 14: 03 JSGMESB Composite Score Sheet

1. Attendance and Funding: PDs and, in integrated programs, Associate PDs, will attend the JSGMESB that is held annually under the authority of the Assistant Secretary of Defense for Health Affairs (ASD (HA)) and the Surgeons General of the Air Force, Army and Navy. Each Surgeon General retains approval authority for the results of his/her service's board to include assignment of applicants from other services to his/her service's teaching programs. The board is typically held the week after Thanksgiving in the Washington, D.C. area. Host for the selection board is rotated among Air Force, Army and Navy. Army PDs are funded by the Selection Board to attend. Fund cites and other instructional materials are provided by the board directly to the local GME Office for disbursement. Air Force attendees are appointed by the AF board president & hotel expenses for appointed board members are provided from one fund site through Air Staff while travel and per diem is the responsibility of the local facility from which the appointed board member is assigned. NOTE: Only board president appointed attendees will be present at the Joint Service Graduate Medical Education Selection Board.

2. Procedures Prior to the Board: Program directors do not receive an advance list of Army applicants applying to their program at the PGY-2 level or above, nor will they get to review their applications until they get to the JSGMESB. Program directors are required to complete a "DoD Interview Sheet" for all Air Force applicants applying to their program. To assist in this process, the Air Force GME office will provide two lists of applicants to the Directors of Medical Education for distribution to the program directors. After the initial deadline for application in mid-September, a list of applicants and their initial desired specialty/location preferences is released. After the final close out for application details in mid-October, a final list indicating applicants' specialty/location choices is released. AF applicants are instructed to provide each program director a copy of their DoD application and CV for review prior to conducting the interview or scheduling their clinical rotation. This process allows the program directors the opportunity to review the potential applicants to their respective programs. This process differs from the Army, in that AF does not have the FYGME process outlined above. All AF applicants (including medical students) are selected for graduate medical education through the JSGMESB process. AF medical students are selected for the full length of the training program, rather than a FYGME selection followed by a re-application to the selection board for PGY2 training (which is being phased out by the army). Residents or PDs with questions about their current or future service obligations may call the Physician Education Branch (Air Force) at (210) 565-2638/9 or the Medical Corps Branch of the Army Human Resources Command at (703) 325-2385/2387.

3. Procedures at the Board: At the GME selection board, each applicant's record (except Army FYGME applicants) will be scored by an Air Force, Army and Navy panel member. Since the service representatives can only review and score the applicant by the application materials in front of them, it is very important that applicants submit all supporting documents requested by the board. A SAUSHEC program director or Associate PD will serve as their services panel member and will score all the

applicants that ranked their program first. The applicant's application will then be passed to the other Services' panel members to complete their rankings. From the Triservice scores, a separate Order of Merit List (OML) is produced for each service's applicants for each specialty. The Air Force list is then presented to the president of the Air Force board and the Army list is presented to the Army board for approval and placement. Results of the board are confidential and may not be released until after each Surgeon General has approved all selections. This usually occurs around mid-December. All three Services release the results on the same day. Army results of the board are released to local GME offices, which then release the results to program directors and residents. Air Force results of the board (selectees only) are released to the local GME office as well as posted on the AFPC web site.

J. Resident Orientation: PDs must ensure residents and their families receive an appropriate orientation to SAUSHEC, the GME program, the Army/AF and BAMC/WHMC. Incoming residents should be assigned a sponsor. FYGME & some Air Force Fellows will typically receive about 3 weeks of orientation that is organized by SAUSHEC & the GME offices of BAMC & WHMC. Each program will be given 1-2 days at which time they can orient their trainees to the specifics of their program and its policies and procedures. Incoming fellows (especially Army) will usually get a report date first week in July (6 July for Army) & will need to receive their orientation, do their in processing, and start the program all at the same time. This takes planning on the part of the PD. All new trainees and their PDs must sign the SAUSHEC Training agreement (Appendix 15) and send a copy to the appropriate GME office.

K. Resident Training files: Each program should maintain a 6 part-training file on their trainees with appropriate demographic data and documentation of training and evaluations. Copies of critical documents will also be stored in the BAMC GME office for Army trainees and the WHMC GME office for AF trainees.

L. Resident compliance with administrative and military requirements: The PD must track and ensure compliance with the policies that require residents to maintain BLS certification; other certification (PALS, NRP, ACLS, ATLS etc) and Texas Institutional Permits for outside rotations. Military residents must meet service specific weight and physical fitness standards and the PD must track and ensure this happens. Violations of any of the above requirements could result in the resident being terminated from training.

M. Resident Requirement for State Medical License: All residents must have and maintain a valid unrestricted state medical license once they are 2 years out from medical school. Those who do not meet this requirement must be reported to the GMEC. The PD must understand the licensing process and ensure his/her residents meet this requirement.

N. UNITED STATES MEDICAL LICENSING EXAM (USMLE), COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAM, Step 3 (COMLEX) and State Licensing boards: All FYGME trainees (interns) are required to apply and take Step 3 of the licensing exam (USMLE for M.D. or COMLEX for D.O. interns) during their internship year. This is especially critical for interns who will be leaving SAUSHEC after their internship. Physicians will not be reimbursed for taking Step 3 of the licensing exam. Physicians are authorized permissive TDY to complete this task.

1. The USMLE is a three-step examination for medical licensure in the United States. It is sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME). The NBME is in charge of Step 1 and 2, and the FSMB Step 3. Application materials to take USMLE Step 3 may be obtained by contacting the **Federation of State Medical Boards** (WWW.FSMB.ORG), 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3855 (817) 571-2949. Each state professional licensing board establishes criteria in order to be eligible to sit for Step 3. Those criteria include having a M.D. or D.O. degree and having passed Steps 1 and 2 of USMLE. Additional criteria each state board imposes are the amount of post-graduate training physicians must have completed in order to take Step 3. Interns are required to obtain an application to take USMLE Step 3 from a professional state-licensing agency that requires less than 1 year post-graduate training. Some licensing agencies also tie licensure in with the application to take USMLE Step 3. Appendix 16 describes the current eligibility requirements and shows the postgraduate training requirements in order to sit for USMLE Step 3. The FSMB is the servicing agency for 42 of the professional state licensing boards that have contracted with FSMB for distribution of the USMLE Step 3 application materials, and for processing the USMLE application. For states not serviced by the FSMB, individuals would have to

contact the professional state licensing board directly for the USMLE application and that state would process the application. Step 3 USMLE is a computer-based test and is now accomplished through Sylvan Prometric Technology Centers, which are located throughout the country. There are no longer set dates for taking this exam. Once the application is processed and the individual receives permission to take the exam, they will have a 90-day period in which to take the two-day exam. Scheduling a time is done directly with the Sylvan Prometric Technology Center. Program directors should be aware that individuals need to be given time off during this established 90-day period. There are no extensions given during their assigned 90-day period. Complete information on USMLE may be found in the "USMLE Bulletin of Information" which is published annually. The web site for USMLE is WWW.USMLE.ORG

2. Comprehensive Osteopathic Medical Licensing Exam (COMLEX): Osteopathic interns are required to take Step 3 of the COMLEX. The COMLEX is not a computer-based test. The two-day exam is given twice a year. Applicants are required to contact the National Board of Osteopathic Medical Examiners (NBOME), W. Higgins Rd., Suite 2000, Chicago, IL 60631-4101 (773) 714-0622 to obtain application materials. Their web site is WWW.NBOME.ORG

O. Specialty Boards: All SAUSHEC residents are expected to take and pass their specialty boards after completion of training. As a program director, you will be required to sign their application stating that they are eligible to take this examination. Specialty board information may be found in the "Green Book" or by contacting the specialty boards directly.

1. Air Force residents may receive approval and payment for their board fee at the time they apply, which means they should check with the WHMC GME office.

2. Army residents have to pay the board examination registration fees out-of-pocket, and then seek reimbursement after taking the exam. The decision to offer funded TDY or permissive TDY for boards will be made at the medical treatment facility (MTF) at which the resident is stationed when he/she takes the boards. The following are the administrative requirements, as directed by the Directorate of Graduate Medical Education, for being reimbursed for taking specialty boards for Army residents:

a. SF 1034, Public Voucher for Purchases and Services Other than Personal, must be used to request reimbursement for specialty board fees in all instances, whether or not TDY or permissive TDY is involved. Individuals should file for reimbursement in full only after sitting for the board. Individuals should request reimbursement for travel and transportation expenses in accordance with current travel regulations.

b. Prior authorization is a requirement in all instances in which reimbursement for personal expenditures will be claimed. The approving authority of the SF 1034 must include the following statement in the authorization to reimburse for personal expenditures --- "I certify that reimbursement is primarily for the benefit of the government and does not qualify the employee for his or her position. Specialty board certification primarily benefits the Army because it significantly contributes to the Army's success in physician recruiting, retention, and graduate medical education."

c. The approving authority of the DD 1610 must include the following statement in the remarks section in order to reimburse for TDY --- "I certify that reimbursement is primarily for the benefit of the government and does not qualify the employee for his or her position. Specialty board certification primarily benefits the Army because it significantly contributes to the Army's success in physician recruiting, retention, and graduate medical education."

P. Training Rotations outside of SAUSHEC: The PD must insure there is a proper MOU and Program Letter of Agreement (PLA) for each rotation outside of BAMC/WHMC. The MOU is a legal document between BAMC or WHMC and the institution where the training will be done. MOUs are service specific so Army residents require a BAMC MOU and AF residents require a WHMC MOU with the training sites institution. MOUs are prepared at WHMC by Ms Sharyn Hights and at BAMC by Ms Pat Bolt. Allow at least 6 months to complete an MOU. The PLA is an educational document that must cover ACGME requirements for outside rotations (see appendix 17 for PLA template). PLAs take less time to complete but can only be finalized after an MOU is completed. The PD needs to budget for outside rotations and ensure residents are on proper TDY orders for rotations more than 40 miles from their

permanent duty station. In addition, rotations at civilian institutions will require the resident to have a Texas Institutional Permit (see below) and these can take several months to obtain (see below).

Q. Institutional Permits: If a resident does a training rotation at a civilian facility, that resident will need to obtain a Texas Institutional Permit from the Texas State Board of Medical Examiners. Details and application forms can be obtained from the BAMC & WHMC GME offices. The application process takes at least 2 months and permits must be renewed each year (this is expected to change in Sept of 2004 when permits will be given for the length of the residency). Therefore, it is critical that the PD have a system that tracks when his/her resident will need a permit and completes the paper work in a timely manner. **A resident will not be allowed to train in a civilian facility without a current permit.** There is a fee for these permits and renewal and regulations and budgets permitting the resident will be reimbursed for these fees. Details on how to obtain reimbursement can be obtained from the BAMC & WHMC GME offices.

R. Resident Working Environment (including Duty Hours), Resident Support and Provider Health programs:

Program directors must establish an environment that is optimal for both resident education and for patient care, while ensuring that undue stress and fatigue among residents are minimized. As directed by the ACGME, Program directors are responsible for developing a duty hour policy (duty hour policy Template is at Appendix 18) monitoring residents for fatigue, stress, including mental or emotional conditions or learning disorders inhibiting performance and drug or alcohol related dysfunction. The PD must ensure that faculty and trainees understand the SAUSHEC policies on resident working environment as outlined in the SAUSHEC GME Policy Book. These policies cover working environment issues such as leave, passes, discrimination, harassment, duty hours etc. The PD must ensure that faculty and residents are aware of the SAUSHEC resident grievance policy and that their program has established policies and outlines how they will assist residents who are struggling or who have issues. It is also the PD's responsibility to ensure assignment of appropriate in-hospital duty hours so that residents are not required to perform excessively difficult or prolonged duties regularly. SAUSHEC programs will comply with all duty hour limitations of the ACGME and the program's RRC. PDs must establish an educational program for the faculty and residents on the effects of fatigue on performance and develop a system to detect and manage resident fatigue and have a contingency plan when problems come up. PDs can request a 10% increase in the 80-hour workweek, if their RRC considers such requests, by using the policy on Appendix 18 and coming to the GMEC with their request.

The Provider Health Programs of BAMC and WHMC are multidisciplinary systems responsible for the evaluation and management of providers with medical, psychological, or substance abuse impairments. The committee's goal is to facilitate full recovery of and be an active advocate for impaired providers. PD and program faculty have responsibilities for reporting physicians, including residents, to the Provider Health Program of BAMC or WHMC under defined circumstances. Education regarding physician impairment is provided during the orientation process when interns report for their training. PGY-2 and above residents and faculty should receive instruction on this program during "New Employee Orientation" and on a yearly basis during "Birth Month Annual Review" or equivalent training.

S. RRC Issues:

1. PDs must be familiar with the ACGME Institutional Requirements, the Common Program Requirements and the Specialty Specific Requirements for their program, all of which can be found at the ACGME WEB site. They must be familiar with and have a copy of the report from SAUSHEC's last institutional inspection as well as the RRC report on their last inspection and copies of any progress reports. They must ensure they have an internal review midway between RRC site visits and be familiar with the findings of their program's last internal review. PDs are encouraged to become members of PD organizations for their specialty and attend PD meetings to become familiar with GME issues specific to their specialty. Any major changes in the program must be reported by the PD to his/her RRC. All such RRC correspondence must be reviewed and cosigned by the Dean and discussed at a GMEC meeting before being sent to the RRC.

2. Preparation for an RRC site visit

a. Your program's last RRC accreditation letter provides an approximate date for your next site review. The Executive Director of the Residency Review Committee for your specialty will notify you approximately three months in advance of your program's site review date. You can contact the Director of Field Staff, Ms. Ingrid Philibert, (312) 464-4948, to see if your program has an established site visit date. You should not wait for notification to obtain your "Program Information Form (PIF)". They are available at the ACGME web site (www.acgme.org). It is best to start planning for a visit 12 months in advance by reviewing the PIF and seeing what information will be required (especially information that requires 12 months worth of data like caseloads or questions that suggest the program will need to change its structure to come into compliance). The PD should develop a 12-month plan, assemble a team (including HS) and assign tasks and deadlines.

b. You must consult the Dean when you start to prepare for a site visit and the Dean should review your plan and an early draft of your PIF at least 3 months prior to your inspection and again 1 month prior to the inspection when he/she should be able to cosign a final version of the PIF. PDs may want to obtain the services of an outside experienced consultant to conduct a mock site review. This is costly and will require approval of the SAUSHEC executive committee and availability of funds. However it might be considered for a new program director with multiple citations on the last review. Another possibility is to invite an experienced Air Force or Army program director in your specialty to conduct a mock site visit.

c. When you receive formal notification of your RRC site review, it will inform you of the site visit date and the name, address and phone number of the site surveyor. You should contact this individual shortly after you receive the letter to find out what type of agenda he/she will want. Usually they ask to have an appointment with the Dean and possibly other members of the hospital leadership. Then he/she will want to talk with the program's faculty, other faculty within the institution and your residents. You should ensure that the site reviewer's visit goes as smoothly as possible by providing the site visitor with good directions and making parking arrangements so they will not be inconvenienced. Ask in advance whether they wish to have a working lunch and find out other details that will assist them in their review. Set aside a convenient work area for the surveyor to use for the day and make sure schedules are blocked so people can meet with the surveyor as required.

d. Pay close attention to the administrative details in the site visitor's letter and the PIF. Ensure that required personnel sign the document, all questions are given complete answers on the PIF, and that the appropriate number of copies is readily available when the site surveyor arrives. Do not include as attachments anything that is not asked for in the PIF.

e. There should be ongoing communication with staff and residents throughout the training year about the review. Before you have your site review, you should meet with your faculty and residents and discuss the purpose of the RRC review & go over what you have said in the PIF and make sure they agree it accurately portrays the program. The residents & faculty who will meet with the surveyor should have the opportunity to review and comment on the PIF prior to its submission. This will give the faculty and residents a sense of how the RRC interacts with the program and the institution. Make it clear that the RRC review is only to determine if the program is in substantial compliance with defined program and institutional requirements. It is not to help staff or residents change program or institutional policies.

f. Since the program director is representing their training program and the institution, utmost professionalism should be maintained at all times. During the review, everyone participating, to include the residents, should have their pager turned off during their interview time. Faculty and residents should not have conflicting duties on the day of the review and should be on time for their interview.

g. The recommended uniform for program directors on the day of the survey is the Class "A" uniform. Residents may wear the duty uniform of their current rotation, e.g., class B's, BDUs, scrubs.

T. SAUSHEC Award and Graduation ceremony: This usually occurs the morning of the 1st Friday in June at the UTHSCSA auditorium. PDs and associate PDs of integrated programs are expected to attend

and participate. All graduates are expected to attend unless they receive written permission from the Dean not to attend because of significant extenuating circumstances beyond their control. Uniform for PDs and graduates is Dress Blues for Army (PDs should have their graduating HS obtain these early in the academic year) and Service Dress for the AF. PDs must ensure that end-of-year paperwork is completed on graduates, verify accuracy of diplomas and ensure graduates have proper uniforms. Graduating residents can compete for research awards as described in Appendix 19. PDs are encouraged to select their outstanding graduate far enough in advance so that the name can be put in the graduation program and announced at the ceremony.

U. GME Year Planning Calendar: A generic PD planning calendar is in Appendix 20.

V. New Innovations GME management system: PDs are responsible for ensuring that accurate data on their program are entered into the New Innovations GME management system that is used by SAUSHEC. PDs should use this system to do electronic evaluations, scheduling, track compliance with various requirements including duty hour compliance etc.

W. Program Coordinator Development: A key person to any program is the Program Coordinator. It is the Program Director's responsibility to ensure his/her program coordinator is trained and informed about GME issues. The Program Director should budget to send the coordinator to appropriate GME meetings about every other year, ensure the coordinator is up to date on ACGME, RRC and SAUSHEC policies and trained in New Innovations. The program director should keep the coordinator up to date on GMEC issues and encourage them to attend SAUSHEC Program Coordinator meetings.

IV. Program Director Academic Duties and Issues

A. Training Rotation Schedule: The PD must determine whether his/her program will have 12 one-month rotations or 13 four-week rotations. With the thirteen 4-week rotation schedule, each new rotation can start on Friday or Monday every 4 weeks. The changeover weekend between Block 1 and Block 2 for programs using the 13 four-week rotation schedule will be determined by the GMEC so that this is uniform for SAUSHEC programs. The PD must ensure his/her rotation schedule works for his/her program and coordinate start and stop times when his/her residents do a rotation at a program with a different schedule or receive trainees from a program with a different schedule.

B. Academic Curriculum: PD is responsible for developing the Program's Academic Goals and Objectives and a curriculum that is designed to provide educational activities to achieve those Goals and Objectives. The PD is responsible for ensuring that all faculty and trainees understand the Goals, Objectives and Curriculum of the program and for annually reviewing them with faculty and housestaff and making appropriate changes. The curriculum must be designed to ensure residents will become competent in the ACGME 6 general competencies (listed below). Additional information about the competencies can be found at the ACGME web site.

