



**Division of Cardiothoracic Surgery
The Ohio State University**

Residency Program Goals, Objectives and Policies

I. GOALS AND OBJECTIVES – GENERAL

The goal of this training program is to prepare physicians to function as well-qualified, independent specialists in cardiothoracic (CT) surgery. The faculty is committed to the education of the CT Resident in basic science and clinical surgery as it relates to cardiothoracic surgery. We hope to instill in our trainees the essential elements of success for a career in cardiothoracic surgery including honesty and integrity, objectivity, self-motivation, curiosity, timeliness, and a sense of responsibility.

The cardiothoracic surgery residency encompasses adult and pediatric cardiothoracic surgery. Objectives of this surgical specialty include the mastery of cardiac and thoracic procedures such as bronchoscopy, thoracotomy, pulmonary resection, pericardiocentesis, coronary bypass, valve repair and replacement, thoracic transplantation and pediatric cardiac surgery. The Resident is expected to demonstrate competent surgical skills to the faculty. Through graded progression over the course of the two year training program, the CT Resident will assume more responsibility for critical portions of operative procedures. He/she will be exposed to diagnostic tests appropriate to each condition and will develop an appreciation for the interpretation of these tests, including echocardiography, nuclear scans, and pulmonary function tests.

Through repetitive exposure to the decision-making process regarding critical care and operative therapy versus medical therapy, it is expected that the CT Resident will develop an understanding of clinical situations to create therapeutic plans and management strategies for their own patients. He/she should display a facility in oral and written communication, and will be responsible for maintaining a smoothly functioning service with Attendings, General Surgery Residents, nursing staff, and secretarial staff.

Residents accepted into the Ohio State University Cardiothoracic Surgery Program must be board eligible or certified in general surgery.

II. GOALS AND OBJECTIVES FOR EACH YEAR AND SUBSPECIALITY ROTATION

A. Curriculum Goals

To achieve the stated program goals, the following curriculum goals have been established:

1. Provide learning experiences based on measurable objectives for education of cardiothoracic surgeons during the residency
2. Integrate principles of basic sciences with clinical experiences
3. Promote a broad understanding of the role of surgery and its interaction with other medical disciplines such as general medicine, cardiology, and pediatrics
4. Provide for progressive responsibility from initial patient care to complete patient management
5. Foster effective interdisciplinary collaborative relationships
6. Provide CT Residents with the ability to function as teachers and consultants
7. Foster continuing education to promote lifelong individual initiative and creative scholarship.
8. Prepare CT Residents to use research technology and skills in conducting studies that assist in solving surgical problems
9. Develop professional leadership and management skills
10. Promote understanding of the economic, legal, and social challenges of contemporary and future surgery

B. Curriculum Objectives

At the completion of the two year program, the CT Resident will be expected to demonstrate competence in:

1. Evaluation of surgical patients including appropriate and cost-effective use of diagnostic examination
2. Definition and documentation of an optimal therapeutic plan and implementation of appropriate therapy
3. Knowledge of current surgical literature and progress, and appropriate application to patient care

4. Facility in written and oral communication, in case presentations, in the medical record, in orders, and in manuscripts
5. Up-to-date completion of all duties related to medical records
6. A humane and considerate approach to patients and family members
7. Establishment of good interpersonal relationships with medical and paramedical professionals

C. Special Competencies

The ACGME requires that all surgical specialties include instruction and assessment of CT Residents in six “ACGME Competencies.” CT Residents must demonstrate and will be evaluated on the following competencies:

1. Patient Care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health
2. Medical Knowledge about established and evolving biomedical, clinical, and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
3. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence and improvements in patient care
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
5. Professionalism as manifested through a commitment to carry out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population
6. Systems-Based Practice as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

All programs reviewed by the RRC will have to demonstrate that they are teaching the six competencies and that they are also assessing resident achievement of these competencies.

