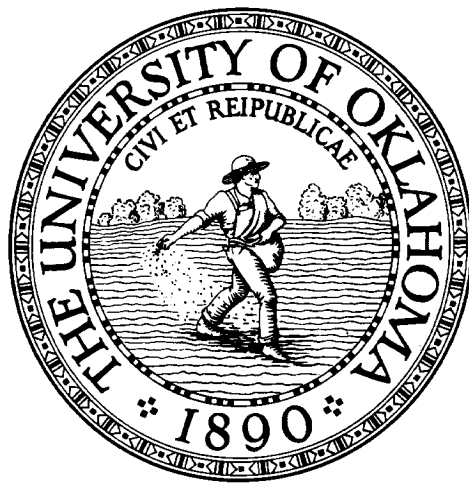


Graduate Medical Education Handbook

2025-2026



**The University of Oklahoma College of Medicine
School of Community Medicine Tulsa**

Notice

The *Graduate Medical Education Handbook* is a convenient first reference for general information regarding some items that relate specifically to graduate medical education (GME) and the residency programs. However, it is not intended as an exclusive reference manual for all University policies and procedures.

A complete posting of all updated and relevant general University policies may be accessed electronically at: <https://apps.hr.ou.edu/staffhandbook>

A complete posting of updated University of Oklahoma College of Medicine School of Community Medicine-Tulsa policies that are specific to Graduate Medical are available electronically at: <https://ou-tulsa.medhub.com/index.mh>

The information contained in this Handbook is current only at the time of publication and may change from time to time by the actions of the institution or changes in accreditation requirements. Every effort will be made to ensure that the *Graduate Medical Education Handbook* is updated periodically. However, it is the responsibility of the users to determine that they are relying on the most current version of any particular policy. Questions concerning policies should be directed to their Residency Program Director or the Graduate Medical Education Office.

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Introduction

Welcome to the University of Oklahoma College of Medicine, School of Community Medicine-Tulsa (OUSCM). The OUSCM, our residency and fellowship programs and affiliated teaching hospitals have a long, respected tradition of excellence in clinical training. We believe you will find your educational experience and training in our programs stimulating and rewarding. Our goal is to provide excellent preparation for your medical career.

Graduate Medical Education (GME) includes all the medical, surgical and other specialty and subspecialty residency programs and fellowships offered by the OUSCM and its affiliated teaching hospitals. Hereafter, all clinical training programs are referred to in this Handbook as *residency programs*. All clinical trainees, whether residents or fellows, are referred to in this Handbook as *residents*.

The OUSCM, provides graduate medical education programs that meet the standards established by the Accreditation Council for Graduate Medical Education (ACGME) and its designated Residency Review Committees (RRC). Institutional oversight of residency programs and GME services is conducted through the Graduate Medical Education Committee (GMEC) and the Associate Dean for Graduate Medical Education and Designated Institutional Official (DIO) for purposes of accreditation related matters.

As a physician in training, your primary responsibilities are participating in the educational aspects of your program and in the direct care of patients under the supervision of your program director and other faculty. The OUSCM provides a general orientation for new residents in late June of each academic year in which all residents are required to participate. Your program director will also provide an orientation for you to the following: the organization and structure of your residency program including educational goals and objectives; duties and responsibilities; rotation, call, and vacation schedules; issuing of equipment (laptops, pagers, etc.); and a variety of other matters that will be integral components of your educational program.

Because of the complexity of graduate medical education and academic medical centers in general, administrative policies and procedures are necessary. The *Graduate Medical Education Handbook* has been compiled for your benefit and sets forth the guidelines that govern our residency training programs, with references to policies specific to our GME programs as well as certain regulations and policies of the University of Oklahoma. The GMEC and Program Directors, the affiliated teaching hospitals, the OUSCM administration, and the Board of Regents of the University of Oklahoma are among those responsible for developing policies and procedures for GME. *It is your responsibility to become thoroughly familiar with the material contained in this handbook, and other GME or University policies and/or procedures listed among the references.*

As stipulated in your residency agreement (contract), you are obligated to abide by the regulations in the *Graduate Medical Education Handbook and all pertinent GME and University policies*. If you have questions concerning the information contained herein, please contact your program director or the GME Office.

All residents new to The University of Oklahoma School of Community Medicine must contact their residency program coordinator and departmental payroll representative immediately upon arrival in Tulsa and before reporting to a hospital or performing any official duties.

Residents cannot participate in patient care experiences until their professional liability insurance is in effect and a special license or a full medical license has been issued by the Oklahoma Board of Medical Licensure and Supervision or the Oklahoma State Board of Osteopathic Examiners.

The statements, terms and provisions contained in the *Graduate Medical Education Handbook* are subject to change at any time by the Board of Regents and/or the administration of The University of Oklahoma, which expressly reserves the right to make any changes or to establish new policies, rules and regulations from time to time as it deems necessary and proper. The establishment of new GME or University policies, rules and regulations will be expressly for the purpose of improving the quality of the educational experience.

Office of Graduate Medical Education and Graduate Medical Education Committee (GMEC)

The Office of Graduate Medical Education provides administrative support services for residents, and acts in a liaison capacity between the administration of OU College of Medicine, OUSCM, affiliated teaching institutions, the residents, and students.

The GME Director is available to answer questions; complete forms; process applications; assist in obtaining special and full medical licensure; ECFMG, DEA and OBNDD certifications; assist with USMLE and COMLEX applications; coordinate the National Residency Matching Program (NRMP); and perform a variety of other tasks. The telephone number for this office is (918) 660-3505.

The Designated Institutional Official (DIO) has the authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME-accredited programs and well as ensuring compliance with Institutional, Common and Specialty specific program requirements. The telephone number for this office is (918) 660-3454.

The Graduate Medical Education Committee (GMEC) is the designated committee responsible for institutional oversight of residency training programs under guidelines established by the ACGME. Membership of the GMEC includes program directors, peer-selected residents, program coordinators, and the Chief Medical Officers of participating institution. Also participating in GMEC meetings are administrative representatives of the school. The GMEC works with the DIO and OUSCM administration and all program directors to carry out its functions of institutional oversight and policy making.