1. Patient Care: Includes skills of caring and respect for patients, interviewing skill, informed decision making, ability to develop and execute patient management plan, counsel and educate patient and their family, routine physical exam, medical procedures, preventive health services and ability to work within a team.

2. Medical Knowledge: Includes skills of investigatory and analytical thinking and knowledge and application of basic science.

3. Practice based learning and improvement: Includes skills & ability to analyze ones own practice for needed improvement, using evidence from scientific studies, applying research and statistical methods, using information technology effectively and being able to facilitate learning of others.

4. Interpersonal and Communication Skills: Includes skills of ability to create a therapeutic relationship with the patient and listening skills as well as with peers and other health care personnel.

5. Professionalism: Includes ability to be respectful and altruistic, conduct an ethically sound practice, and be sensitive to cultural, age, gender, and disability factors.

6. Systems Based Practice: Includes skills of understanding interaction of ones practice within a larger system, having knowledge of practice and delivery systems, practice cost-effective care, and be able to serve as an advocate for patients within the health care system.

C. Military Unique Curriculum (MUC): Each program should have a Military Unique Curriculum that ensures that their graduates are ready to assume the role of military physician when they graduate.

1. For personnel training at Wilford Hall Medical Center, there are monthly noontime lectures for "Military Unique Curriculum (MUC)" held in the auditorium on the first Thursday of each month. Attendance is mandatory for interns and roll is taken. Your staff may benefit from many of these and you should make sure you are knowledgeable on the topics covered.

2. Army interns are required to complete a "Military Unique Curriculum" online training by the end of their intern year. This takes time and the PD must ensure their interns do not be save this for the last minute.

3. Other options for military related training:

a. NBC and Bio-warfare teleconferences and formal seminars. These are usually publicized in advance and will tend to repeat over the years.

b. Combat Casualty Care Course (C4). C4 is a 9 day funded TDY to Camp Bullis and Ft Sam Houston, Texas. The first two days are spent taking the Advanced Trauma Life Support (ATLS) course. The last 7 days are spent in the field. A course outline may be found at <http://www.dmrta.army.mil/c4.htm>. This is required for all Army interns and Air Force trainees who will be going to an overseas assignment. If possible, the PD should have all his/her graduates complete C4 prior to graduation but this may not be possible to limited C4 slots.

c. Medical Unit Readiness Training (MURT)- This is 2 days training at WHMC and is required annually for your Air Force staff. It is not, at this time, required for all residents. However, it will smooth their transition into their first assignment if the PD can arrange this training for his/her graduating Air Force Residents before they graduate.

d. Soldier Readiness Processing (SRP)/Army Skills Verification: This is less training than the above but is the periodic requirement to ensure that Army personnel have met the administrative requirements and understand defined battlefield basics. Staff and residents must complete these when scheduled even if residents are not to be deployed. (Usually ½ day for each)

D. Graduation Paper Requirement: All SAUSHEC interns, residents and fellows must complete a graduation paper in order to complete their program and graduate. The requirements of the Graduation paper are found in Appendix 21. The scoring sheet used by the PD to evaluate this paper is at Appendix 22 and must be completed by first week in May. The PD should maintain the graduation paper and score sheet in the resident's file as part of their portfolio to document teaching and assessment of the Practice Based Learning & Improvement competency. The PD must monitor resident progress in this requirement and counsel (in writing) those residents who are not on track to complete this requirement on time in the November of the resident's last year of training. At the February GMEC of the resident's last year of training, the PD will notify the Dean of those residents who are in jeopardy of not completing this requirement on time despite counseling and they will be placed on Dean's Administrative Remediation. At the April GMEC, those residents still not on track to complete this requirement will be placed on formal Academic Probation. In early May, the PD will supply the names of those who have not completed this assignment to the service specific GME office and they will not be allowed to participate in the early June Graduation ceremony. Trainees who have not completed the requirement by the June GMEC will be considered for appropriate action, but they will not have completed their program and are not qualified to sit for their specialty boards until this requirement is met. Note, those residents who have projects they want to submit for the Commanders' Research Award have a completion date in April rather the May (Appendix 19).

E. Supervision of Residents: All patient care done by trainees as part of their training curriculum must be supervised by a Licensed Independent Practitioner (LIP) who is credentialed to do that type of patient care. There are different levels of supervision including direct line of sight where the LIP is in the same room directly observing the resident and indirect levels of supervision where the LIP is aware of what the resident is doing and has approved it (explicitly or implicitly) but does not directly observe the resident. The LIP is available either in the same building or, in the most indirect level of supervision, is available by beeper. PDs are responsible for ensuring they work with their clinical Chiefs and develop a program specific resident supervision policy that a) ensures their trainees are appropriately supervised while given increasing responsibility as they progress through their residency and b) is consistent with the SAUSHEC Resident Supervision Policy as well as policies of the Organized Medical Staff (OMS) of the hospital in which the training will take place. This policy should make it clear to all involved with the care of a patient what a resident (either by name or by year group) can and cannot do in regards to patient care with less than line of sight supervision. Each program's supervision policy must be posted on the SAUSHEC Web site so appropriate personnel at BAMC and WHMC can ensure patient safety.

F. Evaluation of Residents: The PD is responsible for setting up an evaluation system of trainees that utilizes the methods and tools of the ACGME outcome project to assess whether residents have achieved a level of competence in the 6 general competencies appropriate for where they are in their training program. There is no one-evaluation tool that evaluates all six general competencies. Following are a list of tools that may be used in by the Program Director. For full description of these instruments and which competencies they best evaluate, the PD is referred to the ACGME Outcome Project Toolbox of Assessment Methods at <https://www.acgme.org/Outcome>. It is essential that the new PD or APD become thoroughly familiar with the content of this website as soon as possible.

1. Global evaluation form (AF 494)
2. 360 degree evaluations
3. Chart stimulated recall evaluation
4. Checklist evaluation of live or recorded performance
5. Global rating of live or recorded performance
6. Objective structured clinical examination (OSCE)
7. Procedure, operative or case logs
8. Patient surveys
9. Portfolios
10. Record review
11. Simulations and models
12. Standardized oral examination
13. Standardized patient examination
14. Written examination

A post graduation survey of recent trainees and their current supervisor conducted 6-12 months after graduation can provide valuable feedback for the programs effectiveness in training its graduates in all 6 competencies. Such surveys are strongly recommended as they can guide the program director in how to improve the effectiveness of his/her program.

G. Documentation of evaluation of and feedback to trainees: All trainees must be given formal written progress reports at least twice a year. Depending on the branch of service of the trainee, the year of training of the resident and the program's RRC, more frequent evaluations may be required and the specific forms used may be specified. Program Directors should keep in mind that the more frequently they do evaluations and give feedback the better chance they have of identifying and fixing problems. End of year evaluations must be done on all residents and a determination made whether they have achieved the Knowledge Skills and Attitudes in each of the 6 competencies to progress to the next level of training or graduate from the program. All graduates must have the following statement in their records. An equivalent statement for continuing residents documenting readiness to assume the responsibilities of the next year should be included in the appropriate forms.

"XXXXXXXX completed the SAUSHEC XXXXX residency training program on 30 June, 200X. He/she met the program's standards on all rotations and successfully completed all the other requirements of this program. He/she has demonstrated the knowledge, skills, and attitudes in

the six core competencies of the ACGME to the level that make him/her eligible to sit for the XXXX boards and he/she is qualified to be credentialed as a Licensed Independent Practitioner in the field of XXXXXXXX.”

The requirements for end of year and end of program evaluations and documentation are service specific. Guidance can be obtained from the service specific GME office. The following is a summary (see Appendix 23 for an End of Year check list):

1. Army:

a. At SAUSHEC, programs do not use the Army DA1970-R, but rather use AF 494 (prefer NI, but hard copy is acceptable) for the required evaluation at the end of each major rotation for interns and at minimum, twice annually for all other residents.

b. A formal OER is done at the end of each academic year for Army trainees. OERs have significant career implications and should not be used as counseling statements. The Army will not allow the senior rater having a lesser rank or a later date of rank than the primary rater nor the rater having a lesser rank or date of rank than the ratee. This must be considered when establishing the military supervisory chain including staff rating of residents. In the Army, senior raters must give less than 50% “top Block” OERs to their ratees grouped by rank. Thus, even if every medical officer is superlative, only a certain number of top ratings may be given. The senior rater, who may or may not be the program director, will determine how they will apportion these ratings. Additional discriminators of resident performance (research, publications, presentations, etc.) may come into play as well as the issue of who is closer to a competitive promotion board. If a senior rater gives someone a “Top Block” and that pushes the senior rater’s profile to over 50%, the rating will be downgraded to Center of Mass. This system can be a problem for senior raters who rate small numbers of excellent officers of a particular rank. This should be considered early when writing annual OER’s for staff and residents.

2. Air Force:

a. An AF 494 (prefer NI, but hard copy is acceptable) is required at minimum, twice annually. Only the end of year form is routed through the GME office except for PGY1s which require a mid year and end of year evaluation to be sent to the GME office. The AF 494 should be honest as possible since this is one of the first documents examined when a resident in trouble is being considered for probation or possible termination. Be mindful, however, of appearing to “mark down” a trainee on the leadership category. You may mean they haven’t had the opportunity yet to shine; the promotion board may view it as identifying a problem officer.

b. An AF 475 training report is required at the end of the academic year. Although there has been talk of formal OPRs for residents, at this time an AF 475 training report is the end of academic year requirement for AF interns and residents. The requirements for this document are much less stringent than that of a formal OPR. The PD should keep in mind that this is the only document going forward for that year of the officer’s career and that a poorly done report may ultimately hurt promotability. It is not essential to completely fill up the space on the training report but the PD should include all of the resident’s accomplishments, especially noting times when the trainee demonstrated initiative and leadership potential. Care should be taken that it is not full of acronyms understandable only to another member of that specialty and obscure to a physician from another specialty or to a line officer. It is appropriate, especially in senior residents, to honestly discuss potential for future fellowships or command opportunities.

3. Credentialing Paperwork: Graduating residents from both services will require credentials application to be initiated before they depart. One of the reasons to do this is to clear the newly graduated medical officer for clinic duties as soon as possible upon arrival at their next duty station. Another reason is that many subspecialists will be reporting to “one-deep” positions where there may not be a superior of the same discipline who would feel comfortable determining their credentials. The receiving institution will rely on your recommendation about what this particular officer is qualified to do. Air Force and Army have different forms and, in most cases, there are specialty unique credential forms.

4. Specialty Board paperwork: Your specialty board will have its own evaluation form(s) that you must complete on each resident to allow residents to progress from one year to the next and to be document that they are qualified to sit for their specialty board exam(s). As a signature by the trainee is required on many of these forms, it conserves time, whenever possible, to provide this feedback and obtain trainee signatures on all required paperwork at one time.

5. Navy residents will require a fitness report (FITREP). Use a past example or seek the advice of the Navy consultant in your specialty.

6. Program Director's Recommendation Letter: This is required at the end of internship (unless the intern has already been selected to continue training in a categorical program), completion of a residency or fellowship, or when a resident is leaving a training program before completion. Complete honesty is essential, especially in the recommendation for future training, as this will be a key document at any future GME selection board if the trainee applies for further GME training. Make sure your ratings on different sections of the form match up. (They cannot be "middle of the pack" in your overall rating while the "best resident of their year group" in an earlier section.)

H. Due Process for Academic Issues: The PD must be familiar with the SAUSHEC Due Process Policy and must ensure it is followed when the program is faced with a resident who is not meeting the Goals and Objectives (Standards) of the program. All academic actions should be competency based i.e. specify what competency is not being achieved and the evaluation tool(s) used to make that determinations. It should be the goal of the PD to have an evaluation system that identifies problems early, gives feedback to the resident about the problems, identifies underlying causes of the problems and gives the resident a plan and resources to fix the problem(s). The program's Training Committee should manage academic actions with the PD. It is critical to document, in writing, every step in this process. Typically academic actions start with counseling and progress (if the problem is not fixed) to program level remediation and then formal, GMEC-approved, academic probation (with or without extension in training) and finally termination if the problem is serious and cannot be fixed. Serious academic actions may be appealed or require review/approval of a SAUSHEC Faculty Board, the service member's Commander, or Army/AF GME.

I. Professional Development of Residents: Awards; C4; Career Counseling; Military Awards: Besides completing GME training, military residents must begin planning their military career. It is the responsibility of the PD to ensure trainees are mentored in their military career and get proper recognition for achievements. For example, all Army PGY-1s (except USUHS graduates who already completed the Bushmaster course) are required to take the Combat Casualty Care Course (C4) during their internship year. Air Force residents should take this as part of their MUC and are required to do so if they may have an overseas assignment after residency. Quotas and scheduling of C4 are usually handled through the GME office.

1. Army residents may apply for the Officer Advanced Course through the Medical Corps Branch, when they are eligible. A correspondence portion of this course must be completed prior to taking the in residence portion of the course. Graduating Resident may be scheduled to attend after their residency so that they take the course en route to their new duty station. Medical Corps Branch at PERSCOM manages this course and their web site is <http://www-perscom.army.mil/OPhsdMc/medcorps.htm>

2. Residents will be asked by their Personnel command or consultant to complete a "Preference Statement" in the late fall of their final year. Their duty assignment will be made by the Personnel branch manager for their specialty in conjunction with their specialty consultant. Residents are typically notified of their duty assignments in March. PD should understand this system and offer counseling and advice to graduates.

3. Program Directors need to understand the SAUSHEC award policy that is in the GME policy book. SAUSHEC does not support "automatic" PCS awards for graduating residents. The award process is service specific but both commands support medals for residents who have made significant contributions that exceed the standard requirements of their residency. It is the responsibility of the PD to learn how to write up military awards and ensure they are submitted in a timely fashion to the appropriate

approving authority.

J. Faculty Mentoring & Development: Local Courses in supervisory and leadership skills are presented periodically as brief lectures at both medical centers, as are longer courses at the Health Science Center, and through the Association of Physician Executives. Military specific courses are available through Base/Post education and the medical centers. The program director should mentor the Associate PD and involve him/her in significant activities such as curriculum development, resident evaluation, RRC inspections, internal reviews and budget development in preparation for the time the Associate PD may serve as acting PD during PD absences. In joint programs, the PD and Associate PD must be of opposite services and will generally serve as the point of contact for the resident selection process of their specific service. The PD should become aware of the evaluation and promotion issues of their sister service staff. This includes Professional Military Education philosophies and differences in required "wordsmanship" of Army OERs and Air Force OPRs. Periodically evaluation-writing classes are held at the medical centers. If the PD cannot attend such classes, valuable resources would be the Associate Dean, other senior officers and, at times, the officer him/herself. You may have a need to write a Navy FITREP. Often the best option here is to use a previously completed one as a guide or contact the Navy Consultant for your specialty for advice. In order to optimize distribution of service and leadership positions in your department, the PD should be aware of the following issues in their staff:

1. Current obligation and time on station
2. Career intent if known
3. Factors that would influence career intent (money, family time, research opportunities)
4. Short term goals (fellowship, additional skills training)
5. Long term goals (overseas posting, teaching program leadership, desire for administrative/leadership positions)
6. Strengths (special skills, special interests, other talents)
7. Weaknesses (too confrontational, too non-confrontational, reluctance to support operations, reluctance to mentor junior staff or trainees). These issues should be dealt with in confidence with the staff physician unless a situation is so intolerable and the staff member is so resistant to remediation that higher authorities should be involved, especially if there is consideration of bringing such problems to the surface in an OER or OPR.
8. Deployment issues: At times of war and other contingencies, staff physicians will be drawn from your program. The number pulled, and frequency of tasking depends greatly on the program. SAUSHEC and the command will frequently check to see if:
 - a. Your minimum staff-to-resident ratio is being maintained
 - b. Minimal clinical workload or surgical caseload is being maintained.
 - c. There are no conditions that would imperil accreditation of the program or the institution (i.e., loss of key personnel or subspecialty services).

This does not mean that in the short term that none of the above is ever violated but rather that there are no lasting or continued problems in these areas. The ACGME must be informed of significant sustained program changes but any such notifications must always be routed through the Dean's office for co-signature. As a rule, program directors will not be deployed for prolonged periods but operational needs may demand such a deployment. Associate PD's are generally not protected from deployment although, for the sake of program integrity, especially during the resident selection season, other staff should be assigned to mobility/PROFIS positions whenever possible. If the program director is to be deployed for a prolonged period, an acting program director who is fully qualified for the position should be officially designated by the Dean and, after coordination with the dean's office, the ACGME should be notified of the interim action.