D. Specific Objectives for Cardiothoracic Surgery by Subspecialty

The specific year objectives to implement these curriculum goals are described in each section below. The training program will follow the Thoracic Surgery Directors Association (TSDA) Core Curriculum guidelines and didactic education will occur on a scheduled weekly basis.

Adult Cardiac Surgery

The adult cardiac service component of the CT Surgery Residency program comprises the bulk of the time spent in the training program (up to one full year). The Residents finishing the program are on the adult cardiac service and are Chief Resident of the service.

The Chief Resident is responsible for organizing the resident component of teaching conference as well as creating the on-call schedule. The Chief Resident is responsible for leading rounds both in the morning and evening, assigning the residents for the operating room, outpatient clinics, and coverage for transplantation.

All Residents participate in twice-daily rounds on the service. They will coordinate the care of the patient from admission to discharge with the Attending physician, consulting physicians, physician assistants, and nurses.

Competency-Based Performance Objectives:

Junior Level

1. Perform preoperative evaluation, history, and physical examination of cardiac surgery patients
2. Obtain and interpret indicated diagnostic studies
3. Discuss diagnostic and therapeutic approaches to specific acquired and adult congenital cardiac diseases with the attending physicians
4. Perform and assist with selected cardiac cases, such as:
 - a. Pacemaker and defibrillator insertions
 - b. Saphenous vein harvest and wound closure for coronary bypass operations
 - c. Valve and coronary operations
 - d. Pericardial drainage operations
 - e. Tracheostomy
 - f. Minor vascular repairs
 - g. Cardiectomy for donor heart procurement
5. Provide postoperative cardiac surgery follow-up care for the following cases:

- a. Coronary surgery
 - b. Valve surgery
 - c. Thoracic aortic surgery
 - d. Pacemaker and defibrillator placement
 - e. Congestive heart failure surgery
6. Perform percutaneous insertion of chest tubes and intravenous, intra-arterial, and pulmonary artery catheters with supervision

Senior Level

1. Serve as first assistant or surgeon on selected major cardiothoracic cases, including:
 - a. Coronary artery bypass surgery, minimally invasive off-pump and direct coronary artery bypass
 - b. Valvular replacements and repairs, including minimally invasive procedures
 - c. Thoracic aortic surgery
 - d. Adult congenital cardiac surgery
 - e. Complex defibrillators
 - f. Emergency thoracotomies
 - g. Congestive heart failure surgery, including surgical ventricular restoration, myoblast transplant, and heart transplantation
2. Perform cardiac procedures, under supervision, including the following:
 - a. Insert intra-aortic balloon pump
 - b. Pacemaker implantation
 - c. Median sternotomy incision
 - d. Aortic cannulation for cardiopulmonary bypass
 - e. Saphenous vein and internal thoracic artery harvest
 - f. Perform proximal and distal coronary anastomoses
 - g. Repair of vascular trauma
 - h. Graft replacement of aorta
3. Coordinate the work-up of emergency cardiac surgery cases with:
 - a. Emergency room or trauma team
 - b. Cardiac catheterization laboratory
 - c. Diagnostic imaging services
 - d. Laboratory (including blood bank)
 - e. Anesthesia
 - f. Operating room
 - g. Perfusion services

4. Perform and assist, under supervision, with emergency cardiac surgery, including trauma cases
5. Recognize and prescribe treatment for complications of cardiac surgery such as:
 - a. Gastrointestinal bleeding
 - b. Cerebrovascular accident
 - c. Endocrine abnormalities
 - d. Pulmonary complications
 - e. Renal dysfunction
 - f. Coagulopathy
 - g. Dysrhythmias
 - h. Low cardiac output status

Adult Thoracic Surgery

The general thoracic surgery component of the two-year CT surgery residency at The Ohio State University is concentrated in a six-month block. The Resident functions as the Senior Resident on the thoracic surgery service during the rotations and has full responsibility for postoperative care and consultative services. The Resident participates in preoperative evaluation with the attending faculty and is involved with operative planning.

