MISSION STATEMENT

As part of our mission, the Department of Neurosurgery at the Yale University School of Medicine and Yale-New Haven Hospital strives to excel on the three pillars of academic medicine. First, we are dedicated to providing the highest level of technically exceptional, compassionate and comprehensive neurosurgical care to our patients. Second, we are committed to the education of our students and resident physicians in anticipation of them becoming leaders in our discipline, as well as the continuing medical education of our practicing physicians and providers. Lastly, developing cutting edge research of a wide range of neurological diseases in an effort to obtain fundamental new knowledge, ultimately translating this information into new, more advanced treatment opportunities for our patients.

INTRODUCTION

The Department of Neurosurgery at the Yale University School of Medicine and Yale-New Haven Hospital is committed to training residents to become expert practitioners, capable of providing the highest quality of neurosurgical care to their patients. This training includes fostering the development of the clinical and technical skills necessary to practice neurosurgery, the basic sciences, and the development of an outstanding knowledge base such that clinical judgment can be appropriately applied in the care of neurosurgical patients.

The professional attitudes valued by this program include the ability to make clinical, scientific and ethical judgments in the care of patients as well as scholarly activities, complete dedication to and accountability for the care of patients, the ability to work as a member of a team, and the capacity for working hard with a positive attitude. We expect residents in our program to teach and share knowledge with colleagues, students and other health care providers. The well-trained resident neurosurgeon must be aware of the cost and societal implications of decisions and be able to adapt to the evolving health care system in this country. We anticipate that these lessons learned during residency will provide the basis for the resident to become a valued leader of their medical community, whether in an academic or private practice setting.

The Program offers an excellent experience appropriate for both the academic and the general practice of neurosurgery. The complete spectrum of neurological disease is seen in our patient population and appropriate operating experience is offered at all resident levels.
TRAINING PROGRAM

OVERALL GOALS AND OBJECTIVES

The goals and the objectives of the Neurosurgical Residency Training Program in the Department of Neurosurgery at the Yale University School of Medicine and Yale-New Haven Hospital are to satisfy the General Requirements of the Essentials of Accredited Residencies and Graduate Medical Education and all Special Requirements for Residency education in neurological surgery.

RESIDENCY EDUCATIONAL GUIDELINES AND OVERVIEW

Medical education is based on the principle of graduated levels of responsibility, under the supervision of faculty, while caring for patients. These levels are defined as postgraduate years (PGY), referring to the years of training after completion of medical school. Currently, the Residency Training Program in the Department of Neurosurgery at the Yale University School of Medicine and Yale-New Haven Hospital encompasses seven years of post-graduate training, including the now incorporated PGY 1 year. During the PGY 1 year, the resident is dedicated to the acquisition of basic knowledge and skills required to take care of a neurosurgical patient. This year includes training where the resident learns the basics of management of various emergent and chronic neurological conditions including stroke, epilepsy, brain hemorrhages and brain tumors in adults and children.

During the PGY 2 and 3 years, the resident will focus on “junior residency,” continuing to learn the basics of the medical and surgical management of our patients through 48 months of clinical neurosurgery experience. It is during this time that the resident learns how to take care of critically ill neurosurgical patients in the ICU and on the wards, management of emergency room patients and consults, and gains initial experience in surgical procedures appropriate to his/her level of training.

As PGY 4 and 5, the resident will spend approximately 24 months on research/scholarly activities or substituted with an enfolded fellowship if approved by the Chairman and Program Director. The PGY 4 and 5 residents are required to present their scholarly work during Grand Rounds and must publish a minimum of two manuscripts each year.

During the PGY 6 and 7 years the resident spends 24 months as senior resident then co-chief resident, respectively. The PGY 6 and 7 years are the senior and chief resident years, respectively, during which the resident will hone their surgical and patient management skills and work towards achieving independence in all aspects of neurosurgical practice, not just the operating room.

Overall, each resident is expected to complete published scholarly work that exceeds 21 impact factors (IF) prior to graduation (for example: one publication with IF>21, or 6 publications each with IF of 4, etc..)

Clinical rotations follow an apprenticeship-like model, allowing for residents to optimize learning from each attending. Rotations may vary slightly for each resident, with the rotations being tailored to meet the specific needs of the individual resident, as well as the service.

