

University of California, San Francisco
School of Medicine

*Department of Medicine
Division of Occupational and Environmental Medicine*

**OCCUPATIONAL AND ENVIRONMENTAL
MEDICINE RESIDENCY AND FELLOWSHIP
PROGRAM HANDBOOK
2011 - 2012**

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Welcome to the UCSF Occupational and Environmental Medicine Residency and Fellowship Program!

We are happy that you have chosen to join us for your post-graduate training in Occupational and Environmental Medicine (OEM). Our program is among the top in the country, and we are selective in choosing excellent and self-motivated physicians. By the time you finish this program, you will have all the skills you need to be a leader in the field, and you will meet all the criteria and qualifications for Board Certification in Preventive Medicine – OEM.

Career opportunities in OEM include clinically-focused general occupational medicine; academic-based research, teaching, and specialty clinical practice; private consultation; and policy work in government agencies or NGOs. Training at UCSF will offer you a taste of each of these areas, and will encourage you to choose the area you are most interested in and gain more in-depth expertise relevant to your career interests.

The UCSF faculty includes top academic researchers, clinicians, and policy experts working in a wide array of areas. We have faculty in Richmond, Berkeley, Oakland, at multiple sites in San Francisco, and in areas as far away as Sacramento and Reno. We also have elective opportunities at sites throughout the country and the world. We expect that you will be motivated to seek-out faculty mentors with expertise relevant to your areas of interest, and would be happy to help you identify faculty to work with.

We expect a high-level of self-direction and commitment from our trainees. The program does not include regular clinical work at nights or on weekends, yet there are significant requirements and expectations that go beyond a regular 9-5 workday. The research project is a year-long effort that will require extensive work outside the regular rotation schedule. In-depth patient write-ups from the Mt Zion clinic, and special projects undertaken during rotations, will need to be completed at home or in the library. As opportunities arise to participate in other learning opportunities, we expect our trainees to jump in to get the maximum benefit from their training experiences.

Occupational and Environmental Medicine is a highly interdisciplinary field. Physicians, nurses, industrial hygienists, and ergonomists all work together as a team, and must respect and learn from each other. OEM physicians also work with attorneys, engineers, community activists, union representatives, elected officials, political appointees, and corporate officers. Trainees at UCSF will have contact with people from all of these fields, and will learn how to communicate effectively with individuals and groups from a variety of backgrounds and interests.

The Program Handbook is a guide to the OEM Residency and Fellowship program, including the goals and objectives of the training, the basic content of the first and second year, policies and procedures, maps, and other information. We hope this information is useful and that you will continue to refer back to it throughout your training. If you have any additional questions, please feel free to check in with us at any time.

Gina Solomon, MD, MPH, Director
Stephen Born, MD, MPH, Co-Director

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OCCUPATIONAL & ENVIRONMENTAL MEDICINE University of California at San Francisco

Overview of the Residency and Fellowship Training Program

Background

The UCSF Occupational and Environmental Medicine (OEM) [Residency and Fellowship Program](#) is designed to prepare physicians for occupational or environmental medicine practice in academic, government, clinical, non-governmental, consulting or corporate settings. The Program provides academic instruction, practicum experiences, and research opportunities. The large core and affiliated faculties based at the institution, together with extramural clinical faculty, and our faculty partners in nursing, industrial hygiene, and ergonomics provide this training. Graduates of the UCSF OEM Program are currently leaders in all of the practice settings listed above. Trainees will achieve competency in all core knowledge content areas in OEM, and are encouraged to develop areas of special expertise. In keeping with this goal, the educational program is individually tailored to meet the needs of each resident. The UCSF OEM Program was founded in 1979, and is fully accredited by the [Accreditation Council for Graduate Medical Education \(ACGME\)](#) for up to eight residents or fellows.

The UCSF OEM program is part of the [Center for Occupational and Environmental Health](#), a multidisciplinary research and education center partnership between UCSF, UC Berkeley, and UC Davis. In 1978, the State of California passed legislation mandating the University of California to establish teaching, research, and service centers in Northern and Southern California. The Center for Occupational and Environmental Health (COEH) and its sister centers at Los Angeles and Irvine serve government, industry, schools, health professionals, and the general public through programs and partnerships designed to deepen understanding of occupational and environmental hazards and to prevent disease, fatalities, and injuries. Activities are grounded in multicampus, multidisciplinary teaching programs in medicine, nursing, public health, and related fields which: Educate future leaders in occupational and environmental health; develop new knowledge; and bring the resources of the University of California to the public.

Program Plan/Curriculum

The UCSF Occupational Medicine Residency and Fellowship is an integrated 2-year program in which the trainees progressively take on greater responsibility. In the first year, residents earn a MPH or MS degree from the University of California, [Berkeley, School of Public Health](#) while also participating in a weekly clinic and other UCSF educational activities. For entering residents who already have a Master's in Public Health or other equivalent degree, the first year curriculum will include a combination of ACGME mandated academic coursework, practicum rotations, and research. The second year is devoted to a combination of clinical experience, research, and public health practice. A typical breakdown of the residents' activities by year is shown below:

First Year

2 months Summer Program (including clinics)
Weekly clinic throughout year
8 months UC Berkeley (MPH/MS coursework)
2 months clinical rotations (January, June)

Second Year

2 months Summer Program
3 months clinical rotations
2 months public health rotations
2 months corporate/consulting rotations
1-2 months research
1-2 months electives

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The **Summer Program** includes a combination of seminars and site visits. The curriculum is designed to provide a full overview of occupational and environmental medicine over a two year cycle, and offer the trainees early interactions with all key faculty members and many of the rotation sites. The site visits include a range of industrial sites and non-industrial workplaces, as well as environmental health site visits. In August of the second year, trainees are required to take the Training in Clinical Research (TICR) Summer Workshop at UCSF, while the first year trainees spend additional time in clinic.

The **First Year** of the program is focused on coursework at the UC Berkeley (UCB) School of Public Health (SPH). For first year residents with a MPH or equivalent degree, the first year will provide an opportunity to take additional graduate level courses to meet ACGME requirements (see Educational Goals). Throughout the year, trainees acquire skills in clinical occupational medicine through participation in weekly half-day clinics. They also attend the biweekly OEM Grand Rounds, followed by either Journal Club or Research Seminar. First year trainees are expected to present at least one journal club article during the course of the year. During this year, the trainees are expected to choose a research project and research mentor and to begin work on a project that will be completed during the second year.

The UCB course descriptions can be found on the UCB website at <http://ehs.sph.berkeley.edu/current/handbook.htm>

The residency/fellowship program has four major **clinic sites** where ongoing training of OEM residents occurs during both years of the program. The Occupational and Environmental Medicine Clinic at UCSF/Mt. Zion is a weekly half-day clinic that provides an opportunity to evaluate complex patients with environmental or occupational health issues. Other ongoing clinical opportunities include working at the Tang Center at UC Berkeley, the SF Kaiser Permanente Occupational Medicine Clinic, and the San Francisco Veterans Administration Medical Center.

The **Second Year** of training includes 3 months of training in clinical rotations, and two months each in public health and corporate/consulting. There are a wide variety of options for training within each of these categories. Providing OEM residents with clinical training opportunities in other disciplines is an ongoing priority for the program. Opportunities are available for rotations or additional training in dermatology, pulmonology, radiology, orthopedics, rehabilitation medicine, allergy, ENT and ophthalmology. The remaining months of the practicum year are devoted to elective rotations and completion of the required research project. Electives may include any of the core rotations as well as others, including several international rotations. Residents/fellows are encouraged to seek out new educational experiences and may propose rotations to fill special needs. At the start of each rotation, trainees are required to develop a list of rotation goals, including specific competencies with their on-site preceptor.

Trainees are evaluated based on how well they have achieved goals and objectives for each rotation. Evaluations are based on the standard OEM and ACGME competencies, and include self-evaluations, faculty evaluations, patient evaluations, 360° evaluations, and portfolios. The UCSF E*value system is used to facilitate evaluation of trainees and faculty.

The program director and co-director provide advice regarding course and rotation selection and career options, and have semi-annual review meetings with each trainee. Each resident/fellow also chooses a research preceptor. The Residency Advisory Committee meets two times a year to evaluate both the trainees and the program. Trainees are asked to evaluate each component of the program semi-annually and to provide written evaluations of core and clinical faculty involved in

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their teaching and clinical activities. The faculty also provide an annual review of the quality of the UCSF OEM training program.

Interdisciplinary Experiences

The faculty of the OEM Program at UCSF approach occupational and environmental health teaching, research, and service activities from an interdisciplinary perspective. Whenever possible, interdisciplinary training opportunities with occupational and environmental health nurses (OEHN) and industrial hygienists (IH) are developed.

Paul Blanc, MD and Barbara Burgel, RN co-direct a course for both the nursing students and OEM fellows. Trainees are required to take this 10-week UCSF course entitled “Management of Clinical Occupational Health Problems”, N271.06. Residents are required to attend the COEH Summer Institute each year as well as the yearly UCSF/UCB Ergonomics course. Both courses are multidisciplinary.

The program has many other activities where interdisciplinary interaction occurs regularly. The Occupational and Environmental Medicine Clinic at Mt Zion includes OEM, OEHN and IH trainees in the evaluation of patients and their workplaces. OEM and Ergonomics trainees work together at Dr. Rempel’s upper extremity injury clinic. Workplace site visits, grand rounds, research seminars, and case conference have participants from multiple disciplines.

There is a joint OEM/Medical Toxicology Program. Successful applicants to the combined program spend their first year as Medical Toxicology fellows, followed by the OEM Academic Year. The third year includes OEM rotations, clinic and research that also meet the requirements for the MT Program. There is also a joint UCSF OEM/Pulmonary fellowship. Successful applicants to the UCSF Pulmonary Fellowship can apply for training in the joint program.

Research Training

Training in research methods and development of research projects is a vital element of our program. The program seeks trainees who will advance the scientific knowledge base upon which the prevention and treatment of occupational disease rests, as well as those who will educate future generations of researchers. Residents/fellows are expected to identify a research mentor in their first year of training and begin a project that will be completed in the second year. In August of the second year trainees take a course on [Training in Clinical Research \(TICR\)](#) through the Department of Epidemiology and Biostatistics at UCSF. In this course, trainees are required to develop and present the design and protocol for a relevant research project. Elective TICR modules are offered throughout the year to interested residents in other topics that include responsible conduct of research, getting funded, and meta-analysis. Additional training is provided in the monthly Research Seminar and through Journal Club, which has a special emphasis on statistical methodology. Principal faculty research mentors include Drs. Balmes, Steinmaus and Rempel. There are a large number of other supporting and core faculty members who sponsor resident research activities and regularly participate in the research-training program through Research Seminar and/or Journal Club.

Program Leadership and Faculty

A large multi-disciplinary faculty and associated professional staff in the Division of Occupational Medicine at UCSF provide instruction and mentorship in almost all aspects of occupational safety and health. Faculty members also teach in various continuing medical education courses, including the UCSF course *Advances in Occupational and Environmental*

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Medicine directed by Dr. Blanc, and courses presented by the COEH Continuing Education Program.

