

***University of Tennessee
Department of Surgery***

***Policy Manual
For
General Surgical
Residency Program***

This policy manual was written to address issues within the Department of Surgery with regard to Education of the General Surgery Resident. It was developed by the Surgical Education Committee (SEC) for Surgery in an attempt to address program and institutional issues that impact the education of surgical residents. Unique issues that are not covered within will be addressed by the program director immediately and on a permanent basis in conjunction with the Chairman of the Department, the SEC and the Residency Review Committee (RRC). This document is updated and distributed to all faculty and residents of the Department of Surgery on an annual basis. This document is also located on the Surgery Web page under policies

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Organizational Chart

Chairman
Timothy C. Fabian, M.D

Program Director
F. Elizabeth Pritchard, M.D.

Associate Program Directors
Kenneth Sellers, M.D.

Departmental Support
Teresa Landrum
Ramona Pipkin

Surgery Site Directors

Division Chiefs

Regional Medical Center (IN1)
Elizabeth Pritchard, M.D.

Pediatric Surgery
Max Langham, M.D.

Veterans Administration (IN2)
Darryl Weiman, M.D.

Thoracic Surgery
Darryl Weiman, M.D.

Baptist Memorial (IN3)
Stephen Behrman, M.D.

Transplant Surgery
James Eason, M.D.

Methodist Hospital (IN4)
Raza Dilawari, M.D.

Vascular Surgery
H. Edward Garrett, Jr., M.D.

St. Francis Hospital (IN5)
Scott King, M.D.

Trauma / Critical Care
Martin Croce, M.D.

LeBonheur Hospital (IN6)
Max Langham, M.D.

Surgical Oncology
Dr. Matthew Ninan

Colorectal Surgery
Dr. John Cromwell

2. Surgical Education Committee (SEC)

This Committee is charged with the development of departmental policies that impact the education of the General Surgery Residents. In addition, the SEC evaluates resident performance and recommends to the program director actions, such as, advancements, performance appraisals and adverse actions including dismissal of residents. The committee meets at a minimum two times a year for evaluation of residents, once a year to select future residents (February) and at the call of the program director. The policies on supervision, the educational statement and educational goals for each rotation and this manual are developed and updated by the SEC. The makeup of the Committee includes all of the full time faculty as well as part-time faculty who play a major role in the evaluation of residents.

3. Educational Statement

The purpose of the General Surgery Residency is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident's personal and professional development while ensuring safe and appropriate patient care. The program's mission is to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a board certified specialist. The educational components are therefore of the highest priority. These components are as follows:

- The program will provide residents the opportunity to learn in depth the fundamentals of basic science as applied to clinical surgery. These include, but are not limited to, topics listed in PR.I.A.1.
- The program will provide an experience in preoperative, operative, and postoperative care for patients in all areas that constitute the principal components of general surgery (head and neck, breast, skin/soft tissue, alimentary, abdomen, vascular, endocrine, trauma and surgical critical care). Experience in additional components (cardiothoracic, pediatric, plastic, burn, transplant, urology, gynecology, orthopedics, neurosurgery, anesthesia and endoscopy) is also offered.
- The program will be at least five years with at least 36 months in the principal components. The entire chief year is committed to principal components all at integrated institutions. The program will encourage research and provide teaching in critical thinking, evaluation of data, technical skills and care of patients who do not require surgical intervention.
- The resident will have the opportunity to maintain continuity of care for their patients. Residents and staff will also be given educational goals and objectives for each rotation upon which evaluations will be predicated. Rotation evaluations are to be signed and a summation report provided to the resident twice yearly. Supervisory lines of responsibility, fair grievance policies, and mental and emotional support will be provided.
- The program will provide a sufficient number of operative cases as determined by the RRC for achievement of adequate operative skill and surgical judgment as well as educational conferences (PR.V.D).
Maintain working environment that is optimal for resident education and patient care to avoid

undue stress and fatigue. This environment must be safe with adequate sleep, food and lounge facilities. Residents are provided time and sufficient facilities for study and assured of rotational experiences that are equivalent.

4. Curriculum

A. Individual Rotation Goals and Objectives

The following objectives were developed and approved by the SEC, appropriate site directors and division chiefs and implemented by the program director. These objectives are used for the evaluation of residents and are distributed to residents and faculty. These are also to be found on the surgery web page. Goals and objectives are sent to residents via email/New Innovations the day before a new rotation begins.