V. WEBSITE Addresses for SAUSHEC, ACGME, DOD, and other Educational Entities

Accreditation Council for Graduate Medical Education (ACGME)
Air Force Physician Education Branch
Air Force GME

www.acgme.org
www.afpc.randolph.af.mil
<http://afas.afpc.randolph.af.mil/medical/>

American Medical Association	www.ama.org
American Osteopathic Association	www.aoa-net.org
Army GME	www.mods.army.mil/medicaleducation
Army Graduate Medical Education Directorate	www.meded.amedd.army.mil
Army Medical Corps Branch	https://www.perscomonline.army.mil/ophsdmc/medcorps.htm
Brooke Army Medical Center	http://bamc.amedd.army.mil
Federation of State Medical Boards	WWW.FSMB.ORG
Military Unique Curriculum	https://mucws.swank.com/wbc
National Board of Osteopathic Medical Examiners (COMLEX Exam)	www.nbome.org
SAUSHEC	WWW.SAUSHEC.AMEDD.ARMY.MIL
Uniformed Services University of the Health Sciences (USUHS)	www.usuhs.mil
University of Texas HSC San Antonio	www.uthscsa.edu/gme/
United States Medical Licensing Exam (USMLE)	www.usmle.org
Wilford Hall Medical Center	www.whmc.af.mil

VI. References:

AR 351-3	AMEDD Professional Education and Training Programs
AFCAT 36-2223	USAF Formal Schools
AFI 36-2402	Officer Evaluation System
AFI 41-117	Medical Service Officer Education
AFI 44-102	Patient Care and Management of Clinical Services
AFPAM 36-2705	Discrimination and Sexual Harassment
MCI 40-10	Management of Suspected Impaired Health Care Providers
ACGME	Essentials of Accredited Residencies in Graduate Medical Education: Institutional and Program Requirements
JCAHO	Accreditation Manual for Health Care Organizations

SAUSHEC KEY PERSONNEL

Position	WHMC	BAMC
Commander	BG Charles Green	BG C. William Fox
Vice/Deputy Commander	Col Donald Taylor	COL Carlos Angueira
Chief Administrator	TBA	LTC Fredrick Swiderski
Chief of Medical Staff	Col Ed Sabanegh	COL Carlos Angueira
Dean SAUSHEC	COL John Roscelli	
Program Manger SAUSHEC	Mr. Richard Boggs	
Dean's Admin Assistant	Ms Ylda Benavides	
Associate Dean for GME UTHSCSA	Dr Lois Bready	
Military Associate Deans for GME	Col Theodore Parsons	LTC Mike Morris
GME Administrators	Ms Sharyn Hights	Ms Pat Bolt
HS Council President	Maj Michelle Zimmerman	CPT Samara Rutberg
Ombuds	Col Janet Rowe (Chief Ombudsman), Maj Jeanie Baquero, Maj Max Lee, Maj Rhonda Dean, Maj Jack Lewi	

SAUSHEC GME PROGRAMS

<u>BAMC/WHMC Programs</u>	<u>Program Director</u>	<u>WHMC Programs</u>	<u>Program director (*Acting)</u>
Adolescent Medicine	COL Elizabeth Stafford	Allergy	Col Larry Hagan
Anesthesiology	LTC Randall Malchow	Anes Critical Care	Maj Steve Venticinque
Cardiology	LTC James Furgerson	Endocrinolgy	LTC Tom Sauerwein
Cytopathology	COL Karen Nauschuetz	Internal Medicine	COL Tom Grau
Dermatology	Col Jeffrey Meffert	Neurology	LtCol Matthew Wicklund
Diagnostic Radiology	LtCol Thomas Dykes	Orthopedic Surgery	LtCol Craig Ruder
Emergency Medicine	LTC Robert DeLorenzo	Rheumatology	Col Raymond Arroyo
Gastroenterology	COL Richard Shaffer	Vasc/Interv Radiology	Maj George Leon
Hematology/Oncology	LtCol Michael Osswald	Transitional	LtCol Dave Ririe
Infectious Disease	COL David P. Dooley	Oral Maxillofacial Surgery	LtCol Dave Powers
Neonatology	LtCol Robert DiGeronimo	<u>BAMC Programs</u>	<u>Program director</u>
OB/GYN	LTC Randal Robinson	Internal Medicine	LTC Maureen Koops
Ophthalmology	LtCol Dave Holck	Orthopedic Surgery	LTC Roman Hayda
Otolaryngology	LtCol Joseph Wiseman	Surgery	LTC Thomas LeVoyer
Pathology	LTC Tom Casey	Surgical Critical Care	COL Toney Baskin
Pediatrics	LTC Julia Lynch	Transitional	LTC Kenneth Kemp
Urology	LTC Steven Lynch	Oral Maxillofacial Surgery	COL Brian Roach
Pulmonary Critical Care	LtCol Kenneth Olivier	<u>UTHSCSA Integrated</u>	<u>Military Program Director</u>
		Nuclear Medicine (B/W/UT)	Col John Morrison
		Nephrology (W/UT)	Major Paul Skluzacek
		Psychiatry (W/UT)	Maj Julianne Flynn
		Surgery (W/UT)	Col William Perry



**San Antonio Uniformed Services
Health Education Consortium
San Antonio, Texas**

Appendix 2

6 April 04

MEMORANDUM FOR COMMANDERS WHMC/CC BAMC/CC

FROM: OFFICE OF THE DEAN

SUBJECT: SAUSHEC GME BUDGET PRINCIPLES

1. General principles of GME budgeting in SAUSHEC programs:

a. Brooke Army Medical Center (BAMC) will pay GME expenses for Army residents and Wilford Hall Medical Center (WHMC) for Air Force residents. The Commands are committed to ensuring SAUSHEC programs have the budget resources to keep the programs in substantial compliance with ACGME/RRC and DOD requirements.

b. SAUSHEC program directors will work to ensure that all their faculty and residents are practicing cost-effective medicine and assisting the Commanders of both medical centers in the appropriate documentation of workload necessary for reimbursement of health care. Program Directors will teach, implement and monitor these techniques as part of their Systems Based Practice curriculum and faculty development programs.

c. All residents in integrated programs will be treated equally with respect to financial management and opportunities for training – to include educational TDYs, medical equipment and other support for GME training.

d. SAUSHEC program directors will develop a fiscally responsible GME budget for their training programs annually. They will prioritize their budget expenses focusing primarily on GME-essential expenses that are needed to ensure their programs meet all standards and requirements of accrediting agencies and the DOD. They will make every effort to accomplish these requirements in the most cost effective manner possible while assuring that their programs continue to meet the high GME standards expected of military training programs.

e. The TDY cost for required “training rotations,” i.e., 1-6 month rotations outside of San Antonio, will vary widely among SAUSHEC programs depending upon what is required for each program to meet RRC case-mix and educational standards for that specialty. However, SAUSHEC will strive for relative budget equity across all integrated and stand-alone programs for budget items that are considered “negotiable” such as learning aids (books, computer learning programs, etc.), TDY for CME-type meetings, etc. In other words, one SAUSHEC program should not be budgeted to send its trainees TDY to several CME-type meetings per year while a

similar SAUSHEC program is not budgeted to send its residents TDY to any CME-type meetings.

2. SAUSHEC program directors agree to the following specific budget guidelines for TDY expenses:

a. Training Rotations

Outside, GME-essential, training rotations will be done locally when possible and at the most cost-effective site outside of San Antonio if there is not a locally acceptable training site. DOD/VA facilities will be utilized when possible either locally or for rotations outside of San Antonio.

b. CME-type meetings

If CME type meetings are essential to satisfy educational requirements or to improve performance of trainees on critical GME indicators like specialty board examinations, the following guidelines will be used. In general, interns will not receive TDY funding for any CME type meetings. If necessary, residents and fellows will be TDY-funded for only one CME-type meeting per academic year to meet the academic/curriculum needs of the program and when possible, this should be done at local CME meetings. The program director will determine the type of meeting that is best to accomplish the required educational experience needed for their program. Residents and fellows may attend a board review course as their one TDY-funded CME meeting in a training year if the program director decides that is needed to ensure the resident and program meet standards. In general, TDY costs for required CME-type meetings should be less than \$2,000 per resident per meeting. Any cost exceeding \$2,000 per resident must be justified in writing to the Dean of SAUSHEC through the appropriate Associate Dean(s) well in advance of the meeting. Funding for CME-type meetings will not be approved if there is failure to comply with these guidelines.

c. Meetings to present research

(1) In general, residents will be funded for a meeting to present their research only once every other year during their residency (including internship for categorical programs). If this is not an RRC or DOD requirement, expenses in this category will fall into the 2nd priority of priority (see 4 below). Fellows or residents in programs with specific RRC research requirements may be funded for up to one meeting each year of their training to present their research at a national meeting to meet these requirements. The same research will not be approved for funding for multiple meetings. For a resident/fellow to present research, they must have contributed significantly to the research project. Residents and fellows may submit their research to a meeting only after receiving the approval of their program director and SAUSHEC. Acceptance for presentation at a meeting without pre-approval by the program director for consideration violates the SAUSHEC budget principles and therefore may not be funded.

(2) Non-military funding, i.e. Gifts and Grants monies, may be used to send trainees to additional meetings (beyond what is outlined in 1 above) to present research if it is determined

educationally appropriate by the program director; all trainees in the program have an equal opportunity to receive this type funding; and approval is obtained from the appropriate authorities to use this type funding.

3. The expenses of the Dean of SAUSHEC will be shared equally between WHMC and BAMC.

4. GME Budget Process: Each Spring the Associate Deans will work with the program directors to develop the SAUSHEC GME budget plan for the next academic year using these budget principles. Each program's GME expenses will be prioritized by the program director and the Associate Deans as follows:

a. The first priority is for GME expenses that are required for the military GME program as established by the ACGME/RRC, Specialty Boards, DOD, JCAHO, SAUSHEC, BAMC, WHMC or other governing, regulating or certifying bodies that impact military GME programs. Funding for these expenses will be supported throughout the academic year by the Commanders.

b. The second priority is for important, but not required, GME expenses that help ensure the program maintains its historic training excellence and long-term viability. These expenses will also be supported as much as possible but may have to be modified during a fiscal year if there are significant budget changes that affect either BAMC or WHMC.

c. The third priority is for GME expenses that are not necessary to meet standards or maintain the historic excellence of the program but that would dramatically improve the program if they could be executed. These expenses may be supported by the Commands if possible but may have to be supported by gifts and grant monies if the Command cannot support.

The GME budgeting plan will be presented to the resource management departments of BAMC and WHMC after approval by the Dean. If modifications are needed to the GME budget plan during the academic year, the Dean and Associate Deans will work with the resource managers of BAMC and WHMC to make sure that the modifications are executed without violating the critical budget principles in paragraph 1 above. This will be done by first cutting from the third priority, then the second priority while preserving the first priority GME expenses to the fullest extent possible.

JOHN D. ROSCELLI, COL, MC, US ARMY
Dean, Graduate Medical Education

SAUSHEC Annual GME Metric Report

XXXXX Program

Date of Report XX XXXX 200X

Section on Past Performance of the Program

For each metric delete all but the color that applies; Comments are required for all Amber and Red metrics & must succinctly outline the problem/issue and must indicate whether you are working with your department/squadron/group to correct the problem/concern and whether success is expected at that level in a timely fashion.

1] RRC Accreditation Status & Internal Review Issues

Green Accredited >3 years no Citations

Amber Accredited < 3 years &/or citations that must be answered

Red on probation

(Delete all but the one that applies to your program – give comments if Amber or Red)

Other required comments:

A] My most recent RRC review was in XX(month) of XXXX (year) and resulted in X years accreditation.

My next RRC is scheduled for XX(month) of XXXX (year)

I have (had)/do not have major citations that must be answered prior to the next inspection

If you have/had citations briefly comment on what they are and if you have already responded to the RRC what was your response & the RRC's response.

B] Select one of the following:

I have done an internal review on XX (month) of XXXX (year) which is midway between my RRC visits.

I had no major findings to correct or I had the following issues to correct and a progress report is due to the GMEC on XX or XXXX.

I am scheduled for an internal review on XX(month) of XXXX (year) which is midway between RRC visits

I need to get an internal review scheduled in (give the date that is midpoint between your RRC reviews)

2] Board Pass Rate per 3 years

First time Board Pass rate, averaged over most recent 3 year period ____ (estimate with best possible data)

(Delete all but the one that applies to your program – give comments if Amber or Red)

Green \geq 90% Amber = 75% - 89% Red < 75%

3] Residency Fill Rate

I filled ____% of my authorized (by the JSGMESB not the RRC) residency training slots last July

(Delete all but the one that applies to your program – give comments if Amber or Red)

Green \geq 90% Amber = 75% - 89% Red < 75%

4] Percent On-time Graduation

____% of residents who started the program X years ago (where X = the length of training for your specialty) and would be in their final year now are expected to finish the program on time this academic year.

(Delete all but the one that applies to your program – give comments if Amber or Red)

Green \geq 90% Amber = 75% - 89% Red < 75%

Section on Current GME Status in relation to resources needed for program to be in substantial compliance with all its requirements

This section is to determine if you currently have the resources required to keep your program in **substantial compliance** (not perfect) with the Institutional requirements, Common Program requirements and RRC Specific requirements of the ACGME and your programs RRC.

For each metric, delete all colors except the one that applies; Comments are required for all Amber and Red metrics & must succinctly outline the problem/issue and must indicate whether you are working with your department/squadron/group to correct the problem/concern and whether success is expected at that level in a timely fashion. Also specify at which hospital the problems exist i.e. at SAUSHCEC hospitals (BAMC/WHMC) or outside training sites.

5] % Of Training Accomplished in DOD Facilities*

Review your projected rotation schedules for the coming AY.

(Delete all but the one that applies to your program – give comments if Amber or Red)

Red = <50% training done at DOD facilities

Amber = 50-70% done at DOD facilities

Green = >70% done at DOD facilities

**Does not apply to programs integrated with the University of Texas*

6] Faculty Staffing

PD estimation of quality, quantity and mix of teaching staff

(Delete all but the one that applies to your program – give comments if Amber or Red)

Green = no problems to report; meets all RRC requirements

Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue

Red = Major problem that immediately threatens RRC approval

7] Nursing Staff Support

PD estimated needs to support adequate caseloads for training

(Delete all but the one that applies to your program – give comments if Amber or Red)

Green = no problems to report; meets all RRC requirements

Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue

Red = Major problem that immediately threatens RRC approval

8] Technician & other support staff

PD estimated needs to support GME mission

(Includes medical technicians and administrative staff supports – problems MUST be detailed with #'s)

(Delete all but the one that applies to your program – give comments if Amber or Red)

Green = no problems to report; meets all RRC requirements

Amber = Met RRC requirements at last inspection but may not meet them now or in near future if current trends continue

Red = Major problem that immediately threatens RRC approval

9] Caseloads

Estimated by PD according to RRC requirements or other documented standards
(Delete all but the one that applies to your program – give comments if Amber or Red)

Green = no problems to report; meets all RRC requirements

**Amber = Met RRC requirements at last inspection but may not meet them now or
in near future if current trends continue**

Red = Major problem that immediately threatens RRC approval

10] Equipment, Supplies and Space

Estimated by PD according to RRC requirements or other documented standards.
Includes library, facilities, office space, call rooms, equipment, training tools, AV
equipment, computers ...

(Delete all but the one that applies to your program – give comments if Amber or Red)

Green = no problems to report; meets all RRC requirements

**Amber = Met RRC requirements at last inspection but may not meet them now or
in near future if current trends continue**

Red = Major problem that immediately threatens RRC approval

11] Budget

(Delete all but the one that applies to your program – give comments if Amber or Red)

**Green = no problems to report; budget is adequate to meet all RRC, DoD, JCAHO
etc. requirements**

**Amber = Met RRC requirements at last inspection but may not meet them now or
in near future if current trends continue**

**Red = Budgetary problems to the degree program unable to meet RRC, DoD,
JCAHO etc. requirements**

Section on compliance with GME Administrative Requirements

12] Compliance with ACGME, JCAHO, DOD & SAUSHEC requirements (complete table with explanation/plan for 2, 3, 10 any requirements not being met)

Requirement	Meets (yes/no) if no fill out next column	Explanation/Plan
1] Has an appropriate GME structure in place with an Associate PD, training committee and a staff mentor for each trainee		
2] Has appropriate (see below*) educational Goals & Objectives & educational curriculum that is updated annually and is based on the ACGME General Competencies as required by its RRC		Comments required on whether or not ACGME six Core Competencies have been integrated into curriculum & PD must update the Competency/Evaluation Spread Sheet
3] Has, in writing a system to assess resident's performance relative to the programs educational Competency based goals & objectives & that is used to determine if residents are competent to graduate, be promoted to next level of residency or need remediation. Assessment process is in compliance with ACGME's outcomes project for assessment of the General Competencies		Comments required on whether or not ACGME outcome evaluation tools are being used to evaluate each of the six Core Competencies & PD must update the Competency/Evaluation Spread Sheet
4] Has a written resident supervision policy that includes a job description by year of what each resident is competent to do with regards to patient care as required by JCAHO & ACGME		
5] The G&O, curriculum, resident job descriptions, evaluation & supervision policies are distributed to & used by the faculty & trainees		
6] Has a Military Unique Curriculum (MUC) that meets DOD requirements		
7] Has established & maintains oversight of residents doing away rotations & has liaison with appropriate personnel of other institutions participating in the training of their residents (current MOU & Program Letter of Agreement)		
8] Does annual evaluation of program (with trainee involvement) & uses results to improve program		
9] Does annual, anonymous evaluation of faculty by the trainees & uses results to improve the program		
10] Has Duty Hour Policy in compliance with ACGME/RRC Duty hour requirements, monitors trainee duty hours & working conditions & does Fatigue Education of faculty & HS		Comments required on duty hours policy, monitoring of duty hours, duty hour issues & fatigue education
11] Is in compliance with SAUSHEC policies (Resident Grievances, Due Process, Resident Supervision etc); has annual orientation process in place where SAUSHEC policies are disseminated to faculty & trainees & a system to distribute updates to policies throughout the year		
12] Have done, or scheduled, for an Internal Review midway between RRC inspections		

* **Educational Curriculum (question 2 in table) must include ACGME requirements that a resident's curriculum provides:** Curriculum must be competency based and include/ensure: instruction in quality-assurance/performance improvement, a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice; an appropriate

introduction to communication skills and an appropriate introduction to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning; ensures appropriate resident participation in departmental scholarly activity, as set forth in the applicable Program Requirements; ensures autopsies are performed whenever possible and that residents attend the autopsy and/or receive the results of the autopsy to provide an educational experience and to enhance the quality of patient care; ensures that all deaths and sentinel events are reviewed with residents who cared for the patients and used as teaching moments

Delete all colors but the one that applies to your program – give comments if Amber or Red that outline which administrative issues is/are not currently being met & action being taken to come into compliance & time line for coming into compliance

Green = no problems to report; meets all of the above requirements

Amber = Meets all but one to four of the above requirements and will meet them all in the next 4 months

Red = Does not meet 5 or more of the above requirements and/or will not be able to be in full compliance with all requirements in four months or less

Section on Annual Report issues and monitoring outside rotations

13] Annual Report to Organized Medical Staff and Governing Bodies of SAUSHEC Major Participating Hospitals & Monitoring outside rotations

SAUSHEC must monitor outside rotations & do annual report to the Governing Bodies and Organized Medical Staff of each Hospital where SAUSHEC residents train for a sufficient amount of time to qualify that hospital as a Major Participating Hospital as defined by the ACGME. Report must address following issues for the past academic year (choose the correct answer in the following sections and delete the other):

A. Rotations at SAUSHEC Hospitals (BAMC/WHMC) for the academic year XX-XX

Resident responsibilities in BAMC/WHMC rotations

Nothing to report- Resident responsibilities are clearly defined & understood by the residents and the OMS of BAMC/WHMC & there have not been any issues in the past year

or

The following Resident Responsibility issues have been identified in the past year on BAMC/WHMC rotations:

Resident supervision in BAMC/WHMC rotations

Nothing to report- Resident supervision is clearly defined & understood by the residents and the OMS of BAMC/WHMC & there have not been any issues in the past year

or

The following Resident Supervision issues have been identified in the past year on BAMC/WHMC rotations:

Resident evaluations in BAMC/WHMC rotations

Nothing to report- Resident Evaluation system is clearly defined & understood by the residents and the OMS of BAMC/WHMC & there have not been any issues in the past year

or

The following Resident Evaluation issues have been identified in the past year on BAMC/WHMC rotations:

Compliance with duty-hour standards in BAMC/WHMC rotations

Nothing to report- The SAUSHEC Resident Duty Hour Policy is understood by the residents and the OMS of BAMC/WHMC & there have not any compliance issues with the policy in the past year

or

The following Resident Duty Hour issues have been identified in the past year on BAMC/WHMC rotations:

Patient Safety issues in patients cared for by residents during BAMC/WHMC rotations

Nothing to report- There has not been any patient safety issues in BAMC/WHMC patients cared for by my residents in the past year

or

The following Patient Safety issues have been identified in the past year on BAMC/WHMC rotations:

B. Rotations at outside (not BAMC or WHMC) Hospitals for the academic year XX-XX

Not applicable, my residents do not do any outside training rotations If applicable complete the appropriate form for the major participating hospital where training is done

Summary of Annual Report and outside rotation issues

Concerning Resident Responsibilities; Resident Supervision; Resident Evaluations; Compliance with Duty Hour Standards and Patient Safety Issues for:

A] BAMC & WHMC rotations

I have nothing for the annual report with my BAMC & WHMC rotations

I have the following issues for the annual report with my BAMC or WHMC rotations

B] Outside Rotations

I do not do any outside rotations.