Resident Eligibility and Appointment

Eligibility, Selection and Record of Training

Specific policies regarding eligibility, selection and record of training are available in MedHub at: <https://outulsa.medhub.com/index.mh>

Personal Health Requirements

Evidence of adequate immunization is required on initial entry into a residency training program or must be promptly obtained following OUSCM and participating sites requirements. Influenza immunization is required annually. Participating institutions may have special requirements for individuals who cannot be or elect not to be immunized. TB skin tests are required upon entry into a program and annual screening thereafter. The University's tuberculosis policy was adopted pursuant to federal and state guidelines. Copies of the policy are available from the Office of Environmental Health and Safety.

Residents must also comply with all infection control and infectious disease exposure policies and procedures applicable to the medical staff in the affiliated hospitals and facilities to which they are assigned for rotations.

Familiarity with Occupational Safety and Health Administration (OSHA) requirements is essential, and completion and documentation of periodic instruction is mandatory. Full compliance with "universal precautions" as defined by the Centers for Disease Control and institutional infection control practices is expected.

Failure to comply with the above noted requirements may result in suspension or termination from the residency program.

Residency Agreement

Each individual offered a residency appointment will be provided with a contract known as the *Residency Agreement*. Each resident is expected to read, sign, and abide by the Residency Agreement. The regulations published in the *Resident Handbook*, as well as the *GME and University policies and procedures* referenced in the handbook, are referred to in the Residency Agreement and are applicable as stipulated in the Residency Agreement.

Residents are appointed for a period of one year or as specified in the individual Residency Agreement. **Promotion and renewal of any residency appointment is contingent upon the resident meeting the performance and attendance standards of the program and University, and is not automatic.** Intention by either party not to renew the appointment should be accompanied by appropriate notification as stipulated in the Residency Agreement. Under ordinary circumstances, four (4) months written notice of intent not to renew the agreement will be given.

Notwithstanding the notice provision, the University may terminate the appointment of a resident or give notice of intent not to renew the appointment for academic or disciplinary reasons, or failure to appropriately progress within the four months prior to the end of the contract period, with as much written notice as circumstances will reasonably allow. *See Administrative Academic Actions.*

Please note: Residents are not allowed to begin work if they have not completed the Employment Eligibility Verification Form (I-9) within three (3) days of employment.

Federal law requires this form, and failure to complete this form may result in termination. Failure to complete any other documents required by Federal or State law to confirm lawful presence in the United States may also result in termination.

Resident Benefits, Leaves, and Resources

Resident Benefits

Compensation-Salary

The GMEC will review annually and provide recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions.

A salary (stipend) will be paid to each trainee on a biweekly basis. Salary levels are based upon the resident's *functional level of postgraduate training* in the specific program in which he or she is currently training. PGY levels attained in previous training programs (if applicable) are not relevant to determining current salary level. Salaries are adjusted periodically upon review and recommendation of the GMEC and upon approval by the major affiliated institutions approved by the ACGME for residency training that

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provide funding for resident salaries. Salaries are distributed by the central payroll office of the University of Oklahoma Health Sciences Center (OUHSC) and are distributed via electronic direct deposit on a bi-weekly schedule. Additional information about salary distribution will be provided to the resident by the Program Director's office and Human Resources (HR).

Benefits

In addition to the bi-weekly stipend, the University provides employee benefits including medical, basic dental, vision, life insurance, and long-term disability. Full details on employee benefits can be found at <http://www.hr.ou.edu/>. Medical coverage is available in a variety of options. The specific tier and medical coverage option selected by the resident will determine the additional cost (if any), which must be paid by the resident. Other resident-paid options include an increase in the basic dental and life insurance coverage, and dependent health benefits coverage. Residents and fellows are also eligible to participate in the University's voluntary retirement plan at their own expense.

The OUSCM benefits coordinator may be reached by phone at 405-271-2180.

Professional Liability Insurance

Any practicing physician may be held liable by law for accidents, errors, or omissions in professional judgment or professional acts uncommon to the practice of medicine in the community. Therefore, all residents will be automatically enrolled in professional liability coverage through the carrier designated by the OUSCM. Type of Policy: The University will provide an occurrence-based policy for supervised medical practice within the scope of the training program. This means that a "tail" will never need to be purchased once the resident leaves the program as coverage will always revert back to the time of the event while the resident was in training. Residents are covered for the amount of the state of Oklahoma's legal cap on resident liability, \$100,000 per claim. Defense costs are also fully paid by the policy. External legal counsel will be appointed by OUP-OUM Risk Services as needed. Questions regarding coverage can be addressed by OUP-OUM Risk Services at 918-660-3628.

Adverse Events and Potential Litigation Residents that: 1) are a part of any medical activity that results in an adverse event, 2) suspect that they, or another provider might be named in any legal actions involving a patient, or 3) have been notified of legal action, must immediately notify OUP-OUM Risk Services at 918-660-3628. Subsequent to this reporting, they must also notify their Program Director.

Additional benefits reimbursed by academic department:

- Medical Licensure: Fully reimbursed.
- Certifications required by programs (BLS, ACLS, PALS, etc): Fully reimbursed.
- USMLE 3/COMLEX 3: First attempt fully reimbursed (If required to re-take USMLE3/COMLEX3, the cost will not be reimbursed)
- Moving Allowance: Reimbursed up to \$750.00.
- Travel to conference (as presenter/poster accepted: Reimbursed up to \$2,500.00 (Residents must provide itemized receipts to the University for reimbursement.)
- Additional benefits (Departmental Specific)
 - Board Prep Courses/Books
 - Books
 - Subscriptions (program specific resources)
 - White coats, jackets, scrubs
 - Memberships (to specialty specific organizations)

Resident Leaves:

All residents and fellows get 15 days of vacation (annual) and 15 days of sick (medical) leave.

