

UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE

# Graduate Medical Education Policies

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July 2008

Link to UTHSC Campus Policies:  
<http://www.utmem.edu/policies/>

Link to UT System-Wide Policies and Procedures:  
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## GME INSTITUTIONAL POLICIES

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## INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS

- A. Eligibility and Selection of Residents: The Sponsoring Institution must have written policies and procedures for resident recruitment and appointment and must monitor each program for compliance. These eligibility requirements must address the following:
1. Resident eligibility: Applicants with one of the following qualifications are eligible for appointment to programs:
    - a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
    - b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
    - c) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
      - (1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment, or,
      - (2) Have a full and unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.
    - d) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
  2. Resident selection
    - a) The Sponsoring Institution must ensure that its ACGME accredited programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.
    - b) In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.
- B. Financial Support for Residents: Sponsoring and participating sites must provide all residents with appropriate financial support and benefits to ensure that they are able to fulfill the responsibilities of their educational programs.
- C. Benefits and Conditions of Appointment: Candidates for programs (applicants who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.
- D. Agreement of Appointment
1. The Sponsoring Institution and program directors must assure that residents are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.
  2. The Sponsoring Institution must monitor programs with regard to implementation of terms and conditions of appointment by program directors.

3. The Sponsoring Institution and program directors must ensure that residents are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which residents are assigned.
4. The resident agreement/contract must contain or provide a reference to at least the following institutional policies:
  - a) Residents' responsibilities;
  - b) Duration of appointment;
  - c) Financial support; and,
  - d) Conditions for reappointment
    - (1) Non-renewal of appointment or non-promotion: In instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Sponsoring Institution must ensure that its programs provide the resident(s) with a written notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the nonrenewal or non-promotion occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its programs provide the resident(s) with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.
    - (2) Residents must be allowed to implement the institution's grievance procedures if they receive a written notice either of intent not to renew their agreement(s) or of intent to renew their agreement(s) but not to promote them to the next level of training.
  - e) Grievance procedures and due process: The Sponsoring Institution must provide residents with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing:
    - (1) Academic or other disciplinary actions taken against residents that could result in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and,
    - (2) Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.
  - f) Professional liability insurance
    - (1) The Sponsoring Institution must provide residents with professional liability coverage and with a summary of pertinent information regarding this coverage.
    - (2) Liability coverage must include legal defense and protection against awards from claims reported or filed after the completion of the program(s) if the alleged acts or omissions of the residents are within the scope of the program(s).
  - g) Health and disability insurance: The Sponsoring Institution must provide hospital and health insurance benefits for the residents and their families. Coverage for such benefits should begin upon the first recognized day of their respective programs, unless statute or regulation requires a later date to begin coverage. The Sponsoring Institution must also provide access to insurance to all residents for disabilities resulting from activities that are part of the educational program.
  - h) Leaves of absence
    - (1) The Sponsoring Institution must provide written institutional policies on residents' vacation and other leaves of absence (with or without pay) to include parental and sick leave; these policies must comply with applicable laws.
    - (2) The Sponsoring Institution must ensure that each program provides its residents with:
      - (a) a written policy in compliance with its Program Requirements concerning the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program, and;

- (b) information relating to access to eligibility for certification by the relevant certifying board.
  - i) Duty Hours: The Sponsoring Institution must have formal written policies and procedures governing resident duty hours.
  - j) Moonlighting
    - (1) The Sponsoring Institution must have a written policy that addresses moonlighting. The policy must:
      - (a) Specify that residents must not be required to engage in moonlighting;
      - (b) Require a prospective, written statement of permission from the program director that is included in the resident's file; and,
      - (c) State that the residents' performance will be monitored for the effect of these activities and that adverse effects may lead to withdrawal of permission.
    - (2) Sponsoring Institutions and program directors must closely monitor all moonlighting activities.
  - k) Counseling services: The Sponsoring Institution should facilitate residents' access to confidential counseling, medical, and psychological support services.
  - l) Physician impairment: The Sponsoring Institution must have written policies that describe how it will address physician impairment, including that due to substance abuse.
  - m) Harassment: The Sponsoring Institution must have written policies covering sexual and other forms of harassment.
  - n) Accommodation for disabilities: The Sponsoring Institution must have a written policy regarding accommodation, which would apply to residents with disabilities. This policy need not be GME-specific.
5. Closures and Reductions: The Sponsoring Institution must have a written policy that addresses a reduction in size or closure of a residency program or closure of the Institution. The policy must include the following:
- a) The Sponsoring Institution must inform the GMEC, the DIO, and the residents as soon as possible when it intends to reduce the size of or close one or more programs, or when the Sponsoring Institution intends to close; and,
  - b) The Sponsoring Institution must either allow residents already in the program(s) to complete their education or assist the residents in enrolling in an ACGME-accredited program(s) in which they can continue their education.
6. Restrictive Covenants: Neither the Sponsoring Institution nor its programs may require residents to sign a non-competition guarantee.

#### E. Resident Participation in Educational and Professional Activities

- 1. The Sponsoring Institution must ensure that each program provides effective educational experiences for residents that lead to measurable achievement of educational outcomes in the ACGME competencies as outlined in the Common and specialty/subspecialty-specific Program Requirements.
- 2. The Sponsoring Institution must ensure that residents:
  - a) Participate on committees and councils whose actions affect their education and/or patient care; and,
  - b) Participate in an educational program regarding physician impairment, including substance abuse and sleep deprivation.

#### F. Resident Educational and Work Environment

1. The Sponsoring Institution and its programs must provide an educational and work environment in which residents may raise and resolve issues without fear of intimidation or retaliation. Mechanisms to ensure this environment must include:
  - a) An organization or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues.
  - b) A process by which individual residents can address concerns in a confidential and protected manner.
2. The Sponsoring Institution must provide services and develop health care delivery systems to minimize residents' work that is extraneous to their GME programs' educational goals and objectives. These services and systems must include:
  - a) Patient support services: Peripheral intravenous access placement, phlebotomy, and laboratory and transporter services must be provided in a manner appropriate to and consistent with educational objectives and quality patient care.
  - b) Laboratory/pathology/radiology services: Laboratory, pathology, and radiology services must be in place to support timely and quality patient care.
  - c) Medical records: A medical records system that documents the course of each patient's illness and care must be available at all times and must be adequate to support quality patient care, residents' education, quality assurance activities, and provide a resource for scholarly activity.
3. The Sponsoring Institution must ensure a healthy and safe work environment that provides for:
  - a) Food services: Residents must have access to appropriate food services 24 hours a day while on duty in all institutions.
  - b) Call rooms: Residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private.
  - c) Security/safety: Appropriate security and personal safety measures must be provided to residents at all locations including but not limited to: parking facilities, on-call quarters, hospital and institutional grounds, and related facilities.

## **RESIDENT RESONSIBILITIES**

Throughout the residency program, residents must:

- Develop a personal program of self study and professional growth with guidance from the teaching staff in order to acquire and maintain throughout his or her professional career the knowledge, clinical skills, attitudes, and behaviors required to fulfill all objectives of the educational program and to achieve the competencies deemed appropriate for his or her chosen discipline.
- Make the patient's welfare his or her first priority by participating in safe, effective and compassionate patient care under supervision, commensurate with his or her level of advancement and responsibility.
- Participate fully in the educational and scholarly activities of his or her program and in all mandatory GME conferences.
- Assume responsibility for teaching, peer evaluating, and supervising other residents and students, providing candid and constructive feedback on their performance to encourage quality improvement.
- Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures and policies of the Graduate Medical Education Program and of all affiliated hospitals, including the timely completion of medical records.
- Participate in institutional committees and councils, especially those that relate to patient care review activities.
- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
- Embrace the professional values of honesty, compassion, integrity, and dependability.
- Adhere to the highest standards of the medical profession and pledge to conduct him or herself accordingly in all interactions. The resident will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability or sexual orientation.
- Secure direct assistance from faculty or appropriately experienced residents whenever the resident is confronted with high-risk situations or with clinical decisions that exceed my confidence or skill to handle alone.
- Learn the most from direct patient care and guidance from faculty and other members of the health care team. The resident should understand the need for faculty to supervise all interactions with patients.
- Participate in the evaluation of the quality of education provided by the program.
- Provide documentation of a physical examination within a six month period before entering the residency. This must include documentation of immunity to rubeola, mumps, rubella, diphtheria, polio and documentation of the results of a skin test to tuberculosis (within six months if negative). In addition, documentation of immunity to hepatitis B must either be provided or the resident will be provided a vaccination before assuming clinical duties. The infection control requirements for residents are subject to amendment.
- Provide annual documentation of the results of a skin test to tuberculosis.
- Abide by the University of Tennessee policies, procedures, and work rules as well as the rules and regulations of the University's teaching hospitals and clinics.

University of Tennessee  
Health Science Center in Memphis  
Graduate Medical Education Committee  
Mission Statement

The mission of the UTHSC Graduate Medical Education Committee is to provide appropriate oversight of graduate medical education in all ACGME accredited residency programs and to ensure that the necessary educational, financial and human resources to support GME are provided. In order to accomplish this goal, the GMEC establishes and implements policies and procedures regarding the quality of education and the work environment for residents; reviews and makes recommendations on resident stipends and benefits; establishes and maintains oversight of program directors; establishes and implements policies regarding duty hours; ensures programs provide appropriate supervision; reviews all ACGME program accreditation letters; and approves correspondence to ACGME.

## **GMEC/DIO REVIEW AND APPROVAL**

The following must be reviewed for approval by the GMEC/DIO before being submitted to ACGME:

- All applications for ACGME accreditation of new programs;
- Change in program director;
- Changes in resident complement;
- Major changes in program structure or length of training;
- Progress reports requested by the Review Committee;
- Responses to all proposed adverse actions;
- Requests for increases or any change to resident duty hours;
- Voluntary withdrawals of ACGME-accredited programs;
- Requests for appeal of an adverse action;
- Appeal presentations to a Board of Appeal or the ACGME; and
- Proposals to ACGME for approval of innovative educational approaches.

In order to ensure Graduate Medical Education oversight, the Designated Institutional Official (DIO) reviews and cosigns all program information forms and any documents or correspondence addressing program citations and requests for changes prior to submission to the ACGME by program directors. In the absence of the DIO, the Chair of the Graduate Medical Education Committee or the Assistant Dean for GME is designated to review and cosign these documents and forms.

## GME GLOSSARY OF TERMS

**Accreditation Council for Graduate Medical Education (ACGME)** – a private, non-profit council that evaluates and accredits over 8,000 medical residency programs in the United States. Member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Council of Medical Specialty Societies. Under the aegis of ACGME, accreditation is carried out by 28 individual Residency Review Committees (RRC).

**Advanced Programs** – programs that begin in the PGY-2 year after a year of designated prerequisite training.

**Affiliated Institution** – a major participating training institution which is usually a hospital.

**American Board of Medical Specialties (ABMS)** – the umbrella organization for the 24 approved medical specialty boards in the United States.

**Attending** – a teaching physician or supervising physician.

**Categorical Program** – program that begins in the PGY-1 year and provides the training required for board certification in medical specialties.

**Certification** – process through which a physician completes approved residency training and passes a certifying board examination.

**Chief Resident** – a position in the final year or year after residency where the resident has additional administrative and teaching role in guiding new residents.

**Combined Specialty Programs** – programs recognized by two or more specialty boards. Physicians who complete these programs are eligible to sit for boards in the multiple participating specialties. The most successful combined program for UT is medicine/pediatrics.

**Designated Institutional Official** – an individual at an institution sponsoring or participating in one or more GME programs who has the authority and responsibility for the oversight and administration of GME programs.

**Education Commission for Foreign Medical School Graduates (ECFMG)** – the organization that assesses the readiness of graduates from foreign medical schools to enter GME programs in the U.S. ECFMG certification is required for admission into ACGME programs.

**Fellow** – a physician in a training program that is beyond the requirements for first board certification in the discipline.

**Intern** – historically used for the first year of training following medical school. Since 1975, ACGME has not used the term, but refers to all trainees as “resident.”

**National Resident Matching Program (NRMP)** – the national matching system that matches GME programs and applicants to those programs. Match results are generally released during the third week of March.

**Preliminary Programs** – one-year programs beginning in the PGY-1 year that provide prerequisite training for advanced programs. *Designated preliminary programs* provide positions for residents who have already been accepted into another specialty, but who are completing prerequisites for that specialty. *Non-designated preliminary programs* provide positions for residents who at the time of admission have not been accepted into any specialty.

**Primary Care** – generally described as a specialty that provides total care for a patient. Specialties included in this category in Tennessee include family practice, internal medicine, obstetrics/gynecology, and pediatrics. This would also include combined programs in any of the above specialties. The designation for “primary care” varies within states and does not always include ob/gyn.

**Specialty Programs** – programs that are not primary care. Also may include “sub-specialty” or fellowship programs.

**Transitional Program** – a well balanced program in multiple clinical disciplines designed to facilitate the choice/preparation for a specific specialty.

**United States Medical Licensure Examination (USMLE)** – physicians become eligible for licensure by passing the four parts of this examination: Step I, Step II CK (Clinical Knowledge), Step II CS (Clinical Skills), and Step 3.