GRADUATED LEVELS OF RESPONSIBILITY

The Program Director (PD) in conjunction with the Chairman, Assistant Program Director (APD) and the rest of the neurosurgical faculty, are responsible for the evaluation and progress of each resident to determine if they should be promoted to the next level of training. The group meets for formal evaluation of each resident at least twice a year. Subjective input is added to provide an overall sense of the residents’ capabilities and competencies. We believe that taking care of neurosurgical patients is a privilege and a responsibility: autonomy is earned through
competence.

At each level of training, there are a defined, specific set of competencies that the resident is expected to master. At each successive level, greater independence is given to the resident based on his/her capabilities and engagement in patient care at the discretion of the attending neurosurgeon who is ultimately responsible for the care of his/her patient.

COMPETENCIES

The ACGME has outlined through the milestones project of 2013, specific areas of competency. The six competencies are Medical Knowledge, Patient Care, Interpersonal Communication Skills, Professionalism, Systems Based Practices, and Practice Based Learning and Improvement. The Milestones are subsets of the competencies. The categories are brain tumors, critical care, movement disorders and epilepsy, pain and peripheral nerve, pediatrics, spine, and trauma with subcategories in patient care and medical knowledge. There are additional milestones outline under “systems based practice” within economics and safety. Finally, there are competencies under lifelong learning, research and professionalism.

Each resident is evaluated with regard to competency in each of these areas every six months by each of the faculty members. Residents are required to read and familiarize themselves with these milestones and self-monitor their progress.

For more information about ACGME milestones please see:
https://www.acgme.org/Portals/0/PDFs/Milestones/NeurologicalSurgeryMilestones.pdf

Copies of the milestones will be provided to each resident.

IN-TRAINING EXAMINATION

The American Board of Neurological Surgery (ABNS) provides a yearly examination for neurosurgical residents in late March of each year. All of the neurosurgery residents at the Yale University School of Medicine take this test yearly for on-going assessment. Residents are expected to take the exam every year, beginning as PGY1, until they pass for credit and demonstrate improving scores each year. It is expected that each resident perform consistent with their PGY year according to the following formula:

\[
\text{Minimal ABNS written exam score} > (\text{PGY-1}) \times 100
\]

Failure to obtain the minimal score as above or show improvement might prevent the resident to progress to his/her next year or training.

Although, the resident can choose to take the exam for credit at any time, so long as they have passed at least once previously, during the PGY 5 year, the resident must take and pass the examination for credit prior to advancing to the level of Senior Resident. Failure to do so will lead to the resident being held back. USMLE Step 3 must also be taken and passed prior to returning to the clinical service as a PGY 5.

In short, USMLE Step 3 and ABNS written examination must be passed for credit during the PGY 5 year and prior to the resident returning to the clinical service as a PGY 6, senior resident.
POLICIES

CODE OF CONDUCT

All residents are expected to comply with YNHH-established standards of conduct. All house staff should maintain a professional attitude, conduct and appearance as well as demonstrate behavior that is exemplary of the medical profession. All residents must be identified by the Yale-New Haven Hospital and Yale University identification badges, which should be worn and visible at all times.

Further information about house staff guidelines as outlined by the office of graduate medical education at Yale-New Haven Hospital can be found here: https://www.ynhh.org/medical-professionals/gme/resources/handbook.aspx

CONFIDENTIALITY

The Department of Neurosurgery recognizes that the rights and individual dignity of each patient should be respected during the delivery of any health care services. Responsible behavior on the part of the house staff with regard to the privacy of patients and their families is expected. Individual patients are not to be discussed except in the course of the care of this patient. These discussions should not take place in the elevator, lunch room or other public places. Occasionally colleagues, public personages or even friends may be admitted to the hospital. Unless the residents are directly involved in the care of these individuals, it is considered a breach of medical ethics and confidentiality to read the chart, the online medical record, or otherwise seek to obtain information on these patients. No specific information about any patient should be released without the prior written consent of the patient, their guardian, or their designated/documentated health care proxy.

CASE LOGS

ALL neurosurgery residents are required to ACTIVELY maintain a case log, conforming to the format required by the Accreditation Council for Graduate Medical Education (ACGME). To facilitate this, the Department of Neurosurgery provides a computer workstation and a computerized database in which all residents can enter their cases. This list should be updated two times per month, each month at a minimum. This will be monitored by the Residency Coordinator and APD. Failure to comply will lead to notification of the PD/Chair and potential disciplinary action (see below). It is imperative that residents maintain an ongoing record of cases in which they have participated. Attempting to reconstruct a case list after the fact is not appropriate. Constant reminders will not be provided as this responsibility is on the individual resident. Maintaining this log is essential to the resident’s subsequent ability to graduate and for the program to remain accredited by the RRC.