Medical (Sick) Leave is leave taken by the resident related to their own illness, injury, treatment, or prevention. The annual allotment of 15 days of medical (sick) leave may be taken intermittently. Bereavement leave will be counted as sick time.

Annual Leave

Each resident earns a maximum of 15 University business days (M-F) of paid annual leave per academic year which may be used for vacation. Training regulations imposed by the national certifying boards in some specialties may limit the amount of leave which may be taken by a resident to a lesser amount. Earned but unused annual leave time may **not** be carried over from one academic year to another. No additional payment will be made for unused annual leave upon completion of residency training or at any other time. The leave request should be submitted for approval to the Program Director on a timeline to be decided by each individual program. Requests will be reviewed on a case-by-case basis by the Program Director and/or their designee for approval. Annual leave should be taken in whole-day increments, unless pre-approved on a case-by-case basis by the Program Director or their designee.

The Program Director and/or their designee reserves the right to deny approval of any leave request to ensure continuity of quality health care for patients. **Clinic schedules need to be considered when requesting and approving leave.** Annual leave requests shall be honored according to the policy established by each residency program.

Time off for fellowships or job interviews may be accounted for as educational leave, at the discretion of the Program Director, up to the amount of benefit time earned. See 'Educational Leave' policy below for additional information regarding educational leave.

NOTE: Resident annual leave does not accrue or roll over from one academic year to the next. The Resident Agreement is for one year only, thus, at the end of each year, the terms of the agreement are void, which means all benefits end on the final day of the Agreement.

Parental; Caregiver; Medical (sick) Leaves of Absence

Each resident earns a maximum of 15 days (M-F) of paid medical (sick); parental; and caregiver leave per academic year. Unused sick leave will not be carried forward to the next academic year. No additional payment will be made for unused medical (sick), leave upon completion of residency training or at any other time.

(Requests should be initially submitted to the Program Director. Completion of the necessary documentation and approval of leave will then be a joint process directed by the GME office and the Program Director) who will work with the GME office to document and approve the leave.

Parental Leave of Absence is leave taken by the resident related to maternity, paternity, adoption, and foster care. Parental Leave of Absence may **not** be taken intermittently. Residents must request parental leave of absence in a timely manner as to comply with University, program and board policies and requirements.

Caregiver Leave of Absence is leave taken by the resident to care for their spouse, partner, child or parent. Caregiver Leave of Absence may be taken intermittently.

Beyond the 15 days of paid sick leave, leave without pay is possible contingent upon recommendation by the Program Director and approval by the GME Office.

Consistent with ACGME Institutional Requirements, residents who anticipate or experience a situation requiring extended medical (sick), parental, and caregiver leave for qualifying reasons may request leave as follows:

1. Once during training in the program, residents will be provided with six weeks of extended medical (sick), parental, and caregiver leave for qualifying reasons consistent with applicable laws.
 - Medical (sick), parental, and caregiver leave is available starting the first day the resident is required to report.
 - During the first six weeks of the first approved extended medical (sick), parental, and caregiver leave residents will be provided with the equivalent of 100 percent of their salary by using a combination of all available and eligible annual leave and medical (sick), parental and caregiver leave.
 - Health and disability insurance availability continues for residents and their eligible dependents during any approved medical (sick), parental, and caregiver leave.
 - Residents/fellows will be provided with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental or caregiver leave. It is not to be used to extend the six weeks of medical, parental or caregiver leave.
 1. This leave must be taken during the academic year in which the approved leave occurs and may not be rolled into the next academic year.
 2. All six weeks of first approved medical (sick), parental and caregiver leave must be used before this additional week is approved.
 - The 6-week paid leave period begins on the date the resident or fellow begins the leave of absence.

Note: A request for medical (sick), parental and/or caregiver leave may be denied if it is determined that it was not submitted in good faith.

Off-Cycle Residents

Residents starting off-cycle will receive a pro-rated amount of paid annual and medical (sick), parental and caregiver leave during their first and last year of training. For year one of training an accrual rate of days (10 hours) per month for annual leave and 1.25 days per month for sick leave will be applied based upon the 1st day of the month that the resident begins training through the remainder of the academic year which ends on June 30th. For the last year of training an accrual rate of 1.25 days (10 hours) per month for annual leave and 1.25 (10 hours) days per month for medical (sick), parental and a caregiver leave will be applied beginning on July 1st and will continue accruing through the last day of the month when training is completed. The maximum allowed annual leave and sick leave is 15 days for each per 12 month period.

Extended Leave of Absence

Extended leaves of absence are official leaves from duty that is beyond the allotted time granted for traditional leaves of absence. This type of leave is typically requested by a resident or fellow in order to manage personal and family needs, personal or family illness, pregnancy, military service, etc. Residents **MUST** follow the procedure/guidelines of their training program in requesting and scheduling leaves of absence. Failure to follow program policies may result in the request being denied. If the leave of absence is for personal reasons, and not for medical (sick), parental or caregiver reasons as determined by prior approval by the Program Director and the GME Office, and the resident has accrued annual leave, the leave of absence will be paid to the extent of the accrued annual leave. *Once the annual leave is exhausted, the remainder of the leave of absence will be unpaid.* Any leave of absence without pay must be approved by the Program Director and the DIO. During leave without pay, some benefits, such as health insurance, may not be paid by the University. In addition, leave without pay may extend the residency training period depending on time needed to meet RRC and/or specialty board requirements. (An appropriate expectation after extended leaves of absence is completion of all missed mandatory clinical rotations. Residents or Fellows should expect an extension of residency training to ensure adequate training that is comparable with peers within their respective specialty). It is recommended that residents refer to specialty boards for specific details regarding extended leaves of absence.

Administrative Leave

Administrative leave may be awarded for an emergency as approved by the Program Director and the GME Office, and may be with or without pay, depending upon the circumstances, as determined by the GME Office. In the event of inclement weather, residents are expected to present to work to provide direct patient care in hospitals and clinics that remain open. Should a clinic or service close due to the weather, the Program Director may elect to allow the resident to remain at home or may reassign the resident to another location.