## RESIDENT SELECTION GUIDELINES

### **Applicant Eligibility**

Medical Education: Only the following individuals will be considered as applicants in residency programs in the University of Tennessee Graduate Medical Education Program

- Graduates of Liaison Committee on Medical Education (LCME)-approved U.S. and Canadian Medical Schools.
- International Medical Graduates who have valid Educational Commission for Foreign Medical Graduates (ECFMG) certificates or who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
- Graduates of American Osteopathic Association (AOA) accredited Osteopathic Medical Schools.

Visa Status: Visa status for International Medical Graduates must fall within the following categories:

- Eligible to seek J-1 visa
- Permanent Resident or Alien status (i.e., "Greencard")
- In accordance with University of Tennessee Graduate Medical Education guidelines, this program does not sponsor residents for "H" type visas.

### **Application Process and Interviews**

- All applications will be processed through the Electronic Residency Application Service (ERAS) except in those programs in specialty matches.
- Opportunities for interviews will be extended to applicants based on their qualifications as determined by USMLE scores, medical school performance, and letters of recommendation.

National Resident Matching Program (NRMP) and Rank Order Process:

- This program participates in the NRMP Match. All senior medical student applicants must participate in the NRMP Match or another national matching plan in order to be considered.
- All interviewed applicants will be considered for ranking in the Match in order of preference based on the following criteria: USMLE scores, medical school performance, letters of recommendation, residents' and faculty perceptions during interviews, determination of communications skills, motivation and integrity via interviews. Letters of recommendation from UT COM faculty will be given high consideration.
- Characteristics such as gender, age, religion, color, national origin, disability or veteran status or any other applicable legally protected status will not be used in the selection procedure. (The

University of Tennessee is an EEO/AA/Title VI/Title IX/section 504/ADA/ADEA employer.)

- Recommendations of all interviewing faculty and residents will be considered in determining the rank order of the interviewed applicants.

### **Appointments**

- Appointments will be issued to all matched applicants who meet eligibility requirements and pass a criminal background check (see policy #130).
- Following release of the Match results, attempts will be made to fill any vacant positions in accordance with the terms of the UT COM Institutional Agreement with the NRMP. If an applicant is unable to fulfill a Match commitment, the Program will not recruit another candidate until NRMP has granted a waiver.
- Unless otherwise stated in specialty-specific requirements, the Program Director may not appoint more residents than approved by their Review Committee.
- Letters of Agreement for all positions will be issued through the Graduate Medical Education Office following a review of eligibility.

### **Individual program policies will specify additional specialty-specific eligibility and selection criteria.**

A copy of these guidelines and a sample copy of the resident Agreement of Appointment will be distributed to all interviewed applicants.

<http://www.utmem.edu/GME/0809registration/agreement2008.pdf>

**EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION POLICY**

The University of Tennessee System Policy on Equal Employment Opportunity and Affirmative Action. HR0220, reads as follows:

1. It is the policy of the University Of Tennessee not to discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, national origin, disability, age or being a disabled veteran or veteran of the Vietnam Era. This policy extends to recruitment, employment, promotion, demotion, transfer, layoff, termination, compensation, training, benefits and all other terms and conditions of employment.
2. Employment opportunities will not be distinguished on the basis of sex unless sex is a bona fide occupational qualification. Employment opportunities will not be distinguished on the basis of age except where age is reasonably taken into account as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity administered by the university.
3. The university will take affirmative action to recruit, employ, and to advance in employment minorities, women, disabled veterans and veterans of the Vietnam Era. Reasonable accommodations will be made for otherwise qualified disabled veterans and persons with disabilities in accordance with Sections 503 and 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990.
4. The university prohibits any retaliatory action against an employee for opposing a practice that he or she believes to be discriminatory, including the filing of an internal complaint or grievance or charge with a state or federal civil rights enforcement agency.
5. Each unit will promulgate an Affirmative Action plan for the implementation of the above commitment. Also, each unit will provide a complaint procedure for equal employment opportunity and discrimination complaints. Affirmative Action plans will be publicized and made available to employees.
6. The University of Tennessee is committed to the principle that decisions concerning employment, admission, and performance should be based on an individual's qualifications and performance and not on characteristics unrelated to job or academic requirements. Therefore, the university and its employees shall not discriminate against or harass any employee or student on the basis of sexual orientation such as heterosexuality, homosexuality, or bi-sexuality; marital status; parental status; or similar characteristics regardless of whether those characteristics enjoy a protected status under state or federal law. An employee who has a complaint about discrimination or harassment prohibited by this policy should follow the internal complaint procedure required in item 5 above of this policy.

Section 6 shall not be construed to: (1) confer eligibility for employment benefits for which an employee is not otherwise eligible under state law, policy, or practice; (2) infringe upon the free exchange of ideas essential to the academic environment; (3) limit the freedom of religious association; (4) establish a duty to engage in affirmative action measures for characteristics not subject to affirmative action under state or federal law; (5) require the compliance of external

entities or individuals or compliance of university programs governed by external government agencies in which non-discrimination does not include certain personal characteristics (e.g., ROTC); or (6) create any cause of action not currently provided by state or federal law.

It is likewise the policy of The University of Tennessee Health Science Center not to discriminate against any employee or applicant for employment because of race, religion, sex, color, age, national origin, disability or veteran status. UT Memphis will take affirmative action to recruit, to employ, and to advance in employment females, minorities, Vietnam Era veterans, disabled veterans and other persons with disabilities. UT Memphis views this policy as a statement of institutional commitment, not merely as a means of complying with orders, laws and regulations to which it is subject.

The University of Tennessee Health Science Center discrimination complaint procedure is maintained by the Office of Diversity and Equity. A copy of the procedure may be obtained from this office at 920 Madison Avenue, Suite 420; 901-448-2112.

## **BACKGROUND CHECK POLICY**

The University of Tennessee Office of Graduate Medical Education is committed to hiring the most capable housestaff in order to achieve its strategic goals. Part of this commitment is to create a professional environment that fosters excellence, abhors intolerance, and provides a safe workplace. To better achieve this, the Office of Graduate Medical Education requires that every resident successfully pass a criminal background check before we execute the resident contract and employment takes place.

The procedure for the criminal background check is as follows:

During the interview process, a copy of this policy will be distributed and reviewed with applicants. Each interviewed applicant will sign a form acknowledging receipt of the policy requiring that they must pass a criminal background check.

After the Match a letter will be sent from the GME Office with information regarding the forms that must be completed which will include the background check consent form. When GME receives the consent form it will initiate the background check with the appropriate outside firm. If the report shows no negative information the GME Office will notify the Program Director via email. If the report shows negative information the report will be forwarded to our teaching hospitals with no identifiers. The hospitals will then respond as to whether the negative information would prohibit that individual from working at that facility. The GME Office will notify the Program Director of the negative information and the response from the hospitals. It is then up to the Program Director to determine if the resident will be able to complete his or her training if one or more teaching hospitals refuse to allow the resident to rotate there. If the Program Director determines that the resident will not be able to complete his or her training requirements here, he/she will notify the resident in writing of the decision and copy the GME Office and Office of General Counsel. The exception to this process is any conviction of a felony, violent crime, or sex crime will automatically prohibit the individual from training at the University of Tennessee.

### **Foreign Nationals**

A criminal background check will be processed for any foreign national that has been in the United States for at least one year. Any foreign national that is entering the United States for the first time would have already been cleared by the Department of Homeland Security and credentialed by ECFMG and will not require an additional background check.

It must be clearly understood that no new resident/fellow will be approved until a background check has been completed and the results of the check have been considered at the program and institutional level. Thus no resident/fellow can begin training until this process has been completed.

**VISAS**

Graduates of foreign medical schools who are not permanent U.S. residents must be willing to work on a J-1 visa. No exceptions will be made except under extraordinary circumstances. Decisions regarding exceptions will be processed expeditiously by the office of Graduate Medical Education.

**APPLICATION FOR TEMPORARY ROTATION AS A  
RESIDENT / CLINICAL FELLOW AT THE UNIVERSITY OF TENNESSEE**

I hereby apply to the University of Tennessee for residency/clinical fellow training rotation in the Department / Division of:

\_\_\_\_\_

Preferred Effective Dates of Rotation: FROM \_\_\_\_\_  
TO \_\_\_\_\_

NAME:

\_\_\_\_\_  
\_\_\_\_\_

(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS:

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

PHONE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NO.:

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

(Graduates of Foreign Medical Schools must provide a valid ECFMG certificate.)

MEDICAL SCHOOL (Include Dates):

\_\_\_\_\_  
\_\_\_\_\_

ACADEMIC HONORS (College and Medical School):

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL EXPERIENCE:**

Residency (Include Hospital and Location, Specialty and Dates):

CURRENT:

\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS:

\_\_\_\_\_  
\_\_\_\_\_

**LICENSURE:**

Are you currently licensed to practice medicine? \_\_\_\_\_

If so, please indicate: STATE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

**MALPRACTICE INSURANCE:**

Have you had any cancellations, non-renewals or limits placed on your malpractice coverage?

\_\_\_\_ NO \_\_\_\_ YES (If yes, please attach summary of details.)

Have you been party to any malpractice liability claims, suits and/or settlements?

\_\_\_\_\_ NO \_\_\_\_\_ YES (If yes, please attach summary of details.)

Current malpractice coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Carrier: \_\_\_\_\_

Coverage Limits: \_\_\_\_\_

(Minimum of \$1 million / \$3 million)

**CRIMINAL RECORD:** Have you ever been convicted of a crime, other than a minor traffic violation?

\_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please attach a summary of details.)

**HEALTH INSURANCE COVERAGE** Provided by: \_\_\_\_\_

Plan/Policy No.: \_\_\_\_\_

- 
- **REFERENCES:** This application should be accompanied by a reference letter from the applicant's Program Director or Clinical Chief verifying that the applicant is in good standing with his/her current training program. Additionally, this letter should state that the Sponsoring Home Institution will continue to provide liability and health insurance as well as stipend while on rotation at UT.

**To be signed by Applicant:**

By accepting this temporary assignment to the Housestaff at the University of Tennessee, I agree to abide by the rules and regulations of the Hospital and Service to which I am assigned. I understand that the University of Tennessee will not provide a stipend, professional liability or health insurance.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Assignment as an affiliated resident / clinical fellow is made by the Hospital on the recommendation of the Chief of Service and is for the term stated only.

**To be completed and signed by Sponsoring Home Institution Program Director:**

I approve the application of \_\_\_\_\_, who is currently enrolled as a \_\_\_\_\_ year

resident / clinical fellow in an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (A.O.A.) accredited residency program (Specialty)

\_\_\_\_\_ at (Name of Sponsoring Home Institution)

\_\_\_\_\_ to rotate at UT. The Sponsoring Home Institution will continue to provide the stipend, professional liability and health insurance.

**Signature of Home Institution Program Director:**

\_\_\_\_\_ Date:

\_\_\_\_\_

Program Director Name Printed:

\_\_\_\_\_

Program Director's Phone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

I approve the above temporary assignment to \_\_\_\_\_ clinical service at the University of Tennessee for the dates specified.

**Signature of UT Program Director:** \_\_\_\_\_ Date:

\_\_\_\_\_

\_\_\_\_\_

**To be signed by Assistant Dean/DIO, GME, University of Tennessee:**

Approval given.

Assistant Dean/DIO, GME: \_\_\_\_\_ Date:

\_\_\_\_\_

“In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Section 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, the University of Tennessee does not discriminate on the basis of race, sex, religion, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship and loan programs; athletic or other University administered programs or employment. Complaints should be directed to the Office of Equity and Diversity; 920 Madison Ave., Suite 420; Memphis, TN 38163; (901) 448-2112, TDD (901) 448-7382.

**RESIDENT TRANSFERS**

If a fully funded residency position is available, program directors may accept a resident in transfer from another University of Tennessee College of Medicine program or from another ACGME accredited institution's approved program. Before accepting a transfer, the program director must obtain verification of all previous training (including evaluations, rotations completed, and procedural/operative experience) as well as a summative competency-based performance evaluation. The DIO must be informed of all transfers.

Any transfer of residents from one accredited program to another within the University of Tennessee College of Medicine must be reviewed and approved by the program directors and departmental chairs of both affected programs.

All transfers from approved residency programs at other ACGME accredited sponsoring institutions require the approval of the program director and chair of the resident's original institution as well as the program director and departmental chair of the UT College of Medicine program.

Program directors must provide timely verification of training and summative performance evaluation for residents transferring or leaving a UT College of Medicine residency program prior to completion of training.

## INCOMING RESIDENT PROCEDURES

The GME office will mail registration materials and orientation information to incoming residents. Formal new resident orientation sessions are held at each campus. Documents that must be completed or received in the GME office prior to the start of residency are also listed on the GME website:

<http://www.utmem.edu/GME/registration.htm>. These documents include:

- Agreement of Appointment (contract)
- Registration Form
- Background Check Authorization (see Policy #130)
- Competency Form
- Payroll Authorization Form
- Health Insurance Enrollment Form
- Disability Enrollment Form
- Life Insurance Form
- Outside Interests Disclosure Form
- Immunization Form
- Health Statement
- Identification for I-9 Form
- National Provider Identifier (NPI) number
- W-4 Form
- An official copy of medical/dental school FINAL transcript showing medical/dental degree conferred (sealed or mailed directly to GME).
- International medical school graduates must attach a notarized copy of a valid ECFMG certificate.

