



Fresno Medical Education Program

FROM: Office of Medical Education and Human Resources

RE: Housestaff Check-Out Procedure 2008

As you prepare to leave the UCSF Fresno Medical Education Program, you will need to complete formal checkout procedures. The last step will be to bring the completed forms to UCSF Fresno Human Resources. They will provide you with information about COBRA insurance, your defined contribution plan (DCP) monies, your final paycheck and your training completion certificate. Calling in advance (499-6416) will ensure that your paperwork will be ready.

NOTE: Please remember to bring you UC and CMC resident ID badges and CMC parking placard to UCSF Fresno Human Resources when you are ready to complete check out. If you will be joining any of the local medical staffs, you will be issued new ID cards and parking access information when you complete medical staff appointment procedures.

Please follow these instructions carefully. Talk to your program coordinator or call the Office of Medical Education (499-6520) if you have any questions.

FORM #1

- 1) Obtain a clearance signature from the CRMC Health Information Management Office at CMC-Fresno (to verify completion of medical records). They are located on the first floor of CMC-Fresno; across from the entrance to the Cafeteria. Enter the Medical Staff Office hallway and watch for the 'Health Information Management' sign on the left.
- 2) NOTE: Emergency Medicine, Family Medicine, Pediatric and Surgery residents must obtain signatures from Children's Hospital Central California as noted under Item 3 on Form #1. If you have questions, check with your program office or contact the Pediatric Residency office at CHCC.
- 3) Take the forms to your program office. They will complete Items 4 and 5 and give you instructions about any additional program-specific signatures they require.

FORM #2 – Forwarding Address Information. This information will be entered into the UC payroll system as your last known address of record for future W-2 forms, health benefit information and/or follow up, etc. Additionally, we ask that you authorize use of your forwarding address information by affiliated partners.

GRADUATE QUESTIONNAIRE

Please take a few minutes to complete the Graduate Questionnaire and leave it with Human Resources when you check out. The questionnaire is confidential and will not be reviewed until August 2008.

COMPLETION

Final check out will be with UCSF Fresno Human Resources. Calling in advance will ensure that your paperwork is ready when you arrive. Human Resources is located in the UCSF Fresno Center, 155 N. Fresno Street, second floor, Suite 266. Phone: 499-6416. Bring these completed forms with you. You will receive information about your last check, COBRA insurance, your training completion certificate, etc.

SS/KH/cp

UCSF Fresno
Medical Education Program
Office of Medical Education

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UCSF Fresno Medical Education Program
HOUSESTAFF CHECK OUT SHEET 2008

Form #1

Dr. _____ Program: _____
(Print First and Last Name)

Resident/Fellow: Please obtain all signatures before reporting to UCSF Fresno Human Resources for final checkout including any additional check out sites required by your program (i.e. the VA, Selma, Kaiser, etc.). See item 4B. PLEASE NOTE: (UCSF Fresno and CRMC identification badges and parking placards should be returned to UCSF Fresno Human Resources at the time of final checkout. Return other badges to the appropriate facility or your program office as instructed.)

1. CRMC Health Information Management: _____ Date: _____
(HIM office: First floor CMC-Fresno; across from entrance to the Cafeteria; Medical Staff office hallway)

2. UCSF Fresno Library _____ Date: _____
(Staff will coordinate return of materials to other library locations.)

3. **Emergency Medicine, Family Medicine, Pediatric and Surgery** residents **MUST** check out with Children's Hospital. Please talk to your program office about this requirement.

CHCC Medical Records: _____ Date: _____

CHCC Library: _____ Date: _____

CHCC Food Service: _____ Date: _____

CHCC Pediatric Residency Office: _____ Date: _____

4. **PROGRAM OFFICE**

A. Program-specific items: ___ pager ___ keys ___ Palm Pilot ___ locker ___ other

B. If required by program, check out at other sites as specified below:

Site: _____ Signature: _____

Site: _____ Signature: _____

5. **Program Release**

Signature of Program Director (or designee): _____ Date: _____

This signature indicates all program-specific items have been met and authorizes HR to release final paychecks and training certificates (where applicable). Designees: If you are signing for your program director, please be certain all program requirements have been met **before signing this form**. Programs may attach additional program-specific check out forms as required but should sign this form only after all requirements are met.

6. **UCSF Fresno Human Resources (155 North Fresno Street – Second Floor – Suite 266)**

HR will verify that all signatures have been obtained and check-out requirements are complete.