UCSF is a site for a Pediatric Environmental Health Specialty Unit (PEHSU). The PEHSU is funded by the Agency for Toxic Substances and Disease Registry (ATSDR) and the U.S. Environmental Protection Agency through a cooperative agreement with the Association of Occupational and Environmental Clinics (AOEC). The PEHSU is a collaboration between the Division of OEM, the Northern California Poison Control Center, and the UCSF Department of Pediatrics. The PEHSU is directed by Dr. Mark Miller, a pediatrician. The primary function of the PEHSU is education and outreach to community physicians. Our program in Northern California also provides consultative services, by telephone and in clinic, for pediatric environmental health problems.

Core Occupational Medicine Faculty

John R. Balmes, MD (Occupational and Pulmonary Medicine)
Professor of Medicine
Chief, Division of OEM, SFGH
COEH Director

Paul D. Blanc, MD, MSPH (Occupational and Pulmonary Medicine, Clinical Toxicology)
Professor of Medicine
Chief, Division of OEM, UCSF Medical Center
Assistant Medical Director, San Francisco Bay Area Regional Poison Control Center

Stephen Born, MD, MPH (Occupational Medicine)
Associate Director, OEM Residency and Fellowship Program
Associate Clinical Professor of Medicine
Staff Physician, Occupational Health Service (SFGH-OHS)

Robert Harrison, MD, MPH (Occupational Medicine)
Clinical Professor of Medicine
Occupational Medicine Clinic, UCSF-Mt. Zion
Public Health Medical Officer, California Department of Public Health

David Rempel, MD, MPH (Occupational Medicine)
Professor of Medicine
Director, Ergonomics Laboratory, UCB/UCSF

James Seward, MD, MPH
Clinical Professor of Medicine
Director, Health Services, Lawrence Livermore National Laboratory
Chair, OEM Residency Advisory Committee

Gina Solomon, MD, MPH (Occupational Medicine)
Director, OEM Residency and Fellowship Program
Associate Clinical Professor of Medicine, UCSF
Associate Director, Pediatric Environmental Health Specialty Unit
Senior Scientist, Natural Resources Defense Council

Kent R. Olson, MD (Emergency Medicine and Clinical Toxicology)
Clinical Professor of Medicine and Pharmacy
Medical Director, San Francisco Bay Area Regional Poison Control Center

Supporting Faculty

Tom Allems, MD, MPH (Occupational Medicine)
Assistant Clinical Professor of Medicine
Consultant, Occupational Medicine

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Shelley Arredondo, MD, MPH (Occupational Medicine)

Assistant Clinical Professor of Medicine
Staff Physician, Kaiser Permanente San Francisco

Richard Cohen, MD (Occupational medicine)

Clinical Professor of Medicine
Consultant, Occupational Medicine

James Craner, MD, MPH (Occupational Medicine)

Assistant Clinical Professor of Medicine
Consultant, Occupational Medicine

Rupali Das, MD, MPH (Occupational Medicine)

Assistant Clinical Professor of Medicine
California Department of Public Health Occupational Health Branch

Michael Fischman, MD, MPH (Occupational Medicine)

Clinical Professor of Medicine
Medical Director, Intel Corporation

Robert Goldberg, MD (Occupational Medicine)

Clinical Professor of Medicine
Medical Director, Landmark Healthcare

Sarah Janssen, MD, Ph.D., MPH (Urology and Occupational Medicine)

Assistant Clinical Professor of Medicine
Clinical Instructor in Urology
Senior Scientist, Natural Resources Defense Council

Peter Lichty, MD

Clinical Instructor
Medical Director, Lawrence Berkeley Lab

Ray Meister, MD, MPH (Occupational Medicine)

Assistant Clinical Professor of Medicine
Public Health Medical Officer, California Department of Public Health
Staff Physician, SFGH Clinic

Mark Miller, MD (Pediatrics)

Assistant Clinical Professor
Director, Pediatric Environmental Health Specialty Unit
Air Toxicology and Epidemiology Section, Office of Environmental Health Hazard Assessment, Cal/EPA

Linda Morse, MD (Occupational Medicine)

Assistant Clinical Professor of Medicine
Kaiser Permanente Medical Group

Jordan Rinker, MD, MPH (Occupational Medicine)

Assistant Clinical Professor of Medicine
Private consultant

Rachel Roisman, MD, MPH (Occupational Medicine)

Assistant Clinical Professor of Medicine
Public Health Medical Officer, CA Department of Public Health

Jonathan Rutchik, MD (Occupational Medicine)

Assistant Clinical Professor of Medicine
Private Practice – Neurology and Occupational Medicine

Erika Schwilk, MD, MPH

Assistant Clinical Professor of Medicine
Staff Physician, SFGH Clinic

Craig Steinmaus, MD, MPH

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Assistant Adjunct Professor
California Office of Environmental Health Hazard Assessment, Cal/EPA

Susan Tierman, MD

Assistant Clinical Professor of Medicine
Medical Director, Alza Corporation

Christina Wang, MD, MPH

Assistant Clinical Professor of Medicine
Staff Physician, Kaiser Permanente, San Francisco

Faculty from Related Disciplines

Patricia Quinlan, MPH, CIH (Occupational Medicine)
Industrial Hygienist, UCSF OEM Program

Barbara Burgel, RN, MS (Community Health Nursing)
Clinical Professor of Nursing

Oisaeng Hong, RN, Ph.D. (Occupational Health Nursing)
Director, Occupational Health Nursing Program

UCSF Occupational Medicine Educational Goals

First Year Goals:

1. Achievement of core preventive medicine and public health knowledge and competencies;
2. Introduction to the specialty of occupational and environmental medicine;
3. Introduction to the workplace and its demands, risks and hazards;
4. Introduction to environmental hazards in the home, community, and global environment;
5. Development of clinical occupational medicine knowledge, skills and competencies;
6. Acquisition of knowledge in Preventive Medicine core coursework areas of epidemiology, biostatistics, health services management and administration, environmental health, the behavioral aspects of health.
7. Acquisition of OEM core areas of knowledge in toxicology, occupational epidemiology, industrial hygiene, safety and ergonomics, and risk/hazard control and communication;
8. Presentation of a minimum of one complex clinical case;
9. Presentation of a minimum of one relevant journal article with analysis and critique;
10. Satisfactory demonstration of the 6 ACGME competencies (see section on ACGME competencies);
11. Completion and award of an MPH or an MS from the UC Berkeley School of Public Health. For those who already have a Master's in Public Health, or other equivalent degree, additional graduate level coursework may be required to meet ACGME graduate level coursework requirements.
12. Four months of direct patient care experience. This includes both individual one-on-one care, and activities that assess and improve the overall health of groups of individuals.

Second Year Goals:

1. Application of knowledge to real situations in industry, communities, government agencies, clinic, and research settings;
2. Successful performance in clinical, public health, and corporate/consulting rotations;
3. Strong awareness of workplace demands, risks, and hazards;
4. Mastery of environmental health issues in homes, communities, and globally;
5. Mastery of complex OEM consultations;
6. Full achievement of preventive medicine and occupational medicine competencies;
7. Completion of a research project with a submitted abstract or manuscript, and/or a conference poster/presentation;
8. Presentation of research at Research Seminar and Grand Rounds;
9. Mastery of verbal and written clinical case presentations in OEM;
10. Presentation of a minimum of two journal club articles; mastery in journal critiques;
11. Demonstration of a high level of achievement in the ACGME competencies.
12. Four months of direct patient care experience. This includes both individual one-on-one care, and activities that assess and improve the overall health of groups of individuals.

UCSF Occupational and Environmental Medicine Fellowship Program First Year

All first year OEM fellows without a MPH or equivalent degree, attend the School of Public Health at the University of California at Berkeley to obtain a Master's degree (MPH or MS) in Environmental Health Sciences (or an MPH in Epidemiology or Interdisciplinary Studies if desired). The academic year at Berkeley covers two semesters beginning in late-August and ending in mid-May. Required common Preventive Medicine graduate level coursework includes biostatistics, epidemiology, health services management and administration, environmental health, and the social and behavioral influences on health. ACGME strongly recommends additional graduate level courses in toxicology, occupational epidemiology, industrial hygiene, safety and ergonomics and risk/hazard control and communication. All coursework must be taught at the intermediate or advanced level. For the MPH, a minimum of 42 units and a passing score on the comprehensive exam is required for graduation. The curriculum for the MS degree is similar with fewer credit hours required, but trainees are expected to complete a research project rather than take an examination. The research project can be completed in the Summer/Fall following the main academic year if needed. All fellows who already have a MPH or equivalent degree will take, as needed, additional graduate level courses to meet ACGME requirements.

Fellows at Berkeley will participate regularly in clinic, either at the Occupational and Environmental Medicine Clinic at Mt. Zion, at Kaiser, or at the Tang Clinic at Berkeley. They will be excused from clinic responsibilities only during midterm and finals weeks of the academic year. Fellows are also expected to attend Grand Rounds, Journal Club, and Research Seminar on every 2nd & 4th Thursday morning. During the January break, the trainees are expected to spend all non-vacation time working in a clinical rotation.

Prior to the start of the fall semester at Berkeley, there is a program of seminars and site visits in July and August. This summer session fulfills basic course requirements in industrial hygiene, and in risk/hazard control and communication. The summer session includes significant clinical activities for the first year students, allowing them to fulfill the ACGME requirement for a total of four months of clinical time during the first year.

The OEM curriculum advisor on the Berkeley campus is Dr. James Seward. An Administrative Assistant in the School of Public Health is available to provide information and administrative support to the fellows during the academic year. Further support and advice is available from the Environmental Health Sciences Director, Dr. John Balmes.

Academic year residents will also cover the UCSF needle-stick hotline for 4-6 weeks during the year (not scheduled during finals or midterms).

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Occupational and Environmental Medicine Sample Curriculum

Due to ongoing changes in UCB curriculum requirements, all First Year Residents MUST CONSULT with the UCB Advisors, Dr. James Seward or Dr. John Balmes, regarding the academic year schedule. And for ALL curriculum exceptions or changes, the Residency Director must be consulted for final approval.

Fall:

PH 142A	Probability & Statistics (Required)	4 units
PH 200C	Overview of Public Health (Required)	3 units
PH 250A	Epidemiologic Methods (Required)	4 units
PH 269E	Topics in Environmental Medicine + Seminar (Required)	3 units
PH 297	Field Study (MDC Clinic – see above)	4 units

3 additional units of electives

Spring:

PH 270B	Toxicology (Required)	3 units
PH 269C	Ergonomics (Required)	4 units
PH 297	Field Study (MDC Clinic – see above)	4 units
PH 271E	Science and Policy for Environmental Health	3 units

A course in health services organization and administration, and 3 additional units of electives

Advanced Courses/Electives:

PH 254B	Advanced Occupational & Environmental Epi	3 units
PH 271	Environmental Science and Policy	3 units
PH 270A	Exposure Assessment and Control	3 units
PH 220	Health Risk Assessment	4 units
PH 272A	GIS and Remote Sensing	4 units

Residents are also encouraged to take the Preventive Medicine Residency Seminar as scheduling permits.

Vacations during the first year should be scheduled to coincide with UC Berkeley Winter and Spring Breaks and the end of the spring semester in mid-May. There are clinical rotations scheduled in January and June of the first year to fulfill the ACGME requirement for a minimum of four months of clinical time during the first year.

UCSF Occupational and Environmental Medicine Fellowship Second Year

The second year officially starts July 1st. For Fellows completing their Master's as part of the UCSF program the first rotation occurs in June of the academic year. Each Fellow designs their schedule for the year in consultation with the Program Director based on program requirements and educational and career goals. The *final* schedule of rotations must be approved by the Program Director by August 1st of the practicum year.