Residents cannot begin training until the criminal background check process is completed, licensure exemption is processed (see GME Policy #245), and all registration materials are received (including proof of recent TB screening).

The following on-line compliance training modules must be completed by all residents within 30 days of employment:

- HIPAA Security Training
- Medicare Compliance Training Lesson 1
- Medicare Compliance Training Lesson 2
- HIPAA Privacy Training Lesson 1
- HIPAA Privacy Training Lesson 2
- Sexual Harassment Avoidance Training
- HIPAA Privacy Training Update 2007
- Billing Compliance Update 2007
- Resident Fatigue Training Module

**OFFICE OF GRADUATE MEDICAL EDUCATION**

**2008-2009 RESIDENT SALARY RATES**

<b>PGY LEVEL</b>	<b>BASE ANNUAL</b>	<b>with Disability Life Benefits</b>	<b>Monthly</b>
<b>PGY 1</b>	<b>\$ 43,260.00</b>	<b>\$ 43,860.00</b>	<b>\$ 3,655.00</b>
<b>PGY 2</b>	<b>\$ 44,805.00</b>	<b>\$ 45,405.00</b>	<b>\$ 3,783.75</b>
<b>PGY 3</b>	<b>\$ 46,350.00</b>	<b>\$ 46,950.00</b>	<b>\$ 3,912.50</b>
<b>PGY 4</b>	<b>\$ 47,895.00</b>	<b>\$ 48,495.00</b>	<b>\$ 4,041.25</b>
<b>PGY 5</b>	<b>\$ 49,440.00</b>	<b>\$ 50,040.00</b>	<b>\$ 4,170.00</b>
<b>PGY 6</b>	<b>\$ 50,985.00</b>	<b>\$ 51,585.00</b>	<b>\$ 4,298.75</b>
<b>PGY 7</b>	<b>\$ 52,530.00</b>	<b>\$ 53,130.00</b>	<b>\$ 4,427.50</b>

- **In addition to the base salary, each resident currently receives an additional \$600 per year for disability and life insurance benefits as shown above in Column 3.**

All residents are paid by the Graduate Medical Education office and receive the same salary for the group PGY level. Compensation rates and benefits are included in the Agreement of Appointment which must be reviewed and signed by each new resident prior to the start of residency:

<http://www.utmem.edu/GME/0809registration/agreement2008.pdf>

All employees are required to have automatic deposit. Residents will be paid monthly on the last working day of the month.

Residents advancing to the next PGY level must have the following items in order to receive the PGY level salary increase:

- Record of attendance, makeup, or excused absence from SVMIC conference
- All HIPAA on-line training modules completed
- An annual TB test completed and results received in GME office
- Resident file complete (health statement, transcript, etc.)
- If changing programs, a new registration form and agreement of appointment completed.

## LEAVE POLICIES

### Annual Leave

Residents at the PGY 1 level may take up to two (2) weeks of annual leave per year. Residents at the PGY 2-7 years may take up to three (3) weeks of annual leave per year. Annual leave is not accumulated from year to year. The scheduling of leave is at the discretion of the program director. Residents do not receive pay for unused annual leave.

### Sick Leave

Residents accumulate twenty-one (21) days of sick leave per year. Sick leave is non-cumulative from year to year. Residents are not paid for unused sick leave.

### Educational Leave

Educational leave is at the discretion of the program director.

### Parental Leave

Parental leave is available to residents for the birth or adoption of a child. Annual leave, sick leave and holidays may be used in order for the resident's salary to continue. Any additional leave required must be taken without pay.

### Compliance with Board Requirements for Absence from Training

It is the responsibility of each program director to determine the effect of absence from training for any reason on the individual's educational program and if necessary to establish make-up requirements that meet the board requirements of the specialty. All training extensions necessary to meet board eligibility are paid with full benefits.

Board certification eligibility information is provided to residents by each program and can also be accessed through the American Board of Medical Specialties:

[http://www.abms.org/Who\\_We\\_Help/Member\\_Boards/contactinfo.aspx](http://www.abms.org/Who_We_Help/Member_Boards/contactinfo.aspx)

## RESIDENT INSURANCE BENEFITS

### Healthcare

Health insurance is provided by CIGNA Healthcare for residents and eligible dependents. Coverage is effective on the resident's first recognized day of residency/fellowship program. The CIGNA provider directory is available at <http://www.cigna.com>.

### Life Insurance

- The Basic Group Life Insurance Benefit issued through Unum Provident Life and Accident Insurance Company is \$100,000
- If you are still employed at age 65, the Basic Group Life Insurance Benefit will reduce to 65% at age 65, 50% at age 70 and terminate at retirement
- The basic Accidental Death & Dismemberment benefit issued through Unum Provident Life and Accident Insurance Company is \$100,000
- If you are still employed at age 65, the Accidental Death & Dismemberment benefit will reduce to 65% at age 65, 50% at age 70 and terminate at retirement
- Benefits are issued on a 24 hour basis, so you are covered around the clock
- There is a provision for an accelerated death benefit of up to \$50,000 in the event you are diagnosed as being terminally ill, with a life expectancy of less than 12 months
- There is a provision for waiver of premium in the event that the insured is totally disabled

For further information, our servicing agent is Ed Barnett with The Barnett Group in Memphis, TN. He can be contacted at 901.365.3447 to answer any of your questions or concerns. The address is 7906 Players Forest Drive, Suite 1, Memphis, TN 38119.

### Disability Insurance

- 3 monthly benefit options - \$1,500/month (required unless proof of other coverage is presented), \$2,500/month, or \$3,500/month tax free benefit amount, issued through UNUM Provident
- Non Cancelable & Guaranteed Renewable – Coverage cannot be canceled and premiums are guaranteed level at your current age through age 65
- Definition of Disability – A loss of time or duties in your occupation (MD or DO), which results in at least a 20% loss of earnings
- In the event that you are totally disabled, future premiums will be waived

- Catastrophic Total Disability Benefit – Contract will pay up to 150% of monthly disability benefit for certain permanent disabilities regardless of ability to work
- Recovery Benefit – A benefit is payable for up to 12 months after returning to full time work and experiencing a 20% or greater loss of income
- Guaranteed Standard Issue – Up to \$3,500 of monthly coverage
- Uni-Sex rates – An added benefit for women, since individual disability rates are significantly higher for females than for males
- Discounted Premiums – Rates for this payroll deduction plan are at least 25% lower than individual rates
- Portability – You may choose to continue your coverage when you leave the program at your specified rate since this is an individual policy and NOT a group plan
- No offsets for social security – Full benefits are paid even if you collect from social security or workman's compensation

For further information, our servicing agent is Ed Barnett with The Barnett Group in Memphis, TN. He can be contacted at 901.365.3447 to answer any of your questions or concerns. The address is 7906 Players Forest Drive, Suite 1, Memphis, TN 38119.

**STATEMENT ON  
UNIVERSITY EMPLOYEE PROTECTIONS AGAINST LIABILITY**  
*Issued by the Office of the Vice President and General Counsel  
The University of Tennessee*

Definition of Employee

For the purpose of this statement on University employee protections against liability, the term “employee” means any person who is employed in the service of The University of Tennessee and whose compensation is paid by the University through its payroll system.

State Law Claims

State law provides that state employees, including employees of The University of Tennessee, have absolute immunity from liability for acts or omissions within the scope of their employment, unless the acts or omissions are willful, malicious, criminal, or done for personal gain. This immunity means that no state or federal court in Tennessee may enter a judgment against the personal assets of a University employee on state law claims arising out of acts or omissions by the employee unless (1) the acts or omissions were outside the scope of the employee’s employment or (2) the acts or omissions were willful, malicious, criminal, or done for personal gain. Types of state law claims to which this immunity applies include claims for personal injury (including professional malpractice), property loss or damage, and libel and slander (defamation).

The immunity of state employees under Tennessee law has no mandatory effect in the courts of other states. Whether courts in other states will apply Tennessee’s immunity doctrine is entirely dependent on their willingness to do so as a matter of comity. Generally speaking, if a state has granted immunity to its own employees, the courts of that state will be inclined to recognize the immunity granted by another state.

Federal Law Claims

The immunity of state employees under Tennessee law has no effect in state or federal court actions for violation of the federal constitution or federal statutes. The United States Supreme Court has ruled that states cannot immunize their employees against liability under federal law. Therefore, University employees are subject to personal liability for both compensatory and punitive damages in certain kinds of federal civil rights actions. The most common federal civil rights actions against state employees in their personal capacities are based on alleged violations of the free speech clause of the First Amendment and the equal protection clause (class-based discrimination) and due process clause of the Fourteenth Amendment.

Reimbursement of Judgments and Settlements

In recognition of the fact that state employees may be subject to personal liability in some cases, state law provides that the State Board of Claims will reimburse state employees for actual damages, costs, and attorney fees, up to \$300,000 per plaintiff and \$1,000,000 per occurrence, awarded by judgment or settlement in any case in which the employee’s immunity is not sustained. This includes all federal law actions (in which the employee’s state law immunity has no effect) and any given state law action in which the employee’s immunity is not sustained. In its discretion, the Board of Claims may reimburse the employee for amounts beyond the limits stated in the statute. The Board, however, will make no reimbursement for punitive damages.

Prior to any reimbursement, the Board must make an independent determination that the employee was acting within the scope of his or her employment. Even if the Board finds that the employee was acting within the scope of his or her employment, the Board may reduce the reimbursement for any circumstance it finds warranting a reduction (for example, failure of the employee to cooperate fully in defense of the litigation). In addition, the Board may deny reimbursement if the employee or counsel for

the employee did not make reasonable efforts to defend the action or if the employee's actions were grossly negligent, willful, malicious, criminal, or done for personal gain.

#### Representation in Civil Cases

##### Office of the Vice President and General Counsel

The Office of the Vice President and General Counsel represents the University and University employees sued in their official capacities for acts or omissions within the scope of their employment. In addition, the Attorney General for the State of Tennessee, pursuant to requirements of state law, designates the Office of the Vice President and General Counsel to represent a University employee in his or her personal capacity if the alleged acts or omissions were done within the scope of the employee's employment with the University and if there is no conflict between the positions of the University and the employee.

Before undertaking representation of an employee in his or her personal capacity, the Office of the Vice President and General Counsel, in consultation with the Attorney General, will make an initial assessment of whether any allegations of willful, malicious, or criminal acts or omissions, or acts or omissions done for personal gain, are sufficiently well-founded to warrant declining representation of an employee in his or her personal capacity. In addition, the Office of the Vice President and General Counsel may decline to represent an employee in his or her personal capacity if the employee has acted contrary to advice given by the office.

#### Private Counsel

If the Office of the Vice President and General Counsel, in consultation with the Attorney General, determines that it cannot represent a University employee in his or her personal capacity in a civil case for acts or omissions within the scope of the employee's employment, state law makes other provisions for representation, except for willful, malicious, or criminal acts or omissions and acts or omissions done for personal gain. The Attorney General has discretion to determine that representation will be provided by (1) attorneys appointed by the Attorney General or (2) by payment of reasonable compensation to private counsel approved by the Attorney General.

#### Representation in Criminal Cases

State law prohibits the Vice President and General Counsel and the Attorney General from representing or providing representation for a University employee in a criminal action arising out of an act done in the scope of the employee's official duties. If the criminal charge is dismissed with prejudice or if the employee is acquitted at trial or on appeal, the Attorney General will pay all reasonable compensation for the employee's private counsel in the criminal action, as well as court costs or necessary incidental expenses, as determined in the sole discretion of the Attorney General. If the criminal charge is not prosecuted for any other reason, the Attorney General, in his discretion, may pay the reasonable fees of private counsel and necessary incidental expenses and court costs if the Attorney General finds that the employee was acting in the scope of his or her assigned duties under apparent lawful orders or authority.

#### Instructions to Follow when Sued

If you receive a summons and complaint naming you or the University as a defendant in a civil lawsuit arising out of your employment with the University, please follow these instructions:

1. Call the Office of the Vice President and General Counsel immediately.
2. Do not discuss the suit with anyone other than University attorneys, including other defendants who may be named in the suit.
3. Do not talk to the plaintiff about the suit.
4. Do not talk to the plaintiff's attorney.
5. Refer all requests for documents to the University attorney handling the case.
6. Respond to media questions by saying you cannot discuss the suit while it is pending.

## LICENSURE EXEMPTION AND PRESCRIBING INFORMATION

### Licensure Exemption

Under the State of Tennessee statute T.C.A. 63-6-207, medical interns, residents, and fellows who do not hold a special training license are exempt from the requirement of a license to practice medicine or surgery in this state when participating in an accredited training program in the state of Tennessee. The Graduate Medical Education office will apply to the Tennessee Medical Board for a licensure exemption for each resident or fellow while training under the supervision and control of University of Tennessee College of Medicine faculty. Residents and fellows are not permitted to practice medicine or surgery outside of their training program (moonlight) without being fully licensed to practice medicine or surgery in the state in which the moonlighting activity occurs.

### Prescribing Information

- DEA Number

Since UT residents are exempted from the requirement of having an unrestricted Tennessee medical license, they cannot obtain individual DEA numbers that are required for prescribing controlled substances. However, they may dispense, administer, and prescribe controlled substances under the registration of the individual teaching hospital in which the patient care is being provided. The GME Office will provide each resident with a specific internal code number (DEA Number suffix) to be used along with the appropriate hospital's institutional number. These internal codes are supplied to the pharmacies of our teaching partners and are available to law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner. Residents are provided the hospital institutional numbers and are responsible for using them appropriately. The institutional numbers are only valid for patients within that facility and cannot be used for any other purpose. The DEA number should only be used on prescriptions for controlled substances.