Jury Duty

Residents/fellows summoned for jury duty must provide the program a copy of the summons and at the completion of duty, a statement from the Court Clerk for the number of days they were required to be present. Approved days will be counted as time away from the program, however they will not be counted against annual, medical, parental/caregiver leave.

Holiday Leave

Residents do not receive credit or additional pay for holiday time during hospital rotations. Since hospitals do not observe a holiday schedule for patient care, residents are expected to follow their assigned schedule during holidays. If annual leave time is scheduled during a holiday period, then the holiday must be scheduled as annual leave. If the resident is assigned to a clinic that observes a holiday schedule, then the resident need not count that time toward his/her annual leave time. Residents should check with their Program Director's office for further clarification of holiday leave time.

Educational Leave

Educational leave is limited to the time of participation in a professional meeting related to the trainee's area of specialty, (education leave is a specific and limited leave that is designed for resident or fellow participation in specialty specific professional conferences, meetings or committees.) Educational leave is also designed for the time required to interview for a fellowship position, or job placement after completing training. The time spent for educational leave cannot extend past 1 week in duration and must be within the USA. Residents may request up to ten **(10)** days of educational leave each year. The request should be submitted to the Program Director at least 120 days prior to the requested leave date. Requests made less than 90 days before the scheduled date for a conference/meeting will be reviewed on a case-by-case basis

by the Program Director and/or their designee for approval. The Program Director and/or their designee reserves the right to deny approval of these requests submitted. Approval is granted solely at the discretion of the Program Director, who also determines the travel reimbursement policy for the individual residency program. Residents should be aware that some specialty boards count educational leave as time away from training and may require an extension of their training dates.

International travel for educational leave is subject to the requirements in GMEC policy SCM 724.0 regarding resident off-campus experiences. International travel for educational purposes requires approval from the Dean of the OUSCM. Of special note in GMEC policy 724.0 are instructions for visa holders seeking off-campus or international educational experiences, instructions for all residents regarding University approval of sites for educational experiences outside the United States.

Because of the tax implications of direct reimbursement to residents from outside entities being viewed by the IRS as earned income, travel compensation awards must be processed by following current OU travel procedures and carried out by their department. Reimbursement will be based only on those items documented with receipts and in accordance with current departmental and University travel policy. **Residents must consult their Program Director's office well in advance of attending any such event in order to obtain guidance on these matters.**

Family Leave (FMLA)

Federal law mandates that, **after one year of University employment**, qualified employees may take up to 12 weeks of leave (available paid leave and then unpaid leave) during any 12-month period for (1) the birth of a child; (2) the placement of a child for adoption or foster care; (3) the care of a spouse, parent, or child with a serious health condition; (4) a serious health condition that makes the employee unable to perform the employee's job functions; and 5) certain qualifying exigencies arising out of a covered military member's active duty status, or notification of an impending call or order to active duty status, in support of a contingency operation. Human Resources can provide additional information: <http://hr.ou.edu>.

The University will continue to pay the cost of the University-provided insurance coverage for residents for the 12 weeks of FMLA protected leave. The residents will continue to be responsible for payment of premiums for any elective coverage. It is the resident's responsibility to contact Human Resources to determine premium payment requirements.

The following guidelines pertain to resident requests for family leave:

1. Parental leave - Available sick leave, annual time, or leave without pay may be used in accordance with the Family Leave Act guidelines as described above. Specific questions should be addressed to the Program Director and the GME Office.
2. Requests for Family Leave - Residency program schedule changes require considerable planning to assure that patient care and residency colleagues' education are not impacted negatively. Therefore, requests for family leave should be made in writing to the Program Director as soon as the need is known.

Effect of FMLA or Extended Leave of Absence on Specialty Board Requirements

Depending on specialty board requirements, periods of leave may extend the length of the residency training needed to meet RRC and/or specialty board requirements. Information regarding eligibility for specialty board examinations and requirements is available through the program director and each individual specialty board. This information should be carefully reviewed and discussed with the program director prior to requesting leave.

This policy applies to residents and fellows in GME programs. References to residents shall refer to all such individuals.

Resident Resources:

Counseling Options

Counseling and support services are available through OU Student Services, TAO Connect, the Employee Assistance Program, and university provided health insurance (please check with Human Resources regarding coverage). Resident utilization of these resources is confidential. Residents may use OU-Tulsa Student Counseling Services free of charge. They are in the OU-Tulsa Schusterman Center, Founders Student Center. To schedule a free appointment, call them at 918-660-3109 M-F, 8 a.m. to 5 p.m., e-mail them at TulsaCounseling@ou.edu, or drop by Room 1C76 in the OU-Tulsa Student Affairs lounge during business hours. If you are having thoughts of hurting yourself or another person, you should immediately call 988, OU-Tulsa Police (if on campus) at 918-660-3333, or COPEs at 918-744-4800.

The Employee Assistance Program aids employees in dealing with personal problems including alcohol and drug abuse or dependency, mental or emotional disturbance, or other conditions that may adversely affect job performance. The Employee Assistance Program service is provided by Family & Children Services and can be contacted at 918-587-9471.