DRESS CODE

It is mandatory for Residents to wear business attire to academic conferences and department events (defined as shirt and tie and slacks for men, similar dress for women.)

Appropriate standards of dress are required for all residents providing care for patients. While in contact with patients all residents should wear a white coat or neurosurgery jacket and should not wear cut-offs, shorts, jeans, or similar casual clothing. Name tags should be worn at all times while on duty in the hospital. Hair and facial hair should be trimmed and groomed appropriately. Footwear should be clean and appropriate to the occasion. No flip-flops, open-toe shoes, or heavy boots are permitted. Hospital supplied scrub clothing should be worn by those working in specified areas and shall not be worn outside of the hospital. Guidelines on grooming and attire are found on the GME website above.
SUPERVISION

Every patient seen by the Department of Neurosurgery is assigned to a faculty level physician, who supervises every aspect of care, whether it is in the clinic, operating room, emergency room, or hospital. Junior level residents are paired with senior level residents and review patients with them prior to with the attending. They round together, determine best management strategy and discuss the patient and their proposed plan with the attending physician at least once daily and preferably in the morning. The chief residents and attending physicians are available at all times, by telephone or onsite, for further consultation to the junior resident. The responsibility given to each resident depends upon their individual level of knowledge, manual skill, experience, and the complexity of the patient’s illness and the risk of operation, as determined by the attending physician and earned by individual resident. Every operative procedure is supervised, directly and onsite, by the attending physician. The Faculty of the Department of Neurosurgery reviews complications on neurosurgical patients on a regular basis.

The residents see and examine all hospitalized patients in the morning before 7:00AM sign out and contact the faculty each morning to discuss details of the management of each patient. This type of communication continues throughout the day as issues may arise. The faculty commonly makes rounds in the evening alone or with a mid-level nurse or resident. The faculty is in attendance at all operations. Each patient seen in the emergency room is seen by a Junior or Chief Resident and is discussed with the faculty prior to making any decisions, especially to admit or discharge the patient. All inpatient consults are reviewed and seen with a member of the faculty.

OPERATING ROOM PROFESSIONALISM

All house staff are required to wear proper, designated operating room attire, including but not limited to designated OR scrubs, hair covering (head and face), mask, and eye protection. The cases are assigned the day before by the Chief Resident and reviewed by the APD. Assignments should be made in coordination with the individual resident’s (i.e. Tumor Chief operates on tumor cases). For any assigned case with at least 12 hours’ notice, it is expected that the resident review the chart and relevant imaging, as well as, review surgical techniques and treatment options. Time will be set aside with the supervising faculty member to review and discuss the case prior to the start of surgery, but the resident should feel encouraged to contact the attending to review the case ahead of time (i.e. the night before). It is not acceptable for a resident to show up to a surgery without any prior preparation; doing so can lead to no participation by the resident at the attending’s discretion. It is understood that emergencies or changes of schedule arise for which only minimal preparation is possible.

Residents are expected to arrive to their assigned surgery in a timely fashion. That implies, at a minimum, prior to the patient arriving in the room to participate in setting up the equipment and pulling-up of relevant scans. The resident is expected to be present for the induction of anesthesia, the “time out”, positioning, surgical prep, draping, the procedure, closing, undraping, emergence from anesthesia, intraoperative MRI or Angiogram, and transport to either ICU or PACU, and relevant sign out to appropriate parties. Residents are encouraged to join the attending surgeons to speak with families after surgery or to participate in dictation of the operative note. All post-operative orders should be in Epic within 30 minutes of the patient being handed off to either the ICU or PACU. The resident who participated the surgery is responsible to clearly and directly communicate and sign out the relevant information about the patient (i.e. surgical procedure, relevant PMH, any potential issues, post-op care plan) to the junior resident, service Senior/Chief resident (if not him/herself) and ICU team. The resident who participated in the surgery is responsible to perform a post-op check within 4 hours of a simple surgery and 2 hours for more complex procedures. If he/she knows he/she will be unavailable, it is that resident’s responsibility to communicate this with the attending and assign another person who is available, willing and agreeable to see the post-op patient. The resident who performs the post-op patient should alert the attending physician if there are any issues with his/her patient.
EVALUATION

An effective system of resident evaluation is vital to the individual resident’s development and to improving the Program in the Department of Neurosurgery.