The hospital institutional DEA numbers and individual suffixes can only be used for residency education rotations. Residents are responsible for immediately reporting any incidents that suggest compromise to the GME Office and/or hospital pharmacy. Misuse of an institutional DEA number could result in disciplinary action up to and including dismissal from the training program.

If moonlighting, a resident must obtain an individual federal DEA number (requires an unrestricted state medical license).

- NPI Number

All residents must obtain a National Provider Identifier (NPI) number. Information on obtaining the NPI number is located on the GME website. The NPI number must be included **on all prescriptions** including those requiring a DEA number.

## RESIDENT SUPPORT SERVICES

### HEALTH AND WELLNESS

#### University Health Services

University Health offers a number of services to support all employees including housestaff. UHS is committed to providing a healthy and safe work environment for employees and students through education, prevention and treatment programs.

Some of the services of UHS include:

- Immunizations and other preventative services to protect against work-related exposures.
- Routine screening for exposure to work place hazards.
- Evaluation and treatment of work-related illness or injury.
- Facilitation of proper reporting and documentation of work-related illness or injury.
- **Student Assistance Program (SAP)** is available to all residents free of charge, 24 hours a day, 7 days a week. The number is toll free at 1-800-327-2255, option 3 and is answered by a professional counselor. The SAP is a confidential service available to all medical residents and students at UTHSC. SAP provides counseling for up to six free visits per year and is not recorded in any way on insurance or medical databases. Residents have a nationwide choice of providers including a number in the Memphis area. The SAP provides access to professional counseling for academic troubles, marital and family concerns, substance and alcohol abuse, stress, anxiety, depression and other issues that commonly occur throughout life.

University Health Location: 910 Madison Ave., Suite 922

Phone: 448-5630

Emergency Phone: 448-4444 (Campus Security)

Website: <http://www.utmem.edu/univheal>

#### **Aid for Impaired Residents Program (AIRS) (See GME Policy #260)**

#### **Other Mental Health Services**

Counseling services and evaluation are also available in collaboration with the faculty of the University's Department of Psychiatry. Confidential counseling or referral will be provided and is covered by the residents' health insurance program.

### **UTHSC Campus Recreation**

The Fitness and Wellness Program of Campus Recreation offers many opportunities that are available to residents. Programs offered include nutritional counseling, fitness assessments, exercise prescriptions, personal training, and various exercise programs including cardiovascular, strength, weight, stress and aerobic programs.

The Fitness Center is located in the Student Alumni Center located at 800 Madison Avenue. For complete information regarding the services, fees, facilities and hours of operation visit the Campus Recreation Website at [www.utmem.edu/campusrec](http://www.utmem.edu/campusrec).

## **ACADEMIC SUPPORT SERVICES**

### **Student Academic and Support Services**

Residents may utilize the services of the Student Academic Support Services Center which is located in the General Education Building, Room BB9. The staff of the SASS provides assistance in the areas of time management, test taking, reading efficiency, note information retention, organization for learning and board preparation. There may be charges for certain services provided at the SASS. Residents interested in the SASS should contact the GME Office at 448-5364.

### **Instructional Facilities and Support Services**

Services provided by the Instructional Facilities and Support Services include audio-visual equipment, laboratory preparation and microscope check-out. IFSS is located in A106 of the General Education Building.

### **Educational Computing**

All residents are provided a University e-mail account. E-mail is the official mode of communication used by the GME Office. The educational technology website serves as a repository for information on instructional technology, with information on pedagogy and practices as well as links to other useful information.

### **UT Library**

The Health Sciences Library and Biocommunications Center is available to residents. Please contact the library to get an access code for use with all on-line services of the library. The website is: <http://library.utmem.edu>. The phone number is 448-5634.

A clinical library is also available on the 5<sup>th</sup> Floor of Adams Pavilion of the MED. A resident lounge and computer laboratory with access to the entire UT library is available. Residents may access this site via card reader 24 hours per day.

## **CAMPUS SECURITY**

The University of Tennessee provides campus-wide security 24 hours a day, seven days a week. The campus security officers are commissioned by the Memphis Police Department and have full police powers on the University campus. Call boxes linked directly to Campus Police are located throughout the campus. In addition, each participating training hospital maintains a security department responsible for hospital security.

**Escort Service**

Campus security provides an escort service for persons traveling across campus during evening hours. Call 448-4444 for an escort.

The parking garage on N. Pauline St. provides secure night parking with 24/7 police presence and on-demand transportation that will transport and/or retrieve a resident to/from any teaching hospital when schedules or call responsibilities require travel between hospitals.

**AID FOR IMPAIRED RESIDENTS PROGRAM (AIRS)**

The Aid for Impaired Residents Program (AIRS) is a confidential program which functions in coordination with the nationally recognized Aid for Impaired Medical Student Program (AIMS) developed at the University of Tennessee. The program is a cooperative effort with the Tennessee Medical Foundation's Physicians Health Program and is designed to assess any psychological or substance abuse problem that may be affecting a resident's health or academic performance.

Entry into the AIRS program is a formal process and requires that the resident follow a TMF prescribed rehabilitation program. The residency positions of individuals entering the AIRS Program are protected until the resident receives advocacy of the TMF PHP and is ready to continue training. The GME Program works with the resident to maintain financial support through payroll or disability benefits during the resident's absence. Health insurance benefits are available to assist with treatment costs.

Referrals may be made confidentially by a health care provider, a co-worker, family member, friend or the physician him/herself. To make a referral or obtain more information, contact the Chair of the local AIRS Committee, Eugene C. Mangiante, M.D., at (901) 448-5364. Residents may also contact the Tennessee Medical Foundation's Physicians Health Program online at: <http://www.e-tmf.org> or at the following address:

216 Centerview Drive  
Suite 304  
Brentwood, TN 37027  
Phone: (615) 467-6411  
Fax: (615) 467-6419

## WORKER'S COMPENSATION

Link to UTHSC Human Resources site: <http://www.utmem.edu/hr/Insurance/workers.htm>

## RESIDENT DUTY HOURS

### Duty Hour Oversight

Duty hour compliance is a collective responsibility of GME leadership, faculty, and residents. Each program is required to use the New Innovations duty hour module to monitor compliance with institutional, common, and specialty/subspecialty-specific program requirements. Duty hour reports will be submitted by all programs to the GME office quarterly. Program directors must adjust resident schedules when needed to prevent negative effects of duty hours on learning and patient care.

### Effects of Fatigue and Sleep Deprivation

All residents are required to complete the on-line training module on fatigue. The education module discusses signs and risks of fatigue and sleep deprivation and strategies to prevent physician impairment.

### Duty Hour Standards

In order to prevent potential negative effects on patient care and learning due to fatigue or sleep deprivation, all University of Tennessee Graduate Medical Education residency programs must meet the following duty hour standards:

- a. Duty hours are defined as all clinical and academic activities related to the residency program; 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.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

### 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 must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for 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 as defined in Specialty and Subspecialty Program Requirements.
- c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty
- 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 must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must 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 must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

### **Moonlighting**

Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s); i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Residents must not be required to engage in moonlighting.

**Individual programs may have additional specialty specific duty hour restrictions and will distribute their program policy and procedures to residents and faculty.**

### **Exception Requests**

Some Residency Review Committees permit exceptions to the 80-hour limit for up to 8 additional hours per week. The University of Tennessee Graduate Medical Education Committee discourages any exceptions but will consider requests from individual programs. Any request for exception to the 80-hour limit must be reviewed and approved by the GMEC prior to submission to a program's RRC.

## MOONLIGHTING

Moonlighting is defined as any professional activity outside the course and scope of a resident's approved training program. No program will require residents to engage in moonlighting. Practice activities permitted outside the educational program vary with each program and the academic performance level of each resident. To ensure that professional activities outside the program do not interfere with a resident's performance, all extramural professional activities must be approved in advance by the University. If approved, the program director will include a written statement of permission in the resident's file and will monitor the effect of these outside activities. Adverse effects on the resident's performance may lead to withdrawal of permission.

Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s); i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Violation of the moonlighting policy could result in disciplinary actions up to and including dismissal from the University of Tennessee GME Program.

Individual programs may have additional moonlighting restrictions and will distribute their program policy and procedures to residents and faculty.

## HARASSMENT

### Sexual Harassment

In accordance with University of Tennessee Health Science Center Personnel Procedure #280 and University of Tennessee System Policy HR0280, Sexual Harassment, the University of Tennessee Health Science Center and University Wide Administration are committed to providing a harassment free environment for the entire campus community (faculty, staff, students, and applicants). Sexual harassment will not be tolerated and will be grounds for disciplinary action.

The University of Tennessee Health Science Center is committed to fostering an environment that prevents sexual harassment of students and employees. The University has a commitment to professionalism, fostered by an atmosphere of mutual trust and respect. These commitments are threatened when persons in positions of authority abuse the trust placed in them.

The University's Sexual Harassment Policy includes relationships between a faculty member and a student when the faculty member has a professional responsibility for the student.

UT Health Science Center follows the Equal Employment Opportunity Commission's guideline definition of sexual harassment as its guideline for defining sexual harassment.

This guideline defines sexual harassment as unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or status in a program, (2) submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's academic performance or work environment. These definitions apply to students as well as to employees who may have a complaint of sexual harassment.

In order for behavior to be considered sexual harassment, the behavior must be unwelcome and of a sexual nature. Examples include:

- Verbal harassment or abuse of a sexual nature
- Subtle pressure for sexual activity
- Sexist remarks about a person's clothing, body or sexual activities
- Unwanted touching, patting or pinching
- Demanding sexual favors accompanied by implied or overt threats concerning one's job, grades, letters of promotion, pay, recommendation, etc.
- Inappropriate display of sexually suggestive or pornographic materials

All complaints should be directed to the Office of Equity and Diversity; 920 Madison Ave., Suite 420; Memphis, TN 38163; (901) 448-2112 / 5558.

An immediate investigation will be conducted in an attempt to determine all of the facts concerning the alleged harassment. Retaliation against any employee or student who reports a claim of sexual harassment

or against any employee or student who participates in the investigation of a complaint will not be tolerated by the University.

If it is determined that sexual harassment has occurred, corrective action will be taken. Depending upon the circumstances, this corrective action may include a reprimand, demotion, discharge or other appropriate actions. A person bringing a frivolous allegation of sexual harassment may be subject to disciplinary action, which could include termination.

All residents are required to complete the Sexual Harassment Avoidance Training compliance module.

#### Respect for Persons

The University of Tennessee System Policy on Code of Conduct, HR0580 reads as follows:

The University of Tennessee places a high value on human relations, human diversity and human rights. Consistent with these values, the university strives to maintain a work environment that is characterized by mutual respect for all individuals. Such an environment has no place for harassment or discrimination based on race, gender, religion, national origin, age, veteran status, or disability; such behavior will not be tolerated. As befitting the university's commitment to its public service mission, university faculty and staff are expected to treat one another, students, and the general public in a cordial and respectful manner.

## CODE OF CONDUCT

Link to UT Policy HR0580:

[https://my.tennessee.edu/portal/page?\\_pageid=34,140536&\\_dad=portal&\\_schema=PORTAL&p\\_policy=HR0580&p\\_search=code%20of%20conduct&p\\_start=1](https://my.tennessee.edu/portal/page?_pageid=34,140536&_dad=portal&_schema=PORTAL&p_policy=HR0580&p_search=code%20of%20conduct&p_start=1)

## DRUG FREE WORK PLACE

Link to UT Policy HR0720:

[https://my.tennessee.edu/portal/page?\\_pageid=34,140536&\\_dad=portal&\\_schema=PORTAL&p\\_policy=HR0720&p\\_search=drug%20free&p\\_start=1](https://my.tennessee.edu/portal/page?_pageid=34,140536&_dad=portal&_schema=PORTAL&p_policy=HR0720&p_search=drug%20free&p_start=1)

## ACCOMMODATION FOR DISABILITIES

In accordance with University of Tennessee Health Science Center Personnel Procedure #220 and University of Tennessee System Policy HR0220, Equal Employment Opportunity and Affirmative Action, reasonable accommodations will be made for otherwise qualified disabled veterans and persons with disabilities. This policy applies to residents with disabilities. The University of Tennessee Health Science Center is required to comply with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and is committed to providing a campus which is accessible to everyone. Information on rights under these laws is available through the Office of Equity and Diversity, 920 Madison Avenue, Suite 420; 901-448-2112, or online at:

<http://www.utmem.edu/oed/Disabilites/>

## GRIEVANCES

Residents may raise and resolve issues without fear of intimidation or retaliation. Grievances related to the work environment or non-academic issues concerning the program or faculty can be addressed by discussing problems with a chief resident, program director, departmental chair, or resident members of the GME Committee and individual program education committees. The DIO and the chair of the Graduate Medical Education Committee maintain an open door policy. The annual resident town hall seminar encourages residents to communicate and exchange information and provides an opportunity to address concerns directly with institutional senior leadership. Residents may also submit comments or concerns anonymously through the Resident Comment Form on the GME website:

[http://www.utmem.edu/GME/resident\\_comment-eval.html](http://www.utmem.edu/GME/resident_comment-eval.html).