I do not have any issues on my outside rotations at the following hospitals:

I have the following issues with outside rotations at the following hospital(s) and am taking the following actions to fix them:

Miscellaneous Issues

14] Bragging Points

Give at least 2 but no more than 5 significant bragging bullets about your programs or residents accomplishments in the past year (high board pass rate, high intraining exam scores, research accomplishments, implementing best practice in competency evaluation, successful RRC review etc)

15] Miscellaneous:

Add any additional information you wish to give here, to be considered for presentation to the Board of Directors.

XXX XXXX XXXXX
Program Director XXXXXX Program

ARMY FYGME CALENDAR OF EVENTS - 2004
for Training Beginning July 2005

DATE	EVENTS
1 July 2004 (Thurs)	ERAS Post Office opens for file transfer. Each school will designate their own release date for file transfer.
15 October 2004 (Fri)	<p>Deadline for submission of FYGME application via the web to include a signed Deferment Request Form and, if applicable:</p> <ol style="list-style-type: none"> 1. Deferment Letter 2. Certification of Release Discharge (DD214 or NG22) 3. Original Advanced Degree Transcript and Diploma for Masters or PhD ONLY. <p>Deadline for submission of USMLE/COMLEX scores to the Army Student Management Office and to the Army Programs the students have selected; and approved physical or status of pending physical.</p> <p>Deadline for submission of ERAS. Entire ERAS application must be transmitted by the Student Affairs Office and received by the program directors and the Army GME Office by this date.</p> <p>Deadline for submitting changes to the preference priority list (five FYGME locations/specialties). The web site will be deactivated for student actions on this date at close of business. Any attempt to make additions or changes after this date will not be accepted. <i>Students are required to ensure that their student affairs office receives their latest changes, so that the appropriate program will receive a copy of their ERAS application.</i></p>
18 October 2004 (Mon)	OMLs open for ranking by the program directors of students' choices.
1 November 2004 (Mon)	Release of Deans' letters electronically by Student Affairs Offices.
8 November 2004 (Mon)	OMLs completed by MEDCENS/MEDDACS. Match run after this date.
29 November - 3 December 2004 (Mon-Fri)	Selection Board held at the Hilton Alexandria Mark Center Hotel, Alexandria, VA.
15 December 2004 (Wed)	FYGME Board results released via the web site with official letters mailed in mid-Jan 2005. Board results will also be released to USAREC for the recruiter's information.

Eligibility Requirements for Step 1 and Step 2

To be eligible to sit for USMLE Step 1 and/or Step 2, you must be in one of the following categories at the time of application and subsequent examination:

- A medical student officially enrolled in or a graduate of a U.S. or Canadian medical school accredited by the Liaison Committee on Medical Education (LCME).
- A medical student officially enrolled in or a graduate of a U.S. osteopathic medical school accredited by the American Osteopathic Association (AOA).
- A medical student officially enrolled in or a graduate of a foreign medical school and eligible for examination as certified by the Educational Commission for Foreign Medical Graduates (ECFMG) for its certificate.

ARMY FIRST YEAR GRADUATE MEDICAL EDUCATION (FYGME) FACT SHEET – JULY 2005

The following pertains to training beginning in July 2005. The term FYGME and post-graduate year one (PGY1) are used interchangeably. You must refer to the training locations grid on this website to determine the training locations for your desired specialty.

Emergency Medicine: The principal track for training in emergency medicine is PGY1-3 and is available at three Army hospitals. Applicants interested in training in emergency medicine should select the three Army programs on the Preference Priority Sheet (PPS) and indicate Emergency Medicine as the specialty goal. Since there are only 3 programs, the final 2 selections on the PPS should be transitional year programs. **A continuous GME contract for three years of training will be offered to those selected for the PGY1-3 track.**

Family Practice: There are 7 programs in family practice. Applicants for this specialty may rank all 7 on the PPS if desired although only the first five will be used in the computerized match. If positions remain vacant after the match, applicants may be placed in a program if it is ranked on their PPS. The program at Dewitt Army Community Hospital is included in the National Capital Consortium. Those applying for this program should select NCC on the PPS but continue to use Dewitt/Family Practice on MyERAS. **A continuous GME contract for three years of training will be offered.**

General Surgery (Categorical and Preliminary): There are 6 programs in general surgery. The number of categorical PGY1 positions in each program is one more than the number of chief resident positions. Those students interested in training in this specialty may rank all programs however only the first 5 will be utilized in the computerized match. If positions remain vacant after the match, students may be placed in a program if it is ranked on their PPS.

Since there are both categorical and preliminary positions in the general surgery programs it is important to ensure that the correct specialty goal is named on the PPS. Applicants who indicate general surgery as their specialty goal will be placed in categorical positions. Selections for categorical general surgery are for the PGY1 only. Application for the remainder of the training will be done after entry onto active duty.

Preliminary general surgery positions exist for the following specialties with the number of positions at each location equal to the number of PGY2 positions to facilitate continuous training:

a. Neurosurgery – There is only one neurosurgery program in Department of Defense. It is part of the NCC and the FYGME position is in the NCC general surgery program. Since this is a competitive program students should plan to do an ADT with the neurosurgery service at Walter Reed Army Medical Center (WRAMC) and indicate GS Neurosurgery NCC as their first choice on the PPS. The remainder of the rankings should consist of other general surgery programs. The specialty goal must indicate neurosurgery. **A continuous GME contract for seven years of training will be offered.**

Transitional Preliminary Positions

SPECIALTY	FYGME Location/Pairing	Residency Location
Preliminary Aerospace Medicine	EAMC/paired with NCC	Pensacola
Preliminary Anesthesiology	SAUSHEC & WBAMC/ paired with SAUSHEC	SAUSHEC
	EAMC/MAMC/NCC & TAMC/paired with NCC	NCC
Preliminary Dermatology	SAUSHEC & WBAMC/ paired with SAUSHEC	SAUSHEC
	NCC & TAMC	NCC
	NCC	NCC
Preliminary Ophthalmology	SAUSHEC & WBAMC	SAUSHEC
	MAMC & TAMC	MAMC
	EAMC & NCC	NCC
Preliminary Physical Medicine	NCC & WBAMC	NCC
Preliminary Preventive Medicine	MAMC	MAMC
	NCC	WRAIR
Preliminary Radiation Oncology	NCC	NCC & Army Sponsored Civilian Training
Preliminary Radiology (Diagnostic)	SAUSHEC & WBAMC	SAUSHEC
	MAMC	MAMC
	TAMC	TAMC
	EAMC & NCC	NCC

NOTE: The preliminary positions may not always be in the same training hospital as the paired PGY-2, but selections for these positions will be done in coordination with the specialty residency program director. Designated preliminary transitional positions are awarded on the basis of academic merit in the FYGME match. Since more positions exist at the PGY-2 level than there are designated preliminary transitional programs, it is also quite feasible to be selected at the PGY-2 level from the general transitional applicant pool if not selected for the preliminary specialty. However your chances for the follow on programs are more favorable if matched to a preliminary program.

(Please refer to WEB site <http://afas.afpc.randolph.af.mil/medical/> for the Air Force equivalent of this information)

SUBJECT: Letter of Instruction (LOI) for the 2005 Army First Year Graduate Medical Education (FYGME) Program

The Army Medical Department will continue in academic year 2005 to expand their single step selection process beginning at the FYGME level. This process allows a medical student to be considered for a graduate medical education (GME) program leading to specialty board certification in their chosen specialty.

In academic year 2004 the Army offered this continuous training in the specialties of Emergency Medicine, Family Practice, Internal Medicine, OB-GYN, Orthopaedics, Pathology and Pediatrics. In addition to these continuous GME training options, continuous GME training options will be offered to graduates in the class of 2005 in the specialties of Child Neurology, Neurology, Neurosurgery, Otolaryngology, Psychiatry, Psychiatry/Family Practice, Psychiatry/Internal Medicine, Radiology (Diagnostic) and Urology.

The establishment of a new training initiative between the Department of Defense (DoD) in association with the Department of Veterans Affairs (VA) has created new training opportunities beginning at the FYGME level. This initiative, referred to as the VA-DoD training program, will be offered to graduates in the class of 2005 in the specialties of Anesthesiology, General Surgery, Neurosurgery, Radiology (Diagnostic) and Urology. It will allow Army medical students to apply for consideration to these specialties only at the following pre-designated VA-affiliated civilian training facilities: VA-DoD Anesthesiology training will be conducted at the University of Maryland, Baltimore, MD; VA-DoD General Surgery, training will be conducted at Jackson Memorial Hospital, Jackson Health System, Miami, FL; VA-DoD Neurosurgery training will be conducted at the University of Washington, Seattle, WA; VA-DoD Radiology (Diagnostic) training will be conducted at the Medical College of Georgia, Augusta, GA; VA-DoD Urology training will be conducted at the University of Texas Health Science Center, San Antonio, TX. For more information regarding this training offer, refer to paragraph 7.

The FYGME program is the gateway into Army medicine for the majority of Medical Corps officers. It is the next stage in your professional development. The information contained in this LOI is intended to guide you through the FYGME process.

1. APPLICATION REQUIREMENT:

a. **Obligated Army Medical Students:** All medical students who have service agreements secondary to participation in the Armed Forces Health Professions Scholarship Program (HPSP), Reserve Officers' Training Corps (ROTC) or attendance at the Uniformed Services University of the Health Sciences (USU) must apply for Army FYGME under the terms of their service agreement. If selected for Army FYGME, obligated medical students must accept the position that is offered. **Failure to participate in the application and match process for Army FYGME is a violation of your service agreement and can result in loss of entitlements or other adverse action. Additionally, failure to comply with all application requirements is a serious breach of your service agreement and may result in placement in an Army FYGME program with no regard to personal preferences or specialty goal. Our desire is to further each student's professional development while meeting the needs of the Army and your cooperation with the FYGME application process is the best way to achieve these results.**

b. **Civilian Medical Students:** In addition to the Armed Forces medical students applying for Army FYGME, qualified civilian physicians are eligible to apply if they meet the following:

- (1) Are a US citizen.
- (2) Are in the final year of medical school in the US or Puerto Rico accredited by the Liaison Committee on Medical Education (LCME) or American Osteopathic Association.
- (3) Have passed steps/parts 1 & 2 of the USMLE or COMLEX exams.
- (4) Agree to immediately withdraw from the civilian match or cease pursuit of civilian residency training upon acceptance of military GME and selection by the U.S. Army Recruiting Command (USAREC) accession board.
- (5) Meet appointment and accession criteria for service as an active duty Medical Corps officer which includes a physical examination.
- (6) Sign a service agreement upon accepting training.
- (7) If selected and accept an Army FYGME program, accept a Captain Oath and a commissioning ceremony for entry onto active duty in the Army Medical Corps.

Failure on the part of a civilian applicant to meet any of the above requirements will result in the withdrawal of their application/selection by the Army.

2. **TRAINING PROGRAMS:** Army FYGME includes both categorical and transitional year programs. A categorical FYGME program is considered the first year of training in the specialty and counts toward board certification. The transitional year is a year of preliminary training required for specialties that do not have categorical PGY-1, i.e. diagnostic radiology or anesthesiology. All FYGME programs in the Army are depicted on the training locations grid found on this website. Additionally, there is a Fact Sheet located on this website that provides a description and pertinent information for each of these FYGME training programs.

3. **APPLICATION PROCESS:** This is a two tiered process that consists of submitting an application for Army FYGME programs using the Electronic Residency Application System (ERAS) as well as completing all supplementary Army FYGME application requirements through this website. The processes for each are as follows:

a. **ERAS Application:**

(1) Your ERAS application is submitted through a web-based application called MyERAS accessible via www.myeras.aamc.org. MyERAS contains work areas for completing the basic application and personal statement, selecting desired training programs, and assigning supporting documents such as letters of recommendation. You must register with MyERAS on line using a token that you can obtain from your student affairs office and you should contact the appropriate person in that office if you have any questions about using ERAS. This system will allow you to submit your application to a maximum of 10 programs for the basic fee. You must submit your application to at least five Army FYGME programs. You must also list at least a few civilian programs in case of non-selection for Army FYGME. If desiring VA-DoD training consideration, you must rank a pre-designated, participating VA-affiliated civilian training program as one of your civilian programs. Assistance using MyERAS may be found at services.aamc.org/ERAS/MyERAS2004.

Once you have completed MyERAS, your student affairs office will be notified that you have used your token and that you have applied to residency programs. The student affairs office will then attach your required documents and transmit your completed application to the ERAS post office for transmission to the programs you have designated. A copy of your application will automatically be forwarded to the Army Graduate Medical Education (GME) office for our records. You should verify that your application was transmitted to ensure that the programs receive the documents. The deadline date for receipt of MyERAS Army program applications is 15 October 2004, except for the Dean's Letter. Please work with your student affairs office to ensure they have sufficient time to meet this deadline.

(2) **Medical Licensure Examination:** Army policy mandates that all students take Steps I and II of either USMLE or COMLEX. Unless a written exception to policy has been granted, all HPSP and ROTC students must provide the results of Step II to the Army Student Management office by 15 October 2004. Exceptions are only granted to those individuals whose curriculum does not allow completion of core subjects prior to the deadline. The results of Steps I and II from USU students are submitted from their student affairs office directly to the Army Graduate Medical Education office. Civilian physicians must also meet this requirement and must submit copies of their Step I and II as part of the FYGME application process. The ERAS offers the option to have the scores included in its application and all students must select this option.

(3) **Reimbursable Fees:** If you are an HPSP student, you may claim reimbursement for the basic ERAS fee as well as the fee for reporting United States Medical Licensing Examination (USMLE)/Comprehensive Osteopathic Medical Licensure Examination (COMLEX) scores by submitting a cost data worksheet that is provided in your HPSP handbook. Students attending USU must coordinate directly with their student affairs office for reimbursement of ERAS and licensure score fees. Army ROTC and civilian physicians applying for Army FYGME are not entitled to ERAS or licensure score reimbursement.

(4) **Letters of Recommendation/Active Duty for Training (ADT) Evaluations:** Letters of recommendation from Army physicians can increase your competitiveness for Army programs. These documents must be added to your application by your Student Affairs office. You must ensure that they are received by that office in time to be included in your application.

Additionally, for HPSP and applicable ROTC students, performance of an ADT at your preferred residency training site may significantly improve your chances of matching with that program. Students are encouraged to arrange the ADT rotations to be completed prior to 1 November 2004. Evaluations from your ADT performance may be treated as a single supporting document and scanned for inclusion at your Student Affairs Office. You may either deliver the evaluations yourself, if available when you complete your ADT, or provide your Student Affairs Office mailing address to your ADT site student coordinator and request that they be forwarded.

b) **FYGME Website Requirements:**

(1) **Rank Order List:** The **Army FYGME Preference Priority List** is a separate Army specific form that must be submitted as part of your FYGME application and is utilized to rank your programs for the Army match process and designate your ultimate specialty goal. Your specialty goal must be consistent with the programs that you rank, i.e. a list of five general surgery programs is not consistent with a specialty goal of pediatrics. You are required to rank five programs for the FYGME match and these must be the same five Army programs designated in MyERAS. In specialties with fewer than five Army programs, the balance of your list should be made up of programs that can be considered as preliminary training such as the transitional year. You may list more than five programs however only the top five will be utilized in the match. In order to maximize your chances for selection in competitive specialties it is recommended that you list all Army FYGME options for the specialty. Additional programs listed in excess of five may be used to place you in a program if a position is available.

Consider your rankings carefully and if you have any questions please get in touch with the Army GME office (FYGME section) for assistance (see paragraph 9). We will attempt to review all rankings to ensure that they are consistent with your specialty goal. We will contact you to resolve incongruities. Our goal is to match each student in the program of their choice and we assume your rankings accurately reflect your true desires.

Your rankings are confidential. The Army GME office does not tell program directors how a student ranked their program. The only information a program director has is that the student ranked the program as one of their top five choices. Program directors may ask students as part of the interview process about their rankings. Students are under no obligation to divulge this information.

(2) **Civilian Deferments – (FYGME Deferment Information Form):** All Army obligated students are required to apply to the Army for FYGME. Students may not request a civilian deferment in lieu of applying to Army programs nor list civilian deferred as one of their choices. There are 359 students in the graduating class of 2005 with 296 projected FYGME positions, therefore a maximum of 82% of students will be matched to Army training programs. The actual number will probably be 80-85%. All graduating USU students will be matched to an Army FYGME program. Since not all HPSP and ROTC students will be able to perform Army FYGME, you must have an alternative option for this training in a civilian program. You must register for the National Resident Matching Program (NRMP) or the American Osteopathic Association (AOA) Program and/or tentatively arrange for training at a program that does not participate in the NRMP/AOA. If selected for Army FYGME, you must withdraw from the NRMP/AOA or any other match arrangement. Those not selected for training will be granted a deferral of their active duty entry to perform residency training in a civilian program. The deferment will be in the specialty that the student indicated on the preference priority form. Civilian applicants are not eligible for a civilian deferment; therefore they are not required to complete the FYGME Deferment Information Form.

It should be understood that the training length granted for any civilian deferment will be for the minimum time required for board eligibility in the specialty. No deferments will be granted for combined residency/fellowship programs or dual certification residency programs (i.e. general surgery/plastic surgery). Students who are granted a deferment must comply with all the rules and requirements of the NRMP/AOA or other match in which they participate.

All HPSP and ROTC students are required to complete the Deferment Information Form via the web, print their completed form, sign the form and then send it to our Army GME office to meet the requirement for this document. This form is utilized only if you are not selected for Army FYGME. It will not influence your chances of being selected by an Army program. It outlines the conditions of the deferment and is used to determine the length of the deferment. Students who feel they have special personal circumstances that support a need for deferment may send a separate letter either by e-mail (see paragraph 10) or fax to (703) 681-8044 to the Army GME office. The information must be specific. Submission of a letter in no way guarantees that a deferment will be granted but it will serve to apprise the board of your desires. The letter is the only document for requesting special consideration and this information is separate from your application and will only be utilized by the personnel in the Army GME office. The mailing address to be used in the return of the Deferment Information Form is stated in paragraph 11. This form must be received in the Army GME office no later than 15 October 2004.

