

| VISITING RESIDENTS 1 – OBSERVERSHIP APPLICATION AND CHECKLIST | | | |
|--|--|--|-------|
| <i>Instructions: Complete and return the application and checklist to the program in which the observership is desired. Incomplete application packets will not processed and will be returned to the applicant. Packet must be submitted 30 days (US citizens) or 120 days (visa holders) prior to rotation start date. Expedited applications will incur a charge of \$100.00, which must accompany the packet.</i> | | | |
| Pre-approved by DIO <input type="checkbox"/> | | | |
| Print Full Name | | | |
| Credentials | <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Other _____ | | |
| Home Address | | | |
| Phone Numbers | Work _____ Home _____ Mobile _____ | | |
| Email Address | | | |
| Medical School | | | |
| Sponsoring Inst & Residency Program | | | |
| Residency Program Address | Address | | |
| | City, State | | |
| | Country, Postal Code | | |
| Dates of Residency | Began: _____ Expected Completion: _____ | | |
| Program Director | | | |
| Program Director Contact Information | Phone _____ Fax _____ Email _____ | | |
| Rotation Requested at UTHSCSA | Specialty | | Dates |
| UT PD's Signature | | | |
| Today's Date | | | |
| <p>Please mail this application form, checklist, \$200.00 (US) application fee (non-refundable), and required documents to the program in which you are applying to do the observership.</p> <p>Once the application packet has been reviewed and approved by the GME office, a clearance letter will be sent to the program. The program will have final approval of the requested rotation and dates.</p> | | | |

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| <ul style="list-style-type: none"> The following documents, if not originally written in English, must be officially translated into English by a certified translation agency and submitted to the program. For rotators who are not United States citizens or are not a permanent resident, you must obtain a J-1 Short Term Scholar visa that will be in force for the entire duration of the observership. | |
| Print Full Name | |
| | Curriculum Vitae |
| | <p>Letter from resident's Program Director with responsibility for the residency training that addresses the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorization and eligibility to pursue international elective experiences, if appropriate <input type="checkbox"/> Current level of training <input type="checkbox"/> Dates resident began and completed Medical School <input type="checkbox"/> Date resident began residency training and anticipated completion date <input type="checkbox"/> Statement that resident is in good standing in the residency program <input type="checkbox"/> Curricular requirements to be met by the observership experience <input type="checkbox"/> Statement of desired observership(s) <input type="checkbox"/> Name of person assuming responsibility for trainee at UTHSCSA |
| | <p>Additional documentation required. Please attach.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Visa (if applicable) <input type="checkbox"/> Official copy of Medical School transcript with medical school seal <input type="checkbox"/> Notarized copy of Medical School diploma <input type="checkbox"/> Evidence of proficiency with the English language <input type="checkbox"/> Evidence of passing a UTHSCSA Security Background Check <input type="checkbox"/> Evidence of health insurance to cover accidents, illness, etc., while performing the observership |
| | \$200 (US) application fee – non-refundable –certified check made payable to the Office of Graduate Medical Education at UTHSCSA |
| <p>Reviewed and approved by Designated Institutional Official, UT Health Graduate Medical Education</p> <p>_____/_____/_____ (date)</p> | |
| <p>Packet returned to program on ____/____/____ by _____</p> | |
| FINAL UTHSCSA PROCESSING (After GME Approval) | |
| UTHSCSA Residency/Fellowship Training Program Responsibility | |
| | |
| | ID Badge |
| | Check in with the Office of International Affairs |

Restraint Training

For Providers

Patient Rights Regarding Use of Restraints

- All patients have the right to be free from physical or mental abuse, and corporal punishment
- All patients have the right to be free from restraint imposed as a means of coercion, discipline, convenience, or retaliation by staff
- Restraint may only be imposed to ensure the immediate physical safety of the patient or others and must be discontinued at the earliest possible time

Prohibitions to Use of Restraint

The use of restraint is strictly prohibited:

- Based solely on a patient's prior history and/or behavior
- As convenience to staff
- As method of coercion or as punishment

Orders for the Use of Restraint

- Each episode of restraint must be ordered by a physician
- Orders for the use of restraint must never be written:
 - As a standing order, or
 - On an as needed basis (PRN)
- Note: Seclusion may only be used on inpatient psychiatry and should not be ordered outside of this unit.