Grievances regarding academic or other disciplinary actions are processed according to the Graduate Medical Education Academic Appeal policy available on the GME website. Individual programs may have more extensive grievance policies and procedures and will make them available to all residents and faculty.

Any complaints of illegal discrimination are processed in accordance with the University's EEO/Affirmative Action policies and should be directed to the Office of Equity and Diversity, 920 Madison Avenue, Suite 420; 901-448-2112.

**The University of Tennessee Health Science Center  
Memphis, TN  
POLICY ON INFECTION CONTROL FOR MEDICAL AND DENTAL RESIDENTS**

**IMMUNIZATION AGAINST MEASLES, RUBELLA, MUMPS, DIPHTHERIA, POLIO, TETANUS, VARICELLA, INFLUENZA, MENINGOCOCCUS, AND HEPATITIS B FOR MEDICAL AND DENTAL RESIDENTS**

The University of Tennessee Health Science Center requires that all entering medical and dental residents document immunity to measles, mumps, rubella, diphtheria, polio, and tetanus by recorded evidence of immunization. Documentation of receipt of two doses of measles (Rubeola) vaccine after the first birthday is required unless born prior to 1957. Anyone with unknown or negative history of varicella must undergo serological testing. If serology and history are negative, the vaccine is required. University Health Services will determine whether immunization documentation is adequate. Residents who are unable to document immunity to these infections may begin work, provided required immunization is obtained within ten days of registration. Residents may be excused from this requirement if contraindications are established by a provider in the University Health Services. Annual influenza immunizations are required for all residents within 30 days of availability as indicated by University Health Services.

A waiver form will be given to all residents indicating that the institution has provided detailed information to the resident concerning meningococcal disease, the availability and effectiveness of the vaccine, and that the resident has received and reviewed the information and has chosen to be vaccinated or not to be vaccinated for meningococcal infection. Medical residents in Pathology or Infectious Disease Programs must be vaccinated with meningococcal vaccine.

Immunization against Hepatitis B virus is required for all residents. Residents who have previously received the Hepatitis B series must show proof of a positive Hepatitis B titer of equal or greater to 10 miu per CDC guidelines. The Hepatitis B series will be repeated one time if the past series had negative results. Residents known to be Hepatitis B antigen or antibody-positive (or already immune) or for whom contraindications are established by a healthcare provider or the University Health Services may be exempted from this immunization.

**IV. EARLY DETECTION OF TUBERCULOSIS FOR MEDICAL AND DENTAL RESIDENTS**

All UTHSC residents are required to receive the tuberculin skin test annually. Residents without documented testing within the prior year will have a 2-step tuberculin skin test. Residents who have been vaccinated with Bacillus Calmette-Guerin (BCG) and do not provide documentation of a past, positive, tuberculin skin test are also required to have a TB screening through a blood assay test. Persons who test positive, or have previously tested positive, are required to show proof from the Memphis/Shelby County Health department of being free of tuberculosis.

Treatment for Tuberculosis will be managed through the local Memphis/Shelby County Health Department, which will provide the authorization to return to UTHSC.

## **RESIDENT SUPERVISION**

### **PROGRAM LETTERS OF AGREEMENT**

In order to ensure residents receive appropriate educational experience under adequate supervision, a Program Letter of Agreement (PLA) will be updated and signed annually by the program director and site director for each participating site providing a required program assignment. The PLA will include the following information:

- identify faculty name/or general faculty group who teaches/supervises residents;
- specify their responsibilities for teaching, supervision, and formal evaluation of residents;
- specify the duration and content of the educational experience; and
- state that residents must abide by the policies of the site, the program, and the GMEC.

A copy of the PLA will be sent to and maintained in the GME office.

Individual programs must have specialty-specific supervision policies. Listings of procedural competencies by resident name and by program can be accessed on the GME website at:

[http://www.utmem.edu/GME/housestaff\\_listings\\_comps.html](http://www.utmem.edu/GME/housestaff_listings_comps.html).

### **INSTITUTIONAL POLICY ON RESIDENT SUPERVISION**

The following resident supervision policy has been approved by the Dean of the College of Medicine: <http://www.utmem.edu/GME/supervision.htm>. Development criteria was to promote patient safety, provide educational excellence, but maintain autonomy based on demonstrated education competence. The policy is effective in all training sites without regard to patient insurance status or time of day. Residents and faculty members in training programs under the auspices of ACGME will abide by the supervision and documentation schema as noted below.

#### **University of Tennessee Graduate Medical Education Resident Supervision Policy**

<b><u>Resident Activity</u></b>	<b><u>Resident Activity Description of Supervision</u></b>	<b><u>Documentation of Supervision Minimum Level *</u></b>
A. INPATIENT CARE	New Admission	Residents will notify departmental attending physician upon patient admission. The urgency of notification is based upon severity and acuity of patient. The departmental attending physician
		Level # 2, Co-signature not sufficient

		must see and evaluate the patient within one calendar day of admission.	
	Continuing Care	Departmental attending physician is personally involved in ongoing care.	Level #4
	Intensive Care	Because of the unstable nature of patients in ICUs, involvement of departmental attending physician is expected on admission and at least on a daily basis.	Level #4
	Hospital Discharge/ Transfer	The departmental attending physician must be involved in decision to discharge or transfer patient.	Level # 3 Discharge Summary Signature or Transfer Note Co-signature

<b>B. OUTPATIENT CARE</b>	New Patient Visit	The departmental attending physician must be present in the clinic. Every new patient must be seen by and/or discussed with the departmental attending physician.	Level # 2, Co-signature not sufficient
	Return Patient Visit	The departmental attending physician must be present in the clinic.	Level #4
	Clinic Discharge	The departmental attending physician will assure clinic discharge is appropriate.	Level #4

<b>C. OPERATING / DELIVERY ROOM</b>	The departmental attending physician must	The departmental attending physician must physically be present, within the	Level A: Attending performing the procedure, assisted by resident
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	be notified prior to the scheduling of the procedure.	facility where the procedure occurs, for the major components of the procedure and degree of involvement documented.	<p>Level B: Resident performing the procedure and the departmental attending physician is scrubbed</p> <p>Level C: Resident performing the procedure with the departmental attending physician not scrubbed, but present in Operating Room</p> <p>Level D: Resident performing the procedure with the departmental attending physician not scrubbed, but present in suite or facility</p> <p>Level E: Emergency Care – Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted and in route</p>
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D. CONSULTATIONS (Inpatient, Outpatient and Emergency Department)	Departmental attending physician must supervise all consults.	Level #4 consistent with patient's condition and principles of graduated responsibility.
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E. RADIOLOGY/PATHOLOGY		All reports verified by departmental attending physician prior to release
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F. EMERGENCY DEPARTMENT	Assigned Emergency Department Attending physician must be present in the emergency department and is the attending of record. Assigned Departmental attending physician must be involved in disposition of all patients. Patients to be admitted are then assigned to clinical Department Attending (see A.).	Level #4 consistent with patient's condition and principles of graduated responsibility.
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G. ROUTINE BEDSIDE & CLINIC PROCEDURES		Level #4 consistent with patient's condition and principles of graduated responsibility as outlined on GME supervision web site <a href="http://www.utmem.edu/GME/supervision.htm">http://www.utmem.edu/GME/supervision.htm</a>
H. NON-ROUTINE, NON-BEDSIDE, NON-OR PROCEDURES	(e.g., Cardiac Cath, endoscopy, interventional radiology ,etc)	The departmental attending physician must physically be present within the facility where the procedure occurs, for the major components of the procedure and degree of involvement documented.
		<p>Level A: Attending performing the procedure, assisted by resident</p> <p>Level B: Resident performing the procedure and the departmental attending physician is assisting</p> <p>Level C: Resident performing the procedure with the departmental attending physician not assisting, but present in suite.</p> <p>Level D: Resident performing the procedure with the departmental attending physician not assisting, but present in suite or facility.</p> <p>Level E: Emergency Care – Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted and in route.</p>

**\*Level of Supervision Documentation**

1. Departmental attending physician Note
2. Departmental attending physician Addendum to the resident's note (not a co-signature)
3. Departmental attending physician Co-signature implies that the departmental attending physician has reviewed the resident's note, and absent an addendum to the contrary, concurs with the content of the resident's note.
4. Resident Documentation of departmental attending physician supervision. (e.g., "I have seen and/or discussed the patient with my departmental attending physician, Dr. "X," who agrees with my assessment and plan.")

## PROGRAM GOALS AND OBJECTIVES

All University of Tennessee Graduate Medical Education Programs are required to have goals and objectives for each rotation and training level. These goals and objectives, along with teaching and evaluation methodologies, are essential to a competency-based education. Programs must integrate the following ACGME general competencies into their curricula:

**1. Patient Care**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**2. Medical Knowledge**

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

**3. Practice-Based Learning and Improvement**

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

**4. Interpersonal and Communication Skills**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

**5. Professionalism**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

**6. Systems-based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Goals and objectives will be distributed annually to residents and faculty and reviewed by the residents at the beginning of each rotation. Each program will evaluate the curriculum at least annually.

Link to individual program goals and objectives:

<http://www.utmem.edu/GME/goals.htm>

## PROGRAM EVALUATION

All programs must conduct a comprehensive review of the program and curriculum at least annually in order to assess educational effectiveness. The meeting of the program director and faculty should include resident representation. The following areas should be analyzed to enhance program strengths and implement plans for improvement:

- Resident performance
  - In-training exam results
  - Resident assessment data
  - Resident research presentations/publications
  - Resident procedure/case log
- Faculty development
  - Results of annual confidential evaluation of faculty by residents
  - Review of updated CVs including faculty scholarly activity
- Graduate performance
  - Board certification results
  - Survey data from recent graduates or employers of recent graduates
- Program quality
  - Results of annual confidential evaluation of program by residents and faculty
  - ACGME resident survey results including duty hour compliance
  - Curriculum
    - Updated competency-based rotation goals and objectives
    - Learning activities
    - Assessment methods
    - Outcome measures
  - Review of status of any citations or concerns from previous accreditation letter or recommendations from internal review
  - Review of program policies and procedures and specialty-specific program requirements

The annual program review meeting should be documented in minutes and a copy sent to the DIO. If deficiencies are identified, a written plan for improvement should be prepared, reviewed by faculty, and approved in meeting minutes.

**OFFSITE ROTATION APPROVAL PROCESS**

University of Tennessee  
Graduate Medical Education Program

The purpose of off-site rotations is to provide training experiences outside University of Tennessee (UT) affiliated hospitals or clinical training sites. In order to avail itself of an off-site rotation opportunity, the requesting program must first receive approval from the Designated Institutional Official (DIO).

The Program Director is ultimately responsible for the ability of his/her program to meet ACGME and RRC requirements within UT facilities whenever possible. In order to request an additional training experience outside of UT facilities, completion of the following procedure is required before an offsite rotation may begin:

- 1) At least three months prior to the start of the requested off-site rotation, the Program Director will submit the following documentation to the Office of Graduate Medical Education:
  - (a) Request for Approval of Off-site Rotation Form
  - (b) Program Director Statement
  - (c) Off-site Affiliation Agreement including Acceptance / Waiver of Compensation
  - (d) Goals and Objectives for the rotation
- 2) Upon receipt of completed Request for Approval of Off-site Rotation Form and accompanying documentation, GME staff will present the request to the DIO for approval.
- 3) GME staff will send notice of approval of request to the Program Director when the DIO gives final approval. Likewise, the GME Office will send notice of denial to the Program Director if the request is denied.

### REQUEST FOR APPROVAL OF OFF-SITE ROTATION

The purpose of off-site rotations is to provide training experiences outside University of Tennessee (UT) affiliated hospitals or clinical training sites. As with all resident rotations, clear goals and objectives must be in place and residents should receive mid-point performance feedback and a final written evaluation.

Reimbursement for off-site rotations can only be obtained for rotations that have a valid Off-site Affiliation Agreement including Acceptance / Waiver of Compensation Form in place. Rotations that occur in non-UT affiliated hospitals are not reimbursable. UT cannot provide medical liability coverage for out-of-state rotations.

Submission of the following documentation to the Office of Graduate Medical Education is required before requests will be presented to the appropriate committees:

- 1) Request for Approval of Off-site Rotation;
- 2) Program Director Statement;
- 3) Affiliation Agreement including Acceptance / Waiver of Compensation Form; and
- 4) Written goals and objectives.

Name of Resident(s): \_\_\_\_\_

Name and address of rotation including names of all sites where resident(s) may have contact with patients (practice sites, hospitals, etc.): \_\_\_\_\_

\_\_\_\_\_

Dates of Rotation: From \_\_\_\_\_ To \_\_\_\_\_

Describe the rationale for offering this rotation: \_\_\_\_\_

\_\_\_\_\_

Description of resident activities: \_\_\_\_\_

\_\_\_\_\_

**The University of Tennessee under the provision of the Tennessee Claims Commission Act cannot provide medical liability coverage for out-of-state rotations. The resident and Program Director are jointly responsible for obtaining coverage.**

The required Affiliation Agreement is attached.

For rotations to non-UT affiliated hospitals,  
is malpractice provided by the host institution? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please return the completed forms at least 90 days prior to the start of the rotation to:*  
Office of Graduate Medical Education; 920 Madison Avenue, C50; Memphis, TN 38163

**University of Tennessee Graduate Medical Education**

**Program Director Statement  
Off-Site Rotation**

As Program Director of the University of Tennessee Residency Training Program  
in the Department of \_\_\_\_\_,  
(UT COM Dept.)