Services for impaired physicians can also be obtained through the Oklahoma State Medical Association's Oklahoma Health Professionals Program (OHPP). OUSCM recognizes the importance of providing an avenue for intervention and treatment for physicians in residency that develop or have impairment for any reason including alcohol or chemical dependence, or other behavioral/mental health problems. The College and its training programs want to work with trainees in a strongly supportive manner for rehabilitation of impairment. OUSCM has developed working agreements with the Oklahoma State Medical Association (OSMA) Oklahoma Health Professionals Program, Inc. (OHPP) as a method to deal with these problems and develop workable recovery programs. The Oklahoma Health Professionals Program, Inc. (OHPP) is a special program of the OSMA. The program's purpose is to provide a peer-sponsored program for physicians who have developed such impairment. The program approaches individuals with the following resources: (1) a method for confronting physicians regarding their problems, (2) a mechanism for evaluation of problems, and (3) identification of appropriate treatment programs for these individuals. The Oklahoma State Board of Medical Licensure and Supervision has recognized the OHPP for its activities, and the Board allows the program to supervise physicians who voluntarily commit to its program and ongoing monitoring activities. The Board respects the confidentiality of the OHPP program except where otherwise required by law. The following procedures are followed in the case of trainees entering the OHPP. The residency Program Director meets with the trainees and provides them with the contact information for the Director of the OSMA OHPP program or their designated representative. A self-referral can often avoid suspension, or disciplinary actions associated with the discovery of impairment. The OHPP meeting is a "pre-evaluation" session that normally leads to a formal multidisciplinary evaluation, but it may lead directly to a treatment program. The residency Program Director will require the trainee to follow the OHPP's recommendations as a condition of continuing in the residency program. The expense of these evaluation and treatment programs is the responsibility of the trainee but may be covered partially by their health care insurance. The residency program will require periodic verification from the OHPP that the individual is continuing in the OHPP. Trainees may be asked to sign an agreement which outlines the terms and conditions necessary for their continued participation in the residency program. Failure to continue in the OHPP or to sign an agreement, if asked, will result in termination from residency training. The OHPP includes a monitoring testing schedule and trainees who are participants in the OHPP must submit to the program's testing schedule, rules, and regulations. Testing sites are

designated by the OHPP. After participating in the Oklahoma OHPP, an individual moving from Oklahoma can generally transfer to another state's physician recovery program. More information on this resource can be obtained by calling 405-601-2536.

In addition, the University of Oklahoma Staff Handbook includes a policy on Prevention of Alcohol Abuse and Drug Use on Campus and in the Workplace. The complete policy is also available upon request from the Human Resources Office. The HR office can be reached by phone at (918) 660-3190. The OU Staff Handbook policy can be accessed online at: <https://apps.hr.ou.edu/StaffHandbook>

OU-TULSA WORKERS COMP PROCEDURE and PATHOGEN EXPOSURE PROTOCOL

Any injury including needlestick, cut, or exposure **MUST** be properly reported directly to your employer, OU, within 30 days of the date of injury or the injury is presumed **NOT** to be work related (Oklahoma law change 2-1-2014). All injuries must be reported to OU-Tulsa Human Resources at 918-660-3197 and/or TulsaHR@ouhsc.edu. The University of Oklahoma "Report of Injury" form will be provided to you, which must be completed immediately and returned to HR. Both the Employee Report of Injury and Supervisor Report of Employee's Injury may be found on the HR website here: <https://hr.ou.edu/Employees/Workers-Compensation>.

Any needle stick, cut, exposure to damaged skin, splash into eyes, nose, or mouth, or any other incident that exposes you to contaminated material is treated as an exposure incident.

1. Immediately and thoroughly wash the needle stick wounds and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. Irrigate eyes with clean water, sterile eyewash, or saline irrigating solution.
2. Report incident immediately to supervisor. If injury sustained at an OU Clinic, immediately notify the clinic manager.
3. If injury sustained at any outside hospital/clinic, immediately contact Employee Health Services at that facility. If the injury occurs after hours, on weekends, or holidays contact the facility's Nurse Supervisor through the operator.
 - a. Employee Health Contacts in Tulsa:
 - i. St. John's Medical Center Employee Health Service: 744-2979
 - ii. Hillcrest Medical Center Employee Health Service: 579-5070
 - iii. St. Francis Medical Center Employee Health Service: 502-8383
4. Employee Health Services or the Clinic Manager will facilitate acquiring the SOURCE'S blood labs: Rapid HIV (if available), HIV-1/HIV-2 antibody screen with reflex, Hepatitis B surface antigen, Hepatitis C virus antibody.
5. Employee is immediately sent to Access Medical for medical evaluation and treatment. Employee should report to Access Medical no later than 1-2 hours after exposure.

Access Medical Center Locations

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Hours: Monday – Saturday 8 am – 8 pm., Sunday 10 am – 5 pm.

| | | | |
|--|---|--|--|
| 2140 S. Yale Ave. Tulsa, OK 74114 (918) 712-9342 | 2929 S. Garnett Road Tulsa, OK 74129 (918) 665-1520 | 10221 E. 81 st St. Tulsa, OK 74133 (918) 252-9300 | 1623 S. Utica Tulsa, OK 74104 (918) 392-5100 |
|--|---|--|--|

For a comprehensive list of locations please visit <https://hr.ou.edu/Employees/Workers-Compensation>

6. If after hours, employee will report to the nearest ER for medical evaluation and treatment.
7. Resident Program Coordinators will be notified of all exposures and compliance with follow-up and policies.
8. Please immediately forward any medical bills, etc. from out of town facilities to HR. We will forward the bills to our Workers Compensation claims adjuster for processing.

Remember: any injury including needlestick, cut, or exposure MUST be properly reported directly to your employer, OU, within 30 days of the date of injury or the injury claim will be denied.

Resident Council

Resident physicians play a central role in both educational and clinical activities within the University of Oklahoma School of Community Medicine (OUSCM) and its affiliated institutions. The ACGME expects that each Sponsoring Institution with more than one program ensures availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution's ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. Through this Council residents should have a participatory voice in governance, management, and policy setting that is crucial in providing high quality educational experiences, good patient care, and successful working relationships among the OUSCM, its affiliated institutions, and its staff, faculty, and residents across departments.

Schusterman Library

1. Located on the Schusterman Center campus at 4502 E. 41st Street, the Schusterman Library Building is on the east side of campus, 1 block south of the intersection of 41st Street and Yale Avenue, just north of the Learning Center. Website: <https://library.tulsa.ou.edu>
Telephone: (918) 660-3220 TEXT: (918) 856-5733 and EMAIL: outulsalibrary@ouhsc.edu
2. The mission of the library is to help students become scholars. The purpose of the Library is to meet the informational needs of its users for patient care, education and research.