(3) **Pre-accession Information Form:** This is an Army specific form that must be submitted as part of your FYGME application. It provides information that is used to prepare your orders, appointment letter, and oath of office when entering active duty. It is also used to run the match therefore it is imperative that it be received by the posted deadline date of 15 October 2004. Important data fields that must be accurately reported on this form are:

(a) **Physical Examination Data** (obligated Army medical students only): You must have a current military physical examination to document your fitness for active duty. The last military physical must be less than 5 years old. If an

HPSP or ROTC student is unsure of their last physical date, they may verify this information by accessing their HPSP or ROTC student record on this website. Physical Examinations performed after July 2000 will meet the requirement for those obligated officers who will be in Army FYGME or a civilian PGY-1 year in July 2005. Individuals who graduate later must ensure that they meet this requirement. If you are an HPSP or ROTC student and need a new physical you must contact your healthcare recruiter to schedule this or arrange to have this done during your ADT. Results of the new physical must be received in the Army Student Management office by 15 October 2004. Failure on the part of an HPSP student to meet this deadline may result in suspension of all scholarship entitlements including stipend and tuition payments. Civilian physicians are required to obtain a physical as part of their appointment for commissioning as an Army officer.

(b) **Spousal Considerations/Joint Domicile:** Married couples issues are considered at the time of the board. There is no guarantee that spouses can be assigned together however every effort is made to do this while meeting the needs of the Army. Please be aware that the military recognizes only the legal institution of marriage for purposes of joint domicile. Priority is given to couples where both spouses are in the military. The objective will be to make the best match for the couples as well as the programs. Information related to marital status and concerns about assignments should be included on the Pre-accession Form. Additionally, if both spouses are applying, please ensure that the locations ranked are in agreement if joint domicile is desired.

(c) **Constructive Service Credit (CSC) for Grade Determination:** In order to determine if additional credit beyond the normal credit granted for grade determination should be awarded for a particular individual, consideration is given for prior active/reserve commissioned Service and advanced degrees such as Masters or Ph.D. For any credit to be awarded, the following documents must be mailed to the Army GME office: **Credit for Prior Service:** (a) DD Form 214 or (b) National Guard Bureau (NGB) Form 22 (Certificate of Release or Discharge from Active Duty). **Credit for Advanced Degree:** (a) Original transcript (with seal) for the advanced degree and (b) certified true copy of the advanced degree diploma. It should be understood that CSC credit cannot be awarded if the required documents are not received in the Army GME office by 15 October 2004. Any credit awarded will be indicated on the active duty orders for those individuals selected to participate in the Army FYGME Program. It is possible that an HPSP and ROTC student has already provided the above documents to the Army Student Management office. If a student has previously provided these documents or is unsure of whether or not they have done so, they should enter the HPSP section of the website to verify this information on their student file. If the documentation is shown on the website, then there is no requirement to resubmit the documentation. The Army GME office will automatically consider the documentation and award the appropriate credit. It must be understood that all USU and civilian applicants who desire consideration for additional CSC must mail their documents directly to the Army GME office (see paragraph 11). It should be understood that once an individual enters active duty, the only mechanism available to consider additional CSC is through the Army Board of Correction of Military Records and not through the Medical Education Directorate.

4. **DEADLINES:** All application materials (MyERAS, Preference Priority List, Deferment Information Form, Pre-accession Form) must be received by the Army GME office by 15 October 2004. Changes may be made to the documents up until this date but none will be accepted after 15 October 2004.

5. **INTERVIEWS:** Interviews are an important part of the application and selection process. It is your responsibility to arrange the interviews with the program directors of your desired training programs (Note: most HPSP students perform interviews during ADT rotations). If you are not able to interview in person, a telephonic interview may serve as a reasonable alternative. Schedule this ahead of time to ensure you have the focused attention of the program director. It is recommended that you make a curriculum vitae available to the program director for reference during the interview. If you are interested in a specialty which does not have a categorical FYGME year, you should interview with both the specialty program director and the transitional year, or other preliminary, program director as both will be involved in the ranking process. If applying for consideration to a VA-DoD program, you must ensure that you also interview with the desired VA-affiliated civilian program no later than 29 October 2004. Your interview should not be conducted at the same time standard civilian programs interview their applicants.

6. **CONTINUOUS GME TRAINING CONTRACT:** Current service agreements for participants in the HPSP, ROTC and USU require application for Army FYGME and performance of the year on active duty if selected. Those desiring to train beyond the FYGME must apply for the additional specialty training. In an effort to facilitate continuity of training, the Army will offer all students who are selected for designated specialties, previously mentioned earlier in this LOI, the option of entering into a contract for the entire duration of their specialty training. Students may accept the offer of training for the entire length of the residency or indicate their preference to perform only the FYGME with the Army. If the continuous training option is accepted, an individual may still resign if their career or personal goals change. If the FYGME only option is selected, the individual may still apply for PGY-2 training according to the standard process or may begin serving their obligated time as a General Medical Officer at the completion of the FYGME.

7. **VA-DOD TRAINING PROGRAM:** This program is intended to augment Army training capacity in specialties with critical shortages. The selections made for this program are made as part of the Army FYGME selection process. For each of the designated
8. VA-DoD training specialties previously mentioned in this LOI, only one student will be selected to participate in the VA-DoD training program. Students interested in this program should rank the

VA-DoD option as either their first or sixth choice on the PPS. Additionally, the student must ensure that the civilian program affiliated with their VA-DoD specialty designation (as detailed earlier in the LOI) is a program applied to through ERAS. Selections will be made from students who are competitive for the VA-affiliated civilian program in conjunction with the student's rankings of the VA-DOD option on their PPS. Preference is given to the student's rankings. Students desiring consideration to these training opportunities should understand that if selected for this program, training will be Army Sponsored and the training obligation incurred as a result of participation in this program will be served concurrently with any existing undergraduate obligation. A continuous contract will be offered to those selected for the VA-DoD training program. If student accepts the VA-DoD training program offer, then the offered continuous contract cannot be declined. For the specialties of General Surgery and Neurosurgery, all training will be conducted at the designated VA-affiliated civilian training program; for the specialties of Anesthesiology, Radiology and Urology, the FYGME year of training will be conducted at a designated Army training program followed by residency training conducted at the designated VA-affiliated civilian training program. For specific information on the Army/civilian pairing for these specialties, refer to the FYGME Fact Sheet.

8. **SELECTION PROCESS:** Selection for Army FYGME is done using a computerized match similar to the process used by the NRMP. The algorithm used for the match gives preference to the student's rankings. The process is designed to give the best possible match for the student and programs. Historical data indicates that about 85% of students will match with their first or second choice program. The match results are reviewed by the program directors during the Joint Service Graduate Medical Education Selection Board to be held the week of 29 November - 3 December 2004. At the conclusion of the board, the Surgeon General of the Army must approve the results before they are official.

9. **NOTIFICATION OF RESULTS:** The anticipated release date of the results of the FYGME selections is 15 December 2004. Results of the match will be posted on the FYGME website on the date of release (in the student's file under the match tab). Students will need to use their assigned logon IDs and passwords to access their match results. Students will receive an official FYGME selection letter with an enclosed acknowledgment form and/or contract (when applicable) by mid January 2005. In order to finalize the Army match process, this acknowledgment form and contract (when applicable) must be completed and returned to the Army GME office by the posted deadline date stated in the FYGME selection letter. A civilian physician who is selected for Army FYGME will receive an earlier selection letter and must accept or decline the training offered within 10 days of receipt so that appropriate accessioning can be completed in a timely manner.

10. POINTS OF CONTACT:

a. Any application questions/website processing concerns should be directed to the FYGME Program Manager, Ms. Janna Cox at (877) 633-2769, (877-MED-ARMY), menu option 5, (703) 681-4804 or Janna.Cox@otsg.amedd.army.mil.

b. Any questions concerning specific training programs or career guidance should be directed to the Chief, GME Division, Ms. Dee Pfeiffer, at (877) 633-2769, (877-MED-ARMY) menu option 5, (703) 681-4804, or Dee.Pfeiffer@otsg.amedd.army.mil. If it is necessary for a student to speak directly to the Deputy Director of Medical Education, LTC Nori Buising, the student must first contact Ms. Cox for a designated appointment time.

11. **MAILING ADDRESS:** The address to mail documents that are not submitted through the website (such as the special deferment letter, Deferment Information Form and advanced degree documents) should be mailed to: Ms. Janna Cox, FYGME Program Manager, HQDA, OTSG, ATTN: DASG-PSZ-MG, 5109 Leesburg Pike, Skyline 6, Suite 691, Falls Church, Virginia 22041-3258.

USAF		PROGRAM DIRECTOR RECOMMENDATION FORM		USAF	
This form must be completed by the applicant's most recent program director (or current program director) to provide an appraisal of the applicant's performance which will be used in the selection for further GME training.					
1. APPLICANT NAME <small>(Print Last, First Name, MI)</small>		2. SSN		3. SPECIALTY CHOICE <small>(To be completed only if applying for GME)</small>	
4. PROGRAM DIRECTOR NAME (Print Last, First Name, MI)			5. TRAINING PROGRAM		
6. LEVEL OF TRAINING BEING EVALUATED <input type="checkbox"/> FYGME year only <input type="checkbox"/> FYGME (90 days) <input type="checkbox"/> RESIDENCY <input type="checkbox"/> FELLOWSHIP					
7. DATES OF TRAINING EVALUATED (Year, Month)			8. LOCATION OF TRAINING		
9. Compared to other trainees in the program, this individual's overall performance was:					
<small>(check box that applies)</small>		# trainees in peer group in each category			
<input type="checkbox"/>	Top 25%				
<input type="checkbox"/>	Middle 50%				
<input type="checkbox"/>	Bottom 25%				
10. Provide specific comments on this individual's performance including any significant problems noted during training or reservations about qualification for further training.					
11. Based upon my assessment of this individual's performance,					
<input type="checkbox"/> I highly recommend him/her for further GME					
<input type="checkbox"/> I recommend him/her for further GME					
<input type="checkbox"/> I do not recommend him/her for further GME					
12. SIGNATURE OF PROGRAM DIRECTOR				13. DATE	

(MCHO-ME-GME – MAY 2004)

2004 DoD GRADUATE MEDICAL EDUCATION INTERVIEW SHEET

APPLICANT'S NAME (Last, First MI)		SOCIAL SECURITY NUMBER
BRANCH OF SERVICE (USA, USAF, USN)	APPLICANT'S CURRENT STATUS (Medical student, Active Duty, Deferred)	
APPLICANTS SPECIALTY CHOICE (If fellowship, be specific)		
INTERVIEW CONDUCTED (check one):		
_____ IN PERSON _____		_____ BY TELEPHONE _____
DATE: _____		

Assessment of Applicant	Superior	Good	Fair	Poor
a. Personal appearance, military bearing and professionalism				
b. Communicative skills				
c. Professional demeanor, including maturity, balance of humor and seriousness, ethical conduct and attitude				
d. Demonstration of commitment to, responsibility for, and involvement in learning and patient care				
e. Potential for success in graduate medical education				
f. Potential for success as a military medical officer				

APPLICANT'S APPARENT STRENGTHS	
APPLICANT'S APPARENT LIMITATIONS	
INTERVIEWER'S GENERAL REMARKS	
INTERVIEWER (Last, First MI, Rank)	POSITION
FACILITY	DATE

Appendix 10

This is a PDF file on the Rules of Engagement for 03 JSGMESB. Please click to open.



PDF appen10.pdf

2004 JSGMESB JOINT SERVICE SELECTION PANEL PROCEDURES

1. **SPECIALTIES**: All specialties will conduct joint scoring of applicants for training positions at the PGY-2 and above levels, except for those specialties open only to single Service applicants. Selections for PGY-1 positions will be done according to Service specific procedures.

2. **SELECTION PANELS**: The Joint Service GME Selection Board (JSGMESB) selection panels will convene on Tuesday, 2 December 2003 starting at 1100 in assigned rooms, unless otherwise directed. Only those individuals formally appointed in the selection process will be allowed in the panel rooms. Each panel room will be provided a list of members and administrative assistants. Panel members are expected to be in the rooms while the selection process is ongoing.

3. **PANEL COMPOSITION**:

a. **Scoring Members**: Panels will consist of scoring members who are program directors, associate program directors of integrated programs, and consultants/specialty leaders. Program directors of programs that have closed within the last academic year may be invited to the JSGMESB to score if needed. Each Service will be represented by at least one individual who will score applicants in each panel, except for those specialties open to only single Service applicants. Scoring will be done by program directors from the programs that are selecting applicants. If a Service does not have a program director in the specialty, the specialty consultant/leader for that Service will be a scoring member. For programs affiliated/integrated with DoD and where the program director is a civilian, he/she may participate as a scoring member or may designate a Service faculty member from the program to serve as scorer. In these instances, the Service most closely associated with the program will determine if an invitation for a civilian program director is appropriate and provide funding as needed. Every DoD program that is selecting applicants must have a representative participating in the scoring and selection process. Specific procedures for integrated programs are described in paragraph 5 below. Only those individuals whose names are listed as scoring members will be allowed to score applications.

b. **Chair**: The chair will be designated from the list of scoring members.

c. **Administrative Assistant (AA)**: Each Service will nominate individuals to serve as administrative assistants to provide support with records and score sheets. There will be at least one AA in each panel room. The Host Service will assign each nominated AA to specific panel rooms.

4. **APPLICATION DISTRIBUTION AND HANDLING**:

a. Applicant records (including three Applicant Score Sheets and one Composite Score Sheet per record) will be picked up in the Service administrative offices by the designated Service record custodians and taken to the designated panel rooms.

b. Administrative Assistants must be in the assigned panel rooms by 1030 Tuesday, 2 December 2003.

c. Records must be delivered by the record custodians to the assigned panel AA no later than 1100. The AA will inventory the records using the Specialty List of Applicants to ensure all records are present before distributing them in the panel rooms.

5. SCORING PROCEDURES FOR APPLICATIONS FOR PGY-2 AND ABOVE:

a. The panel Chair will review the Joint Service Rules of Engagement, Panel Procedures, Panel Member List, Scoring Guidance, and Score Sheets with panel members prior to the beginning of any scoring of records. The Service Interservice Placement Coordinators (IPC) and the GME staff are available to provide clarification of any issues regarding the scoring or placement procedures. The Chair is responsible for attendance in the panel room and must ensure that only appointed scoring members and designated GME staff are permitted in the room during the scoring and selection process. "Observers" are not permitted in Joint Service Selection panel rooms during panel deliberations.

b. Scoring members will score each application using the JSGMESB Applicant Score Sheet which accompanies the record. When given a record, the scoring member will record points based upon the merit of the application, enter the sum of these points for a total score, and sign and date the sheet. The score sheet is then given to the AA and the record passed to the next scoring member. When the record has been scored by all Services, the AA will place the score sheets back in the record.

c. Each application will be scored by three scoring members, one from each Service. The first scorer will be the program director of the applicants first choice program. For those applicants who list a civilian program as first choice, the first scorer will be the consultant/specialty leader of the applicants Service. The record will then be passed in sequence to the next scoring member. If additional specialty scorers have been appointed to meet workload requirements, these individuals will serve as generic Service scorers only and will not score a record where a program director from their Service is called for.

d. In the case of integrated programs, both the program director and the associate program director will be designated as scoring members and will serve as the scorer for applicants from their own Service who rank an integrated program as their first choice. However, no application may be scored by more than one person from a single program. Both the program director and associate may serve as generic scorers for other Service applicants.

e. If a participating program director is a civilian, that individual will score applications from individuals who rank his/her program first. In that event, the Chair will ensure that one of the other scorers is from the applicant's Service.

f. The Chair must identify split scores (an excessive point spread between individual member scores for the same applicant) and ensure that the individual scoring members discuss the record to address their interpretations of the data. The individual scorers may change their scores after the discussion but are under no obligation to do so. The Chair must be notified of the outcome of the discussion. The standards for split scores according to the training level of the applicant is as follows: Student - 3 points; Current intern - 4 points; GMO applicants - 5 points; Current residents - 7 points and staff (completed residency) - 10 points.

g. **Bonus Points**: The Chair is responsible for recording bonus points on the Composite Score Sheet. Guidelines for awarding bonus points are contained in the "2003 JSGMESB Applicant Scoring Guidance."

h. The Chair will complete the Composite Score Sheet by recording the panel member scores, adding applicable bonus points, calculating and recording the total score, and signing and dating it. The Chair and the

AA will then verify the total scores for each applicant. The Composite Score Sheet will be used for entering scores in the Joint Service Computer Room.

6. SCORING PROCEDURES FOR CATEGORICAL PGY-1 (AIR FORCE ONLY):

a. Program directors of the following Air Force categorical residencies will convene on Monday, 1 December 2003, prior to the official beginning of the joint selection process, to score Air Force sponsored medical student applications: Emergency Medicine, Family Practice, General Surgery, Internal Medicine, Obstetrics & Gynecology, Pediatrics, Psychiatry, and Radiology. Air Force PGY-1 panels will consist of all Air Force program directors and associate program directors in that specialty. One Air Force program director or associate program director from each specialty will be pre-designated as the panel chair. Administrative support will be provided by the Air Force as necessary. Each program director will score every student application for the specialty.

b. If the program is integrated, the non-Air Force program director may attend the medical student scoring. Attendance/funding of non-Air Force program directors must be coordinated with their parent Service.

c. Air Force PGY-1 applications will be scored using the JSGMESB Applicant Score Sheet. For each application, a program director will record points based upon the information in the record. The program director will then enter the sum of these points as the total score and sign and date the score sheet. The completed score sheet will be given to the AA and the application passed to the next program director. When all scores have been completed, the application will be given to the AA who will place all score sheets with the record.

d. The Chair will review scores and resolve any split scores using criteria delineated in paragraph 5f above. The Air Force administrative staff will then calculate the score for each applicant and record the score on the Air Force Applicant Score Sheet. The Chair may recommend bonus points and record the bonus score on the Air Force Applicant Score Sheet.

e. When the Joint Service Selection Panels convene, each Air Force medical student application will be scored by one scoring member from each of the other Services from the appropriate specialty panel. The scoring procedure used by these individuals will be the same as for all other applications. However, in the case of integrated programs, the non-Air Force program/associate program director may score the applicants (only if the non-Air Force program /associate program director did not score the applicant on Monday during the Air Force PGY-1 scoring process). This is the only instance in which two individuals from the same program may both score an applicant. The Joint Service panel chair will use the Air Force score, determined by the above procedure, along with the two other Service scores to calculate the final score for each student.