Evaluation of both the system of education as well as the individual is intended to provide valid data about the performance of each resident in order to improve the educational experience of neurosurgical training. The system is felt to be consistent with the ideas embedded in the AGCME outcomes project. This system provides for multiple observations over time and multiple observers providing input regarding the performance of each resident. The Department of Neurosurgery is committed to continuous improvement of the education experience of residents.

Resident Evaluation
Formal resident evaluations are completed by the faculty as a group for each resident every 6 months. Information will also be obtained from peers in the residency, as well as other health care professionals working with the residents. Residents also receive evaluations on their participation at conference as well as the quality of their presentations. The ABNS examination is considered an important evaluation of the residents’ practice based learning and of their medical knowledge. The faculty as a group meets twice a year to review the evaluations and to discuss resident performance and program issues. Twice yearly the program director/AFD will meet with each resident to review evaluations and prepare a written summary of that meeting. The final evaluation of each resident who completes the Residency Training Program will be performed and placed in the permanent record, verifying that the resident can pursue practice independently. More informal feedback will be given on a frequent basis by all faculty and the residents are encouraged to seek such evaluations.

Faculty
Individual faculty evaluations are provided to each resident who are asked to evaluate the faculty on a yearly basis. Results of these evaluations are tabulated and provided to each faculty member.

Program
At the end of each year, the resident is asked to evaluate each rotation on which they have performed service. The Annual Program Evaluation (APE): The Program Evaluation Committee requires at least one resident’s participation. These evaluations are discussed at the faculty meetings and are used to improve the educational content of the Residency Training Program. Frequent meetings between the PD/APD and the residents allows for open discussion and feedback on resident and faculty overall performance and on individual rotations.

PROMOTION

Promotion to the next level of PGY training is determined by the faculty’s assessment of the individual resident’s ability to assume the responsibilities of the new PGY level, based on his/her progress. Competency at each level is assessed according to the requirements outlined in the ACGME milestones. The resident must master the competencies defined at each level before being allowed to progress to the next level. Progress is also based in part on the resident’s performance on the ABNS examination, when applicable, as outlined above. Lastly, promotion and retention are also highly dependent on continued appropriate moral, ethical and professional conduct by the resident and the overall sense of the faculty with regards to entrusting the particular resident.

DISCIPLINARY ACTION/PROBATION/TERMINATION

If the faculty determines that a resident’s progress is not satisfactory, the faculty may vote to take disciplinary action/warnings (i.e. as manifested by requiring the resident to remediate a clinical rotation or augmenting the
resident’s schedule), require that the resident remediate the entire (or part) of the PGY year not adequately mastered, place the resident on probation or terminate the resident. If the faculty recommends termination of the resident, the resident will be notified by the PD/APD and will be given the right to appeal as outlined in the Disciplinary/Hearing and Review Policy of the Institutional Housestaff Policies/Procedures Manual. If the decision is to take disciplinary action, require remediation or place the resident on probation, the PD/APD will send the resident a formal letter outlining the resident’s deficiencies and suggestive measures for improvement, as well as an outline of more frequent meetings and evaluations of the resident. The accumulation of three independent disciplinary actions/warnings will lead to automatic probation. Failure to properly remediate part of or an entire PGY year will lead to automatic probation and likely termination. The PD/APD will set the terms of probation and the circumstances that will result in lifting the probation or proceeding to termination.

Disciplinary action/written warnings, remediation and probation are meant to be increasingly serious measures to alert the resident that their performance and/or behaviors do not meet the standards set by the Department of Neurosurgery and he/she is in jeopardy of continuing in the Program. Serious violations of hospital policy, acts that endanger patient safety, or breaches of accepted moral or ethical standards may result in immediate termination at the discretion of the PD and Chair.

GRIEVANCES

A grievance is defined as dissatisfaction when a resident believes that any act, decision, or condition affecting his or her program of studies is arbitrary, illegal, unjust, or creates unnecessary hardship. Such grievance may involve, but is not limited to, mistreatment by any university employee or student, failure to progress academically, records and registration errors, discipline, wrongful assessment of fees, and discrimination because of race, gender, religion, national origin, disability, marital status, or age.