Library hours:

| | |
|-------------------|-----------------|
| Monday – Thursday | 8:00AM – 9:00PM |
| Friday | 8:00AM – 6:00PM |
| Saturday | 1:00PM – 6:00PM |
| Sunday | 1:00PM – 6:00PM |

3. The OU-Tulsa Schusterman Library subscribes to 128 journals in print and provides online access to nearly 18,000 full-text electronic journals. Almost all the 12,000 books in the library may be checked

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out. The usual checkout period for students, faculty and staff is 3 months with the option to renew. Textbooks used by medical students for their rotations may be checked out for the length of rotation. Electronic versions of several hundred medical books are available through the library's online databases.

4. Library services include literature searching, document delivery, research consultations, and poster printing. Books and articles in journals not owned by the Library can be obtained through interlibrary loan. A complete list of services is available at <https://library.tulsa.ou.edu/index.php/services/students-residents>.
5. Materials may be checked out and returned at the library's front desk. Requests for items the library does not own may be placed through the interlibrary loan system. Interlibrary loan information is found on the library's home page. Most articles are now delivered electronically, often within three to five days; material which comes in the mail will usually be available within two to three weeks.
6. Technology - The Library has twenty-four computer workstations with Internet access and many software applications. Printing and scanning are also available. The library has full wireless connectivity and remote access to library resources. The library also has technology items available for a one-week checkout. Technology items are listed on the library's website.
7. The library provides access to many excellent online e-resources including Access Medicine, ACP Journal Club, BoardVitals, DynaMed Plus, Exam Master, JAMAevidence, Journal Citation Reports, Micromedex, Ovid databases, Primal Pictures Interactive Anatomy, PubMed, Scopus, UpToDate, Visible Body, VisualDx, Web of Science, and more. Most, not all, have full text articles. All can be accessed off-campus using your OUHSC username and password. Off campus access must be from the Library's website. See the list of databases for Community Medicine at <https://library.tulsa.ou.edu/index.php/resource-guides/community-medicine>. Online tutorials, database workshops, and one-on-one individual consultations are available to help you with these resources. Librarians will also fulfill literature searches. Call the library anytime for assistance at 918-660-3220 or outulsalibrary@ouhsc.edu.
8. Health Professional Mobile Apps – Apps for some resources are available through the University's subscriptions, including DynaMed and UpToDate. To learn more, contact the Library at 918-660-3220 or outulsalibrary@ouhsc.edu.
9. Spaces – The library has a variety of spaces for study and research. Three group study rooms are equipped with glass whiteboards and large monitors to support collaborative work, screen sharing and web conferencing. These rooms are available by online reservation. The OneButton Studio is available for making professional video recordings. The first floor of the library also includes the Mind+Body initiative, which promotes physical activity while studying. Mind+Body initiatives include three walking treadmills desks, three desk bikes, and four additional height adjustable standing desks, all designed for laptop use. Standing mats, laptop stands, ergonomic chairs, and mobile whiteboards are available for use at any of the Commons study spaces. A lactation and mediation room is also available for reservation in the library.

Additional GME policies related to the Working and Learning Environment, Promotion and Academic Actions are available in MedHub at: <https://outulsa.medhub.com/index.mh>.

Licensure

Oklahoma Medical Licensure

It is the responsibility of each resident to complete all licensure applications and documents in a timely manner in compliance with established deadlines. Residents must be aware of and follow policies in effect at the time of any licensure question or issue. Failure to comply with (1) the medical licensure laws of the State of Oklahoma and (2) the institutional requirements regarding licensure shall be sufficient grounds for suspension and/or termination of residency training.

Institutional Policy for Allopathic Residents

It is the policy of the University of Oklahoma School of Community Medicine that all allopathic applicants for residency positions must have passed *both* Step 1 and Step 2 CK of the USMLE prior to being included on a rank order list or otherwise offered a position.

In order for residents to be appointed at the PGY-2 level and above they must have taken Step 3 of the USMLE by December 31st of their PGY-1 year and have passing results by March 1st. Resident must hold an unrestricted license in the State of Oklahoma by the time of promotion. Failure of a current allopathic resident to obtain full licensure by the expected time of promotion to the PGY-2 year may result in non-promotion or immediate suspension or termination from the residency program. Allopathic IMG's need an unrestricted license in the state of Oklahoma by the beginning of their PGY-3.

Institutional Policy for Osteopathic Residents

It is the policy of the University of Oklahoma School of Community Medicine that all osteopathic applicants for residency positions must have passed Step 1 and Step 2 CE of the COMLEX USA prior to being included on a rank order list or otherwise offered a position. In order for residents to be appointed at the PGY-2 level and above they must have passed COMLEX 3 by December 31st of their PGY-1 year and have passing results by March 1. Residents must hold an unrestricted license in the State of Oklahoma by the time of promotion. Failure of a current osteopathic resident to obtain full licensure by the expected time of promotion to the PGY-2 year may result in non-promotion or immediate suspension or termination from the residency program. Any osteopathic applicant considered initially for any clinical training position at the PGY-2 or above level, must have passed COMLEX USA Steps 1-3 and be fully licensed in the State of Oklahoma.

Additional Information and Procedures for Obtaining Oklahoma Medical Licensure:

Up-to-date information regarding licensure is available by contacting the respective board or visiting the websites as noted below. While the following information reflects policies in place at the time of publication of the current edition of the *Resident Handbook*, policies governing medical licensure and contact info and differing from that listed below may be enacted at any time by the respective medical licensing boards or by statute.

| Allopathic Physicians (M.D. Degree) | Osteopathic Physicians (D.O. Degree) |
|--|---|
| A. The Oklahoma State Board of Medical Licensure and Supervision (Board) licenses allopathic physicians to practice medicine in the State of Oklahoma. Residents in training programs must hold either a special license or an unrestricted license issued by the Board as is stipulated in the section on eligibility requirements. The Board requires successful completion of the United States Medical Licensing Examination (USMLE). Any | A. Osteopathic physicians must meet the licensure requirements of the Oklahoma State Board of Osteopathic Examiners , including passing Steps 1-3 of COMLEX or USMLE, and <u>must be licensed by July 1st</u> of their PGY- 2 year. No special license is required during the first year of graduate medical education training for osteopathic physicians. |