7. ORDER OF MERIT LIST (OML) AND NOMINATION FOR SELECTION:

a. The AA will take each Composite Score Sheet (in alphabetical order by Service) with the total scores annotated to the Joint Service Computer Room (Plaza Club Lounge, 29th Floor, Main Tower) to enter the scores in the Joint Service GME database. The JSGMESB Schedule for Data Entry should be used as a guideline. Panels may expect reasonable accommodation (on a space-available basis) if they are ready before their designated time or need additional time.

b. Beginning with the 2003 JSGMESB, the AA's of designated specialties will input scores, from the composite score sheets, into a tablet which will electronically transmit the scores to the Joint computer room. It is expected that the use of these tablets will significantly decrease the time involved in data entry input for producing Service specific OML's. Once the scores have been successfully submitted, the AA will only go to the Joint computer room to retrieve the printed OML's.

c. Once the scores have been entered, the Joint Service computer assistant will produce a Service-specific OML for all applicants for each specialty. The AA will distribute the OML to the specialty representatives designated by each Service. The OMLs will be used by each Service to designate select/non-select/alternate and placement. The AAs will inventory the records of each Service and return them to the designated Service representative as Service-specific selection and placement begin. At this point, the joint Service scoring process ends and each Service begins its Service-specific placement, outbrief and final selection process.

d. The number of applicants recommended for selection and selected for training from each Service will be based upon the allocations as set by that Service. Consultants/specialty leaders/committee chairs will annotate select/non-select/alternate status on their Service-specific OML. Ranking of alternates should agree with their order on the OML. There will be no changes to the OML once scoring is complete.

e. Placement of selectees in programs will be accomplished by the individual Services according to Service-specific assignment policies. Consultants/specialty leaders/committee chairs will coordinate this step for each Service. After all selectees have been placed, the Service-specific OML will be completed as such. Each pre-designated Service representative will provide the Service-specific OML to their respective GME staff for GME database input and outbrief with their Service's Board President. Final approval of the selection and placement recommendations resides with each Service according to their policies. Specific guidance regarding interservice placement is in paragraph 8 below.

f. Service GME staffs will provide the host Service with approved selection, placement and interservice placement data for purposes of preparing a consolidated final report to the OASD(HA).

8. INTERSERVICE PLACEMENT:

a. The following procedure must be used for placement of applicants in another Service's GME programs. Accuracy of information is essential and the process must be completed in its entirety. No interservice placement will be official until all data is entered onto the Interservice Placement Routing & Approval Form and all signatures recorded. Inaccurate data will adversely impact both trainees and programs. Program directors **CANNOT** accept applications that have not been processed through the Service IPCs. This process does not apply for placement of applicants in integrated programs for which their parent Service is a sponsor and normal placement procedures for the Service should be followed.

b. The Host Service IPC for interservice placement of applicants is Ms. Rosemary Harris. She will be available through the Army GME admin room in Main Tower (Room 2904). Each of the other two Services has also designated an individual to act as its IPC. These individuals are:

- (1). **Air Force** – Col Carla Beechie
- (2). **Navy** – Mr. Jeff Fennewald

These designated IPCs will schedule meetings as needed to process all IPC actions.

c. Applicants should be considered for another Service's available training positions to the maximum extent possible. Applicants considered for interservice placement must be scored in accordance with the

established Joint Service selection procedures. The final approval for placement remains with the parent Service.

d. If an applicant is selected for Service-sponsored training, the Joint Service panel may recommend placement in another Service's program. The Service consultant/specialty leader will identify these applicants to the panel AA. The AA will contact the applicant's parent Service IPC for coordination of the interservice placement decision. The following process must be used in order to obtain interservice placement decisions:

(1). The parent Service IPC will take a blank Interservice Placement Routing & Approval Form (in duplicate – (1) for application; (2) for backup) to the specialty panel room that is scoring the applicant and complete the basic information (Specialty Requested, Applicant Name, and Parent Service).

(2). While in the specialty panel room, the parent Service IPC must:

(a). attach one copy of the form to each application being considered for placement.

(b). ensure the sponsoring Service's program director completes all items in the "Sponsoring Program" block on the form. (The program director must ensure that he/she has sufficient capacity under the Residency Review Committee limit on trainees for the program to accommodate the additional trainee. Additionally, the program director is also responsible for providing all anticipated funding requirements (including tuition, TDY) for the training. The program director must then sign the form indicating accuracy of the information.)

(c). obtain the parent Service specialty leader/consultant's approval/disapproval and signature.

(3). Once completed in the panel room, the parent Service IPC must proceed to the parent Service's GME office to obtain the approval/disapproval of the GME director and program manager.

(4) After the parent Service has rendered a decision, the parent Service IPC must deliver and release the record to the sponsoring Service IPC.

(5) The sponsoring Service IPC must deliver the record to the sponsoring Service GME office for approval/disapproval of the GME director and program manager.

(6) After the sponsoring Service has rendered a decision, the sponsoring Service IPC must deliver the record to the host IPC, along with a copy of the completed Approval Form, for entry of the completed action in the JSGMESB Interservice Placement database.

(7) The record should then be returned to the parent Service GME office to complete the process.

e. Interservice placement actions initiated after a specialty panel has ended should be coordinated by the service IPCs and turned into the host IPC as appropriate.

f. Interservice placement of selectees may be discussed and preliminarily agreed upon.

Final approval of the placement will be decided by each Service according to its policies and requirements.

g. Approved Interservice placements will be recorded and copies of all Interservice Placement Routing & Approval Forms will be maintained by the host Service.

h. The host Service will provide a consolidated listing of all interservice placement actions after the 2003 JSGMESB adjourns, but no later than 10 December 2003. The same list will be provided to OASD(HA). Subsequent changes in the placements are within the purview of the Service GME offices, but must be reported, as they occur, to the Host Service GME office to update the master interservice placement list for the 2003 JSGMESB.

9. **APPLICANTS FOR TWO SPECIALTIES** (Applies only to Air Force and Navy):

a. **Air Force**: Applicants who apply for more than one specialty will be listed on the List of Applicants for their first choice specialty only. Their record will be scored based on their first choice specialty. If the applicant is a non-select based on the OML, their record will be transferred to the Joint Service Selection panel of their second choice. The second choice Joint Service Selection panel will then score the applicant's record. The transfer of the application will be completed by the Air Force GME office. GME staff will be responsible for monitoring records of applicants with second choices.

b. **Navy**: Applicants who apply for more than one specialty will be listed on the List of Applicants for each specialty they indicate. Their original record will be provided to one Joint Service Selection panel and a duplicate of their record will be provided to the other Joint Service Selection panel. Both records will be scored and ranked by each panel. Applicants will be designated as a select, alternate, or non-select for each specialty. If applicants are selected for more than one specialty, they will make their choice when they formally respond to the selection results message and accept one of the training opportunities.

10. **CIVILIAN APPLICANTS**:

a. **Air Force Procedures** - All Air Force applications will be scored by the JSGMESB board members. Air Force active duty physicians who are qualified for selection will continue to retain first priority over civilian applicants. Civilian applicants are scored in Aerospace Medicine, Diagnostic Radiology, Internal Medicine and Pediatrics specialties only. They will all be scored in the same manner as the obligated applicants and the score will be entered into the database.

b. **Army Procedures** - All Army active duty Medical Corps officers will be scored by the JSGMESB members. Army Medical Corps officers who are qualified for selection will continue to retain first priority over civilian applicants. In those specialties in which sufficient qualified military applicants exist, the civilian applicants for that specialty will not be scored and a score of zero will be entered into the database. In those specialties where there are insufficient qualified military applicants, the Army consultant will determine the need for the civilian applicants to be scored. If civilian applicants are scored in a specific specialty, they will all be scored by that panel and in the same manner as the military applicants and the score will be entered into the database.

c. **Navy Procedures** - All Navy applications will be scored by the JSGMESB members. Civilian applications will be scored in the same manner as the military applicants and the scores will be entered in the Joint Service GME database. Navy active duty medical officers who are qualified for selection will continue to retain first priority over civilian applicants.

11. **SERVICE BOARD PRESIDENT BRIEFINGS**: Each Service will designate a senior panel member to brief the results to their Board President. The Board President will approve or disapprove selection and placement recommendations.

12. **ADMINISTRATIVE SUPPORT**:

a. There will be at least one AA assigned to each Joint Service Selection Panel room.

b. The AA will be responsible for:

(1) Conducting record inventory and placing score sheets in the records;

- (2) Monitoring and assisting record flow from and preventing records from leaving the room;
- (3) Helping to record scores and assisting with data entry;
- (4) Communicating violations of Joint Service Panel proceedings to their Service GME staff;
- (5) Providing overall administrative support to the Chair;

(6) Assuring adequate score sheets and basic office supplies are available. Each Service GME Office is responsible for providing sufficient basic supplies for (only) their Service's record custodians. Additionally, each Service will provide three reams of paper to the JS Computer Room

13. **APPLICANT AND PANEL COMMUNICATION:**

a. If a Navy applicant is fully qualified and needed to fill a military program position not listed in his/her application, a panel member may contact the applicant to determine if he/she is interested in such a position. The panel member must complete, sign, and date a Conversation Record Form which becomes a part of the applicant's record if the applicant alters his/her program preference or other data. This conversation must not communicate any of the substance of the panel's recommendation on the application to the individual.

b. Panel members may NOT communicate with Air Force applicants. Any communication with Air Force applicants must be conducted by Colonel Mark Nadeau or Ms. Dayan Geiger.

c. Panel members may not communicate with Army applicants. Any communication with Army applicants must be conducted by Ms. Dee Pfeiffer.

d. The Air Force does not allow applications to be withdrawn at the JSGMESB. No Army or Navy applications are to be withdrawn based on a telephone conversation or other informal communication. Withdrawal of an Army or Navy application during the JSGMESB will be allowed only if a written request is received from the applicant and approved by the parent Service's Board President. No applications will be added to any Joint Service listing under any circumstance.

14. **RELEASE OF RESULTS:** Joint Service Selection Panel deliberations and recommendations, including scoring results and selection and placement discussions, are confidential and are not releasable. The release of results will be governed by each Services individual procedure. The Services project release of board results on 17 December 2003.

2004 JSGMESB SCORING GUIDANCE

Scoring Guidance

The applicant and composite score sheets were developed by the Services for use in joint selection of applicants for graduate medical education. This guidance amplifies instructions on the use of these sheets.

The purpose of the score sheet is to provide a quantitative basis for ranking applicants. It is designed to give increasing weight to performance as an individual progresses through the phases of medical education and utilization tours.

APPLICANT SCORE SHEET

1. **Preclinical Years of Medical School:** Score using the medical school transcript and Dean's Letter. The expectation is that the top 20-25% of individuals will be considered outstanding and score 2 points, and the majority of the remainder will be considered good and score 1 point. Include USMLE Step 1 or COMLEX in evaluation.
2. **Clinical Years of Medical School:** Score using the medical school transcript and Dean's letter. The expectation is that 20-25% will be considered outstanding and score 3 points; 20-25% evaluated as good and score 2 points, while the majority of the remainder considered acceptable with a score of 1 point. If available, include USMLE Step 2 or COMLEX.
3. **Internship (PGY-1):** Score using interview, letters of recommendation, and performance reports, e.g. Officer Evaluation Reports (OER), Officer Performance Reports (OPR), and Fitness Reports (FITREP) as available. The expectation is that only the top 20-25% will be scored outstanding (5 points). The rest will rank in the excellent (4 points), good (3 points), and acceptable (2 points) categories. The maximum possible score for applicants currently in internships (PGY-1) is good (3 points) since there is limited data available on their performance. Those who have completed an internship (PGY-1 year) should include USMLE Step 3/COMLEX, if applicable.
4. **Residency:** Score using interview, letters of recommendation, and performance reports, e.g. OERs, OPRs, and FITREPs, as available. The maximum score possible for those who have completed residency and are in a utilization tour and applying for fellowship training is outstanding (10 points). The expectation is that only the top 20 – 25% will be scored outstanding. The maximum possible score for applicants currently in residency who are applying for fellowship training is good (7 points). **Note:** This item is only to be scored for residency-trained individuals who are applying for fellowship. Individuals who are applying for a second residency should receive no score in this category. The only exception is for Navy applicants applying for residency training in aerospace medicine, who must receive a score in this category.
5. **Post-Internship Operational/Utilization Tour (OP/UT):** Score using military performance reports, e.g. OERs, OPRs or FITREPs, and letters of recommendation/command endorsements as appropriate. It is recognized that most OERs/OPRs/FITREPs and letters will be highly complimentary to the applicant; however, every effort should be made to identify the truly outstanding applicants in this item. If the applicant has served in more than one assignment in this category, the score should reflect a composite of the performance data.
6. **Potential for Successful Practice as Specialist and Career Officer:** This should reflect the overall impression of the applicant based upon the OERs/OPRs/FITREPs, interview and letters of recommendation/command endorsement as appropriate. Reserve the outstanding category (5 points) for those individuals for whom there is objective evidence of truly exceptional potential.
7. **Panel Member Score:** The maximum possible score on the applicant score sheet is 30 points for a residency-trained staff physician who has served a utilization tour and is applying for fellowship. The maximum score for an applicant currently in residency who served as a general medical officer, and is asking for fellowship is 27 points. The maximum for a current resident who did not serve as a GMO/flight surgeon and is applying for fellowship is 22 points. The maximum score for an applicant for residency who has served a tour as a GMO/flight surgeon is 20 points. The maximum possible score for an applicant currently in their internship (PGY-1) is 13 points.

**2004 JOINT SERVICE
GRADUATE MEDICAL EDUCATION SELECTION BOARD
APPLICANT SCORE SHEET**

Applicant Name _____ SSN _____

Specialty _____ Service _____

COMMENTS:

RATE THE APPLICANTS PERFORMANCE:

(The number in parenthesis represents the score(s) associated with and to be used for each rating box.)

	Outstanding	Excellent	Good	Acceptable	Marginal	Unsatisfactory
1. Pre-Clinical Years of Medical School * (Including USMLE Step 1/COMLEX)						
	(2)		(1)			(0)
2. Clinical Years of Medical School * (Including USMLE Step 2/COMLEX)						
	(3)		(2)	(1)		(0)
3. Internship (USMLE Step 3/COMLEX) Maximum score of 3 for current interns						
	(5)	(4)	(3)	(2)	(1)	(0)
4. Residency (Fellowship applicants ONLY) Maximum score of 7 for current residents						
	(10)	(8-9)	(5-7)	(3-4)	(1-2)	(0)
5. Post-Internship Operational/Utilization Tour (OP/UT)						
	(5)	(4)	(3)	(2)	(1)	(0)
6. Potential for successful practice as specialist and career officer						
	(5)	(4)	(3)	(2)	(1)	(0)

PANEL MEMBER SCORE
(30 points maximum)

* See Scoring Guidance for definitions of points for medical school years.

Panel Member Signature
(CIRCLE ONE: ARMY AIR FORCE NAVY)

Date

Printed Name

COMPOSITE SCORE SHEET

1. **Panel Member Scores:** A single panel member score from each Service will be entered for each applicant.
2. **Split Scores:** A split score is an excessive point spread between individual member scores for the same applicant. Split scores vary depending on the category of the applicant as follows:
 - a. Student - 3 points
 - b. Current intern - 4 points
 - c. GMO applicants - 5 points
 - d. Current residents - 6 points
 - e. Staff (completed residency) - 8 points

The chair must identify split scores and ensure that the individual scoring members discuss the record to address their interpretations of the data. The individual scorers may change their scores after the discussion but are under no obligation to do so. The chair must be notified of the outcome of the discussion.

3. **Composite Score:** This is the sum of the individual selection panel members' scores.
4. **Bonus Points:** Additional points may be earned by an applicant for research and/or prior military service. Each of the three scoring members may make a recommendation to the Chair on bonus points for the records they score. The chair, however, is responsible for reviewing the recommendations and assigning the points. The maximum points which can be awarded by the chair are 4 for research and 2 for prior military service, except as noted below for Air Force medical students.
 - a. **Research** - A score should be assigned according to the following general parameters:
 - 4 points - Multiple publications in peer reviewed journals
 - 3 points - A single publication in a peer reviewed journal
 - 2 points - Multiple publications in in-house journals or multiple poster presentations
 - 1 point - Single publication in in-house journal or poster presentation

A bonus of 1 point may be awarded for research performed under difficult conditions, such as internship, residency (not counting dedicated research time during training) and operational tours, as long as the total bonus points for research do not exceed 4. Similarly, panels may elect not to award points for research, particularly if it was a graduation or residency completion requirement.

Selection Panels may modify the above guidelines as long as the scoring is consistent across the entire applicant pool for the specialty. Except as noted, the maximum number of total points that may be awarded for research endeavors is 4.
Note: For Air Force medical students scored on Monday, the maximum research score is 2.

- b. **Prior Military Service** - This is a bonus score applied once for non-Medical Corps active duty of 2 years or longer according to the following parameters:
 - 2 points – Either commissioned or enlisted service in a medical capacity, e.g., Nurse Corps, Dental Corps, Medical Service Corps or enlisted Corpsman/Medic.
 - 1 point – Either commissioned or enlisted service in a non-medical capacity.

If an individual has both types of experience, the maximum score in this category is still 2 points. Time spent as a USUHS student, service academy or NROTC/ROTC midshipman/cadet does not qualify for this bonus. **Note:** For Air Force medical students scored on Monday, 1 is the only score, which may be awarded for prior Service bonus points.

1. **Total Score:** The composite score plus any bonus points equals the Total Score. The Total Score will determine applicant order on the order of merit lists.

**2004 JOINT SERVICE
GRADUATE MEDICAL EDUCATION SELECTION BOARD**

COMPOSITE SCORE SHEET

Applicant Name _____ SSN _____

Specialty _____ Service _____

COMMENTS:

PANEL MEMBER SCORES:

A. Army Member

B. Air Force Member

C. Navy Member

D. COMPOSITE SCORE

E. Research

F. Prior Military Service

G. BONUS POINTS

H. TOTAL SCORE

Panel Chair Signature

Printed Name

Date

San Antonio Uniformed Services Health Education Consortium (SAUSHEC) Resident Training Agreement

As a resident (term resident is used to designate all GME trainees) assigned to a SAUSHEC GME, I understand that SAUSHEC shall provide a graduate medical education program that meets all the standards of and is accredited by the Accreditation Council for Graduate Medical Education, and I understand the following policies and my rights, responsibilities and benefits outlined herein:

I. RESIDENT RESPONSIBILITIES:

A. To develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.

B. To participate in patient care, under supervision, commensurate with my level of advancement and responsibility.

C. To participate fully in the educational and scholarly activities of my program; to meet all program and SAUSHEC requirements; to demonstrate the knowledge, skills and attitudes defined by my program in the domains of the ACGME's six general competencies and to assume responsibility for teaching and supervising other residents and medical students as required. This includes completing a graduation paper by early May of my last year of training (specifics are outlined in the SAUSHEC GME Policy Book).

D. To participate as appropriate in institutional programs and medical staff activities and to adhere to established practices, procedures, and policies of the institutions in which I am training and if appropriate to participate through peer-nominated representation on hospital committees and councils whose actions affect my education and/or patient care.

E. To submit to the program director, at least annually, confidential anonymous written evaluations of the faculty and of educational experiences of the training program.

F. To at all times adhere to the highest standards of integrity, professionalism and ethical conduct for physicians and officers of the US Army and Air Force.