The Fellow must notify all preceptors about the planned rotation at their site by August 15th preceding the start of the practicum year. The Fellow must also re-contact the preceptor a minimum of one month prior to the start of the rotation to confirm the rotation and make any necessary arrangements.

Throughout the second year, each resident participates in the Occupational and Environmental Medicine Clinic at Mt. Zion one half-day per week and attends Grand Rounds, Journal Club, Research Seminar, and Case Conference.

Summer Program and Site Visits

The summer didactic and site visit program begins the first week of July and runs through late-August. The first and second year Fellows attend, as do the Medical Toxicology Fellows and other guests such as Occupational Health Nursing students, medical students, and visiting scholars. The seminar topics and site visits rotate on a 2-year cycle. In general, there are two days of site visits, two days of lectures, and one day of clinic each week for the second year fellows (first year fellows have additional clinic time). Fellows arrange carpools to the site visits, which are located throughout the region.

At the site visits, the Fellows are expected to observe and record occupational and environmental hazards and the corresponding control measures. Each Fellow is expected to do preparatory research prior to at least two of the site visits, and to brief their colleagues on the occupational and environmental health issues related to that industry. In addition, each Fellow is expected to do at least two write-ups after the site visits to summarize the hazards and risks, and to communicate recommendations.

Site visits include a wide range of industries and environmental sites in the Greater San Francisco Bay Area. Examples include: Refineries, metals manufacturing, foundries, cement manufacturing, the post office, the U.S. mint, the Port of Oakland, pharmaceutical and biotech facilities, research laboratories, sewage treatment facilities, waste handling facilities, distribution centers, food processing, dairies, farms, wineries, nail salons, construction sites, maintenance of the Golden Gate Bridge, and communities disproportionately impacted by environmental pollution. About 10-12 site visits occur during the course of the summer.

Ongoing Clinical Activities

OEM Clinic at UCSF/ Mount Zion

Cases include referrals for occupational and environmental exposures, toxicology, and complex musculoskeletal disorders. Some families and pediatric cases are seen in collaboration with our Pediatric Environmental Health Specialty Unit. Industrial hygiene and nursing students also participate in patient evaluations, as does our faculty Industrial Hygienist. Faculty attendings in this clinic include Drs. Harrison, Kosnik, Solomon and Miller.

Hand Clinic at UC Berkeley Tang Center

Evaluation and management of upper body musculoskeletal cases with David Rempel, MD.

Kaiser Opera Plaza Occupational Medicine Clinic

Primary occupational medicine clinic services under the direction of Drs. Johnson, Morse, Arredondo, and Wang.

San Francisco Veterans Administration Medical Center

Occupational medicine, compensation & pension, environmental medicine, and rehabilitation under the direction of Sandeep Guntur, MD, MPH.

Clinics Providing Medical Care for Underserved Populations

A variety of clinical opportunities are available through Planed Parenthood, Asian Health Services, Street Level Outreach and Clinica Olé. Each resident will select one of these sites and provide ongoing clinical services on a monthly or bimonthly basis throughout their residency.

Rotations

A schedule for the second year is designed in consultation with the Program Director and must be approved by the Program Director by August 1st. The rotation choices and schedule are tailored to each resident/fellow's individual needs, and the following considerations: (1) the trainee's level of prior clinical and other experience, (2) the career interests of the trainee, (3) the need to acquire the full range of general and specialty competencies, and (4) the need for the trainee to take on progressively more complex and senior responsibilities throughout the year.

Residents/Fellows must contact all potential rotation site preceptors to arrange rotation dates before August 15th of the practicum year. Trainees must also re-contact preceptors a minimum of one month prior to the start of the rotation (minimum of 2 months for LBL and LLNL) to re-confirm availability and to address logistical issues (ie. getting necessary ID badges, etc).

At the beginning of each rotation, the Fellow meets with the preceptor to define educational goals and to identify which preventive medicine and occupational medicine

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competencies will be acquired during the rotation. Evaluations at the end of the rotation are based on achieving the outlined goals and competencies.

1. Clinical Rotations (Minimum of 3 months required)

A minimum of three months of the year must be devoted to clinical rotations, in addition to the weekly clinic. Additional elective months may also be spent at these sites. Additional clinical months may be required for residents or fellows who have had limited prior clinical training. **At least one month must include full-time occupational medicine at the San Francisco Veterans Administration Medical Center.**

San Francisco Veterans Administration Medical Center

A variety of clinical experiences including general occupational medicine; compensation & pension determinations; post-traumatic stress disorder clinic; rehabilitation medicine; and environmental medicine (including Agent Orange and Gulf War Syndrome).

Location: San Francisco VAMC, San Francisco. Preceptor: Sandeep Guntur, MD, MPH – 415-221-4810 x3202, sandeep.guntur@va.gov.

Kaiser Permanente Medical Group - Occupational Medicine Clinic

General primary occupational medicine services with an emphasis on musculoskeletal evaluations and ergonomic issues.

Location: Opera Plaza, San Francisco. Preceptor: Shelley Arredondo, MD, MPH - (415) 674-7023, Shelley.A.Arredondo@kp.org.

UCSF Ergonomics/UC Berkeley Employee Health Service

This part-time rotation includes general occupational medicine, on-site ergonomic assessments, evaluation of musculoskeletal disorders, orthopedics, and medical management. [Note: Must be combined with another rotation or research month]

Location: Tang Center, U.C. Berkeley. Preceptor: David Rempel, MD (510) 665-3403, david.rempel@ucsf.edu.

Lawrence Livermore National Laboratory, Health Services Department (LLNL) (Clinical focus)

LLNL is a Research and Development Laboratory with a focus on national security issues. The Health Services Department serves over 7000 employees and provides comprehensive clinical and consultative services, including medical surveillance, evaluation and treatment of work-related injuries and illnesses, ergonomic, safety, and industrial hygiene evaluations, health promotion, employee assistance programs, and workers compensation management. LLNL has many interesting and unusual occupational health issues ranging from beryllium to biological agents and radiation.

Location: Livermore, CA. Preceptor: James Seward MD, (925) 423-6903, seward1@llnl.gov.

Jonathan Rutchik, MD

Neurotoxicology private practice, consulting and medico-legal work.

Location: Mill Valley, Ca. Preceptor: Jonathan Rutchik, MD, 415-381-3133, jsrutch@neoma.com.

2. Public Health Rotations

(Minimum of 2 months required)

A minimum of two months of the year must be devoted to public health rotations. Fellows may elect to spend two sequential months at one site, or may rotate through two different sites. Fellows interested in public health may spend additional elective months at any of these sites.

California Department of Public Health - Occupational Health Branch (OHB) & Environmental Health Investigations Branch (EHIB)

The OHB identifies and evaluates workplace hazards, tracks patterns of work-related injury and illness, develops training and informational materials, provides technical assistance to prevent work-related injury and illness, and recommends protective occupational health standards. Programs include the: (1) Hazard Evaluation System and Information Service (HESIS) which evaluates hazards and provides information and technical assistance on new or unappreciated hazards; (2) Occupational Health Surveillance and Evaluation Program (OHSEP) which conducts research on work-related illness, injury and death in California; (3) Occupational Lead Poisoning Prevention Program (OLPPP) which provides information and assistance to identify lead hazards and prevent work-related lead poisoning; and (4) California Safe Cosmetics Program (CSCP) which collects and provides information on hazardous ingredients in cosmetic products sold in California. EHIB studies how the environment affects health and by educates and informs the public. EHIB units include: (1) Community Participation and Education Section; (2) Exposure Assessment Section; (3) Environmental Epidemiology Section; (4) Site Assessment Section. The California Environmental Contaminant Biomonitoring Program is run by staff at EHIB.

Location: Richmond, CA. Preceptors: Robert Harrison, MD (510) 620-5769, robert.harrison@ucsf.edu, Rupali Das, MD, MPH 510-620-5763 rupali.das@cdph.ca.gov.

California EPA – Office of Environmental Health Hazard Assessment (OEHHA) -

OEHHA is responsible for developing and providing risk managers in state and local government agencies with toxicological and medical information relevant to decisions involving public health. OEHHA's responsibilities include: (1) Developing health-protective exposure standards for different media (air, water, land) to recommend to regulatory agencies, including ambient air quality standards for the Air Resources Board and drinking water chemical contaminant standards for the Department of Health Services; (2) Carrying out special investigations of potential environmental causes of illness, diseases and deaths; (3) Making recommendations with respect to sport and commercial fishing in areas where fish may be contaminated; (4) Assessing health risks to the public from air pollution, pesticide and other chemical contamination of food, seafood, drinking water, and consumer products; (5) Providing guidance to local agencies with specific public health problems, including appropriate actions to take in emergencies that may involve chemicals; (6) Implementing the provisions of the Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65).

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Location: Oakland, CA. Preceptor: Craig Steinmaus, MD, MPH (510) 622-4825, csteinmaus@oehha.ca.gov.

Natural Resources Defense Council (NRDC)

The goal of this NGO is to preserve the environment and protect public health through education and advocacy. Areas of focus include diesel exhaust exposure reduction; reduction of greenhouse gases and conventional pollutants from refineries, cement kilns, and mobile sources; reducing lead and mercury pollution; pesticide policy reform; drinking water regulation; and identification and elimination of endocrine disrupting chemicals in consumer products.

Location: 111 Sutter Street, 20th Floor, San Francisco, CA. Preceptors: Gina Solomon, MD, MPH (415) 875-6100 gsolomon@nrdc.org and Sarah Janssen, MD, MPH, Ph.D., sjanssen@nrdc.org.

SF Regional Poison Control Center (PCC)

Physician and pharmacologist teams advise physicians and the public regarding toxic ingestions (including medication adverse effects), skin and inhalation exposures. Consult on in-patient toxicology cases at San Francisco General Hospital, and provide telephone consultations on toxicology cases at other hospitals.

Location: SFGH, San Francisco, CA. Preceptor: Kent Olson, MD (415) 502-6002, olson@calpoison.org & Craig Smollin - 415-206-5753, Craig.Smollin@emergency.ucsf.edu

Note: Not a full-time rotation. Clinical activities are in the morning, and this may be combined with another rotation during the same month (e.g. PEHSU or NRDC), or free time may be used for work on research project.

Pediatric Environmental Health Specialty Unit (PEHSU)

This program is part of the OEM Division at SFGH, in partnership with the Northern California Poison Control Center and the UCSF Department of Pediatrics. The PEHSU responds to calls from clinicians and the public about pediatric environmental exposures, performs outreach and education to primary care pediatric providers, and participates in the multidisciplinary clinic at UCSF/Mt. Zion when children or families with environmental exposures are evaluated.

Location: San Francisco, CA. Preceptors: Mark Miller, MD, MPH mmiller@oehha.ca.gov and Gina Solomon MD, MPH, gina.solomon@ucsf.edu.

Note: Not a full-time rotation. This may be combined with another rotation during the same month (e.g. PEHSU, NRDC, or OEHHA), or free time may be used for work on research project.

California OSHA

State consultation and enforcement services for California OSHA regulations with offices throughout CA.

Center of Operation, San Francisco. Preceptor: Janice Prudhomme, MD, 510-620-5713, email: Janice.prudhomme@dph.ca.gov.