I have reviewed this Off-site Resident Rotation for \_\_\_\_\_  
(Name of UT Resident)  
with \_\_\_\_\_, Program Director in the  
(name of off-site Program Director)  
in the Department of \_\_\_\_\_ at the  
\_\_\_\_\_  
(off-site institution name).

We are in agreement that the goals and objectives of this rotation will provide additional training  
experience outside University of Tennessee (UT) affiliated hospitals or clinical training sites.

As with all resident rotations, clear goals and objectives are in place for this offsite rotation.  
Those goals and objectives have been discussed and reviewed with the off-site director who will provide  
on-site supervision for this rotation.

\_\_\_\_\_  
(SIGNATURE - UT RESIDENCY PROGRAM DIRECTOR)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(TITLE)

## **GME RESIDENT TRAVEL PROCEDURES**

All resident travel requires prior approval of the Program Director and GME Office.

The Program Director or Program Coordinator must request a Travel Authorization for residents by emailing the GME office. In order to submit travel expenses for reimbursement, the resident must complete the Resident Travel Reimbursement Processing Form.

It is the responsibility of the resident to be familiar with all policies prior to traveling. Complete UT travel policies can be found at <http://treasurer.tennessee.edu/travel/default.htm>. Individual programs may have additional travel requirements.

### Resident Travel Reimbursement Processing Form

Name: \_\_\_\_\_ Trip Number: \_\_\_\_\_

Program: \_\_\_\_\_ Pager Number: \_\_\_\_\_

Email: \_\_\_\_\_ Page You or Mail Coordinator Signature Page

This form along with all necessary original receipts must be returned to Lisa Shinall in the GME Office for reimbursement. Once the expense report is prepared, you will be contacted to sign the form and it will be sent to Accounting for processing. Once Accounting approves, the payment will be direct deposited into your bank account on file. **It generally takes 5 to 10 business days for your reimbursement to be direct deposited after you sign the reimbursement form.**

Hotel Reimbursement: \$ \_\_\_\_\_

You must attach a hotel receipt that shows a zero balance. If you stayed at the Conference Hotel you will be reimbursed up to the conference rate plus taxes, but you must attach the brochure that lists the hotel and rate. If you did not stay at the conference hotel you will be reimbursed for up to the federal per diem plus taxes for that city.

Airfare: \$ \_\_\_\_\_

You must attach a copy of your receipt that includes your itinerary, the cost of the ticket with a zero balance, and the designation or code for coach fare.

Rental Car: \$ \_\_\_\_\_

You must attach a paid rental car receipt. The University will not reimburse for insurance or other extra charges. If you rented a car from Memphis you must have a rejection letter from UT Motorpool. You must also attach original gas receipts for reimbursement.

Mileage: # Miles \_\_\_\_\_

If you drove your personal car to a conference you will be reimbursed the current per mile rate.

Taxi or Toll: \$ \_\_\_\_\_

Taxis or tolls that are under \$50 do not require a receipt. Any amount \$50 or over must have a receipt attached. You must state where you went, i.e. airport to hotel.

Food:

You do not need to attach receipts for food. The University pays a per diem based on the city you are traveling to.

Other: \$ \_\_\_\_\_

Attach receipts and an explanation for any other expenses that need to be reimbursed.

Notes:

- Purchasing a hotel/airfare or other combination package from companies like Expedia require the completion of an additional form and will delay your reimbursement by a week or more. UT will not pay for travel insurance or other fees some websites charge.
- Splitting charges with other residents, i.e. two residents paying ½ the hotel bill will significantly delay reimbursement. One resident needs to pay the expense and be reimbursed. The person whose name is on the bill will be the one to be reimbursed.

## **PROGRAM CLOSURE/REDUCTION POLICY**

The University of Tennessee Graduate Medical Education Program recognizes the need and benefits of graduate medical education and sponsors training programs which emphasize personal, clinical and professional development. UT residency programs are conducted in substantial compliance with institutional and program requirements of the Accreditation Council for Graduate Medical Education and its individual Residency Review Committees.

In the event that the University of Tennessee decides to reduce the number of positions in or intends to close a training program, the GMEC, DIO, and the residents currently in training will be notified as soon as possible. If possible, reductions will be made over a period of time to allow all residents to complete training. In the event that an ACGME action or decreased financial or educational resources force the closure of a training program, the University will transfer the residents to another UT program, if possible. If no training position is available within the system, the University will take any and all actions reasonable and appropriate to assist the residents in locating another ACGME accredited program.

## GRADUATE MEDICAL EDUCATION DISASTER POLICY

I. **Purpose:** To define the process and procedure for graduate medical education programs in the event of disruption by emergencies, catastrophic events, or natural disasters.

### II. Policy

If the UT GME Program must reduce the size and/or close a residency program/s due to disruption by emergencies, catastrophic events, or natural disasters the following policy/procedure shall be implemented to address interim recommendations promulgated by ACGME, RRC as well as an interim final rule published by CMS April 12, 2006 relative to Section 1135 of the Social Security Act and 42 CFR 412.105(a)(1)(I), 412.105(f)(vi), 413.75(b) and 413.79(f)(6). These guidelines will provide mechanisms for continuity of our residents' education and well as assisting our participating hospitals to seek guidance relative to Medicare GME funding during this type of disruption.

- a) Once conditions prohibit maintenance of applicable ACGME standards and guidelines for graduate medical education, the Designated Institutional Official shall notify all Department Chiefs, program directors, ACGME, RRC and CMS;
- b) The Department Chiefs and program directors shall maintain operational awareness of the locations of residents and fellows within their programs as well as various points of contact for each individual within their program(s). This shall include email addresses and cell phone numbers (if available) for the trainees as well as provisions for notification of next of kin. The program director/designee shall take an immediate accountability of the location and welfare of all involved in the event of a disaster. The program directors will contact the DIO to confirm the safety of all trainees. The Program Director and/or Designated Site Directors at the participating hospitals will be responsible for determining the operational status of each participating hospital and any necessary relocation of patient care activities as a result of the disaster. The DIO and/or Associate Dean for Graduate Medical Education will maintain contact information and establish communication with program directors until a decision is made regarding the need to relocate trainees, either on a temporary or permanent basis. Once this decision is made, trainees will be notified in a timely fashion.
- c) For program closure or reductions which are anticipated to be short term, the department chief and program director will assist the trainee to locate institutions which can provide temporary transfers so that the individual's training is not interrupted. Information regarding temporary transfers will be provided to the DIO/Associate Dean. For any reduction/closure of any program thought to be long term or permanent, the UT GME Program shall make every effort to assist the trainees in identifying a program in which they can continue their education including training opportunities available in Chattanooga and Knoxville. If more than one program/institution is available for temporary or permanent transfer of a particular resident, the transferee preferences of each resident must be considered by the transferring program/institution. The UT GME Program will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will timely complete the resident year. This shall be accomplished through contacting:

ACGME/RRC Suite 2000, 515 North State Street, Chicago, IL 60610-4322  
312-755-5000 Fax 312-755-7498 [www.acgme.org](http://www.acgme.org)

A list of all approved programs can be found on the ACGME website, which will serve as a resource to identify programs in non-disaster affected areas which may be able to accept temporary or permanent transfers.

- d) Within ten days after the declaration of a disaster, the designated institutional official (DIO) (or designee) will contact the ACGME to discuss due dates that the ACGME will establish for the programs (a) to submit program reconfigurations to ACGME and (b) to inform each program's residents of resident transfer decisions. The due dates for submission are no later than 30 days after the disaster unless other due dates are approved by ACGME.

The DIO will call or email the Institutional Review Committee Executive Director with information and/or requests for information.

Program Directors will call or email the appropriate RRC Executive Director with information and/or requests for information.

Residents will call or email the appropriate RRC Executive Director with information and/or requests for information. On its website, ACGME will provide institutions for changing resident email information in the ACGME Web Accreditation Data System.

- e) Residents/fellows will continue to receive salary and benefits from UT during temporary relocations. For program closures/disruptions that are permanent, residents will continue to receive salary and benefits until the trainee is placed and begins in another institution, or until the end of their contract.

Adherence to the following steps will expedite the process:

- i. Initial identification and verification of personal information will be completed by the Program Directors and coordinators. By July 15th of each year, the program directors will confirm the contact information for each resident/fellow.
- ii. Searching and finding an accepting program for transfer: Using the ACGME resources, responsibility for identifying a program will be shared by the resident, Department Chief, Program Director, and DIO
- iii. Transfer letters will be completed by the Program Directors.
- iv. The receiving hospital will be responsible for requesting resident complement increases from the ACGME.
- v. The Director of GME will work with his/her counterpart at a receiving institution to assure that the process of transferring "capped" positions is implemented and GME funding is transferred.

## RESIDENT EVALUATION

The program director has primary responsibility for monitoring the competence and professionalism of program residents, for recommending promotion and certification, and for recommending remedial or adverse action(s). The associate program director or department resident education committee may assist the program director in these functions. Each residency program's evaluation and promotion, remediation, and discipline policies and procedures must be in writing.

Residents will be evaluated on common program requirements and specialty specific requirements. Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to residents and faculty either in writing or electronically and reviewed by the resident at the start of each rotation. Additionally, all residents are expected to be in compliance with University of Tennessee Health Science Center policies which include but are not limited to the following:

University of Tennessee personnel policies,<sup>1</sup> University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

### Formative Evaluation

Residents will be assessed in a timely manner during and after each rotation/educational assignment. Resident evaluations documenting progressive resident performance appropriate to educational level will be completed by faculty attending at the end of each rotation/educational experience. Each attending is required to review the evaluations with each resident in a timely manner. At least semi-annually the program director will prepare a written summary evaluation of the resident utilizing multiple methods and multiple evaluators to provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Input from a variety of sources may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, patient satisfaction surveys, etc. The program director or faculty designee will meet with the resident to review the written summary evaluation, make recommendations for improvement, and/or reformulate goals and objectives as indicated. The program director and resident are required to sign the formative evaluation summary that will then be maintained in the resident's file. The resident will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.

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<sup>1</sup> Residents in the University of Tennessee Graduate Medical Education Program are subject to the University's Personnel Policies and Procedures and University work rules. Copies of all applicable policies, procedures and work rules are available from each Department Chair; the University's Human Resources Office located at 910 Madison Ave., Suite 722 (448-5600); or each department's business manager. Policies and procedures can also be located at the following websites: <http://www.utmem.edu/policies> as well as the University of Tennessee System website <http://www.tennessee.edu/system/>.

If adequate progress is not being made, the resident should be notified of their status along with the program director's and/or faculty recommendations for improvement. If a resident receives an unsatisfactory evaluation, the program director should immediately initiate remediation action in order to close the learning gap (see GME Policy #610 – Remediation Actions). In the event of a proposed adverse action, the program director must seek written approval from the Executive Associate Dean for Graduate Medical Education. In most situations, the resident should be notified of a pending adverse action at least four (4) months prior to the end of the academic year. If an adverse action is taken, the resident may request a review of the action as outlined in the University of Tennessee Graduate Medical Education Academic Appeals process. (See GME Policy #620 – Disciplinary Actions and GME Policy #630 – Academic Appeal Process.)

### **Summative Evaluation**

At the end of each residency year, the program director will provide a summative evaluation for each resident documenting progression or promotion to the next year. This evaluation should be based on current performance rather than formative assessment and should be discussed with the resident.

The program director will also provide a summative evaluation upon completion of the program. This evaluation will become part of the resident's permanent record maintained in the GME office and will be accessible for review by the resident. The end-of-program summative evaluation will include:

- Documentation of the resident's performance during the final period of education, and
- Verification that the resident has demonstrated sufficient competence to enter practice without direct supervision.

## RESIDENT REAPPOINTMENT AND PROMOTION

Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period. Reappointment and promotion of a resident to the subsequent year of training requires satisfactory cumulative evaluations by faculty that indicate satisfactory progress in scholarship and professional growth. Individual programs must establish criteria for promotion and completion of the program. This includes demonstrated proficiency in:

- Each of the ACGME competencies:
  - Patient Care
  - Medical Knowledge
  - Practice-Based Learning and Improvement
  - Interpersonal and Communication Skills
  - Professionalism
  - Systems-Based Practice;
- Ability to teach others;
- Attendance, punctuality, and availability;
- Adherence to rules and regulations in effect at the University of Tennessee Health Science Center and each health care entity to which assigned;
- Other examples include satisfactory scores on examinations if designated for that purpose by specialty, research participation, etc.

Those residents judged by a program to have completed satisfactorily the requirements for a specific level of training will be promoted to the next higher level of responsibility unless the resident specifically is enrolled in a training track of limited duration, not designed to achieve full certification (e.g. a one-year preliminary position). No resident may remain at the same level of training for more than 24 months, exclusive of leave. A resident whose performance is judged to be satisfactory will advance until the completion of the program requirements.

When a resident will not be promoted to the next level of training, the program will provide the resident with a written notice of intent no later than four months prior to the end of the resident's current contract. If the primary reason for non-promotion occurs within the last four months of the contract period, the program will give as much written notice as circumstances reasonably allow.