___ Forwarding address form completed

___ Identification badges returned (CMC and UCSF Fresno)

___ CMC parking placard returned

Certificate of training completion: ___ Given to resident or ___ To be mailed (Resident initials: _____)

If mailed, the certificate will be sent to the address on the forwarding address form unless other arrangements are made during check-out in Human Resources.

HOUSESTAFF FORWARDING ADDRESS FORM

Name: _____ / _____
Print Signature

UCSF Fresno Program: _____

Forwarding Address: _____

Street: _____

City: _____ Zip: _____

Phone Number: (_____) _____

E-Mail: _____

Yes No I hereby authorize UCSF Fresno to release my forwarding address information to affiliated partners for program-related purposes, without giving me prior notice of such disclosure.

Please answer the following questions: (THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY BY THE UCSF Fresno DEAN'S Office.)

1. Will you be entering private practice? Yes No
If yes, address: _____

2. Will you be entering further post-graduate training? Yes No
If yes, in what specialty? _____

Program location: _____

Address: _____

THANK YOU !

**UCSF Fresno Medical Education Program
Graduate Questionnaire - 2008**

Please identify your program: _____
(Not required but helpful to address issues.)

PLEASE CIRCLE YOUR RESPONSES

PROGRAM

1. Overall the program provided a well organized, progressive education with increasing patient care responsibilities over the years.	1 Strongly Agree	2	3	4	5 Strongly Disagree
2. The program had strengths that helped prepare me to practice medicine.	1 Strongly Agree	2	3	4	5 Strongly Disagree
3. The program had issues that detracted from my educational experience.	1 Strongly Agree	2	3	4	5 Strongly Disagree
4. My program was responsive to resident suggestions for improvement.	1 Strongly Agree	2	3	4	5 Strongly Disagree

FACULTY

5. How many of your faculty teach and supervise in ways that facilitate your learning?	None	Few	Some	Most	All
6. How many of your faculty demonstrate a strong interest in the quality of the residents' education?	None	Few	Some	Most	All
7. How often does your program ask you to evaluate your faculty through confidential written evaluations?	Never	< 1/yr	1/year	2-3 / yr	>4 /yr
8. There were faculty members in my program (and others) who greatly <u>enriched</u> my educational experience.	None	Few	Some	Most	All
9. There were faculty or staff in my program (and others) who <u>detracted</u> from my educational experience.	None	Few	Some	Most	All

EDUCATIONAL ENVIRONMENT

10. Do you perform services (start IVs, transport patients do routine blood draws) that should be done by support staff?	No	Yes limited	Yes moderate	Yes often	N/A or I don't know
11. Are there sufficient professional, technical, and clerical personnel to support your residency program?	No	Yes limited	Yes moderate	Yes often	N/A or I don't know

12. Have you been educated (e.g. classes rounds or discussions) by your program about the symptoms of fatigue and its effects on performance?	No	Yes limited	Yes moderate	Yes often	N/A or I don't know
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13. Does your program provide adequate and prompt supervision of residents?	No	Yes limited	Yes moderate	Yes often	N/A or I don't know
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14. Are you provided with the opportunity to participate in scholarly activities such as working on research for publication or presentation?	No	Yes limited	Yes moderate	Yes Often	N/A or I don't know
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For previous 4 week rotation	Most time – intensive rotation in past 6 months
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15. On average, excluding call from home, how many hours were you on duty per week?	_____ hrs per wk	_____ hrs per week
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16. On average, how many days per week were you assigned in-house call (call beyond a normal work day)?	_____ days per wk	_____ days per week
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17. Excluding call from home, what was the maximum number of continuous hours you worked?	_____ Longest continuous stretch in 4 weeks	_____ Longest continuous stretch in 4 weeks
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18. How many times did you work more than 30 continuous hours? (This continuous time includes in-house calls that directly follow a regular duty shift.)	_____ Times in 4 weeks	_____ Times in 4 weeks
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19. How many days (24-hour periods) did you have completely free from all educational and clinical responsibilities?	_____ Total days in the 4 weeks	_____ Total days in the 4 weeks
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20. On average, how many hours off duty did you have between duty shifts? (Duty shifts include in-house call, but exclude pager and at home call.)	_____ Avg hrs across 4 weeks	_____ Avg hrs across 4 weeks
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Additional Comments: _____

Thank you !