3. Corporate/Consulting/Administrative Rotations **required)**

(Minimum 2 months

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A minimum of two months of the year must be devoted to rotations in this category. Fellows interested in this type of practice may spend additional elective months at any of these sites.

Johnson & Johnson Corporation

A pharmaceutical company with facilities in Mountain View, Vacaville, and worldwide. Activities involve development and management of occupational health services, preventive activities, including site visits to various Johnson & Johnson facilities for ergonomic and industrial hazard evaluations; safety and industrial hygiene programs directed by trained professionals; health promotion, disease prevention, employee assistance programs; and workers compensation management. Location: Mountain View, CA. Preceptor: Susan Tierman, MD (650) 564-2875, stierman@alzus.jnj.com.

The Permanente Medical Group - Kaiser Permanente Northern California Administrative Offices

A non-clinical rotation that focuses on learning how Worker's Compensation Utilization Review is performed, how MPN networks are developed, managed and sold from inside a large HMO. Location: 1800 Harrison Street, 21st Floor, Oakland. Preceptor: Douglas Benner, MD - (510) 625-3133 doug.benner@kp.org.

Lawrence Berkeley Lab, Health Services Department (Corporate focus)

National laboratory with extensive health services and research activities in Berkeley. The rotation will include ergonomic and industrial hazard evaluations; learning about safety and industrial hygiene programs; health promotion, disease prevention, employee assistance programs; and workers compensation management. Location: Berkeley, CA. Preceptor: Peter Lichty, MD. (510) 486-6267, pdlichty@lbl.gov.

Lawrence Livermore National Laboratory, Health Services Department (LLNL) (Corporate focus)

LLNL is a Research and Development Laboratory with a focus on national security issues. The Health Services Department serves over 7000 employees and provides comprehensive clinical and consultative services, including medical surveillance, ergonomic, safety, and industrial hygiene evaluations, health promotion, employee assistance programs, and workers compensation management. LLNL has many interesting and unusual occupational health issues ranging from beryllium to biological agents and radiation. Location: Livermore, CA. Preceptor: James Seward MD, (925) 423-6903, seward1@llnl.gov.

Richard Cohen MD, MPH, Inc.

Consultant to companies in biotechnology and pharmaceutical research and manufacturing, semiconductor equipment and microprocessor production, healthcare supplies and equipment manufacturing, and electronic equipment research and development. Location: South San Francisco, Peninsula, and North Bay areas (requires a car and willingness to travel). Preceptor: Rich Cohen, MD, MPH (408) 395-9379, rcohenmd@pacbell.net. Can be combined with Dr Rinker during the same 1-2 month(s).

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State Compensation Insurance Fund (SCIF)

The rotation will provide the participating Fellow with an understanding of the roles/responsibilities of medical professionals working within a large workers compensation insurance carrier and an appreciation for managed care from the payer's perspective. There is also an opportunity to learn about the research potential of a large administrative database.

Location: San Francisco, CA. Preceptor: Gideon Letz, MD, 415-565-1677,
galetz@scif.com.

3. Elective Rotations

Electives may be taken from the rotations listed above, or from those below. If the resident/fellow is interested in developing a new elective rotation that is not on this list, the rotation must be arranged and approved by the Program Director at least three months in advance so that a signed letter of agreement can be put in place.

James Craner, MD, MPH

A consultant to gaming, mining, various other industries with clinical practices throughout the state of Nevada. Location: Reno, NV. Preceptor: James Craner, MD, MPH: (775) 345-1407 jcraner@drcraner.com.

Jordan Rinker, MD, MPH

Consulting Medical Director to pharmaceutical research and manufacturing, biotechnology, medical center occupational health companies. Location: Various sites in Bay Area. Preceptor: Jordan Rinker, MD, MPH (415) 924-1990.
jordan.rinker@roche.com or jrinker@speakeasy.org. May be combined with the rotation with Dr. Cohen.

Michael Kosnett, MD

Medical toxicology private practice, and medico-legal work, specializing in the toxicity of metals. Location: Denver, CO. Preceptor: Michael Kosnett, MD, (303) 571-5778,
Michael.Kosnett@uchsc.edu

Chevron

Management and evaluation of occupational and environmental health programs within one of the world's largest energy companies. Fitness for work issues, multinational and multicultural industrial medicine including travel medicine and international OEM issues, worker's comp and disability, surveillance, and an understanding of industry-specific hazards. Location: Houston, TX. Preceptor: Stephen Frangos, MD, MPH, 832-854-7427, email: Yvette.cortina@chevron.com.

Safety and Health Assessment and Research for Prevention Program (SHARP), Washington State - Research in occupational safety and health, surveillance of occupational health and hazards, assessment of emerging conditions, and cluster investigation. SHARP also provides research support for occupational health standard-setting in Washington State. SHARP has special emphasis is placed on ergonomics issues.

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Location: Olympia, WA. Preceptor: Barbara Silverstein, PhD, MPH (360) 902-5668, silb235@LNI.wa.gov.

National Institute for Occupational Safety and Health (NIOSH)

The Federal agency devoted to industry investigations and research and education in Occupational Medicine. The rotation is with the Hazard Evaluations and Technical Assistance Branch (HETAB) medical section. Activities include participating in worksite health hazard evaluations, responding to inquiries from the public, and participating in NIOSH research projects and seminars.

Location: Cincinnati, OH. Contact: Bruce Bernard, MD, MPH – 513-841-4589, bbernard@cdc.gov.

Federal OSHA

Development and application of occupational health policy at the national level. Work developing OSHA regulations, assisting in compliance investigations, answering inquiries from the public, and developing Safety and Health Information Bulletins. The rotation is two months long, and fulfills the requirement for a Public Health Rotation.

Location: Washington DC. Preceptor: A.W. (Jack) Longmire, MD, 202-693-2323, email: Longmire.aylomdpm@doe.gov.

Landmark Healthcare Inc.

Landmark manages large populations of patients and providers in the area of physical medicine utilizing statistical analyses to characterize providers and evidence-based guidelines to manage individual patients' care. The resident will be able to participate in statistical analyses, learn the methodology employed, participate in the development of evidence-based treatment guidelines for musculoskeletal conditions, develop an evidence-based program for interventional spine procedures and spine surgery and participate in the ongoing development of an outcomes assessment program using a functional assessment tool.

Location: Lafayette and Sacramento. Preceptor: Robert Goldberg MD, c: 925.639.7707, o: 916.569.3385 email: robert.goldberg@ucsf.edu.

Sunita Jayakar, MD, Psychiatrist, Mt. View, CA.

Occupational Medicine and Physical Medicine and Rehabilitation (PM&R) services with an emphasis on musculoskeletal injuries, ergonomic issues, disability status, and medical evaluations in a private practice setting.

Location: 525 South Drive, Suite# 215, Mt. View, California – 94040. Preceptor: Sunita Jayakar, MD – (650) 967-7471. drjayakar1@yahoo.com

World Health Organization, Occupational Health Branch WHO is implementing a global strategy to provide scientific policy, legislation and support to decision-makers, estimate the magnitude of the burden of occupational diseases and injuries, provide infrastructure support and development through capacity building, information dissemination and networking, and support protection and promotion of workers' health.

Location: Geneva, Switzerland. Preceptor: Ivan Ivanov, ivanovi@who.int, www.who.int/occupational_health.

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Various COEH courses throughout the year are considered part of the curriculum. These courses include the COEH Summer Institute, Spring and Fall Symposia and the Annual Ergonomics Course.

The residents/fellows are expected to attend a minimum of one scientific meeting each year of their training. Recommended meetings include the Western Occupational Health Conference, the American Occupational Health Conference, the American College of Preventive Medicine annual meeting, the American Public Health Association annual meeting, or the International Society for Environmental Epidemiology annual meeting. Other meetings instead of the above may be acceptable if approved by the Program Director.

Courses or Conferences other than the above must be approved in advance by the Program Director for consideration of reimbursement. They may be attended at the Resident's own expense and on vacation time.

Educational Activities and Resources in OEM at UCSF

Occupational and Environmental Medicine Grand Rounds

The second and fourth Thursdays of each month; located at UCSF Moffitt Hospital, 12th Floor, Conference Room 1296-M, 8:00-9:00 AM. Mandatory attendance for all residents/fellows except by pre-arrangement with the Program Director.

Journal Club

Immediately following Grand Rounds on the Second Thursday of the month (alternates with Research Seminar). The residents give presentations and faculty members guide the discussion on research methods. Articles chosen should be relevant to the OEM field. The senior resident will assign residents to journal club dates at the beginning of each academic year. UCSF Moffitt Hospital, 12th Floor, Conference Room 1296-M, 9:00-10:00 AM.

Research Seminar ("Work in Progress" or Research Training Seminar)

Immediately follows Grand Rounds on the fourth Thursday of the month. Faculty, residents and other affiliated or interested persons/groups regarding current and ongoing research in the OEM field give presentations. This alternates with an ongoing series of discussions on research methods and statistics led by Dr. Michael Bates. UCSF Moffitt Hospital, 12th Floor, Conference Room 1296-M, 9:00-10:00 AM.

Case Conferences

Weekly case conferences present interesting and important topics related to patient evaluations at the clinics. These informal conferences will be presented by the residents and attendings from 12:00-1:00 PM each Monday in the clinic conference room at Mt. Zion Hospital. All residents are expected to attend these conferences in order to facilitate interaction among the practicum and academic year residents throughout the year.

Libraries/Internet Access

The main [campus library](#) is located at UCSF on Parnassus Avenue. All books, journal articles and periodicals are catalogued on the computer database Galen II PubMed and are accessible free of charge at the library or on home/office computers. Orientation and classes on computers/research are available at the library. Request copy cards from the Administrative Assistant of the program.

The OEM Division has a library of OEM journals, books, conference and government documents located at SFGH in the Conference/Residents Room on the 5th floor of Building 30. An extensive collection of updated OEM textbooks and references, as well as a computer workstation, are available there. Additional computer resources and reference materials are available in the SFGH Library, on the first floor of Building 30.

Research Project Guidelines

A research project is a required component OEM residency or fellowship. The research project must be completed before the end of the second year of training. For trainees in the MS pathway at U.C. Berkeley, a research project must be submitted by December of the second year of training.

An acceptable research project must meet three broad criteria: (1) it is related to occupational and environmental health, (2) it includes formulation of a research hypothesis and the collection and analysis of information to test that hypothesis, and (3) it is done under the guidance of a research mentor who is either a member of the faculty, or is considered qualified to supervise the project and approved by the Residency Directors.

Trainees should consider the following questions as they decide what type of research project they want to do:

- What kinds of skills do I want to learn by doing this project? (ie. questionnaire design, needs assessment, program evaluation, laboratory toxicology, epidemiology, statistical data analysis, other?)
- What area interests me the most? (ie. air quality/respiratory disease, climate change and health, ergonomics/musculoskeletal disease, psychosocial factors in the workplace, injury prevention, other?)
- Which of the faculty members that I have met do I want to work with?
- What interesting research projects are faculty members already doing?
- What kind of project would fit best with my future career interests?
- Do I want a short, focused project that will be finished at the end of the program, or a bigger project that could potentially lead to a research career?

Fellows must identify a research project and research mentor during their first year of training, and must begin the project no later than the summer between their first and second year. Trainees must meet with the Directors of the program in June of the second year to discuss their research project and make sure that it meets the criteria for the program.