The structure of the six-month rotations includes participation in the outpatient setting as well as the operating room.

Competency-Based Performance Objectives:

Junior Level

1. Evaluation, diagnostic planning, and assessment for operative approach of the patient with pulmonary, esophageal or mediastinal pathology
2. Develop of necessary endoscopic skills, including flexible and rigid endoscopy, for diagnostic esophagoscopy and bronchoscopy
3. Manage routine postoperative management of the thoracotomy, pulmonary resection and esophageal resection patient
4. Perform thoracotomy from multiple approaches and with different techniques
5. Perform minor procedures such as:
 - a. Lung biopsy
 - b. Wedge resection

- c. Pleural biopsy
- d. Decortications
- e. Pleurodesis
- f. Thymectomy

Senior Level

1. Demonstrate proficiency at:
 - a. Fiber optic endoscopy
 - b. Rigid endoscopy
 - c. Mediastinoscopy
 - d. Endoscopic intervention with photodynamic therapy and stent placement
2. Demonstrate expertise with thoracoscopy and approaches to the mediastinum and pleural spaces
3. Manage lung volume reduction and lung transplant patients
4. Conduct a full range of major thoracic procedures including:
 - a. Lobectomy
 - b. Pneumonectomy
 - c. Sleeve resection
 - d. Tracheal resection
 - e. Pulmonary resection
 - f. Esophageal resection
 - g. Mediastinal resection
 - h. Lung volume reduction
 - i. Lung transplantation
5. Conduct surgeries for esophageal reflux and achalasia. Most of these procedures are minimally invasive surgeries. Some procedures are conducted as a collaborative effort between Cardiothoracic Surgery and General Surgery. The collaborative procedures include surgery for reflux disease requiring thoracotomy, paraesophageal hernia and achalasia.

OSU Pediatric Cardiothoracic Surgery: Children's Hospital Rotation

During the three-month rotation at Children's Hospital, the CT Surgery Resident is the Senior House Officer involved in the multidisciplinary approach to patient management. There are two weekly management conferences: a two-hour surgical conference on Wednesdays and a two-hour Catheterization conference held on Friday. Attendance is mandatory.

The CT Surgery Resident runs the surgical conference. In it, 1) all cases performed in the prior seven days are reviewed for surgical correlation and management issues, and 2) all cases scheduled for surgery in the next seven days are presented. The CT Surgery Resident presents the history and physical findings as well as the EKG and ECHO findings. The latter are done in conjunction with the Cardiology Resident. The CT Surgery Resident presents the catheterization physiologic data and the Cardiology Resident presents the cineangiography. Thus the CT Surgery Resident always has intimate prior knowledge of every case operated with the possible exception of emergencies, almost all of which will have been presented as add-ons at one or the other conference. Since the Resident is present in virtually every procedure, this gives excellent continuity of experience from first presentation through the surgical procedure.

The monthly Heart Center Mortality and Morbidity Conference at Children's is a multidisciplinary quality assurance conference that includes extensive pathology input and compliments the monthly Mortality and Morbidity Conference held at Ohio State in the Division of CT Surgery.

In the operating room, graded responsibility is afforded the Resident based on his or her level of training and ability. Because greater than 25% of our patients are under 30 days of age and greater than 50% less than one year of age, actual operative experience as the primary surgeon is limited compared to the adult rotation. Also, the Heart Center at Children's Hospital has a comprehensive interventional catheterization laboratory where many of the simpler congenital heart lesions are managed with nonoperative stents or devices, e.g. atrial septal defect device closure. However, there remains enough other operative volume to meet the requirements as outlined by the ABTS. The Resident is the first assistant on nearly all other cases. From this vantage point, attention is paid to their exposure to the anatomy, physiology and conduct of the operation for all forms of complex congenital heart disease. Special attention is paid to common anatomic variations, which might confront an adult cardiac surgeon with instruction in the necessary cannulation options and perfusion strategies.