G. To meet all ACGME/RRC & military training and administrative requirements as designated in the SAUSHEC GME Policy Book and the "Training Agreement for Graduate Professional Education in a Military Facility" (military obligation agreement). This includes helping their program remain in compliance with the ACGME Duty Hour restrictions.

H. To maintain certification in Basic Life Support (BLS).

I. To complete USMLE Step 3 (or equivalent) during PGY-1 (internship year)

J. To comply with Army and Air Force policies requiring all residents to have in their possession a current, active, valid, and unrestricted state medical license NLT two years after graduation from medical school. Failure to obtain (and maintain) a professional license within the established timelines will result in automatic referral for action to the Dean, SAUSHEC and may result in the resident being placed on probation that, in turn, may require the resident to report this to licensing and credentialing agencies in the future. Failure to obtain or maintain the license may also result in "flagging" of military records and adverse personnel actions—to include loss of special pays and benefits, ineligibility to be selected for further GME, reclassification, and/or separation from the military.

K. To, IAW Army and Air Force regulations and the "Training Agreement for Graduate Professional Education in a Military Facility," meet service-specific height/weight standards and physical fitness requirements to qualify for advancement and for graduation from residency.

L. To obtain from program director a written description of program specific responsibilities and supervisory lines of responsibility for the care of patients and comply with these specific requirements.

M. To obtain from program director a description of the usual call schedule and schedule of assignments (rotations) for my program and comply with these schedules.

N. To comply with restriction on Outside Practice Activities (Moonlighting). MEDCOM Reg 600-3, para 4.g.(4) and AFI 44-102, expressly forbid outside medical practice and gainful employment during the course of a residency. Such practice and employment will be grounds for dismissal from the program.

II. RESIDENT BENEFITS AND RIGHTS:

As a SAUSHEC resident, I and my family, per Army and Air Force regulations, will receive the same benefits in the areas of health care, leave (including parental leave), welfare, recreation, financial support (including retirement and disability benefits) housing and meals as any military medical officer with my rank and length of service. Full pay and allowances continue for the duration of the residency and during permitted absences listed below. In addition I understand the following policies relating to my benefits:

A. **Absence from Training** - If a resident misses more than 4 weeks of training in one academic year, a request for extension in training may be required to insure the resident meets RRC, Board and Army/Air Force requirements for GME training.

B. **Convalescent Leave (sick leave)** - Granted for cause, in accordance with SAUSHEC Leave & Pass Policy section of the SAUSHEC GME Policy Book and Army and Air Force regulations.

C. **Ordinary Leave (vacation)** - Granted during the training year as designated in the Leave and Pass Policy section of the SAUSHEC GME Policy Book.

D. **Parental Leave** - Described in the SAUSHEC GME Policy Book.

E. **Leave of Absence /Benefits** - Described in the SAUSHEC GME Policy Book.

F. **Disability Insurance** - Provided in accordance with Army and Air Force regulations.

G. **Liability Coverage**- Under the Federal Tort Claims Act 28 USC, Section 2679d, the Westfall Act, medical malpractice coverage is provided to me free of charge. Coverage will be in effect for all care rendered within the scope of my federal employment. This requires me to provide the best possible documentation of the best possible care to my patients and always to utilize appropriate levels of supervision as outlined in the SAUSHEC Resident Supervision Policy, my program's policies and the policies of the hospital in which I am training.

H. **Counseling & Support Services** - Confidential counseling, medical and support services are available at any time and are described in the SAUSHEC GME Policy Book.

I. **Permissive TDY (Professional Leave)** – described in the SAUSHEC GME Policy Book.

J. **Laundry** - Lab coats and “Scrubs” are provided and cleaned at no cost to resident.

K. **Residency Closure policy** – Described in the SAUSHEC GME Policy Book.

L. **Restrictive Covenants** – Residents are not required to sign a non-competition guarantee.

M. **Duty Hours**- All SAUSHEC programs and residents will comply with ACGME, RRC and SAUSHEC duty hour policies which are available at www.acgme.org and in the SAUSHEC GME Policy Book. If a resident feels his/her program is not in compliance with duty hour policies they should immediately bring this to the attention of their program director, the House Staff Council, any GMEC member an Ombuds or the Associate Deans and Dean of SAUSHEC, all of which are committed to ensuring program compliance with Duty Hour Policies.

N. **Food services while working in a hospital**- Food is available 24 hours a day in BAMC & WHMC either in cafeterias or vending machines with food that can be cooked in the adjoining microwave.

O. **Call Sleep Rooms**- Residents will be provided with appropriate call rooms when they take in house call.

P. **Work environment free from Sexual Harassment and Discrimination**- Department of Defense has zero tolerance for sexual harassment, exploitation and discrimination. Defined policies and procedures addressing sexual harassment and exploitation are outlined in AR 600-20; in BAMC command policy; and in AFPAM 36-2705 and in WHMC command policy

Q. **Guarantee of Due Process**- Due process for remediation, probation, extension, and/or termination for academic issues are outlined in the SAUSHEC Due Process Policy available on the SAUSHEC web site. Proceedings are conducted by the SAUSHEC Graduate Medical Education Committee in accordance with this policy.

R. **System for resolving grievances**- Complaints, grievances, or request for assistance may be presented through the resident's chain of command or through other mechanisms outlined in the SAUSHEC Resident Grievance Policy available on the SAUSHEC web site.

S. **System for managing and treating Physician Impairment**- BAMC and WHMC have provider health programs and policies regarding intervention, treatment, monitoring and follow-up care for all impaired providers including residents. Impaired provider programs facilitate full recovery of and are an active advocate for impaired providers.

III. DURATION OF APPOINTMENT AND REAPPOINTMENT (Advancement): Some Army categorical interns are reappointed based on selection at the Joint Service Graduate Medical Education Selection Board (JSGMESB) in December of their intern year. All Air Force trainees and Army residents PGY-2 and above automatically will be considered for advancement each year until they complete their training. Advancement is contingent upon satisfactory performance in the program and upon criteria listed in the "Training Agreement for Graduate Professional Education in a Military Facility" (obligation agreement). Termination from a training program for academic reasons does not mean dismissal from the Uniformed Services (i.e. loss of employment) however all attempts will be made to notify residents of proposal for termination 4 months or greater before the end of the academic year.

I acknowledge receipt of this training agreement and am aware that a copy of the **SAUSHEC GME Policy Book** dated July 2004 and all major SAUSHEC policies (Resident Due Process, Resident Grievance and Resident supervision) are available to me at the SAUSHEC WEB site www.whmc.af.mil/saushec where I can download and print them.

Signature
Program Director

Signature
Resident

(printed name)

(printed name)

Date

Date

State-specific Requirements Chart

Below is a reference guide to assist you in selecting the state board (licensing authority) whose eligibility requirements you will use in applying for Step 3. This should be listed as guidance and was accurate as of OCT 2003. Requirements are subject to change without notice. Refer to specific state board links at <http://www.ama-assn.org/ama/pub/category/2645.html>

Review this information carefully, as state boards may periodically revise their requirements.

State Board	Attempt Limit	Time Limit	Postgraduate Training Requirements		Application for licensure required when applying for Step 3
			US/Canadian Graduates	Foreign Graduates	
Alabama	Three attempts for Step 3. Fourth attempt requires board approval and additional training.	Must complete USMLE Steps 1, 2, and 3 within seven (7) years; extended period for MD/PhD	1 Year; AMA, AOA or RCPSC approved program	3 Years; AMA, AOA or RCPSC approved program	YES
ALASKA	One attempt on all Steps. Additional Step 3 attempt at board discretion (see instructions).	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	One year; ACGME or AOA accredited; prior to applying.	One year; ACGME or AOA accredited; prior to applying.	NO
ARIZONA	None	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	Nine months in Arizona, six months if applying for license in Arizona; ACGME accredited program.	Nine months in Arizona, 6 months if applying for license in Arizona; ACGME accredited program	NO
ARKANSAS	Six attempts each for all Steps	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam. Ten years for MD/PhD candidates	None	None	NO
CALIFORNIA	Unlimited	Unlimited	None	None	NO
COLORADO	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of sitting first exam. Ten years for MD/PhD candidates	One year complete or currently enrolled in ACGME or AOA approved program.	One year complete or currently enrolled in ACGME or AOA approved program.	NO
CONNECTICUT	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	None	None	NO
DELAWARE	Three attempts	Must complete	Five months	Five months	NO

	to pass Step 3; additional attempts require board approval.	USMLE Steps 1, 2 and 3 within seven years of passing first exam.	completed in ACGME or AOA approved program.	completed in ACGME or AOA approved program.	
District of Columbia	Additional year of PG training required after three failures.	Must complete Steps 1, 2, and 3 within seven (7) years of passing the first exam.	One year ACGME or AOA accredited prior to applying.	Three years; ACGME or AOA accredited prior to applying.	YES
FLORIDA	None	None	None	None	NO
GEORGIA	Three attempts to pass Step 3. For an exception, see instructions.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	One year; ACGME or AOA approved program.	One year (three years if graduated after July 1, 1985); ACGME or AOA approved program.	NO
HAWAII	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam. Eligibility periods ends when seven years expire.	One year complete or currently enrolled in ACGME, RCPSC or CFPC approved program.	Two years complete or currently enrolled in second year of ACGME approved program.	NO
IDAHO	Two attempts at USMLE Step 3	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	Nine months completed in ACGME or AOA approved program before applying.	Two years and nine months in ACGME or AOA approved program before applying.	YES
Illinois	Five (5) attempts for all Steps	Must complete USMLE Steps 1, 2, and 3 within seven (7) years of passing the first step	1 Year; ACGME or AOA approved program	1 Year; ACGME or AOA approved program	YES
INDIANA	Five attempts at each Step	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	One year or complete six months of a one year program; ACGME or AOA approved program.	Two years or complete eighteen months of a two-year program; ACGME or AOA approved program.	NO
IOWA	Six attempts at both USMLE Step 1 and 2. Three attempts at USMLE Step 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam. Ten years for MD/PhD.	Seven months complete (or currently enrolled) in ACGME, AOA, RCPSC or CFPC approved program.	Seven months complete (or currently enrolled) in ACGME, AOA, RCPSC or CFPC approved program.	NO

Kansas	Three (3) attempts at Step 3. Additional attempts require course of study approved by the board	Ten (10) years after passing first exam.	1 Year	3 Years	YES
KENTUCKY	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of passing Step 1.	One year or currently enrolled; ACGME, RCPSC or AOA approved; before applying.	One year or currently enrolled; ACGME, RCPSC or AOA approved; before applying.	NO
LOUISIANA	Unlimited attempts at USMLE Step 1. Four attempts at USMLE Step 2. Four attempts at USMLE Step 3.	Unlimited	None	None	YES
MAINE NOTE: The Maine Board of Licensure in Medicine does not sponsor osteopathic physicians to sit for Step 3	Unlimited attempts for USMLE Steps 1 and 2. Three attempts for USMLE Step 3; additional Step 3 attempts require board approval.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	One year; ACGME, CMA or RCPSC prior to applying.	Two years; ACGME, CMA, RCPSC or Royal College of Physicians and Surgeons of England, Ireland or Scotland approved program prior to applying.	NO
MARYLAND	Three attempts at each USMLE Step; a fourth attempt will require one year of accredited postgraduate training.	Must complete USMLE Steps 1, 2 and 3 within ten years of passing the first exam.	None	None	NO
MASSACHUSETTS	Six attempts at USMLE Step 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing the first exam; waived for MD/PhD degrees.	One year completed by August of the year the exam is taken; ACGME, RCPSC, CFPC or AOA approved program.	One year completed by August of the year the exam is taken; ACGME, RCPSC, CFPC or AOA approved program.	NO
MICHIGAN	Unlimited	Must pass USMLE Step 3 within five years of first attempts at USMLE Step 3.	Six months completed in ACGME or JCAHO approved program.	Six months complete on ACGME or JCAHO approved program.	YES
MINNESOTA	Three attempts at each USMLE Step.	Must complete USMLE Steps 1, 2 and 3 within seven years of	One year complete (or currently enrolled) in ACGME, AOA or	One year complete (or currently enrolled) in ACGME or AOA approved	NO

		passing the first exam; waived for MD/PhD degrees.	RCPSC approved program.	program.	
Missouri	Three (3) attempts at each Step	Must complete all Steps within seven (7) years; MD/PhD exceptions require board approval	1 Year completed or currently enrolled in an ACGME or AOA approved program based in Missouri.	Three years	YES, if not in a PGT program
MISSISSIPPI	Unlimited for USMLE Step 1 and 2; three attempts for USMLE Step 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	One year ACGME, AOA or RCPSC approved program, completed before applying.	Three years ACGME, AOA or RCPSC approved program, completed before applying.	YES
MONTANA	Unlimited attempts for USMLE Steps 1 and 2. Three attempts at USMLE Step 3.	Must complete USMLE Steps 1, 2 and 3 within seven years from passing Step 1; waived for MD/PhD candidates with board approval.	One year complete or near completion (ten months) is participant in Montana Family residency program; otherwise two years complete in ACGME or AOA approved program.	Three years complete in ACGME or AOA approved program; or hold specialty board certification by ABMS or AOA.	NO
NEBRASKA	Four attempts at each USMLE Step, one year training for additional attempt on USMLE Step 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam. Eligibility period ends when seven year period expires.	None	Must have "valid indefinitely" ECFMG Certificate.	NO
NEVADA	Unlimited	None	None	None	NO
NEW HAMPSHIRE	Two attempts at each USMLE Step.	Must complete USMLE Steps 1, 2 and 3 within seven years of sitting for first exam.	One year; ACGME approved program completed before applying.	One year; ACGME approved program completed before applying.	NO
NEW JERSEY	Unlimited attempts for Steps 1 and 2. Five attempts for USMLE Step 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	Six months completed in ACGME or AOA approved program.	Six months completed in ACGME or AOA approved program.	NO
NEW MEXICO	Six attempts at each USMLE Step.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam. Ten years for MD/PhD candidates.	One year complete or nearly complete (ten months); ACGME approved; before applying.	One year complete or nearly complete (ten months); ACGME approved; before applying.	NO
NEW YORK	Unlimited	Unlimited	None	None	YES
North Carolina	Unlimited	Unlimited	None	Three years or enrolled in an NC	YES

				PGT program; ACGME or AOA approved program	
NORTH DAKOTA	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam; exceptions considered for MD/PhD candidates.	One year complete or nearly complete (six months) in ACGME, AOA or RCPSC approved program; or enrolled in a ND PGT program.	One year complete or nearly complete (six months) in ACGME, AOA or RCPSC approved program; or enrolled in a ND PGT program.	NO
OHIO	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam. See instructions for exceptions.	Nine months complete in ACGME, AOA, RCPSC or CFPC approved program.	Nine months complete in ACGME, AOA, RCPSC or CFPC approved program.	NO
Oklahoma	Three attempts for each Step	Must complete USMLE Steps 1, 2 and 3 within seven years	Ten months	Ten months	YES
OREGON	Three attempts at each USMLE Step.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam. Exceptions considered for MD/PhD candidates.	One year or currently enrolled; ACGME, CMA, CFPC or RCPSC approved school.	One year or currently enrolled; ACGME, CMA, CFPC or RCPSC approved school.	NO
PENNSYLVANIA NOTE: The Pennsylvania Board of Medicine does not sponsor osteopathic physicians to sit for Step 3	Three attempts for USMLE Step 3. Additional attempts require board approval after additional training.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing the first exam, waived for MD/PhD degrees.	Currently enrolled or contracted to begin ACGME approved program prior to applying.	Currently enrolled or contracted to begin ACGME approved program prior to applying.	NO
Puerto Rico	No information available at this time.	No information available at this time.	No information available at this time.	No information available at this time.	NO
RHODE ISLAND	Five attempts each for USMLE Steps 1, 2 and 3.	Unlimited	Ten months complete in ACGME, AOA, RCPSC, CMA, CFPC approved program.	Ten months complete in ACGME, AOA, RCPSC, CMA, CFPC approved program.	NO
SOUTH CAROLINA	Four attempts each for USMLE Steps 1, 2 and 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of first taking Step 1.	One year completed or enrolled in a SC PGT program approved by ACGME.	Three years completed or enrolled in a SC PGT program approved by ACGME.	YES
SOUTH DAKOTA	Three attempts each for USMLE Steps 1, 2 and 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of	None	None	NO

		passing first exam.			
TENNESSEE	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of passing Step 1. Eligibility period ends when seven years ends. Exceptions require board approval.	One year complete before applying in ACGME approved program.	One year complete before applying in ACGME approved program.	NO
TEXAS	Three attempts each for USMLE Steps 1, 2 and 3. See instructions for details.	Must complete USMLE Steps 1, 2 and 3 within seven of passing the first exam, extended for MD/PhD candidates.	None	None	NO
UTAH	Unlimited attempts USMLE Steps 1 and 2. Three attempts for USMLE Step 3.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing the first exam; ten years for MD/PhD candidates.	None	Must have "valid indefinitely" ECFMG Certificate.	NO
VERMONT	Two attempts at USMLE Step 3.	Unlimited	Seven months complete in ACGME, RRC, RCPSC or CFPC approved program.	Seven months complete in ACGME, RRC, RCPSC or CFPC approved program.	NO
VIRGINIA	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of first attempt at a Step.	None	None	NO
WASHINGTON-ALLOPATHIC	Unlimited attempts for USMLE Steps 1 and 2. Three attempts for USMLE Step 3; one additional attempts with approval.	No limits for first takers of USMLE Step 3 (see instructions for specifics).	One year complete or currently enrolled; ACGME, RCPSC or CFPC approved program.	One year complete or currently enrolled; ACGME, RCPSC or CFPC approved program.	NO
WASHINGTON-OSTEOPATHIC	Unlimited	Unlimited	None	None	NO
WEST VIRGINIA	Unlimited	Must complete USMLE Steps 1, 2 and 3 within seven years of passing the first exam; exceptions for MD/PhD candidates requires board approval.	None	None	NO

Wisconsin	Three attempts each for USMLE Steps 1, 2 and 3.	Must complete USMLE Steps 1, 2 and 3 within seven years	One year	One year	Yes
WYOMING	Two attempts at USMLE Step 3. Additional attempts require board approval and additional postgraduate training.	Must complete USMLE Steps 1, 2 and 3 within seven years of passing first exam.	None	Two years	NO

Program Letter of Agreement
between
San Antonio Uniformed Services Health Education Consortium (SAUSHEC)
_____Residency Program
and
_____Program at (Name of Institution)

This program letter of agreement is to formalize the arrangement to provide a training experience at (name of institution) for SAUSHEC (insert program name) residents within the framework of the existing Institutional Agreement. This agreement is effective (insert date). This agreement may be canceled by either party upon written notice to the other party 90 days prior to termination, and will otherwise renew annually.

a. It is understood that SAUSHEC as the institutional sponsor of the training program continues to have responsibility for the quality of this educational experience and must retain authority over the residents' activities.

b. The training will take place at (insert location of training site).

c. Administrative, educational, and supervisory responsibility for the resident(s) at the training site will be the responsibility of the on-site coordinator, (insert specific name or title), in conjunction with the SAUSHEC program director (insert specific name). This responsibility includes direct or indirect supervision of the resident; assigning faculty instructors; ensuring appropriate teaching of the resident; and timely submission of resident evaluations by the faculty (see attached resident evaluation system/form). If this responsibility is passed to another individual, the program director will receive prior notification for approval of the successor.

d. The educational purpose of this rotation is to (insert educational goals or see attached G&O). These goals will be met by (insert teaching methods, including patient population and resident responsibilities or refer to attachment). The program director will obtain resident evaluations of the rotation and its faculty.

e. Residents will rotate in (insert number) month blocks, as scheduled by the program director and on site coordinator. When possible, prior notice will be given for any changes in these rotations. (you may insert more specifics in terms of numbers of residents and blocks if appropriate)

f. This training will be in compliance with all the requirements of the Accreditation Council for Graduate Medical Education (www.acgme.org), specifically--but not limited to--the duty hour restrictions approved by the ACGME effective July 1, 2003.

g. The on-site coordinator shall have the right to require that SAUSHEC remove resident physicians from this rotation; however, any resident academic actions taken will be in accordance with SAUSHEC due process policy which is available at www.whmc.af.mil/saushec. The SAUSHEC Graduate Medical Education Committee (GMEC) will be the adjudicating body for academic actions

SAUSHEC

Affiliated Site(Insert Name)

(Insert name of Program Director), MD
Program Director, (Insert Name of Program)
Date

(insert name), MD
Site Program Coordinator
Date

SAUSHEC Procedures for Requesting Duty Hour Exceptions

It is the policy of the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) that all sponsored programs will conform to ACGME requirements regarding resident duty hours. These are minimum requirements and each program must meet their specific RRC standards, which may be more restrictive.