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| Allopathic Physicians (M.D. Degree) | Osteopathic Physicians (D.O. Degree) |
|--|--|
| <p>applicant for licensure who fails <i>any step</i> of the USMLE three (3) times or takes longer than a ten (10) year period to obtain all steps of USMLE may not be eligible for licensure. Appropriate licensure is a requirement for University employment.</p> | |
| <p>B. Allopathic Licensure Board Address At the time of publication, the mailing and website address for the Board of Medical Licensure and Supervision is:</p> <p>Oklahoma State Board of Medical Licensure and Supervision</p> <p>P.O. Box 18256 Oklahoma City, OK 73154-0256 or 101 NE 51st Street Oklahoma City, OK 73105 Telephone: (405) 962-1400 www.okmedical-board.org</p> | <p>B. Osteopathic Licensure Board Address At the time of publication, the mailing and website address for the Board of Osteopathic Examiners is:</p> <p>Oklahoma State Board of Osteopathic Examiners 4848 N. Lincoln Boulevard, Suite 100 Oklahoma City, OK 73105-3335 Telephone: (405) 528-8625 http://www.ok.gov/osboe/</p> |
| <p>C. Applying for an Allopathic Medical License: <i>Completion of the application process for either an unrestricted license or special license is the sole responsibility of the resident. Applications are detailed and include requirements for several documents and forms that must be mailed to the applicant's medical school, to examination boards for verification of scores, to any other institution in which the resident has completed any residency training, and to the licensing board of any other state in which the resident is currently or has been previously licensed to practice medicine. This procedure takes weeks, and occasionally months; therefore, residents are advised to obtain the necessary forms and begin the process as early as possible.</i></p> | <p>C. Applying for an Osteopathic Medical License: <i>Completion of the application process for either an unrestricted license or special license is the sole responsibility of the resident. Many of the osteopathic board's licensure requirements for documents and verifications are similar to those outlined for allopathic physicians. Accordingly, the applicant should begin the process as early as possible in order to meet all deadlines.</i></p> |

Controlled Substances Prescribing

Prescribing and handling of controlled substances in Oklahoma without possessing an active controlled substance registration from the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) and the United States Drug Enforcement Administration (DEA) is illegal. State and federal registrations are required for both allopathic (MD) and osteopathic (DO) physicians. Until residents obtain their own unique registration numbers, they may use an institutional DEA number to prescribe controlled substances within the confines of the inpatient facility in which they are appointed as a trainee in a College of Medicine residency program. Please note that this use of the "institutional DEA number" applies only within the hospital and is not for any medical practice or prescriptions requiring filling outside the institution.

It is the responsibility of the resident to obtain the necessary information and application forms for these registrations and to keep his/her registrations current. The OBNDD will provide an application only to those who can provide an Oklahoma medical license number (special or full). New residents can obtain

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an application by calling the OBNDD's toll free number: (800) 522-8031. The registration number is usually issued promptly.

Upon receiving a full and unrestricted license to practice medicine, residents become eligible to apply for a personal DEA number. Residents should contact the DEA directly regarding an application form and the procedures to follow. The DEA usually takes 6 to 8 weeks from the date of receipt of application to process the resident's application. Please Note: DEA authorities will contact the OBNDD to verify that an OBNDD number has been issued to the resident before completing the process and issuing the resident a federal narcotics prescribing certificate.

Oklahoma State Law requires that prescribers of controlled substances review patient prescription utilization through the Oklahoma Prescription Monitoring Program (PMP) database and document that review in the medical record. In some instances prescribers are required to have a patient-provider agreement in place for chronic pain treatment. The Opioid Law also requires that all licensees receive at least one hour of education in pain management OR one hour of education on use of opioids or addiction annually to renew medical license.

Oklahoma State Law requires that prescriptions for controlled substances (not just opioids) must be electronically prescribed. Paper prescriptions can only be used in certain circumstances, i.e. temporary technological, electrical failure, or other extenuating circumstance that prevents prescription from being transmitted electronically. The reason for the exception must be documented in the patient's medical record.

Residents who move to Oklahoma from another state and hold an existing DEA registration must modify their DEA registration to show an Oklahoma practice address. Residents intending to practice in more than one state must have a DEA registration for each state in which they practice.

Please Note: Residents whose practice is restricted to the care of patients within their residency program are eligible for a waiver of fees associated with both OBNDD and DEA registration. You may contact your program director for details. However, any resident practicing medicine outside of the context of the residency program is not eligible for this waiver. **Those doing so may be subject to both state and federal penalties.**

Resident Responsibilities and Supervision

Medical Records and Protected Health Information

Medical records that are accurate and completed in a timely fashion are of the utmost importance in caring for patients and also serve as a basis for later clinical investigative work. Therefore, great emphasis is placed on the preparation and maintenance of accurate medical records in the hospitals and clinics. Residents should be aware of the rules and regulations regarding medical records at each institution, including those at OUHSC's hospital and clinic affiliate OU Medicine (OU Health Physicians and OU Health Hospitals). Specific rules concerning medical records vary with the different services and hospitals, and each resident is responsible to be aware of these rules. General rules apply to all services, and they are:

Preparation and Maintenance of Medical Records

1. A complete history and physical examination must be completed within 24 hours after admission of each patient, or within the standards determined by the hospital's medical staff policy. Office visits should be completed and signed on the date of service.
2. Complete, legible, and timely progress notes must accurately reflect the patient's hospital course and clearly document the supervision of attending faculty. The timing and number of notes completed on

any given day must be commensurate with the care provided and clearly document the critical elements of the medical decision making and care provided. Documents are delinquent beginning on the eleventh (11) business day after the clinic visit or receipt of the document.