In the Intensive Care Unit, the patient is managed by a team that includes surgery Attendings and Residents, Intensive Care Cardiologists, and Pediatric Intensive Care specialists. The CT Surgery Resident is expected to be at the bedside of any unstable patient, along with the Attending physicians. Discussion is frequently vigorous, and in any given rotation there will be considerable exposure to almost every normal and abnormal form of cardiovascular physiology and pathophysiology. The Resident presents a summary of the post-operative course of all patients each week at the surgical conference.

Other changes that enhance the pediatric rotation include dedicated time outside of the operating room in the cardiac catheterization lab, the echo lab, and the clinic. It was felt that the exposure and learning in these arenas will more efficiently give the Resident a more complete understanding of the anatomy, physiology, symptomatology, diagnosis and treatment options for congenital heart disease.

Competency-Based Performance Objectives:

Junior Level

1. Discuss the following conditions, then choose and justify the appropriate diagnostic and therapeutic modalities:
 - a. Pectus excavatum
 - b. Congenital lobar emphysema
 - c. Esophageal or bronchial duplication cyst
 - d. Post pneumonic emphysema
2. Identify indications for the following therapeutic modalities, and then justify/critique their use:
 - a. Extracorporeal membrane oxygenation
 - b. High frequency jet ventilation
3. Discuss postoperative management including the monitoring, prevention and the therapeutic intervention of:
 - a. Low cardiac output
 1. Hypovolemia
 2. Myocardial depression
 3. Common postoperative arrhythmias
 - b. Postoperative bleeding
 - c. Postoperative hypertension
4. Manage general thoracic perioperative procedures
5. Use, set and regulate mechanical ventilators
6. Observe and then:
 - a. Insert chest tubes and pig tail catheters
 - b. Perform thoracentesis
 - c. Insert central venous access lines
7. Perform selected cardiac and general surgery cases, such as:
 - a. Pacemaker and defibrillator insertions
 - b. Straightforward cardiac repairs
 1. Atrial septal defect
 2. Ventricular septal defect
 3. Coarctation of aorta
 4. Patent ductus arteriosus

5. Minor vascular repairs

Senior Level

1. Discuss the pathophysiology and surgical management of congenital cardiac disease, including:
 - a. Coarctation of the aorta
 - b. Patent ductus arteriosus
 - c. Atrial septal defects
 - d. Ventricular septal defects
 - e. Complex cyanotic cardiac disease
 1. Transportation of great vessels
 2. Tetralogy of Fallot
 3. Pulmonary atresia
 4. Atrioventricular septal defect
 5. Total anomalous venous return
 6. Hypoplastic left heart syndrome
2. Demonstrate working knowledge and use of the following:
 - a. Temporary and permanent pacemakers
 - b. Dialysis and ultrafiltration
 - c. Cardiopulmonary bypass and extracorporeal membrane oxygenation
3. Perform and/or supervise pacemaker/defibrillator selection and placement
4. Serve as first assistant and surgeon on selected major cardiothoracic cases, including:
 - a. Valvular replacements and repairs, including minimally invasive procedures
 - b. All types of congenital cardiac surgery
5. Perform cardiac procedures, under supervision, including the following:
 - a. Median sternotomy incision
 - b. Aortic cannulation for cardiopulmonary bypass
 - c. Patent ductus arteriosus

III. POLICIES

CT Resident agrees to:

- A. Abide by the agreed to duties and responsibilities in the Limited Medical Staff Agreement.
- B. Abide by the Medical Staff Bylaws of The Ohio State University hospitals, James Cancer Hospital and Research Institute, the Columbus Children's Hospital, and other institutions in which the CT Resident rotates.
- C. Receive prior approval from the Program Director and the Chief Resident of any vacation time, changes in vacation, meetings, and any necessary unscheduled ill time.
- D. Participate in safe, compassionate patient care under supervision commensurate with level of advancement and responsibility.
- E. Be rested and alert in the performance of duties.
- F. Participate in the education of residents in the Department of Surgery and specifically in educational activities of the Division of Cardiothoracic Surgery:
 - 1. Cardiothoracic Continuing Medical Education Conference
 - 2. Morbidity and Mortality Conference
 - 3. Saturday Educational Conference
 - 4. Special Visiting Professor Conferences

Attendance will be taken and 75% attendance is expected. Failure to attain that level without written permission or excused absence or for documented medical emergency will be noted and used in determination of advancement.