It is recognized however that there may be occasions where the optimal education experience cannot be met while maintaining an 80-hour workweek schedule. In these limited cases, programs may petition their RRC for an exception to policy not to exceed 10% (i.e. 88 hours per week averaged over a four-week rotation). All other duty hour requirements would remain in effect and be strictly enforced.

The following procedures outline the course of action for a program seeking a duty hour exception:

1. The Program Director will verify eligibility criteria:
 - a. exceptions are allowed by their RRC.
 - b. the program is accredited in good standing, without warning or adverse action.
 - c. the institutional sponsor (SAUSHEC) has a Favorable Status.
 - d. an exception to the work hour policy will greatly benefit the educational experience without degrading patient care due to fatigue or stress.
 - e. other alternatives have been exhausted or are not feasible.
2. The Program Director will submit a “Request for Duty Hour Exception” form to the Chair of the Duty Hours Subcommittee. An advance copy will be sent to the SAUSHEC office.
3. The Chair will form a Validation Team, to include at least one member of the subcommittee and one Resident to review the Request. The review should include an examination of the applicable curriculum, duty schedule, and interviews with the Program Director, a Faculty Member, and a Resident from the requesting program.
4. The Team’s written findings and recommendation will be appended to the Request and submitted to the Chair for review, then forwarded to the Dean, SAUSHEC (DIO). The Chair, or representative, will present the Request at the next meeting of the Graduate Medical Education Committee (GMEC).
5. Based on the Request and the Validation Team’s report, the GMEC will vote by majority whether to endorse a formal petition to the appropriate RRC.
6. Requests that are not endorsed may be withdrawn or resubmitted with additional data.
7. The Program Director may then prepare a petition for their RRC. The letter must address the necessity for the exception, patient safety, educational rationale, SAUSHEC’s prohibition on “moonlighting”, call schedules, faculty monitoring, institutional endorsement, and accreditation status. The letter must be co-signed by the Dean.
8. Program Director will not implement extended duty hours until approved by their RRC.

REQUEST FOR DUTY HOUR EXCEPTION

Program:
RRC:

Answer the following questions for each rotation requesting an exception:

Specific Rotation and/or Program Year:
State the circumstances under which residents may be expected to exceed the duty hour limits.
State why the program cannot maintain the 80-hour limit.
State the educational rationale for the extra hours.
State what alternatives were considered.
State how the residents will be monitored for fatigue/stress and compliance with duty hour policies.

I certify that the program meets eligibility requirements and that this request for duty hour exception is needed for the education of the resident.

Program Director's Signature	Submission Date
------------------------------	-----------------

VALIDATION TEAM REPORT ON DUTY HOUR EXCEPTION

CHECKLIST:

Program		Rotations and/or program year
Accreditation status		
Date of next RRC visit		
Examination of curriculum		
Examination of duty schedule(s)		
Interview of Program Director		
Faculty		
Resident		
Findings		
<div style="border: 1px solid black; height: 100px;"></div>		
Recommendation	Endorse Resubmit	Reject

Committee Members

Print name and Program

Signature

Date

Reviewed by Chair, Duty Hours Subcommittee

	Signature

Date

Presented to GMEC

Recommendation:

<div style="border: 1px solid black; height: 30px;"></div>	

Date

Action by Dean, SAUSHEC (DIO)

	Signature

SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION CONSORTIUM
XXXX Residency/Fellowship Program
DUTY HOUR POLICY

1. **GENERAL PRINCIPLES AND APPLICABILITY:** During all clinical rotations within the XXXXXX program, trainees and staff shall conform to existing ACGME, RRC and SAUSHEC duty hour policies. This includes rotations at non-SAUSHEC institutions. The program will work to ensure an environment that is optimal for both resident education and for patient care, and that minimizes undue stress and fatigue among residents while providing for continuity of care. Due to the intermittent and unpredictable nature of important patient care, GME opportunities and the need to always insure continuity of care, duty hours can occasionally be exceeded. This is only applicable when it is in the best interest of the resident's training and/or continuity of care. They cannot be consistently violated or violated just to have residents provide service. Further, it is the responsibility of the supervising staff to ensure that patient and resident safety is assured at all times.

2. **DEFINITIONS.** 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.

3. **SPECIFIC DUTY HOUR LIMITATIONS:**
 - a. Residents will not be scheduled for more than 80 duty hours per week, averaged over a 4-week period.

 - b. Residents will on average (over a 4-week rotation) have one day (24 hours) out of seven free of patient care responsibilities.

 - c. In-house call (defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution) will be no more than once every third night averaged over a 4-week period.

 - d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in XXXXXX RRC Program Requirements. No new patients, as defined in the XXXXXX RRC Program Requirements, may be accepted after 24 hours of continuous duty.

 - e. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

 - f. 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. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The program director and the faculty will monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. CONTIGENCY PLAN: The program director will establish a contingency/backup system so that patient care can continue in a safe manner during periods of heavy use or unexpected resident shortages. The program director and supervising faculty will monitor residents for the effects of sleep loss and fatigue, and take appropriate action in instances where overwork or fatigue may be detrimental to resident performance and the well-being of the residents and/or the patients.

5. EDUCATION. Residents and staff of the XXXXXXXX Program will receive annual training to recognize the signs of fatigue and to how apply preventive and operational countermeasures. . All residents, including those rotating from another program will be made aware of the programs Duty Hour Policy at the beginning of the program, academic year or rotation.

6. DUTY HOUR POLICY COMPLIANCE MONITORING. The program director and faculty will monitor compliance with this policy by monitoring call and duty schedules, direct observation by supervising staff, interviews/discussions with residents, review of resident evaluations of rotations and by maintaining an open door policy so that any resident that has a concern can get them addressed immediately. The program director will work with the clinic rotation coordinator of offsite rotations to ensure that duty hour limitations are followed on those rotations and this requirement will be written into the rotations PLA.. If problems are suspected the Program Director will notify the Dean and gather direct duty hour data to clarify the problem and come up with immediate solutions. In addition, the SAUSHEC GMEC's Duty Hour Subcommittee will confirm program compliance during an annual duty hour check of the program.

XXXXX, MC
Program Director, XXXXXXXXXXX
Effective date:

S: 5 April 2004

MCHE-CI

1 December 2003

MEMORANDUM FOR: SAUSHEC Program Directors

SUBJECT: 2004 SAUSHEC Commanders' Research Awards Competition

1. The requirements for the 2004 SAUSHEC Commanders' Research Awards Competition is enclosed. The competition is open to San Antonio Uniformed Services Health Education Consortium (SAUSHEC) Medical Corp, Oral Surgery, and University of Texas Health Science Center-San Antonio (UTHSCSA) integrated program trainees who graduate at the SAUSHEC Award and Graduation ceremony in June.

2. The awards will be presented at the SAUSHEC Graduation Ceremony on 4 June 2004. Separate awards will be presented to Residents and Fellows. Only one submission per contestant is permitted in each of the following categories:

- a. Clinical and/or epidemiological study.
- b. Basic laboratory science or basic science using an animal model.

3. SAUSHEC Program Directors will ensure that contestants submit the following thru their Program Director, to the Chief, Department of Clinical Investigation, BAMC, or Commander, 59th Clinical Research Squadron, WHMC, NLT COB 5 April 2004:

a. **Original manuscript with title page including the author's name and category of research--basic science/animal model or clinical research—and only one paper in each category.** *Please note that case reports and literature reviews are not eligible for the research award.*

b. **Six (6) blinded copies of the manuscript, no title page.**

c. **Score sheet (1) signed by the Program Director.**

NOTE to all CONTESTANTS and ALL PROGRAM DIRECTORS: 5 APRIL 2004 is an absolute deadline.

4. The manuscripts will be reviewed and judged by a panel of faculty representatives from BAMC and WHMC. Reviewers will numerically score blinded copies of the manuscripts.

5. Program Directors are encouraged to assist all SAUSHEC Medical Corps trainees, Oral Surgery, and UTHSCSA integrated program graduates in making timely progress on their research projects.

MCHE-CI

SUBJECT: 2004 Commanders' Research Awards Competition

a. The POCs for BAMC are:

LTC Michael J. Morris, MC
Chief, Research Consultation Service
Department of Clinical Investigation
Phone: 916-4495 or 916-3511

COL Jenice N. Longfield, MC
Chief, Department of Clinical Investigation
Phone: 916-3511 or 916-0605

b. The POCs for WHMC are:

Joseph Schmelz, Ph.D.
Chief, Protocol Support Flight
59th Clinical Research Squadron (59CRES)
Phone: 292-5687

COL Willard Mollerstrom, MC
Commander, 59TH Clinical Research Squadron (59CRES)
Phone: 292-7141/7069.

Encls
as

JOHN D. ROSCELLI
Colonel, USA, MC
Dean, Graduate Medical Education, SAUSHEC

DISTRIBUTION:

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CF:

Commander, BAMC, FSH, TX
Commander, WHMC, Lackland AFB, TX

COMMANDERS' RESEARCH AWARDS 2004

Requirements for Research Contest:

S: 5 April 2004

I. Original Research:

A. Bench lab, animal, clinical, or epidemiologic is acceptable.

(Note: Case reports and literature reviews will not qualify.)

B. The intent is to reward those who go through the process and effort it takes to conduct original research: design study, write protocol, go through approval process, conduct study, analyze data, interpret results, and write manuscript.

II. Housestaff Entrant:

Must be an MD, DO or DDS trainee at the SAUSHEC award and graduation ceremony in June.

III. Work should be done in a SAUSHEC affiliated hospital. Exceptions require approval by the Program Director and Dean, Military Professional Education, SAUCHEC.

IV. Minimum percentage contribution by trainees entrant will be 50% and trainees investigator should be first author on paper published. Only one trainee member of an investigation team may submit a paper for competition.

V. Awards: Residents and Fellows will receive separate awards **for 1st, 2nd, and 3rd place.**

VI. Categories: **Only one paper per contestant may be submitted in each category. Research manuscripts will be submitted in the following categories:**

A. Clinical and/or epidemiologic study (one submission only).

B. Basic laboratory science or basic science using an animal model (one submission only).

VII. Scoring: See attached Score Sheet. **Attach the Score Sheet to the Original Copy of the manuscript. The Title Page will include the authors' names and category of research.**

VIII. Submission Requirements **NLT 5 April 04: Original Copy of the manuscript w/Score Sheet AND six (6) additional blinded copies--no Title Pages:**

THRU: Program Director

TO: Chief, Department of Clinical Investigation, BAMC--all BAMC physicians/Oral Surgeons

TO: Commander, 59th Clinical Research Squadron, WHMC--all WHMC physicians/Oral Surgeons/UTHSCSA civilian physicians in integrated programs

Rev. 11/03

COMMANDERS' RESEARCH AWARDS SCORE SHEET

Total Percentage Points: 100 Pts.

Score

1. Originality (10 pts)

1 2 3 4 5 6 7 8 9 10

Comments: _____

2. Discussion of Literature Review/Quality of Introduction (5 pts)

2 3 4 5 _____

Comments: _____

3. Experimental Design (10 pts)

1 2 3 4 5 6 7 8 9 10

Comments: _____

4. Data Analysis/Results/Graphics (20 pts)

1 2 3 4 5 6 7 8 9 10 11 12 13 14
15 16 17 18 19 20

Comments: _____

5. Quality of Discussion (20 pts)

1 2 3 4 5 6 7 8 9 10 11 12 13 14
15 16 17 18 19 20

Comments: _____

6. Effort required to design and execute study (10 pts)

1 2 3 4 5 6 7 8 9 10

Comments: _____

7. Scientific merit/significance of work (10 pts)

1 2 3 4 5 6 7 8 9 10

Comments: _____

8. Style (Sentence structure/grammar/clarity of thought) (10 pts)

1 2 3 4 5 6 7 8 9 10

Comments: _____

9. Military Relevance (0-5 pts)

0 1 2 3 4 5

Comments: _____

TOTAL = _____

PROGRAM DIRECTOR: _____

Signature

Date

Attach Score Sheet to Original Copy of the manuscript and Title Page, including the Author's Name and Category of Research. Submit with six (6) additional blinded copies of the manuscript--no Title Page,

THRU: Program Director

TO: Chief, Department of Clinical Investigation, BAMC (for BAMC physicians and oral surgeons)

TO: Commander, 59th Clinical Research Squadron, WHMC (for all WHMC physicians, oral surgeons, and UTHSCSA civilian physicians in a SAUSHEC integrated program)

PROGRAM DIRECTOR PLANNING CALANDER

- ❖ JULY -New Training Year begins
- ❖ AUG -Intern Program Directors with army trainees receive ERAS instructions/software and start downloading applications for internship.
-Program Directors receive initial instructions from the Joint Service Selection Board on SY Plan, application process, board process
- ❖ SEP -Applications for Residency/Fellowship due at Joint Service Selection Board NLT 15 September.
-Complete Program Director Recommendation Form and Interview sheets on applicants applying for training.
-Annual Army Medical Corps Visit by Army MC Branch and GME Directorate
-Military Unique Curriculum Report Due
-Complete annual "GME Track" through the AAMC
- ❖ NOV -Attend Joint Service Selection Board, Alexandria, VA
- ❖ DEC -Joint Service Selection Board results announced
-Review PGY-2 residents progress for submission of application for professional license
- ❖ FEB -Utilize input from residents (current & past) & faculty to start planning for next academic year including resident rotation schedule
- ❖ MAR -Assignments for graduating residents/fellows and announced
-Revise update Program Letter of Agreements & MOUs to institutions where residents rotate
- ❖ MAY -Start interviewing applicants applying for specialty.
- ❖ JUNE -Graduation ceremony
-New Interns/Residents/Fellows arrive
-Complete documents on graduating residents/fellows:
 - Final GME evaluation
 - OER's/Training Report
 - Credentials performance assessment and evaluation of privileges
 -Compile summary evaluation, as submitted by residents, of evaluation of program and faculty

SAUSHEC GRADUATION PAPER REQUIREMENTS

I. The Graduation Paper may be in any of the following categories:

- A. Original Research - bench lab, animal, clinical epidemiologic
- B. Case Report
- C. Literature Review
- D. Medical threat assessment
- E. Community or patient care system survey/needs assessment/QI project
- F. Development of a teaching tool or education module

II. The Graduation Paper must meet the following requirements:

- A. Approval of project by training program director.
- B. Approval of original research by appropriate committees (IRB or IACUC).
- C. Research/library work should be performed during residency training years.

Paper could continue project started during medical school prior assignments or medical school if majority of execution of project occurred during current residency assignment.

D. Graduating Resident should be major contributor to projects with multiple co-investigators i.e. should be a contributor of at least 30% of the total project for original research and at least 50% of the total project for other categories. Residents should not work together on the same paper.

E. Project or phase of project that is the basis of the paper should be a completed work. Proposals for a project are not a substitute for meeting the requirement.

F. Majority of project should be performed in military hospital. Exceptions must be approved by program director.

III. Manuscript Guidelines:

A. Paper should be written using uniform requirements for manuscripts submitted to biomedical journals.

B. All papers should have a literature review that demonstrates Competency in Practice Based Learning and Improvement i.e. the ability to obtain, interpret and utilize complete and up to date literature on a medical topic. The author should submit specifications on method used to conduct the literature review. Papers with fewer than five references should have method used for literature review carefully scrutinized.

C. Minimum length of paper is 3 typed pages. Anything less should be carefully evaluated for substance and quality to determine if adequate effort has gone into the project.

D. Quality of written report to include figures, tables, illustrations should be suitable for submission for publication. Papers with spelling and grammatical errors or in need of significant revision for clarity of presentation should be returned to the author for correction in order to meet the graduation requirement.

IV. Review of Papers Submitted for SAUSHEC Graduation Paper Requirement:

A. Paper must be submitted to Program Director in time for him/her to score the paper by the first week in May of Resident's graduation year. Consequences of not completing the graduation paper in a timely manner are outlined in the GME Policy Book but include Probation, Extension and non-completion of residency.

B. Program Director or his/her designee will score the paper using the score sheet (below). Paper must score 60 or greater to meet the graduation requirement.

C. One copy of the research paper and evaluation score sheet will be maintained by the Program Director in the Resident's Training Folder.

D. A list of names of residents not completing the graduation paper requirements will be provided to the Medical Education Office, BAMC (*for Army graduates*) or Medical Education Office, WHMC (*for Air Force graduates*) NLT 1st week in May 2004 by the Program Director.

END OF YEAR CHECKLIST

(Requirements are in the non-shaded cells)

FYGME Residents	ARMY					AIR FORCE				
	Eval. AF 494/NI	Performance Assessment		OER		494	475			
FYGME Army Resident										
FYGME Air Force Resident						Need one at 6 months and at end of year				
PGY--2s / NON-graduating Residents	ARMY					AIR FORCE				
	Eval. AF 494/NI	Performance Assessment		OER		494	475			
Air Force Resident										
Army Resident										
Graduating Residents	ARMY					AIR FORCE				
Resident	AF494/ NI	PA	*PDL	OER	CRED	494	475	*PDL	PRIV 2817	CRED 1562
Air Force Resident										
Army Resident										

*Program Director's Letter of Recommendation