Orders for Use of Restraint Must Contain:

- The name of the patient
- The date and time of the order
- The name of the physician ordering restraint
- The type of restraint to be applied
- The time limit (duration) of the restraint

There are two types of restraints

- Safety/Non-violent/Non-Self Destructive Behavior
 - Formerly known as “Medical/Surgical” Restraint
 - Used for a patient’s actions, which threaten the continuity of medical/surgical interventions
 - E.g., a confused patient pulling on tubes, lines or dressings
- Violent or Self-Destructive Behavior
 - Formerly known as “Behavioral” Restraints
 - Used for control of aggressive or violent behavior that is dangerous to self or others

Safety/Non-Violent/Non-Self-Destructive Behavior Restraints (Formerly Medical/Surgical Restraints)

- Initial order for this restraint must be
 - Written immediately
 - Renewed each calendar day
- Requires an assessment with each order or anytime the patient's condition changes
- If no physician is available, the RN may initiate appropriate forms of restraint
 - The physician will be notified within a few minutes, provide an order for the restraint, and will assess the patient and document results within 24 hours

Restraint for Management of Violent or Self-Destructive Behavior (Formerly Behavioral Restraints)

- Each order for restraint may only be ordered in accordance with these limits:
 - for adults age 18 and older
 - Four hours for the initial order
 - Four (4) hours for the renewal order
 - For children and adolescents ages 9-17 for initial order
 - Two (2) hours for the initial order
 - Two (2) hours for the renewal order ;
 - for patients under age 9
 - One (1) hour for the initial order
 - One (1) hour for the renewal order

Face-to-Face Evaluation: Restraint for Management of Violent or Self-Destructive Behavior (Formerly Behavioral Restraints)

- Face-to-face patient evaluation must be done within 1 hour of restraint
 - This evaluation cannot be done by telephone
- Includes both physical & behavioral assessment
- If the behavior resolves and the restraints are removed before the physician arrives, this evaluation is still required within one hour
- If the restraint order is to be renewed, a face-to-face evaluation is also required.
- If restraints are removed, a new order is required to reinitiate the use of restraints.

One to One Monitoring

- Patients in restraints for violent or self-destructive behavior must be on continuous, in-person 1:1 monitoring.

References

- CIHQ. Restraint & Seclusion Policy .1641 Rev. 12.1[1].doc
- CMS Conditions of Participation for Acute Care Hospitals, 482.13(e),482.13(f)
- Texas Administrative Code, Rules of the Texas Department of Mental Health and Mental Retardation, Title 25, Part I, Chapter 415, Subchapter F, Interventions in Mental Health, July 2014
- 2014 Comprehensive Accreditation Manual for Hospitals: The Official Handbook. Joint Commission on Accreditation of Healthcare Organizations. Oakbrook Terrace, Ill.
- UHS Policy No. 9.13, Restraints and Seclusion

Restraint Training Test

Question #1

The use of restraint or seclusion may only be used for the following reason:

- A. Based solely on a patient's prior history and/or behavior
- B. For convenience to staff
- C. As coercion or as punishment
- D. For violent behavior that jeopardizes the immediate safety of the patient or others

Question #2

A patient is confused and attempting to pull out their airway. Which of the following restraint orders may be initiated?

- A. Safety/Non-violent/Non-Self Destructive Behavior
- B. Violent or Self-Destructive Behavior

Question #3

Match each patient age group with the appropriate restraint order time limit:

- | | |
|---|--|
| 1. Adults age 18 and older | A. Two hours for initial and renewal orders |
| 2. Children and adolescents ages 9-17 for initial order | B. Four hours for the initial and renewal orders |
| 3. Patients under age 9 | C. One hour for the initial and renewal order |

Question #4

Upon a nurse initiating the use of restraints on your patient for violent or self-destructive behavior, the physician must perform a face-to-face patient evaluation within what time frame?

- A. 15 minutes
- B. 1 hour
- C. 4 hours
- D. 24 hours

Question #5

Patients in restraints for violent and self-destructive behavior must be monitored by:

- A. Video monitoring
- B. Hourly rounding
- C. Every 15 minute in-person checks
- D. Continuous, in-person, 1:1 monitoring