

**UNIVERSITY AT BUFFALO OFFICE OF GRADUATE MEDICAL EDUCATION
INSTRUCTIONS FOR RESIDENT AND FELLOW ASSIGNMENT INFORMATION FORM**

**FILL OUT ONE SHEET FOR EACH RESIDENT OR FELLOW
EACH QUARTER OF THE CALENDAR YEAR**

The quarterly Resident and Fellow Assignment Information Form is a legal document that serves as a basis for reimbursement to the hospitals. The information reported on these forms **MUST** be truthful and accurate.

1. Name

Spelling is very important. All names should be entered *First Name Last Name*. Always use the Resident's legal name as it appears in RCS. Do NOT use nicknames.

2. Social Security Number

It is very important that this be filled in accurately. The SSN is required for all Medicare documentation.

3. Name of Training Program

Enter the name of the training program as listed by the accrediting body (ACGME, AOA, CODA, etc.).

The Training Program Name for a Visiting Resident must be the program in which he/she is enrolled in their home institution, regardless of the UB program with which they rotated.

4. Assignment Information

Column A: Dates

All Resident contracted time must be reported with all days in chronological order, listing the month/day/year. List the starting and ending dates of each assignment. Include weekends and days off in an assignment period. If a Resident works on one day only at a particular location, list the same date as the start and end date. Please be sure you have accounted for all of the Resident's time. Do not leave any gaps.

Column B: Assigned Hospital

If the Resident is assigned to an inpatient or outpatient unit at a UB affiliated hospital, list the abbreviation for the hospital to which the Resident is assigned.

Buffalo General Hospital	BGH
Buffalo Psychiatric Center	BPC
Women & Children's Hospital of Buffalo	WCHOB
DeGraff Memorial Hospital	DMH
Erie County Medical Center	ECMC
Mercy Hospital of Buffalo	MH
Millard Fillmore Hospital - Gates	MFHG

Millard Fillmore Hospital – Suburban	MFHS
Niagara Falls Memorial Medical Center	NFMMC
Olean General Hospital	OGH
Roswell Park Cancer Institute	RPCI
Sisters of Charity Hospital	SCH
Veterans Administration WNY Healthcare System	VAWNYHS
WNY Child Psychiatric Center	CPC

If a Resident splits his/her time between two or more hospitals during an assignment period, list the primary hospital assignment in Column B and show assignments to other hospitals in Column D. Time at other hospitals should be reported as accurately as possible. The program must have data to support the allocation of time among multiple hospitals and sites.

If the Resident is assigned solely to offsite training locations, report the Residents' paying hospital in Column B and the offsite location(s) in Column D.

Column C: Vacation/Sick

Specify all dates the Resident is on vacation or sick leave. The number of days is NOT acceptable.

If the Resident is on medical leave, specify dates of sick, vacation, FMLA, or unpaid leave as indicated in the letter provided to the Resident (with copy to the program) by the Resident Benefit Manager.

Column D: Offsite, Conference and Other Rotation Information

List the exact name of each Offsite Training location as listed in the Resident Credentialing System, exact dates of rotation at the location, and note if full day rotation. If not a full day rotation, list the number of hours the Resident was at the location.

List all conference, research and/or other rotation information in the same manner. NOTE: Research information must also be reported on the Resident Research Project Proposal Form.

Column E: Identify the type of rotation listed in Column D

- R = Research
- O = Offsite
- C = Conference

Column F: Psych/Rehab

Indicate if the Resident is assigned to an "excluded" psychiatric or rehab unit. NOTE: There are NO excluded units at WCHOB or Millard Fillmore Hospitals. Excluded units are located only at ECMC and BGH (and Rehab only at DMH) although not all Psychiatry and Rehab rotations to these hospitals are in the excluded units. If you are unsure of whether your residents are rotating to an excluded unit, please contact the Director, GME Resource Management.

DEFINITION: Psychiatry excluded units are discreet inpatient locked units in which Residents may rotate as part of their training. Only rotations in these discreet units should be reported as excluded units.

5. Reporting Requirement

A separate form is required for each Resident enrolled in a UB sponsored program for any part of the calendar quarter.

A separate form is also required for each **Visiting Resident** (from another institution) who participated in residency education with the program for any part of the calendar quarter.

Forms for all Residents in the program during each quarter must be submitted to Daniel Schupp in the OGME no later than the 15th day of the month following the end of the calendar quarter.

Forms may be submitted via hand delivery, postal service, or fax. Forms should be emailed **ONLY** if the file is password protected or sent via secure email system.

6. Recording Research Time

The **RESIDENT RESEARCH PROJECT PROPOSAL** form must be completed by the Resident and faculty mentor and approved by the Program Director for each research project in which the Resident rotates as part of his/her residency assignments, whether a required or elective assignment.

The form must be completed once but a copy must be attached to each quarterly form that includes time spent on the research project.

7. Signatures

All quarterly reporting forms must include the Resident and Training Program Administrator's signatures. "Signature on file" is not an acceptable alternative.

If you have any questions, please contact Dan Schupp at djschupp@buffalo.edu or 829-6135.