- G. Assume responsibility for teaching and supervising students and other CT Residents.
- H. Participate, as assigned, in Departmental and Divisional committees related to governance of the residency, patient care review activities, and as otherwise assigned by the hospital or program director.
- I. Apply cost containment measures in the provision of patient care.
- J. Chart daily progress notes. Complete operative notes within 24 hours of completion of the surgery; complete discharge summaries within 24 hours of discharge. These activities will be monitored and failure to attain 90% completion will be noted and used to determine advancement.
- K. Adhere to JCAHO policies regarding patient history and physical examinations and patient care.

- L. An appropriate operative log and maintenance of the log is mandatory for advancement. In addition, the American Board of Thoracic Surgery requires that all cases be recorded on CTSNet Op Log.
- M. Abide by responsibilities as determined by the faculty for each rotation.
- N. See the patient preoperatively. Continuity of care is an essential component in the education of the CT Resident. It is imperative that the CT Resident, as operating surgeon, sees the patient preoperatively.

IV. SALARIES

Salaries are determined through the office of the Medical Director. In general, salaries increase approximately 3-5% per year with advancement up to PGY-7. Salaries are subject to changes yearly. Increments in salaries are made upon satisfactory advancement to the next primary level and may be modified by the Medical Director's office.

V. WORK LOAD

The CT Resident will have, on the average, one full day out of seven free of program duties. Vacation schedules may interfere with this schedule.

On the average, on-call duties will be taken at home. When on-call duties in house are needed, every attempt will be made to dismiss the CT Resident from responsibilities by noon the following day.

The CT Resident is responsible to notify the Program Director and Chief Resident if he/she does not feel fit for performance of duties due to illness or fatigue. The faculty also has a responsibility to recognize fatigue and take appropriate corrective action.

VI. BENEFITS AND LEAVE

CT Residents in the Department of Surgery are entitled to benefits and leave as specified at three different levels:

A. Benefits as Described in the Hospitals' Resident Agreements and Contract

Benefits specified in the Resident Agreement apply to all OSU Department of Surgery housestaff employed by the University Medical Center. These benefits are listed under "IV. University Benefits" and "V. Departmental Benefits" in the Resident Agreement.

B. Additional Benefits Specified by the Department of Surgery

These benefits are applicable to all house staff within the Department and may be supplemental to those specified under “V. Departmental Benefits” in the OSU Hospitals Resident Agreement or the Children’s Hospital agreement.

C. Additional Benefits Specified by the Cardiothoracic Residency

VACATION: Two weeks annually with written request and approval by the Chief of the Division. There will be no terminal vacation. There is no vacation allowed in the month of June, July, December, or January. You are expected to work until June 30th. If you require vacation time for job interviews, this needs to be arranged prior to June 1st. No two CT Residents are permitted to be away simultaneously. Conference trips take priority over vacations.

Sick Time:	As needed
Maternity Leave:	As outlined in contract
Paternity Leave:	As outlined in contract
Travel Allotment:	One national meeting paid for annually with written request and approval by the Division Chief (\$1500.00 max/trip)
Dietary Services:	Meal tickets provided on the hospital cafeteria or Wendy’s for nights on-call
Medical Illustrations:	Charges incurred for slides, etc. in preparation for teaching conferences (\$100.00 maximum)
Book/Journal Allowance:	\$400.00 allowance annually
Surgical Loupes:	\$1300.00 allowance for surgical loupes (Design for Vision, Inc.)
Parking:	Reimbursed \$150 for OSU and Children’s Hospital
PDA:	Provided to Residents
Virtual Private Network Access (VPN):	All Residents receive home access

Private Call Room:	Residents have access to private room with office space and relevant equipment
Prior Health Sciences Library	Access to resources and collections through various services.
Sesats	All Residents receive latest version of educational program.