A House Officer and his or her supervising Chief of Service should attempt to resolve between themselves any disputes or disagreements that arise with respect to the work or conduct of the House Officer or the supervision of the Chief of Service. Disputes or disagreements that cannot be resolved to the satisfaction of the House Officer and the supervising Chief of Service may be referred to the Graduate Medical Education Committee of the Hospital for review and recommendation, the final decision on behalf of the Hospital shall rest exclusively with the Chief of Service and Hospital President. The process and procedures established by the Graduate Medical Education Committee shall be applicable with respect to any grievance brought by a House Officer against the Program.

HARASSMENT (INCLUDING SEX/GENDER)

The Yale University School of Medicine and Yale-New Haven Hospital and its affiliates prohibit harassment and exploitation. Harassment on the basis of race, color, religion or national origin is a form of unlawful discrimination and is prohibited under Title VII of the Civil Rights Act of 1964.

What to Do About Harassment:

1) Learn the Yale University School of Medicine and Yale-New Haven Hospital policies and procedures.
2) If possible, speak up when an incident occurs and tell the offender to stop the offensive behavior in a clear and firm manner.
3) Consider communicating with the offender by writing a letter detailing your concerns and asking the person to stop.
4) Keep a written record and any evidence that might corroborate your story.
5) Seek information about your options from the SOM or DIO designated counselor, if desired. This will
not initiate a formal investigation, and will give you an opportunity to discuss your concerns confidentially; provide counseling about the options for resolving the current situation and preventing future incidents; assist in conflict resolution; and advise, if deemed appropriate, how to file a formal complaint to the Chair of the Sexual Harassment Committee to proceed with a full investigation.

To File A Complaint, contact the appropriate institutional representative:
  
  Program Director/APD
  Chair
  Chair, Graduate Medical Education Committee
  Director, Physician Services
  Hospital Administration

MEDICAL RECORDS

The medical record is a vitally important document and is used for a variety of purposes. It is the working document upon which patient care decisions are made and, thus, has a critical role in providing quality care to our patients. As such, it is essential that the information in the record be documented in a timely, accurate, and pertinent manner relative to the care of the patient. Patient harm can result from incomplete, poorly written or incorrect entries in the record or notes that are copied forwarded and not updated. Because the residents are the primary individuals writing in the chart, their role in this key aspect of patient care is directly related to the outcome the patient experiences.

The record is also a legal document. Keep things simple without emotion. The chart is no place to comment on your opinion of other Practitioners, the hospital or the patient’s social status unless it is pertinent to the care of the patient’s problem. The record is also used for reimbursement. The Joint Commission sets specific requirements for Accreditation of Hospitals and Organizations (JCAHO). These include date and time on all entries, legible signature and certain specific content in the H&P, discharge summary and operative note. A complete history, physical examination and review of systems is required for all patients. Medical staff bylaws require that discharge summaries be dictated before the patient actually leaves the floor.

The PD/APD is periodically provided with a list of undictated charts and will suspend residents from the operating room for excessive delinquency.

OPERATIVE PERMITS

Every patient receiving treatment has the right to informed participation in decisions involving their health care. Other than life-threatening emergencies, diagnostic/therapeutic treatment will be undertaken only with the prior informed, voluntary consent of the patient or the patient’s representative.

Informed consent implies a careful, thoughtful dialogue between the practitioner and the patient in the presence of witnesses. This conversation should include details about the proposed procedure, indications for the procedure, expected risks and benefits, potential complications and side effects that may occur. Please confirm with the attending that this is acceptable prior to consenting the patient/representative as some attendings prefer to consent the patient/representative him/herself. The patient should be informed of any alternatives that may exist to the proposed treatment and the implications of not doing the procedure. The language should be at a level that the patient would reasonably be expected to comprehend and the patient must be given the opportunity to ask questions and indicate understanding of the procedure and risks. The patient has the right to refuse treatment.
OUTSIDE EMPLOYMENT/MOONLIGHTING

Employment for health care service outside of the Yale Department of Neurosurgery is strictly forbidden. Failure to comply may result in immediate termination from the residency program.

Moonlighting within the Hospital, is allowed only in the NICU, as outlined per policy in the Resident Handbook. Specifically, only those residents who have successfully passed the primary exam for credit are eligible. Residents are not permitted to moonlight the night before a workday on the clinical service, including enfolded fellowships. off service residents (i.e. PGY 4 and 5) can moonlight up to 4 times/month; on service residents (i.e. PGY 6 and 7) are limited to 2 times/month, allowing for one day off per week. If there is any concern by faculty that moonlighting is interfering with clinical or academic affairs, this privilege will be revoked.