Trainees are required to present their research design and methods at a Research Seminar during the fall of their second year, and their research results at an OEM Grand Rounds in May of their second year. In addition, trainees are strongly encouraged to submit an abstract for presentation at a scientific conference, and to submit a paper based on their project to a scientific journal. Second year fellows frequently submit an abstract in July to the AOHC conference for presentation of their results in the spring of that year.

Competitive funding for research project expenses is available through the Targeted Research Training (TRT) grants at COEH. Applications are due in September for these grants, and trainees are strongly encouraged to apply.

Timeline for the Research Project:

UCSF OEM Residency Handbook

First Year

July-April – Opportunity to meet faculty and gather ideas for possible projects

May – Select a research project and research mentor, and begin to develop project outline

June – Discuss research project with Program Directors during semi-annual review

Second Year

July – Deadline for submitting abstract to the American Occupational Health Conference

August – Research project abstract due to Program Directors; TCR Course

September – TRT application due

Sept – Dec – Research rotations should be done during this period of time; Research

Seminar presentation in November

December – Research project deadline for MS pathway at UC Berkeley

May – Presentation of research project at OEM Grand Rounds

UCSF OEM Journal Club Guidelines

Picking an Article

Articles for journal club must fulfill the following criteria:

- 1) Published within the last 6 months (exceptions permitted with approval);
- 2) Related to occupational or environmental medicine;
- 3) Research study with a hypothesis and data presented to test the hypothesis (no case reports, methods validation papers, or review articles allowed).

The article should be sent to the Program Directors at least two weeks prior to the journal club so there is sufficient time for approval, and so that it can be sent out to participants one week in advance.

Conducting Journal Club

- Assume that the participants have read the article. It is therefore not necessary to spend much time reiterating what the article says.

Structure the presentation in the following manner:

- 1) Justify your selection.
Why did you choose the article? What's particularly interesting about this paper that made you want to discuss it in journal club?
- 2) Provide concise background or context.
Has there been research previously on this topic? If so, briefly mention what it showed. How does this study fit into the prior work on this topic, or into the prior work by these researchers?
- 3) Briefly summarize the study.
State the hypothesis that was tested, the type of study, briefly outline the methods, and go through the key results (generally best accomplished by going to the key tables or figures where the data are presented).
- 4) Discuss the strengths.
Ask the group what they think are the main strengths of the study (prepare beforehand a list of what you think the strengths are, so you can make sure these issues all get raised).
- 5) Discuss the weaknesses.
Ask the group what they think are the main weaknesses of the study. Then guide the discussion to explore those weaknesses. For each weakness, get the group to discuss whether it might bias the study toward finding an effect, or toward the null. Alternatively some potential weaknesses might not bias the study but might instead limit the generalizability, so discuss that if indicated.
- 6) Discuss the impacts.
End the discussion by raising the question of whether the participants would change anything based on these study results (eg. their clinical practice, or public policy).

Chief Resident Duties

1) Grand Rounds, Journal Club and Research Seminar

- Deliver LCD projector to and from and assist speaker with set-up.
- Circulate attendance sign-in sheets and (for Grand Rounds) evaluation forms.
- Collect all forms and arrange for their delivery to the Program Coordinator.

2) Scheduling of activities for Fellows

- Schedule the clinic sites for each month.
- Schedule presentations at Journal Club, Research Seminar, Case Conference.
- Hotline pager coverage; 4-6 weeks/year for each fellow.
- Distribute schedules to the fellows, OEM faculty and Program Coordinator by email quarterly and keep the Google calendar up-to-date. Promptly communicate any schedule changes (for rotations, clinic, or presentations) to the Program Coordinator and any other affected individuals.

5) Program leadership

- Act as the central contact point for fellows, Program Directors and Program Coordinator in the event of scheduling problems, emergencies, or any other issues that arise.
- Provide mentoring for the incoming fellows and communicate with them about policies and procedures, as well as providing advice about presentations, courses and practicum rotations.

7) Program and OEM outreach

- Provide outreach for the Division of OEM by meeting with prospective applicants to our program, providing a talk for UCSF Internal Medicine residents or other trainees outside our Division, and helping to staff medical student residency fairs.
- Participate in UCSF committees and activities for residents and fellows as time allows.

8) Program quality improvement

- Participate in meetings of the Residency Advisory Committee (RAC), Curriculum Committee, and in program reviews by outside agencies (such as NIOSH, GME, and ACGME).

University of California San Francisco
Occupational and Environmental Medicine Fellowship Program

COMPETENCY ASSESSMENT

The Accreditation Council for Graduate Medical Education (ACGME) has developed a set of competencies on which to judge the progress of trainees in general medicine, preventive medicine, and occupational medicine. All residency and fellowship programs must structure their training and evaluations to assure that residents/fellows demonstrate achievement of the basic competencies. Our goal at UCSF is to ensure excellence among our trainees by rigorously evaluating and documenting achievement of the basic competencies, while also maintaining a flexible program that goes beyond the competencies to encourage individually-tailored leadership development. This document provides an introduction to competency assessment in the UCSF OEM training program.

ACGME General Competencies for Residency Training

- **Patient Care** - Gather data; order diagnostic tests; interpret data; make decisions; perform procedures; manage patient therapies; work with others to provide patient-focused care.
- **Medical Knowledge** - Fund of knowledge; active use of knowledge to solve medical problems.
- **Practice-Based Learning & Improvement** - Analyze practice performance and carry out needed improvements; locate and apply scientific evidence to the care of patients; critically appraise the scientific literature; use the computer to support learning and patient care; facilitate the learning of other health care professionals.
- **Interpersonal & Communication Skills** - Develop a therapeutic relationship with patients and their families; use verbal and non-verbal skills to communicate effectively with patients and their families; work effectively as a team member or leader.
- **Professionalism** - Demonstrate integrity and honesty; accept responsibility; act in the best interest of the patient; demonstrate sensitivity to patients' ethnicity, age, and disabilities.
- **Systems-Based Practice** - Demonstrate awareness of interdependencies in the health care system that affect quality of care; provide cost-effective care; advocate for quality patient care; work with hospital management and interdisciplinary teams to improve patient care.

Additional Program-Specific Competencies:

- Academic, Practicum and OEM Knowledge Content Areas (see attached forms)

UCSF OEM Residency Handbook
Competency Assessment Methods Utilized in UCSF OEM Residency/Fellowship

Global Performance Ratings (biannual)

- E-Value and/or written evaluations by attending physicians and other faculty

Focused Observation and Evaluation (monthly or periodic)

- E-Value and/or written evaluations by rotation preceptors and clinic attendings

360 Assessments

- Evaluation by non-MD professionals (nurses, Program Coordinator, industrial hygienist) and patients

Self-assessment

Evaluation Committee

- Residency Advisory Committee

Standardized In-Training Exams & Academic Performance

- AAMC examination, given annually (August)
- Satisfactory completion of MPH or MS degree

Portfolio

- Project write-ups, Academic Year (UCB)
- Project write-ups, Practicum Year
- Summer site-visit preparation reports and post-visit reports (minimum of two per year)
- Presentations given (slides or handouts prepared by the Fellow)
- Journal Club, Research Seminar, Grand Rounds, Case Conference presentations
- Professional Meetings/Conference presentations
- Research project write-ups
- Posters, publications, other products (e.g. questionnaires, web materials)
- Patient reports (without identifiers)
- Clinical Procedure Log
- Patient Log
- Reflections (minimum 4/year) [see attached form]

What is a “portfolio” ?

- Collection of evidence used by students to document and reflect on learning outcomes over time.¹
- Uses:
 - Evidence database: Store evidence of learning
 - Formative: Promote feedback, reflection and growth
 - Summative: Make assessments and decisions regarding progress

¹ Dannefer EF, Henson LC. Acad Med 2007;82:403.

Portfolio

Elements of the portfolio:

- 1) Documentation of MPH projects and practicum year projects.
- 2) Case conference presentations.
- 3) Case log: Global log of patients. Continuous log with Case ID, Diagnosis, Clinic site, and Exposure or Injury.
- 4) Journal club articles and presentation notes.
- 5) Research seminar presentations.
- 6) Research publications and posters.
- 7) Procedures (PFT/EMG/Injections/Laceration/Slit Lamp/Audiogram)
Journal entries should include Date, Patient Initials, Procedure, Supervising Faculty's Name
- 8) Self-reflection of work. A minimum of 4 reflections a year which includes a couple of short paragraphs on a learning experience, which may include situations such as diagnostic challenges, resolving communications issues, or case management.

**University of California San Francisco
Occupational and Environmental Medicine Fellowship Program**



An opportunity to learn from a challenging, thought-provoking or rewarding experience via self assessment and faculty feedback

Fellow Name: _____

Date: _____

1. What happened? Why did you choose to write about this?

2. What did you learn from this experience?

3. Which of the basic competencies were strengthened by this experience? (check all that apply)

- Patient Care
- Medical Knowledge
- Practice-Based Learning & Improvement
- Interpersonal & Communication Skills
- Professionalism
- Systems-Based Practice

4. How were these competencies strengthened?

Faculty feedback:

Faculty Name: _____

Date: _____

UCSF Division of Occupational and Environmental Medicine					
Competency Self-Assessment Tool for Fellows					
version: June 2010					
NAME:					
DATE:					
Instructions: Please check the boxes below to rate your own impression of your current competency in each of these areas. 1=Sufficient Competency Acquired; 3= Additional Competency Desired; 5= Additional Competency Needed.					
General Competencies	1	2	3	4	5
Patient care (PC)					
Medical knowledge (MK)					
Interpersonal skills and communication (IPSC)					
Practice-based learning and improvement (PBLI)					
Professionalism (P)					
Systems-based practice (SBP)					
Academic Competencies					
Health services administration <i>MK, SBP</i>					
Biostatistics <i>MK, PBL, SBP</i>					
Epidemiology <i>PCP, MK, PBL, SBP</i>					
Behavioral aspects of health <i>PCP, MK, ICS, SBP</i>					
Clinical preventive medicine <i>PCP, ICS, P</i>					
Occupational Medicine Knowledge Content Areas					
Disability management and work fitness <i>PC, SBP, MK</i>					
Workplace health and surveillance <i>SBP, MK, PC</i>					
Hazard recognition, evaluation, and control <i>MK, PC, SBP</i>					
Clinical occupational medicine <i>PC, P, MK, PBLI</i>					
Regulations and government agencies <i>SBP, MK</i>					
Environmental Health <i>PCP, MK, SBP</i>					
Health promotion and clinical prevention <i>SBP, MK, PC</i>					
Management and administration <i>SBP, MK</i>					
Toxicology <i>MK, PC</i>					
	Sufficient Competency		Additional Compete		Additional Competency
Practicum Competencies					
Communicate about risk to multiple audiences in writing and verbally <i>IPCS, SBP, P</i>					
Conduct program and needs assessments and set priorities <i>IPCS, SBP</i>					
Use computers for data management, reference retrieval, statistical analysis, and other purposes <i>PBLI</i>					
Identify and review relevant laws and regulations <i>SBP</i>					
Identify ethical, cultural, and social issues and develop appropriate interventions or programs (including underserved populations) <i>IPSC, P</i>					
Identify organizational decisionmaking structures, stakeholders, and processes <i>SBP</i>					
Coordinate resources to improve community health <i>SBP, PC</i>					
Use epidemiology and biostatistics to understand how to:					
--Characterize the health of a community					