VII. ADMINISTRATIVE ACTIONS AND DISMISSAL

The Program Director monitors the CT Resident's progress and takes appropriate administrative action based on their progress and behavior. The Program Director will remove from responsibilities any resident whose actions may place patients, peers, or others at risk. Please refer to the Graduate Medical Education's policy and procedure page to see what academic and non-cognitive requirements must be fulfilled in order for the CT Resident to remain in the program.

Adverse administrative actions against residents be it academic or other disciplinary reasons will only be taken after careful review by the Program Director and other appropriate individuals. Residents will be dismissed only after extensive review indicates an inability to satisfactorily continue in the program, or when the improper conduct is of such a serious nature that the resident should not be continued in the program.

The Program Director will notify, in writing, the resident, the Chairperson of the Clinical Department, the Chairperson of the GME Committee, the Medical Director, and the Vice-Den for Education of any action to place on probation, suspend, terminate, or non-renew a resident. Focused reviews do not have to be reported to the above individuals given it is a preventative action between the resident and the Program Director or Assistant Dean for the GME.

The Program Director will document the deficiencies, the communications with the resident, the remediation efforts, and the decision-making process.

The CT Resident will be informed of his/her due process rights, as outlined in the resident's contract and in the Resident Due Process, Fair Hearing, and Grievance policy. Residents will be notified of intent not to renew their appointment, no later than four months prior to the end of the resident's current term of appointment. If the primary reason (s) for the non-renewal occur (s) within the four months prior to the end of the term of appointment, the Program Director must provide the resident with as much written notice of intent not to renew as the circumstances will reasonably allow, prior to the end of the term of appointment.

VIII. OFF-DUTY ACTIVITIES AND EMPLOYMENT

The CT Resident is required to be rested and alert while performing assigned duties.

The Program Director and faculty are responsible for addressing the CT Residents' fitness for performance.

IX. MOONLIGHTING

Employment, including moonlighting, outside the Medical Center when the CT Resident is "off-duty" is not permitted.

X. POLICY ON ABUSIVE BEHAVIOR AND SEXUAL HARASSMENT

A. Policy

The Department of Surgery administration, faculty, staff, and students are responsible for assuring that the Department maintains an environment for work and study free from abusive behavior and sexual harassment. Sexual harassment is unlawful and impedes the realization of the Department's mission of distinction in education, scholarship, and service. Sexual harassment violates the dignity of individuals and will not be tolerated. The Department seeks to eliminate sexual harassment through education and by encouraging faculty, staff, and students to report concerns or complaints. Prompt corrective measures will be taken to stop sexual harassment whenever it occurs.

B. Definition

Sexual harassment does not refer to the occasional compliment of a socially acceptable nature, nor does it refer to socially acceptable fraternization among employees. Sexual harassment is any unwelcome sexual advance, request for sexual favor, reference to gender or sexual orientation, or other physical or verbal conduct of a sexual nature when:

Submission to or rejection of such conduct is used either explicitly or implicitly as a basis for any decision affecting terms or conditions of an individual's employment, participation in any program or activity, or status in an academic course; or,

Such conduct has the effect of unreasonably interfering with an individual's work performance or educational experience, or creates an intimidating, hostile or offensive environment for working, learning or living on campus, and has no legitimate relationship to the subject matter of a course.

Some examples of behavior that could constitute sexual harassment are:

- Unwelcome sexual advances, either verbal or physical

- Requests for sexual favors as a condition of employment, promotion or other implied advancement
- Verbal or physical abuse of a sexual nature
- Any offensive sexual flirtations
- Any conduct that creates a sexually intimidating, hostile or offensive work environment or which unreasonably interferes with job performance

C. Regulations

The Department of Surgery representatives available for administration of this policy include, but are not limited to, the Chairperson, Division Chiefs, and Residency Director.