IMPAIRED PRACTITIONERS

The sponsoring institution and each program is responsible for monitoring residents for signs of psychological and substance abuse problems and for initiating appropriate interventions. Faculty, staff, peers, family or other individuals who suspect that a member of the Housestaff is suffering from a psychological or substance abuse problem are obligated to report such problems. Individuals suspecting such impairment can discuss their concerns with the Program Director, Chairman, or DIO/Dean of Graduate Medical Education. Any verified concerns results in immediate removal of the Resident from the service and probation at the discretion of the Faculty, PD and Chair.

HEALTH REQUIREMENTS

Yale University School of Medicine and Yale-New Haven Hospital Health requires replacement screening evaluation and vaccinations for certain infectious diseases. They evaluate the screens and vaccinations and clear ALL residents to begin their training programs. Failure to complete these requirements will delay a residents start date, pay, and training. All housestaff shall be immune to rubella, mumps, varicella, and measles. Housestaff born in or after 1957 that do not have evidence of immunity to these diseases shall be required to have proof of current MMR vaccinations. A PPD must be obtained before starting employment and yearly thereafter. All healthcare professionals are urged to receive and provide documentation of the Hepatitis B vaccination. All housestaff are required to have annual TB tests.

All exposures to blood or body fluids should be taken seriously. Although the risk of HIV transmission is low, transmission of hepatitis is all too common, especially Hepatitis C. All residents are required to report all exposures to occupational health so that the appropriate workup and treatments can be initiated. After hours, medical staff is required to report to the emergency department for evaluation and treatment.

RESIDENT FUNDS

All residents receive a $1400 stipend by the House Staff office and cellphone use/coverage is provided by Yale-New Haven Hospital.

RESIDENT TRAVEL

Residents are encouraged and expected to take advantage of appropriate educational opportunities outside of the institution.

Residents are encouraged to have scientific presentations at national, international or regional Neurosurgical CME meetings and will be given first priority. Based on the PD/APD approval, residents may attend up to 2
national meetings/courses each year of his/her training, provided this meeting is for no more than five (5) days -four (4) nights. Cost coverage will be based on approved costs below. Please note, this includes required courses, such as Neurosurgery Boot Camp, RUNN course, and the Goodman Oral Boards course.

There is ever increasing availability of non-CME accredited, industry sponsored educational opportunities. Some of these meetings are run by the major neurosurgical organizations. These meetings will have priority over purely industry sponsored educational events. The educational content and absence of corporate bias will be evaluated by the program director prior to initiating the application process. The appearance of conflict of interest or corporate bias will be grounds for withholding permission for attendance.

Attendance of courses/meetings must be approved by the Admin Chief and APD at least 3 months in advance. Once the educational worthiness has been validated, the traveling resident should coordinate appropriate coverage with the Chief Resident and APD. After the above steps have been completed the PD/APD will give final approval. Once approved it is then the resident’s responsibility to provide complete documentation to the Residency Coordinator so that the proper travel authorization can be completed. Failure to follow this process may result in limitations to travel opportunities in the future.

Travel expenses, either in full or part, should first be deducted from the resident’s above stipend. Beyond that, the Department will cover the following reimbursable travel expenses:
1. Registration fee.
2. Travel expense to include:
   a. Airfare (coach class). If traveling by private automobile, expenses will be reimbursed at the School of Medicine's current mileage rate. The total mileage expense may not exceed coach airfare.
   b. Transportation costs to and from airport and required local travel.
   c. Actual cost of lodging (not to exceed 4 nights/5 days) at the meeting site. The resident is expected to make an effort to share accommodations or accept an accommodation provided by the meeting sponsor.
   d. Actual cost of meals up to $45.00 per day. Note that the medical School does not reimburse for snacks.
   e. Reasonable internet access.

Residents are asked to submit all receipts within one week of travel to Residency Coordinator and no advance for travel expenses may be requested.

VACATION

Each resident is allowed up to 3 full weeks / academic year.

Additional time off during Christmas/New Year’s weeks is granted at the discretion of the Chief Residents with approval from the PD/APD and in consideration of the clinical service.

5 personal/sick days are available for personal illness, fellowship/job interviews, etc. and the administrative Chief Resident and APD must be notified immediately with appropriate documentation. Any time requested beyond these 5 days, needs written request and approval from Program Director/APD and will subtract from the 3 weeks of vacation/academic year.

Please refer to the Resident Handbook for details regarding extended leave.