**American College of Occupational and Environmental Medicine
Competencies for OEM**

<http://www.acoem.org/OEMCompetencies.aspx>

http://www.acoem.org/uploadedfiles/publications/oem_competencies/acoem%20oem%20competencies.pdf

Selection and Appointment Policy for Residents and Fellows
UCSF Division of Occupational and Environmental Medicine
June 18, 2010

Please also review the UCSF Selection and Appointment Policy at:
<http://medschool.ucsf.edu/gme/pdf/RevisedEligibility-SelectionPolicyMay2009.pdf>

1. The UCSF Occupational and Environmental Medicine Residency and Fellowship program does not discriminate with regard to sex, race, age, religion, color, national origin, sexual orientation, disability or veteran status. We select from among eligible applicants on the basis of the applicant's preparedness and ability to benefit from the program. Aptitude, academic credentials, personal characteristics such as motivation and integrity, and ability to communicate are considered in the selection.
2. Applicants are required to submit the following materials: (1) completed application form including a one-page personal statement (2) certified original copy of medical school transcript, (3) original dean's letter and three original letters of recommendation. These materials may be submitted via ERAS or directly to the program.
3. Physicians who have undergone a minimum of one year of postgraduate training at an ACGME-approved program, with a minimum of six months of direct patient care, are eligible for consideration for our training program. All applicants must have completed steps I and II of the United States Medical Licensing Examination (USMLE).
4. Foreign medical graduates must hold valid ECFMG certificates as well as either a valid J-1 visa, or permanent U.S. residency status or citizenship. Foreign medical graduates must have completed 24 months of training in the United States in order to be eligible for a California medical license, which is required for our trainees. NIOSH-funded positions require US citizenship or permanent residency.
5. Applicants for the second year of our training program must already have an MPH or MS degree and are required to provide a certified original copy of their transcript from a school accredited by the Council on Education in Public Health (CEPH) or other appropriate postgraduate accrediting body. Knowledge of each of the four core subjects - biostatistics, epidemiology, environmental and occupational health, and health services organization and administration - must have been obtained through at least 40 contact hours for each course in an academic setting. If the curriculum completed does not meet these requirements or if its content is considered outdated, remedial coursework done at the applicant's expense may be required prior to starting the program.
6. Applicants for part-time training must meet all of the above criteria including possessing an MPH or equivalent degree. In addition, applicants for part-time training must be highly motivated, able to provide their own financial support as well as cover the costs of their training program, and must demonstrate the willingness and ability to attend on-site activities in the Bay Area at least two days per week during the training period.
7. Applications are accepted each year from July 1 through October 31. Depending on the strength of the applicant pool, late applicants may be considered.
8. Application materials are collected by the program coordinator and reviewed for completeness and quality by the program director. We give strong preference to applicants who have completed a residency program (in Internal Medicine, Emergency Medicine, Family Practice, or other specialty). We also look for applicants with a

demonstrated commitment to OEM through experience in clinical, research, policy, or public health practice.

9. Applicants who meet the above requirements and demonstrate strong academic and clinical credentials may be invited for interviews. Interviews will generally be conducted by at least one of the program directors and two additional members of the Selection Committee. The Selection Committee includes members of the Residency Advisory Committee who volunteer to participate in the selection process, chosen by the program director to form a committee of a manageable size (ie. 4-6 people). Interviewers rate the candidates on a six point scale according to the following criteria: (1) Motivation, (2) Clarity of goals, (3) Verbal communication skills, (4) General medical experience/training, (5) Prevention orientation, (6) Previous OEM experience/interest. Telephone reference checks are made as needed to verify information.
10. The Selection Committee meets in December of each year to determine which applicants are qualified to be offered positions in the program and to rank the qualified applicants. The Residency Advisory Committee meets in December of each year to review the selection process. The program director contacts the candidates in descending order of rank until the available slots are filled or there are no ranked candidates remaining.
11. Residents or fellows are required by UCSF to complete attestation statements as a condition of appointment. Any “yes” response to these statements demands an answer. After review of an explanation of “yes” statements, an offer of a contract for training may be revoked or the conditions of the offer revised. Applicants are accepted contingent upon California licensure.

Promotion Policy for Residents and Fellows
UCSF Division of Occupational and Environmental Medicine
June 18, 2010

Please also review the UCSF Evaluation and Promotion Policy at:

<http://medschool.ucsf.edu/gme/pdf/policyevaluation.pdf>

1. The UCSF Occupational and Environmental Medicine training program is structured to assure that Residents or Fellows assume increasing levels of responsibility commensurate with individual progress in experience, skill, knowledge, and judgment.
2. The Program Director defines the levels of responsibility for each year of training by establishing a resident Clinical Competency Checklist (accessible through the UCSF Medical Center intranet) to reflect the patient care services that may be performed and the level of supervision required. Our program has also established a global Competency Checklist that reflects the competencies required by the Preventive Medicine RRC.
3. The trainee's ability to provide safe and quality care for a patient without a supervisor physically present or to act in a teaching capacity is based on documented evaluation of clinical experience, judgment, knowledge, technical skill, humanistic qualities, professional attitudes, behavior and overall ability to manage the patient's care.
4. The trainee's achievement of the Preventive Medicine competencies is based on documented evaluation of competencies acquired through both years of training.
5. The Program Director and faculty members evaluate each resident using a variety of tools on a regular basis as specified in our program's summary document on Competency Assessment.
6. The Program Director reviews the written evaluations of a trainee's performance and conducts evaluations at regular intervals not less than semi-annually, and in compliance with RRC requirements.
7. Written evaluations are discussed with the resident or fellow and maintained by the Program Director for a minimum of five years.
8. A final permanent written evaluation is maintained by the Program Director for a minimum of five years. This final evaluation is based on performance during the final period of training.
9. Each Program Director reviews the program's Clinical Competency Checklist at least annually and submits timely updates to the GME office.
10. Reappointment to a Post-M.D. position/promotion for a subsequent year is not automatic. Reappointment and promotion are contingent on mutual agreement, an annual review of satisfactory or better performance, funding availability, and program need. A trainee may be reappointed for a period of not more than one (1) year. A resident or fellow's advancement to a position of higher responsibility will be made by the Residency Advisory Committee on the basis of an evaluation of their readiness for advancement.
11. The Program Director(s) will present their recommendations regarding resident advancement to the OEM Residency Advisory Committee for discussion and a confirmatory vote.

UCSF Occupational and Environmental Medicine Residency Program
POLICY ON SUPERVISION
September 10, 2010

The UCSF Occupational and Environmental Medicine (OEM) residency has two phases -- an academic and a practicum year. Throughout both years, the Program Director or Associate Director serves as the resident's principal supervisor, but secondary supervision approaches are different for the two years.

Academic Year. During the academic year, the resident is assigned an academic advisor from the U.C. Berkeley School of Public Health faculty. The academic advisor holds periodic meetings with the resident and assesses progress toward development of academic competencies. Throughout the academic year, the resident also participates in weekly clinic. A clinical supervisor is designated at the beginning of the year and is responsible for supervising the resident and evaluating their progress toward development of clinical competencies. The clinical supervisor assures that residents assume progressively increasing responsibility for patient care according to their level of training, ability and experience. Supervision is reflected in the documentation in the medical record.

Practicum Year. During the Practicum Year the resident has a designated rotation supervisor for each of their practicum assignments. The rotation supervisor is a qualified physician but may or may not be a UCSF faculty member. For clinical rotations, the rotation supervisor assures that residents assume progressively increasing responsibility for patient care according to their level of training, ability and experience. Supervision is reflected in the documentation in the medical record. The rotation supervisor provides timely written feedback to the Program Director on the resident's progress toward acquisition of competencies. The Program Director has an evaluation meeting and completes a written evaluation of each resident no less than every six months.

Throughout the practicum year, the resident also participates in weekly clinic. The clinical supervisor is designated at the beginning of the year and is responsible for supervising the resident and evaluating their progress toward development of clinical competencies. The clinical supervisor assures that residents assume progressively increasing responsibility for patient care according to their level of training, ability and experience. Supervision is reflected in the documentation in the medical record.

Emergent Clinical Situations Policy for Residents and Fellows
UCSF Division of Occupational and Environmental Medicine
April 1, 2010

Occupational and Environmental Medicine Guidelines for Immediate Resident Communication with Attending Faculty.

Residents in Occupational and Environmental Medicine (OEM) are seldom faced with emergent patient problems. However, as in all patient care settings, patients may present with a problem that requires urgent intervention or may suddenly decompensate for reasons unrelated to their presenting complaints. For example, patients who express suicidal ideation, develop acute shortness of breath, chest pain or acute medication reactions may need urgent medical care. If any of these situations occur during the course of medical care provided by an OEM resident, the resident must take emergent steps to stabilize the patient, ensure prompt medical transfer to an appropriate medical resource, which may include calling 911, and then emergently contact the appropriate OEM attending. An attending should always be available in any rotation or whenever performing call duties for the blood-borne pathogen exposure hotline. In the event of any situation requiring urgent referral, the resident should contact the attending physician as soon as possible, and no later than one hour following any emergent or unexpected clinical situation.

Unlike other residencies, Occupational Medicine residents will seldom, if ever, be involved in urgent clinical circumstances, including admissions, discharges, and decompensating patients. OEM residents are to immediately contact the appropriate attending in the event of any unusual or unexpected medical situation. OEM residents are strongly encouraged to contact the attending (in the event of lack of timely or sufficient response, the residency directors) in case of any situation which places patients at risk.

Please also review the UCSF Disaster Preparedness Policy at:
<http://medschool.ucsf.edu/gme/pdf/DisasterPolicyGMEFinal.pdf>

Division of Occupational and Environmental Medicine June 18, 2010

Moonlighting Policy

[Note: This policy is based on the UCSF Graduate Medical Education office moonlighting policy, Approved: GMEC 9/20/04 and revised: 6/7/05, available at: http://medschool.ucsf.edu/gme/coordinators/duty_hours/MoonlightingPolicy.pdf. That policy is hereby incorporated by reference.]

Because residency education is a full time endeavor, residents and ACGME subspecialty fellows must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their educational program. Residents and fellows in Occupational and Environmental Medicine are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning. Residents and fellows are responsible for complying with the Duty Hours Policy. **The ACGME requires Program Director pre-approval of all moonlighting activity by residents and ACGME fellows (<http://www.acgme.org>).**

The Occupational and Environmental Medicine program allows both internal to UCSF and external to UCSF moonlighting. Moonlighting requires written pre-approval, monitoring and periodic review. The OEM program policy is consistent with the UCSF policy. Trainees do not have to engage in moonlighting. They may choose to moonlight if they desire to do so. Duty Hours include moonlighting and cannot exceed more than 80 hours of work per week.

It is the responsibility of the residents and fellows to obtain written permission to moonlight from the Occupational and Environmental Medicine Residency Director prior to beginning any moonlighting activity. This is true both for “internal” and “external” moonlighting (see definitions below). An approval template form is attached. Pre-approval is required by both the ACGME and UCSF. The Occupational and Environmental Medicine Residency Director will monitor the subspecialty resident’s performance in the Program to ensure that moonlighting activities are not adversely affecting patient care, learning or resident fatigue. If the Program Director determines that the resident’s performance does not meet expectations, permission to moonlight will be withdrawn. Monitoring information will be reviewed periodically with the Program’s Faculty. The GMEC will periodically review reports by the Program Directors regarding moonlighting activity.