1. **Confidentiality and Non-Retaliation:** Department representatives will make every reasonable effort to conduct all proceedings in a manner that will protect the confidentiality of all parties. All parties to the complaint should treat the matter under investigation with discretion and respect for the reputation of all parties involved.
2. **Corrective Measures:** When it has been determined that sexual harassment has occurred, steps will be taken to ensure the harassment is stopped immediately. Corrective measures consistent with the severity of the offense will be imposed and may include sanctions. Sanctions imposed on the harasser may range from a verbal reprimand up to and including dismissal.
3. **False allegations:** It is a violation of this policy for anyone to knowingly make false accusations of sexual harassment. Failure to prove a claim of sexual harassment is not equivalent to a false allegation. Sanctions may be imposed for making false accusations of sexual harassment.

XI. ANTI-DISCRIMINATION

The Department of Surgery is part of the College of Medicine of The Ohio State University and is an equal-opportunity employer.

XII. EVALUATION AND ADVANCEMENT

A. Evaluation

CT Residents meet with the Program Director or designee and a formal, written evaluation is performed semi-annually. Each attending evaluates the CT Resident on their service during each quarterly rotation. This information is collated and

summarized for review with each CT Resident during the meeting with the Program Director. Supplemental forms may be used for additional documentation. The evaluation shall be reviewed and discussed with the CT Resident and retained in his/her file. The written evaluation shall be accessible to the CT Resident upon request. The Program Director may conduct and record more frequent evaluations as needed.

B. Advancement

Participation in a Residency program is contingent upon satisfactory performance. Advancement is based on evidence of progressive professional growth and increasing responsibility for care. This determination is made by the Program Director in conjunction with evaluations from members of the teaching staff. Performance on the In-Service Examination below the 30th percentile will prompt a resident review and corrective action. If the performance is not improved, advancement may be denied.

The Program Director shall notify the CT Resident in writing if he/she will not be advanced to the next higher level or if he/she will not receive a Certificate of Completion. Notification should occur at least three months prior to the expected date of completion or advancement whenever possible. Due process is provided according to the Residency Program and the Medical Staff Bylaws.

The Ohio State University Hospital Program Director may terminate the employment agreement for reasons of unsatisfactory performance by the CT Resident. Due process is provided according to the applicable Medical Staff Bylaws.

Under no circumstance will either party terminate this Agreement without providing the other party an opportunity to discuss and review any dissatisfactions or grievances that may exist. An appeal process is described in the Resident Agreement.

XIII. SUBSTANCE ABUSE

The Department of Surgery and affiliated institutions are drug and alcohol free work places. All CT Residents must abide by the Hospital's drug testing policy. By signing the Employment Agreement, the CT Resident attests that he/she is not now impaired, nor does he/she abuse alcohol or other drugs.

XIV. FACULTY RESPONSIBILITIES

Teaching faculty agrees to:

1. Abide by the agreed-to-duties and responsibilities in the Medical Staff Rules & Regulations

2. Abide by the bylaws of The Ohio State University Hospitals, James Cancer Hospital and Research Institute, The Columbus Children's Hospital and other institutions at which they interact and supervise residents in surgery
3. Provide supervision of the CT Residents preoperative, operative and postoperative care consistent with the hospital rules and regulations
4. Be present for the essential and key elements of all surgical procedures
5. Review with residents all patient care decisions
6. Review progress notes, operative notes, and discharge summaries prepared by the residency staff
7. See consultations within 24 hours if elective and as soon as possible with emergency requests
8. Be available to provide supervision of care rendered to all patients seen in the Emergency Department
9. Participate in educational activities of the Division
10. Participate in assigned Divisional, Departmental, and institutional committees

Resident Initials upon Receiving Program Manual: _____ Date: _____