3. Residents must date and sign each entry made in the clinical record assuring legibility of the resident's name. This is the standard for both written and electronic notes.
4. Abbreviations may not be used unless specifically allowed by hospital or clinic policy.
5. Each patient has a unique medical record number. This identifies him/her for all medical purposes. The medical record number must be placed on every document and on every form requesting ancillary services. Generally, a pre-printed sticker will be available for this purpose if done outside of an electronic record or order entry.
6. When it is known that a patient is to be discharged to another care facility, all residents responsible for the preparation of items in the record must complete those items before the patient leaves the hospital. Otherwise those items should be completed as quickly as possible and in accordance with hospital or clinic policy.
7. The service discharging a patient is responsible for assuring that all required documentation of the patient's hospitalization is present in the record within the required period of time.
8. Residents attending to or consulting on patients in an emergency department must complete the medical record immediately after a patient is seen/ treated. Emergency department records are needed by many other services that are treating or assuming care of the patient.
9. At regular intervals, appropriate hospital committees will review medical record delinquencies and deficiencies, including those of residents. **Serious deficiencies will be reported to the appropriate Program Director for administrative action.**
10. **If deficiencies are not corrected in a timely fashion, the Executive Committee of the Medical Staff may also levy sanctions that restrict a resident's activity in that facility.**

Confidentiality of Medical Information/HIPAA

1. Residents are cautioned that all medical records and medical information (Protected Health Information or PHI) in any form are confidential. The use and disclosure of PHI is restricted by federal law, including the Privacy and Security Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and state laws.
2. Residents must become familiar with and comply with the University's, College's, and Program's HIPAA Privacy and Security Policies and Procedures (HIPAA Policies). The failure to comply with HIPAA Policies will result in corrective and/or disciplinary action, up to and including termination from the program.
3. Residents must use reasonable efforts to safeguard all PHI, consistent with HIPAA Policies. For example, residents must not discuss particular patients in public, leave medical information in places where unauthorized persons could access it, or store it on unencrypted devices or servers.
4. Residents must comply with all University policy regarding encrypting Portable Computing Devices (including personally-owned devices) used to conduct University Business, which includes accessing University email accounts on the device.
5. Residents must not take PHI with them in any form or format and must delete it from all personally-owned devices when they leave the University.
6. Residents must not forward, auto-forward, or re-direct their OUHSC email messages to a non-University email account. Residents must not store patient information in clouds or in other off-campus storage that is not specifically approved by IT Security.
7. When a Resident believes it is necessary (versus convenient) to remove PHI from campus or an assigned facility for the performance of assigned duties, the Resident must abide by the procedures of the University or external facility regarding the removal of PHI and must secure PHI during transportation and at the destination, in accordance with such policy. Residents must immediately notify their Program Director, the University Privacy Official, and/or the HIPAA Security Officer if the PHI or

device containing PHI is lost or stolen. Residents also must abide by the HIPAA policies of any off-campus facility while rotating at that facility.

8. Residents must use reasonable efforts to safeguard all PHI, consistent with HIPAA regulations and University policy. Carrying patient lists, surgery schedules, or treatment notes in your pocket is NOT a secure method of transporting paper PHI. If Residents must transport PHI, they should use a folder, brief case, purse, wallet, or similar to transport it. Lost PHI can result in a HIPAA violation, so please use caution when transporting PHI.
9. Residents must not access records they are not authorized to access. Access is permissible only for Treatment, Payment, or Operation purposes and only when necessary to do so in accordance with the Minimum Necessary Rule, access beyond that is a violation of federal law and should immediately be reported to your program supervisor and the HIPAA Compliance Team.

The University's HIPAA Privacy and Security policies and procedures are available at <http://www.ou-hsc.edu/hipaa/> or Office of Compliance at 405-271-2511.

Dress Code

Residents are expected to dress according to generally-accepted professional standards appropriate for their training program and the OUSCM. Dress, grooming, and personal cleanliness standards contribute positively to the professional image the resident physician presents to patients and their families and represents another form of patient respect. Clothing should be clean and in good repair and should allow for adequate movement during patient care. Clothing should not be tight, low cut, or expose the trunk with movement. Blue jeans, shorts, t-shirts, hats, and exercise clothing are not acceptable professional attire, unless specifically designated. Hair should be kept well-groomed. Mustaches and beards should be neatly trimmed unless required by the resident's religious affiliation. A clean clinical jacket, or other professionally appropriate attire, should be worn at all times while on duty.

Identification badges must be worn at all times.

Residents should maintain a professional appearance and dress appropriately whenever they are representing OUSCM in any on- or off-campus setting. This includes academic and clinical sites, meetings, and special events.

Each training program and hospital may set more specific guidelines for dress code standards for residents and faculty members.

Equipment

Residents may be assigned pagers, keys, electronic pass cards, parking cards, computers, electronic tablets and other equipment or items as deemed necessary. Each individual resident is responsible for the equipment originally assigned to them by the program and must not exchange their equipment with other residents unless authorized to do so by the Program Director. If equipment malfunctions, it must be returned to the department for exchange or repair.

Electronic devices will be issued, returned for repairs, exchanged, logged and checked in, in accordance with the policies of the individual residency programs. In the event of loss or destruction, the resident to whom the equipment was assigned is responsible for the replacement cost of the item.

ALL electronic devices, whether University-issued or personally owned, that will be used for University business **must** be encrypted. Residents must work with your training program and department IT staff to complete the required encryption process.

Before a resident completes or leaves an OUSCM training program, any equipment keys, and other items assigned to the resident must be returned in good working order by the last working day. Any laptop or mobile device that stores University data of any type must be wiped clean of all University data upon leaving the residency program.

The University of Oklahoma, in compliance with all applicable federal and state laws and regulations does not discriminate on the basis of race, color, national origin, sex, sexual orientation, genetic information, gender identity, gender expression, age, religion, disability, political beliefs, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to: admissions, employment, financial aid, housing, services in educational programs or activities, or health care services that the University operates or provides. For questions regarding discrimination, sexual assault, sexual misconduct, or sexual harassment, please contact the Institutional Equity Office as may be applicable: Norman campus at (405) 325-3546, the Health Sciences Center at (405) 271-2110, Title IX/Sexual Misconduct Office Norman at (405) 325-2215, or Health Sciences Center at (405) 271-2110. Please see www.ou.edu/eoo. The University of Oklahoma is an equal opportunity institution.