Any resident/fellow moonlighting without written pre-approval will be subject to disciplinary action.

“Internal moonlighting” is defined as extra work for extra pay performed at a site that participates in the resident’s training Program. This activity must be supervised by faculty and is not to exceed the level of clinical activity currently approved for the trainee. While performing internal moonlighting services, residents are not to perform as independent practitioners.

UCSF OEM Residency Handbook

Internal moonlighting hours must be documented, and they must comply with the written policies regarding Duty Hours as per the training Program, UCSF and ACGME.

“External moonlighting” is defined as work for pay performed at a site that does not participate in the resident’s training Program. External moonlighting hours must be documented (including days, hours, location, and brief description of type of service(s) provided) in order to comply with Medicare reimbursement requirements for GME. For external moonlighting, the trainee is not covered under the University’s professional liability insurance Program as the activity is outside the scope of University employment. The trainee is responsible for his/her own professional liability coverage (either independently or through the entity for which the trainee is moonlighting), DEA licensure, Medicare (or other governmental) provider number and billing training, and licensure requirements by the California Medical Board and any other requirements for clinical privileging at the employment site.

ACGME fellows may moonlight at a UCSF School of Medicine facility if it is outside the area of training for that fellowship and if it is not in an in-patient setting (per Medicare rules). A “Professional Services Agreement for Moonlighting by ACGME Clinical Fellows” form must be completed and signed prior to moonlighting at a UCSF facility by an ACGME fellow. This would be considered Internal moonlighting because it is at a site used by the training program. Note: If the ACGME fellow is working within his/her training program, not exceeding his/her approved clinical level of activity and is supervised by faculty, the “Internal Moonlighting Form for Residents” should be used (<http://www.medschool.ucsf.edu/gme>).

The above policy has been developed with input from departmental faculty and fellows.

UCSF Occupational and Environmental Medicine Residency Program

Academic Due Process

September 10, 2010

This policy is based on the UCSF Academic Due Process Policy, Revised: March 2004, Date GMEC Reviewed & Approved: November 3, 2004. [<http://medschool.ucsf.edu/gme/pdf/HousestaffBooklet.pdf>]. The full policy is incorporated by reference and will guide all disciplinary and dismissal decisions in the UCSF Occupational and Environmental Medicine (OEM) residency program.

It is the intent of this policy to provide residents with every reasonable opportunity to remedy poor performance and be successful in the training program. The policy is also intended to hold the resident professionally responsible for performance and provide a clear understanding of the choices and consequences of substandard performance. When concerns arise from supervisors or the Program Director about resident performance, the issue is discussed both with the resident and with the Chair of the Residency Advisory Committee (RAC). When appropriate, residents will have an opportunity to remedy unsatisfactory performance. The action(s) taken will be the one(s) that in the professional and/or academic judgment of the Program Director, in consultation with the Chair of the RAC, best address the deficiencies and needs of the resident and/or the training program.

The term “Academic Deficiency” means unacceptable conduct or performance, in the professional and/or academic judgment of the Program Director, including failure to achieve, progress, or maintain good standing, in the GME training program, or achieve and/or maintain professional standards of conduct. A Trainee’s appointment is for one year and is reviewed during the seventh month of the contract. If the Program Director determines that the trainee is not progressing satisfactorily, he/she has the option of not renewing the Trainee’s contract. The Program Director may also dismiss the resident during the term of the contract.

The Trainee will automatically be suspended from the training program for any of the following reasons:

- a. failure to complete and maintain medical records as required by the medical center or site in accordance with the center’s/hospital’s medical staff bylaws and/or rules and regulations; or
- b. failure to comply with state licensing requirements of the California State Medical Board; or
- c. failure to obtain or maintain proper visa status; or
- d. unexcused absence from the GME Training Program for five or more days.

The period of automatic suspension should not exceed ten (10) days; however, other forms of administrative or academic action may follow the period of automatic suspension.

When, according to the judgment of the Program Director and the RAC, a resident is failing to progress appropriately within the residency, the Associate Dean of Graduate Medical Education will be notified regarding the circumstances. In conjunction with advice from the Graduate Medical Education office, or other appropriate University personnel, the Program Director and the Chair of the RAC will determine the appropriate action to be taken, up to and including dismissal from the program. This action is appealable to the Dean of the School of Medicine after review by the full Occupational and Environmental Medicine Residency Advisory Committee. Reasons for dismissal may include but are not limited to the following:

- A failure to achieve or maintain programmatic standards in the GME training program;
- A serious or repeated act or omission compromising acceptable standards of patient care, including but not limited to an act which constitutes a medical disciplinary cause or reason;
- Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the GME training program;
- A material omission or falsification of a GME training program application, medical record, or University or medical document, including billing records. Any allegation regarding failure to comply with UCSF's billing rules shall be forwarded to UCSF's Corporate Compliance Officer and/or the Office of General Counsel for resolution in accordance with UCSF's Corporate Compliance Program.

UCSF Division of Occupational and Environmental Medicine Policy on Resident Duty Hours and the Working Environment

Please also review the UCSF Graduate Medical Education Office Duty Hours Policy at:
http://medschool.ucsf.edu/gme/coordinators/duty_hours/DutyHourPolicy.pdf

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. UCSF will ensure that the learning objectives of all residency programs are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education will have priority in the allotment of residents' time and energies. Duty hour assignments will recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. Resident is defined as interns, residents, and fellows enrolled in ACGME-approved training programs at UCSF.

1. Supervision of Residents

- a. All patient care must be supervised by qualified faculty. Each program director will ensure, direct, and document adequate supervision of residents at all times. Residents will be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules will be structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents will be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program that are performed on-site in a clinic, hospital, or other duty site i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. These standards apply to all UCSF training sites including, but not limited to, the VA, SFGH, Mt. Zion, and Moffitt-Long hospitals.
- b. Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. A-10 hour time period for rest and personal activities will be provided between all daily duty periods, and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24 hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

- a. In-house call will occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, will not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- c. No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
 - 1.) The frequency of at-home call is not subject to the every third night limitation. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - 2.) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - 3.) The program director and the faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

- a. Residents may not moonlight.
- b. Clinical Fellows may moonlight under specific guidelines and ONLY with a signed moonlighting agreement from the Chair, MSO, Program Director, the Clinical Fellow and the Associate Dean for Graduate Medical Education. * ACGME Clinical Fellows may only moonlight in areas that are outside their area of training and only in outpatient or emergency departments. Non-ACGME Clinical Fellows may moonlight in the inpatient and/or outpatient settings in or beyond their area of training, and the Department may bill for work done in or beyond their area of training. The Chair and Program Director must assure that this effort will not interfere with the educational experience of the fellow's training program.
- c. The program director will comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements.

- d. Moonlighting that occurs within the fellowship program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, will be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

- a. The program director will be responsible for obtaining data on compliance with the Resident Duty Hours Policy for their programs. Each resident will be responsible for providing accurate and timely data on compliance with the Resident Duty Hours Policy to her/his program director, the GME Office, and the ACGME when this information is requested.
- b. The resident is responsible for completing duty hours compliance forms and verification statements and submitting them within 7 days of the reporting period.
- c. The program director will review the reporting forms and submit a copy with verification to the DIO.
- d. The resident is responsible for reporting any violations to the program director as soon as practicable.
- e. The program director must assure that all supervising faculty are aware of this policy.
- f. The faculty shall monitor residents for signs of excessive fatigue.
- g. Back-up support systems will be provided by each program when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

* UCSF Fellowship Moonlighting Agreement (Form is available from GME and on the GME website) The agreement must define and specify the terms of the clinical work to be performed by stating the following on a form obtained from the GME office:

1. the nature and location of the service to be provided
2. the UCSF training program in which the Clinical Fellow is currently enrolled
3. the dates of the service to be performed
4. the compensation and funding information from the Department receiving the service
5. a statement of who will provide Medical Malpractice and General Liability coverage
6. the dates and type of Departmental Professional Fee Billing Compliance training the Clinical Fellow received
7. the date the Clinical Fellow was licensed in California.

Summary of Duty Hours Limitations

- 80 hours per week limit, averaged over a four-week period, inclusive of all in-house call activities. (hours spent in-house when called into the hospital from home are counted toward the 80-hour limit)
- In-house call no more often than every third night, averaged over a four-week period.

UCSF OEM Residency Handbook

- Limit of 24 hours per shift (defined as continuous on-site duty, including in-house call) with allowance of up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- No new patients may be accepted after 24 hours of continuous duty ("new patient" as defined in Specialty and Subspecialty Program Requirements).
- Minimum rest period between all daily duty periods and after in-house call that should be 10 hours.
- One full day per 7 days free from all clinical, educational, and administrative activities averaged over a 4-week period, inclusive of all call. (One day is defined as one continuous 24-hour period free.)

If you feel you are in violation of these limitations please contact:

Lee Jones, M.D.

Director, Duty Hours jonesl@medsch.ucsf.edu

476-7412

See <http://www.medschool.ucsf.edu/gme>

UCSF Resident and Clinical Fellow Leave Policy

Please review policy here:

http://medschool.ucsf.edu/gme/residents/pdf/LeavePolicy_gmec_June_2008.pdf

Vacation Leave

Vacation leave with compensation shall be four (4) workweeks per academic year. Vacation time does not accrue from year to year and must be scheduled and taken in the same academic year the vacation is earned. Under special circumstances, departments may make a discretionary allowance for carry over beyond that year. Vacation leave shall be scheduled by mutual agreement with the program and/or department and given as leave depending upon the mode of scheduling of a given service. Procedures for requesting and assigning vacation schedules must be written policy and be in compliance with each program's ACGME Program Requirements, which concern the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program.

Administrative Holidays

Administrative holidays for residents and clinical fellows will be consistent with the schedule at the institution to which the resident or clinical fellow is assigned and with the policies of the program and/or department.

Sick Leave

Sick leave with compensation is given at the rate of twelve (12) days per academic year (one day per month). Sick leave is credited to the year of appointment and does not carry over from year to year. In addition, vacation leave may be used to cover sick leave which exceeds twelve (12) days. The total length of sick leave (paid and unpaid) may not exceed twelve (12) workweeks in a calendar year (see "Family and Medical Leave" section below). Additional sick leave may be granted at the discretion of the program and/or department. Makeup time may be required to meet educational objectives and be in compliance with ACGME Program Requirements.

Personal Leave

Personal leave to attend to personal matters of a serious, time consuming nature may be taken by mutual agreement with the program and/or department. Personal leave in excess of vacation and sick leave is uncompensated.

Attendance at Educational Meetings and Activities

Attendance at educational, scholarly, and professional activities is scheduled by mutual agreement with the program and/or department.

New Parent Leave

Compensated leave is a minimum of two (2) workweeks. Time taken in addition to this exceeding vacation leave and sick leave will be uncompensated. In accordance with the Family and Medical Leave Act (FMLA), leave can extend to twelve (12) work weeks. The resident or clinical fellow must give written notice to the program and/or department of his/her intention to take leave prior to the expected birth or adoption.