If a resident's contract is not going to be renewed, the residency program must notify the resident in writing no later than four months prior to the end of the resident's current contract. If the decision for non-renewal is made during the last four months of the contract period, the residency program must give the resident as much written notice as possible prior to the end of the contract.

See GME Policy #630 - Academic Appeal Process

## REMEDIATION ACTIONS

Remediation actions are designed to identify and correct areas of marginal and/or unsatisfactory performance by a resident in order to close an identified learning gap. These actions include Performance Alert and Review (PAR), Academic Deficiency and Remediation (ADR), repeat rotation, repeat academic year, and denial of certificate of completion. Each of these remediation actions are not forms of discipline; however, all of these actions except the PAR may be subject to the University of Tennessee Graduate Medical Education Academic Appeal process.

### **Performance Alert and Review (PAR)**

<http://www.utmem.edu/GME/policies/PAR.pdf>

The PAR is a tool for program directors to formally notify residents regarding areas of marginal/unsatisfactory performance noted by the faculty and or the program director. The PAR is designed to replace more traditional methods to document marginal performance such as letters of warning and/or counseling sessions. Performance alerts and reviews are not to be used as a substitute for the ongoing assessment and evaluation of residents during training. Instead, they should be used as the first notice to the resident that his or her current performance is marginal or unsatisfactory in any of the six ACGME competencies. To be most effective, a PAR should be initiated as soon as the faculty member identifies an area(s) of concern and the resident informed within 7-10 working days. Any resident who receives an overall marginal or unsatisfactory evaluation for any rotation, semi-annual evaluation, or year of training should have one or more PARs or similar documentation on file documenting the performance concern(s) and strategies for improvement.

### **Academic Deficiency and Remediation (ADR)**

<http://www.utmem.edu/GME/policies/adr.pdf>

ADR is a remediation action used in situations where a resident fails to comply with the academic requirements established by the residency training program, University of Tennessee Graduate Medical Education, and/or participating institutions. Placement on ADR serves as an official notice to the resident of unsatisfactory performance. Typically the deficiencies are associated with one or more of the six ACGME competencies. However, this may also include disruptive physician behaviors not specifically addressed in the ACGME competencies.

Each residency program should establish written criteria and thresholds for placing residents on ADR. Examples include but are not limited to the following: poor academic performance as documented by unsatisfactory faculty evaluations; intramural examinations and /or written in-service examinations; failure to attend scheduled monthly departmental activities; clinical performance or surgical skills which are below those expected for the level of training as documented by written evaluations by the faculty; unprofessional or inappropriate actions; disruptive behavior; failure to complete medical records in a timely manner; and failure to maintain procedure or surgical logs in a timely manner. Residency programs requiring their residents to achieve a minimum score on an annual written in-service examination must publish this requirement at the beginning of each academic year.

The program director is required to provide the resident with a letter notifying him or her of ADR status and the area(s) of unsatisfactory performance, measures to improve performance, and time frame for completion.

**Repeat Academic Year**

Repeating an academic year is a remediation action that may be used in limited situations such as: overall unsatisfactory performance during the entire academic year, overall unsatisfactory performance for at least 50% of rotations during the academic year, or failure to pass an annual written in-service examination. Each residency program is responsible for establishing specific written criteria for repeating an academic year. The resident will be notified of his/her requirement to repeat the academic year at least four (4) months prior to the end of the academic year. If the primary reason(s) for non-promotion occurs within the last four (4) months of the contract year, the program will provide the resident with as much written notice of non-promotion as circumstances reasonably allow. Residents receiving notice of non-promotion to the next level of training may implement the GME Academic Appeal process.

**Denial of Certificate of Completion**

A resident may be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of residency training. This may include the entire year or overall unsatisfactory performance for at least 50% of rotations during final academic year. Additionally, some programs may deny a certificate of completion to a resident who fails to pass the annual written in-service examination during the final year of training. Each residency program is responsible for establishing specific written criteria for denial of certificate of completion.

Residents denied a certificate of completion must be notified in writing of unsatisfactory performance by the program director at least four (4) months prior to scheduled completion of program. In most situations, the resident should be notified of this pending action as soon as possible.

In certain situations, a resident denied a certificate of completion may be offered the option of repeating the academic year but only at the discretion of the program director.

## DISCIPLINARY ACTIONS

Disciplinary actions are typically utilized for serious acts requiring immediate actions. These actions include suspension, probation, and dismissal. The residency program, University of Tennessee Graduate Medical Education, or the University of Tennessee Health Science Center are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the University of Tennessee Graduate Medical Education Academic Appeal process. All disciplinary actions will become a permanent part of the resident training record.

### **Suspension**

A resident may be suspended from all program activities and duties by his or her program director, department chair, the Associate Dean for Graduate Medical Education, or the Dean of the College of Medicine. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with the University of Tennessee policies, procedures, and Code of Conduct, federal health care program requirements, UT Medical Group Corporate Compliance Agreement, or conduct threatening to the well-being of patients, other residents, faculty, staff, or the resident.

A decision involving program suspension of a resident must be reviewed within three (3) working days by the department chair (or designee) to determine if the resident may return to some or all program activities and duties and/or whether further action is warranted (including, but not limited to counseling, fitness for duty evaluation, referral to the AIRS program (see GME Policy #260 – Aid for Impaired Residents Program), probation, non-renewal of contract, or dismissal). Suspension may be with or without pay at the discretion of institutional officials.

### **Probation**

Probation is a disciplinary action that constitutes notification to the resident that dismissal from the program can occur at any time during or at the conclusion of probationary period. In most cases, remedial actions including but not limited to Academic Deficiency and Remediation –ADR– (see GME Policy #610) are utilized prior to placement on probation; however, a resident may be placed on probation without prior remediation actions based upon individual program policies.

Probation is typically the final step before dismissal occurs. However, dismissal prior to the conclusion of a probationary period will occur if there is further deterioration in performance or additional deficiencies are identified. Additionally, dismissal prior to the end of the probationary period may occur if grounds for suspension or dismissal exist.

Each residency program is responsible for establishing written criteria and thresholds for placing residents on probation. Examples include, but are not limited to, the following: failure to complete the requirements of ADR, not performing at an adequate level of competence, unprofessional or unethical behavior, misconduct, disruptive behavior, or failure to fulfill the responsibilities of the program in which he/she is enrolled.

### **Dismissal**

Residents may be dismissed for a variety of serious acts. The resident does not need to be on suspension or probation for this action to be taken. These acts include but are not limited to the following: serious acts of incompetence, impairment, unprofessional behavior, falsifying information or lying, or noncompliance.

Immediate dismissal will occur if the resident is listed as an excluded individual by any of the following:

- Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities", or
- General services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"; or
- Convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a).

## ACADEMIC APPEAL PROCESS

### **Review Process for Disciplinary Actions**

The University of Tennessee College of Medicine assures the resident the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development. The Academic Appeal process is intended to provide a formal, structured review of the disciplinary action and its cause(s). All appeals must be processed according to the following policies and procedures.

The resident has the right to obtain legal counsel at any level of the Academic Appeal process, but attorneys are not allowed at academic grievance hearings or at reviews. However, the University of Tennessee College of Medicine cannot compel participation in the Academic Appeal process by peers, medical staff, patients, or other witnesses, even if such is requested by a resident seeking review. Residents who have been dismissed will receive no remuneration during the review.

### **Departmental Review**

Residents may initiate review of a disciplinary or adverse academic action(s) by submitting a written request for review to the department chair within ten (10) business days. The following Academic Appeal procedures shall apply:

1. A written request for review must be submitted to the department chair within ten (10) business days.  
  
Or the resident may waive this department-level review and begin the review process at the Executive Associate Dean's level (see GME Review and Waiver of Departmental Review Statement). The signed Waiver of Departmental Review Statement along with a written request for review must be submitted to the Executive Associate Dean for Graduate Medical Education within ten (10) business days of notice of dismissal or adverse academic action.
2. The initial review request must include: (a) all information, documents and materials the resident wants considered, and (b) the reason the resident believes the disciplinary or adverse academic action is not warranted. The resident may submit the names of fact witnesses whom the chair has discretion to interview as a part of the review process.
3. The department chair may appoint a designee or designate an advisory committee to review the decision. The committee's recommendation to the chair shall be non-binding.
4. On reaching a decision, the department will notify the resident and DIO in writing. If the decision is adverse to the resident, the notice shall also advise the resident of the right to review on the record.

**GME Review**

5. If the resident desires further review, a written request must be submitted to the Executive Associate Dean for Graduate Medical Education within ten (10) business days of notice of the departmental decision. The written request for review by the Executive Associate Dean for GME must be sent to Eugene C. Mangiante, M.D., 920 Madison Ave., Suite C50; Memphis, TN 38163. The request must include:

- (a) any information the resident wants considered, and
- (b) any reason the resident feels the academic or disciplinary action is not warranted.

The resident may submit the names of fact witnesses whom the Executive Associate Dean has discretion to interview as a part of the review process.

6. At the discretion of the Executive Associate Dean, a hearing may be allowed if requested by the resident. The Executive Associate Dean shall determine whether a hearing or review on the record is appropriate. Review on the record may include a face-to-face meeting with the resident and interviews with witnesses by the Executive Associate Dean.
7. Upon reaching a decision, the Executive Associate Dean for GME will notify the resident and DIO in writing and advise the resident of the right to further review at the next level of institutional review.

**Institutional Review**

8. The resident may obtain additional review on the record by the Dean of the College of Medicine by submitting a written request within ten (10) business days after being advised of the outcome of the GME level of review. The request should be sent to Steve J. Schwab, M.D.; Dean, College of Medicine-Memphis; 4<sup>th</sup> Floor Hyman Administration Building; Memphis, TN, 38163.

The resident and DIO will receive written notification of the final review decision.

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**WAIVER OF DEPARTMENTAL REVIEW STATEMENT**

I, \_\_\_\_\_, M.D., hereby waive the first level of review (department-level review) of the disciplinary or adverse academic action(s) taken by my residency program or other University of Tennessee Health Science Center officials.

I elect to waive department-level academic review and commence the process with review by the office of the Executive Associate Dean for Graduate Medical Education.

Resident Signature \_\_\_\_\_ (date) \_\_\_\_\_

Print Name \_\_\_\_\_

Residency Program \_\_\_\_\_ PGY Year \_\_\_\_\_

**University of Tennessee Graduate Medical Education Program  
and Hospital and Clinical Affiliate  
Procedures for Handling Resident Discipline/Policy Violations**

All residents and fellows in the University of Tennessee Graduate Medical Education Program are student employees of the University of Tennessee. As such, they are responsible for following all University policies, including the University's Code of Conduct and work rules, ACGME guidelines for residency training and federal and state laws or rules and regulations pertaining to the practice of medicine. Residents are also required to comply with the bylaws, policies, rules or regulations of our affiliated hospitals and clinics. Resident conduct which violates professional and/or ethical standards, disrupts the operation of the University or affiliated hospitals or disregards the rights, welfare or safety of patients, visitors or hospital/clinical staff will not be tolerated.

**University and GME Responsibilities**

As the responsible institution for all ACGME accredited programs, the University of Tennessee College of Medicine is responsible for administrative oversight for all training programs. It is the responsibility of each program director to be aware of resident behavior and conduct at all times. If the program director **observes or is informed** of physical, mental or emotional inability on the part of the resident as it affects his/her performance or policy and rule violations, the program director must take steps to verify the complaint and act. **Disciplinary actions or interventions for impairment (substance abuse or psychological), policy or work rule violations or academic deficiencies are the responsibility of the University and will be handled according to GME and University Policies and Guidelines.** The GME policy on disciplinary actions is found on the GME website at <http://www.utmem.edu/gme> (see GME Policy #620).

**Hospital and Clinical Affiliate Responsibilities**

Hospital teaching affiliates must report aberrant physical or mental behavior or policy violations to the University. Hospitals and/or clinical entities should first notify the resident's program director or immediate attending physician and the Graduate Medical Education Office. Hospitals and other clinical teaching facilities may request that a resident be removed or suspended from training activities at their facilities if they have violated hospital policies or present a threat to patient safety. In the event that immediate action must be taken, a resident should be safely escorted from hospital property and the University notified immediately. A listing of contact information for on-call GME administrators will be provided to each teaching facility if immediate actions are required and the program director is not available.

**Policy and Procedure References and Contact Information**

The following listing provides summary information on University policies and guidelines pertaining to resident professional behavior and clinical performance:

- **Aid for Impaired Residents Program (AIRS)**

The GME Program has established a joint program with the TMF Physicians Health Foundation for dealing with resident impairment due to substance abuse or psychological issues. Entry into the AIRS program is a formal process and requires that the resident follow a TMF prescribed rehabilitation program. The resident's training position will be protected until the resident is ready to return to work. If a resident has been enrolled in the AIRS Program, a formal written document will be provided to the designated administrator at each teaching facility that the resident has been approved by TMF to resume training. Every effort should be made to maintain the confidentiality of the individual. (See GME Policy #260.)

- **Drug Testing for Cause**

The University of Tennessee's policy on drug and alcohol use allows the University to require that an employee be drug tested if reasonable suspicion exists. Drug testing will be handled by the TMF Physicians Health Foundation.