Family and Medical Leave

Family and medical leave is provided for an eligible resident or clinical fellow's serious

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health condition, or the serious health condition of the person's child, spouse or parent. Medical leave may be requested for a medical condition affecting his/her ability to continue in a training program or provide patient care. These leaves must include the use of vacation leave and sick leave at the onset of the leave. The duration of the leave must conform to the program and/or department's and the American Board requirements together with the applicable state and federal law, including the federal Family and Medical Leave Act (FMLA) of 1993.

FMLA

FMLA allows for qualified employees to take leave of up to twelve (12) Work weeks in a calendar year, continuance of health plan coverage, and employment reinstatement rights due to:

- Employee's own serious health condition;
- Care for child, parent, spouse, or domestic partner (same sex or opposite sex) with a serious health condition; or
- Care for a newborn child or a newly placed adopted/foster child (applicable for both maternity and paternity leave).

In order to qualify for FMLA, a resident or clinical fellow must meet the following two criteria:

- Provided at least 12 months of University service (does not need to be continuous) AND
- Worked at least 1,250 hours in the 12 months immediately preceding the leave (these are actual hours worked – including overtime – and do not include time on vacation, sick leave, or other paid leave).

Benefit and Pay Status

FMLA does not require residents or clinical fellows be paid during leave, only that benefit coverage continues during the Family and Medical Leave. However, in accordance with UCSF policy, vacation leave and sick leave may be used towards pay during the FMLA leave period. Once vacation leave and sick leave have been used, unless otherwise negotiated with the training program and/or department, leave will be unpaid. While on unpaid leave (other than FMLA leave), the resident or clinical fellow will be eligible to maintain insurance coverage for the remainder of the leave and may be required to reimburse the department or program for the cost of the insurance. In accordance with federal law, the department or program will continue its contribution to health insurance benefits for up to twelve (12) work weeks per year of FMLA leave. Moonlighting while on Family and Medical Leave is not allowed and may be cause to terminate leave.

Pregnancy-Related Disability

The California Family Rights Act allows for an additional twelve (12) workweeks of leave after the birth of a child for pregnancy-related disability. This leave is in addition to the twelve (12) workweeks of Family and Medical Leave in a twelvemonth period.

Qualifying Time for American Board Requirements

The duration of Family and Medical Leave must be in compliance with each program's requirements, which concern the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the training program (see "American Board Requirements" below).

Leave for Military Service

Residents and clinical fellows are eligible for up to thirty (30) days of military leave with pay while engaged in the performance of military duty. All benefit coverage will

UCSF OEM Residency Handbook

continue during paid military leave. Absence from the training program to meet military service obligations must be with the approval of the program director and/or department.

Leave for Jury Duty

A resident or clinical fellow called to Jury Duty will receive regular compensation for time served. The program director and/or department must be notified as soon as a jury summons is received. Only the court, pursuant to the procedure outlined in the Jury Summons Notice, can grant deferment or excused absence from jury service.

Disability Benefits

Please note that residents and clinical fellows are not eligible for, nor covered by the state of California for short-term disability insurance. However, residents and clinical fellows enrolled in the UCSF Housestaff Benefits Plan are entitled to disability coverage following 30 consecutive days of “total disability.” For more information, please contact Housestaff Benefits in Human Resources at (415) 476-8093.

American Board Requirements

It is the responsibility of the department, program, and resident or clinical fellow to be in compliance with the Program Requirements concerning the effect of leaves of absence on satisfying the criteria for completion of the training program, and guaranteeing eligibility for certification by the relevant certifying Board. Prior to granting leave, American Board requirements should be reviewed by the program director and resident or clinical fellow to assure that the resident or clinical fellow is familiar with the possibility of having to make up time away from training. If extended leave results in the requirement for additional training in order to satisfy American Board requirements, financial support for the additional training time must be determined when arrangements are made for the leave and the makeup activity.

Approved by GMEC June 16, 2008

Division of Occupational and Environmental Medicine ALLOWABLE TRAVEL EXPENSES

Please review the UCSF Travel Guidelines here:

http://controller.ucsf.edu/travel/files/Travel_Guidelines.pdf

- The purpose of all proposed travel expenses requires advance written approval by the Program Director. Itemized expenses must follow the guidelines outlined below and in the Controller's Office Travel Expense Policy. Otherwise, expenses may not be reimbursed.
- Travel may be requested by submitting an itemized estimate to the Program Coordinator along with the approved travel plan. The Program Coordinator will review and the Division Administrator/Program Director will authorize all travel advances. Please avoid any late registration fees or high airfares by making travel arrangements early.
- Actual expenses are submitted five (5) working days, using the Resident Expense Report after travel is completed – regardless of whether a travel advance was issued or not.

Transportation

All travelers must utilize the most economical mode of transportation and the most usually traveled route consistent with the authorized purpose of the trip. Rental cars and taxis will not usually be approved for reimbursement unless it can be shown that their use will be most cost-effective. For personal car use, the current standard rate of mileage reimbursement is **\$0.50/mile**. Receipts are needed for all transportation, except for mileage related to personal car use, parking meters and tolls.

Lodging

If staying with a friend or relative while traveling, a lone time gift may be purchased for up to **\$75**. Receipts are needed for reimbursement for any lodging or gifts.

Meals

The maximum reimbursed for both meals and incidental expenses (M&IE) is a total of **\$64**. (See "Incidentals" below.) Transportation costs to and from meals will not be reimbursed. Receipts are needed for all costs for \$25 and over. I receipts for meals under \$25 are not submitted, please submit an itemized listing of the actual cost of each meal, including meal designation and date. Reimbursement for alcoholic drinks is not allowable. **The maximum allowances reimbursed for meals are: breakfast - \$12; lunch -- \$18; dinner -- \$26.**

Incidentals

Charges for tips related to allowable expenses are reimbursable without a receipt. Laundry receipts may be submitted as incidental expenses if the trip is more than two weeks. Incidental expenses are included in the M&IE ceiling of \$64/day.

Other Expenses

- The traveler is allowed reimbursement for one reasonably brief, non-emergency, personal call home per day. These calls are reimbursable up to ten (10) minutes or \$10, whichever is less. Other telephone calls may be reimbursable if they specifically relate to the purpose of the trip; please attach an explanation for these calls.

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- Fees for conference attendance are reimbursable if pre-approved, but only for registration; fees related to membership will not be reimbursed. If a registration fee includes meals, the cost must be deducted from the per diem for the applicable day(s).
- Receipts are needed for all miscellaneous expenses except coin telephone calls. If electronic receipts (credit card charge slips) do not provide sufficient detail, the traveler should secure a vendor receipt listing actual expenses.
- For more detailed information see the Business and Finance Bulletin G-28, *Policy and Regulations Governing Travel, and Employee Expenses – Reimbursable vs. Non-Reimbursable*.

Filing For Reimbursement of Travel Expenses

See http://controller.ucsf.edu/travel/files/Travel_Guidelines.pdf

“My Expenses” – <http://myexpense.ucsf.edu>

My Expenses” -- <http://myexpense.ucsf.edu/>

- Campus Travelers
- Requesters, Reviewers, or Approvers of Travel or Entertainment Reimbursement Requests

New Campus Expense Reimbursement Solution – “MyExpense”

Beginning April 25, 2011, the campus will provide a web-based employee expense reimbursement solution “MyExpense” for all campus employees. The system will be used for requesting most travel, entertainment, and miscellaneous expense reimbursement for employees and guests and will replace the paper forms currently being used. This tool will improve the reimbursement process for both travelers and campus departments.

About MyExpense:

MyExpense, a vendor-hosted solution from Concur, automates the employee expense reimbursement process. Using this tool you may expect:

- Reimbursements within four days of approval by the approving authority.
- No more preparing, tracking, filing or retaining paper forms.
- Tools/edits to assist in compliance with policies and regulations
- Data generation that can be used in negotiating lower travel rates

MyExpense Features & Benefits:

- Track the status of your expense reimbursement online.
- Use the mobile application to prepare, approve and review reports; check reimbursement status; image & electronically attach receipts to your report.
- Payment directly to US Bank for corporate travel cardholders.
- Electronic workflow and approval process
- Ability to personalize your homepage.
- Set email notification preferences.
- Utilizes MyAccess Single Sign-On authentication and authorization service.

In light of the current budget challenges we face, it is important that we make every effort to support efficiency and cost savings opportunities such as MyExpense. Since February 28th, the application has been piloted with over 20 UCSF departments and feedback has been very positive. During the pilot period employees received their reimbursements on average in less than four business days after the expense report had been approved by the department management.

The Controller’s Office will stop accepting paper reimbursement requests for eligible MyExpense transactions effective July 1, 2011.

Training (For All Campus Employees Who Request, Review, or Approve Employee Expense Reimbursement Requests):

- Several short recorded training presentations by function are posted on the [Controller's Office Website](#). We highly encourage anyone who is involved in the employee reimbursement process to view our 15 minute MyExpense Overview.
- [Drop-in sessions](#) at MCB are available in May and June.
- Employees are invited to attend our town hall presentation or join one of several webinar presentations. The [training schedule](#) is posted on the Controller's Office website.

Getting Started:

1. Watch the 15 minute [MyExpense Overview](#).
2. If you do not have a MyAccess log-in and password, click [here](#). This will take you to the MyAccess log-in page for MyExpense. Click "I am a New User?" and sign up.
3. If you already have a MyAccess log-in and password, go to <http://myexpense.ucsf.edu/> to access the MyExpense application.
4. Once in MyExpense, update your Profile (Expense Settings) with default fund/DPA and default approval for both cash advances and expense reports.
5. If you would like to delegate to another individual to prepare and submit your expense reports, add the delegate (Expense Settings/Expense Delegates)

For ongoing information regarding MyExpense:

Training: [Travel & Entertainment Website](#)

Web: [Controller's Office Website](#), [Controller's Office Newsletter](#)

Email: MyExpense Team, MyExpense@ucsf.edu, Sylvia Su, Travel & AP Customer Center Manager, Sylvia.su@ucsf.edu

Phone: AP Customer Center, 415-476-2126, Sylvia Su, Travel & AP Customer Center Manager, 415-514-2886

Additional Resources

UCSF Graduate Medical Education Office

<http://medschool.ucsf.edu/gme/>

UCSF Travel Resources

<http://controller.ucsf.edu/travel/training.asp>

http://controller.ucsf.edu/travel/files/Travel_Guidelines.pdf

Instructions for Registering for My Access VPN at UCSF

<http://myaccess.ucsf.edu/eai/UCAlias/jsp/home.jsp>

Getting a Campus ID Card

<http://police.ucsf.edu/index.php?id-cards/appointment-by-phone.html>

Campus Map:

http://www.ucsf.edu/locations/campus_maps

UCSF Shuttle Schedule

<http://campuslifeservices.ucsf.edu/transportation/shuttles/>

Berkeley Shuttle Schedule

<http://pt.berkeley.edu/around/transit/routes>

UCSF Faculty and Staff Directory

<http://directory.ucsf.edu/>

Berkeley Faculty and Staff Directory

<https://calnet.calnet.berkeley.edu/directory/>

UCSF Campus Housing

<http://campuslifeservices.ucsf.edu/housing/default1.php>

Berkeley Housing

<http://www.housing.berkeley.edu/housing/>

American College of Graduate Medical Education

<http://www.acgme.org/acWebsite/home/home.asp>

American College of Occupational and Environmental Medicine

<http://www.acoem.org/>

Association of Occupational and Environmental Clinics

<http://www.aoec.org/>