In the event that a hospital affiliate observes behavior that suggests substance abuse, they should immediately notify the program director or other responsible faculty member who will relieve the resident of assigned clinical responsibilities and notify the Graduate Medical Education Office. If the program director is not available, the hospital should notify the GME office directly. The Graduate Medical Education Office will work with the program leadership and TMF to determine if a problem exists and the appropriate rehabilitation needed. The GME office will be responsible for notifying the appropriate hospital representative when the resident is to be returned to clinical duties.

- **HIPAA Violations**

Residents are required to complete online HIPAA training and are responsible for compliance with all HIPAA laws pertaining to patient confidentiality laws. Violations should be reported to the Graduate Medical Education office.

- **Malpractice Allegations**

Residents have immunity under the Tennessee Claims Commission Act of 1985 for actions falling under the scope of their job responsibilities as residents. Their defense will be handled by University of Tennessee attorneys. They do not have immunity for moonlighting activities or other clinical responsibilities for which they receive payment directly from a hospital. Residents are instructed by University counsel not to discuss incidents or potential litigation with hospital representatives (attorneys or risk management personnel) until they have made contact with the UT Office of General Counsel. Hospital representatives should report alleged malpractice or other legal concerns directly to the UT Office of General Counsel at 901-448-5615.

- **Sexual Harassment**

The University of Tennessee is committed to fostering an environment that prevents sexual harassment of students and employees. The University's policy follows the Equal Employment Opportunity Commission guidelines. Any allegations of sexual harassment regarding a resident (the resident is harassing another individual or is being harassed) must be reported to the Office of Equity and Diversity at 901-448-2112 who will investigate the allegation. It is the responsibility of any University faculty member or employee to notify Equity and Diversity if a resident or student confides in them instances of sexual harassment. Hospital representatives should notify the Office of Graduate Medical Education if an instance of sexual harassment is reported or observed in their facility. (See GME Policy #330 – Harassment.)

- **Violations of Hospital Bi-laws, Policies and Procedures**

Residents are responsible for following administrative, patient care and safety policies. If a violation occurs, the resident's attending physician or program director should be notified.

**University of Tennessee Graduate Medical Education Program****DRUG AND ALCOHOL USE POLICY**

Residents, as employees of the University of Tennessee, are subject to all University work rules and policies including the Drug Free Workplace Policy (Policy HR0720.) Please note that the policy allows drug screening “where there is reasonable suspicion of drug or alcohol use.” Some situations that might require drug testing include:

- Unusual behavior such as slurred speech or unusual energy levels for which an explanation is not apparent.
- Drastic changes in performance or behavior.
- Unusual drug administration procedures or documentation, including those as noted by a review from the pharmacy staff of any of our teaching hospitals.
- Reports by faculty, peers or other co-workers of unauthorized drug and/or alcohol use or being under the influence on the job.
- Any behavior that poses a threat to patients or co-workers.

If a determination is made that drug testing is necessary, the program director or other responsible faculty member will immediately relieve the resident of assigned clinical responsibilities and notify the Graduate Medical Education Office. If required, the program director or attending should arrange safe transportation for the resident. The GME Office will make arrangements through the Physicians Health Program of the Tennessee Medical Foundation to arrange testing. Based upon test results, the TMF will work with the University to develop an appropriate treatment or intervention program for the resident. Every effort will be made to maintain the confidentiality of the individual’s test results and status.

Refusal to be escorted from the hospital or to be tested may result in disciplinary action up to and including termination.

**The University of Tennessee College of Medicine  
Graduate Medical Education Industry and Promotional Activities**

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**Definition of terms**

Commercial interest: Shall include pharmaceutical, biomedical devices, equipment, and other health-related entities

Continuing Medical Education (CME): A conference or meeting held at an appropriate location, where the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse and the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support and resolution of conflicts of interest should be made.

Detailing: Marketing that involves individual pharmaceutical or device sales representatives (detailers) meeting with doctors to promote specific medications or products

Faculty: All physicians and others with academic appointments, whether voluntary or salaried, engaged in teaching physicians in training

In-service education program: Informational presentation or discussion by industry representatives and others speaking on behalf of a company to provide scientific and educational information

Meals: Occasional meals (but no entertainment/recreational events) offered in a venue and manner conducive to informational communication providing scientific or educational value

Representatives (*i.e.*, “commercial interest representative”): Vendors, sales, and marketing professionals

**A. Principles**

The primary mission of the UT College of Medicine Graduate Medical Education clinical training programs is to prepare trainees to render patient-focused, competent, evidence-based, and responsible clinical care. One component of this training is the acquisition of basic and advanced knowledge of commercial products. A second component is to critically evaluate sources of medical information from both academic and commercial sources, and to determine their relative worth, recognizing that academic sources should be emphasized.

Physician conflicts of interest generated by commercial interest marketing activities should be resolved consistent with obligations to patient care and medical education.

Attending faculty and house staff are committed to intellectual rigor, objectivity and the practice of evidence-based medicine in the transmission of medical information.

Detailing should not inappropriately bias physician practice.

## **B. Guidelines**

### **1. Faculty**

- a) Faculty should model behavior consistent with ethical guidelines developed by responsible professional organizations (American Medical Association, Accreditation Council for Continuing Medical Education) regarding relationships between physicians and commercial entities.
- b) Regardless of venue or sponsorship, faculty must present only objective, balanced materials consistent with established norms of the ACCME and AMA.
- c) Faculty may not receive honoraria for activities involving medical education of trainees and house staff given on campus.
- d) Faculty may serve as consultants to commercial entities for clearly defined professional services.
- e) Faculty must disclose relevant financial or other relationships between faculty and commercial interests that might constitute conflict of interest when involved in commercially supported programs.

### **2. Residents**

- a) Residents may not organize or promote, either on campus or off campus, non-CME approved, commercially-driven educational activities without program director/chair approval.
- b) Residents may not attend detailing meals off campus or at ambulatory sites during work hours unless a faculty physician is present during the program.
- c) Residents may not engage in any detailing activities (including computer-based detailing), either on campus or off campus, for which they receive gifts or payments.
- d) Residents may not receive honoraria for participation in lectures or detailing programs including those described as peer groups, advisory boards, dinner lectures, etc.
- e) Residents may accept gifts directly related to professional activities. They may not receive cash or cash-equivalence gifts, or any gift with a monetary value greater than \$25 without approval of program director/chair (see item 7 below).
- f) Residents may attend social events associated with educational activities only if:
  - 1. The dollar amount spent on the attendee is modest.
  - 2. The educational portion of the conference accounts for a substantial majority of the total time accounted for by the educational activities and social events together.
  - 3. A faculty member is present.

### **3. Commercial Interest Representatives in the Hospital Setting**

Each of our participating hospitals has an individual policy related to vendor relationships/interactions. It will be the responsibility of faculty and residents to be familiar with individual hospital policies. Copies of these policies are available on the GME website.

#### **4. Commercial Support of CME Approved Educational Activities**

All educational activities approved for AMA Category 1 credit shall adhere to Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support. Such standards ensure independence; resolution of personal conflicts of interest; appropriate use of commercial support; appropriate management of associated commercial promotion, content and format without commercial bias; and disclosures relevant to potential commercial bias.

#### **5. Presentations by Commercial Interest Representatives in Outpatient Settings**

Presentations by commercial interest representatives may have specific value in terms of assisting faculty in educating trainees in analysis of promotional material and in recognizing marketing techniques. Presentations by representatives and attended by trainees in outpatient settings must conform to the following:

- a) All on-campus presentations by commercial interest representatives must be organized and directed by the department chair or designee.
- b) Attendees must include at least one faculty physician.
- c) Representatives must make promotional materials to be used during a meeting available to the faculty preceptor prior to the meeting in a time frame acceptable to the preceptor.
- d) A faculty member should be prepared to discuss the promoted material in an objective and evidence-based fashion or assign this responsibility to a trainee. This preparation may include critical review of the promotional material and presentation of additional or refuting studies referencing the promoted information with consensus panel statements, position papers, etc. (See attached guidelines.)
- e) The representative may remain for the discussion portion of the meeting at the discretion of the faculty physician in attendance.

#### **6. Educational Programs on Marketing and Promotion**

- a) The System-Based Lecture series of the UT GME program will include education about commercial/industry sales and promotions.
  1. An overview of the commercial interest industry: financials, participation in research and CME, lobbying size compared with other industries, marketing techniques and evaluation of promotional literature
  2. Techniques utilized to influence physician prescribing: review of research studies analyzing the results of vendor/sales/MD interactions
  3. Recognition of clinically relevant and irrelevant drug information, value of commercial industry presentations compared with other sources of information, and identification of omitted information.
  4. Ethical issues/conflicts of interest raised by interactions with industry.

## 7. Gifts

- a) Consistent with the AMA's Code of Medical Ethics "Gifts to Physicians from Industry," gifts from commercial interest companies must be limited to gifts with patient benefit, educational value, and be of insubstantial monetary value. Gifts of minimal value related to a faculty member's work are also permitted (*e.g.*, pens, notepads). Trainees may not accept gifts unrelated to professional activities.
- b) A grant or substantial gift (*i.e.*, greater than \$25) may be made only as an unrestricted grant through the College of Medicine, the department or individual program. All Letters of Agreement and/or contracts must be executed through the Office of Grants and Contracts (3 party agreements) of the Office of Research Administration. Chairs and program directors may not sign these agreements.
- c) Residents or faculty should not:
  - 1. Solicit or receive personal gifts from commercial interest companies.
  - 2. Allow representatives to conduct contests, drawings, raffles, or other activities that lead to personal gifts.
  - 3. Residents or faculty may receive competitive awards and scholarships funded by pharmaceutical companies if all control of recipient selection rests with an independent professional organization.
- d) Residents or faculty may receive competitive awards and scholarships funded by pharmaceutical companies if all control of recipient selection rests with an independent professional organization.

## 8. Product Samples

Acceptance of sample medications and other products is an example of a promotional activity and therefore should be limited among the hospital's clinical departments and faculty practices. Sample products may be helpful to patients who have financial difficulty in obtaining needed medications. However, prescribing and distributing branded medications solely because of gratis availability is inappropriate.

- a) It may be acceptable to distribute a specific branded medication sample to treat a condition provided 1) the quality of care to the patient is no way compromised by selection of medication (*e.g.*, efficacy, risk profile, compliance, or cost) and 2) no acceptable generic alternatives exist.
- b) Physicians should not accept from pharmaceutical detailers conditions of face-to-face interaction in order to procure product samples.
- c) The physician (or designee) responsible for a clinical department or faculty practice determines the specific medication or product samples to be accepted for distribution.
- d) Consistent with AMA guidelines, faculty and residents may accept gratis medications for personal or family use for a trial to assess tolerance or efficacy, or for treatment of acute conditions requiring short courses of therapy. Neither faculty nor residents may accept gratis pharmaceutical medications or products for long term treatment of chronic conditions.

- f) Faculty or residents should not receive medication or other product samples (e.g., infant formula), of monetary value greater than \$50/month/product for personal use.

## GUIDELINES FOR EVALUATING PHARMACEUTICAL SALES AND PROMOTIONAL ACTIVITIES

### WITH RESIDENTS: AN OUTLINE FOR FACULTY PRECEPTORS

#### A. Promotional material must be provided well in advance of the meeting with the pharmaceutical representative to ensure an informed and critical review:

1. Assign residents to perform a literature search for additional studies related to the claims made in the promotional materials.
2. For studies provided by pharmaceutical representatives, note the peer review standard/repute of the journal in which the studies are published.
3. Note the source of funding of the study.
4. Note whether results include intermediate outcomes and whether graphs contain “numeric distortion”.
5. Also note any extemporaneous claims made by the representative during his/her presentation regarding absolute and relative efficacy, safety, tolerability and ask for data to support these claims.

#### B. During and after the presentation, identify commonly used sales techniques:

1. **Attention:** Get the attention of the prospect (physician) through some advertising or prospecting method. (LUNCH, pens, etc.)
2. **Interest:** Build the prospect’s interest by using various appeals and arguments.
  - APPEAL TO POPULARITY – both personal popularity or ‘friendship’, and external popularity-- “all the GI docs at St. Elsewhere use it”.
  - APPEAL TO AUTHORITY – “The Chief of Cardio at St. Elsewhere has had great success with this drug”.
  - APPEAL TO EMOTION – Gratitude, obligation, friendship, etc.
  - THE NON SEQUITUR – fallacy of irrelevant conclusions, or fallacy of ignoring the issue – “ACE inhibitors improve survival in CHF... our ACE inhibitor [*not FDA approved for CHF*] is more effective in controlling blood pressure than X’s drug”.
3. **Desire:** Build the prospect’s desire for the product by describing its features and letting them sample it (free samples).
4. **Conviction:** Increase the prospect’s desire for the product by statistically proving the worth of the product. (See comments above regarding literature/studies). Use testimonials from happy customers.
5. **Action:** Encourage the prospect to act. This is the *closing*- asking for the prospect’s commitment to try or prescribe it

Link to Regional Medical Center Policy: <http://www.utmeme.edu/GME/policies/medvndor2007.pdf>

Link to Methodist LeBonheur Policy: <http://www.utmeme.edu/GME/policies/methlebvndor2007.pdf>

Link to Methodist LeBonheur FAQ: <http://www.utmeme.edu/GME/policies/methlebvndorfaq.pdf>

Link to VA Policy: <http://www.utmeme.edu/GME/policies/vavndor2007.pdf>

Link to Baptist Policy: <http://www.utmeme.edu/GME/policies/baptistvndor2007.pdf>