B. Conferences:

Mandatory Conferences

75% attendance is the minimally acceptable level

1. Basic Science Conference held each Wednesday at 8:30 a.m. in the South Auditorium of the Coleman Building.
2. Surgery Grand Rounds held each Wednesday at 9:30 a.m. in the North Auditorium of the Coleman Building.
3. Mortality and Morbidity Conference held at 10:30 a.m. each Wednesday in the North Auditorium of the Coleman Building.

Additional conferences (attendance by all housestaff encouraged)

1. Vascular (held at 7:00 AM Tuesdays in the VA Hospital Conference Room CW345 or Baptist Hospital)
2. Trauma (held at 7:30 AM Thursdays in the Radiology Conference Room, 1st Floor Chandler Building)
3. UT/Methodist Tumor Conference held at 12:00 noon each Wednesday in the Methodist Staff Auditorium. Simulcast in Room A140 of the Coleman Building.

C. Minimally Invasive Curriculum

1. MERI – One day sessions for PGY 2, 3, 4
cadaver lab
2. Simulation lab – Sessions for PGY 1, 2, and 3
trainer boxes

5. ABSITE

All residents will take the annual American Board of Surgery In Training Exam (ABSITE) each year. This examination is most helpful in the resident's and the faculty's assessment of clinical and basic science fund of information. Although performance on this exam is not the sole determinant

in promotion and progression in the residency, it is a helpful tool in assuring that the resident will be able to pass the ABS Qualifying exam. If poor performance on this exam is thought to be based upon learning disabilities, the program director may refer the resident to the learning resource center for evaluation.

6. Resident Appointments and Evaluations

Appointment to the surgical residency program is made on a year-to-year basis and is dependent upon satisfactory performance by the resident as well as needs of the Department. There is an implied responsibility by the Department of Surgery, as well as the resident surgeon, to renew this appointment on a yearly basis as long as work is satisfactory, the position is desired by the resident, and the needs of the hospital and department are met. However, it must be emphasized that not everyone learns at a consistent rate and that additional training may be necessary.

In addition, there is an evaluation carried out every rotation on each resident surgeon. Residents are required to review this material and discuss it with his/her advisor/program director. All evaluations and ABSITE are reviewed by the Education Committee which meets twice a year. Written evaluations are sent to the resident and discussed by the program director or advisor. Promotion is based upon the completion of goals, objectives and overall evaluations.

7. Methodology of Evaluation

Residents are evaluated in each of the six ACGME core competencies. Multiple methods are used to assess competence in each area as follows:

I. Patient Care

- A. Skills lab testing
- B. Daily Service Rounds
- C. Attending Rounds
- D. Written evaluations
 - 1. by Faculty (including mid-rotation feedback sessions)
 - 2. by Nursing Staff (360° evaluation)
- E. Operating room technique evaluation by Faculty

II. Medical Knowledge

- A. ABSITE
- B. Annual Mock Oral Examinations
- C. Attending Rounds
- D. Journal Club
- E. Written evaluation by faculty

III. Practice-Based Learning

- A. M&M Preparation and presentation
- B. Attending Rounds
- C. Skills Lab
- D. ACS Website hits
- E. Fundamentals of Surgery Curriculum
- F. Conference Attendance

IV. Professionalism

- A. Faculty critique of M&M
- B. Attending Rounds presentations
- C. Ethics Course attendance & evaluation
- D. Adherence to policies & procedures of the department of surgery and affiliated hospitals
- E. Written evaluations
 - 1. by Faculty (including mid-rotation feedback sessions)
 - 2. by Medical Students
 - 3. by Nursing Staff

V. Interpersonal Relationships & Communication

- A. Written evaluations
 - 1. by Faculty
 - 2. by Nursing Staff
 - 3. by Medical Students
- B. Comments from faculty and residents of other services

VI. Systems-based Practice

- A. Committee attendance
- B. Faculty evaluation of M&M presentations
- C. Medical record completion

8. Supervision Policy

The Department of Surgery follows the University of Tennessee Resident Supervision Policy which is available on the UT website/GME. The attending physician is responsible for the overall care of each individual patient admitted to the surgical service and for the supervision of the resident(s) assigned to the patient. **There is a clear chain of command centered around graded authority and clinical responsibility.**

Admissions

The attending surgeon must be notified of each admission. Each patient is admitted to an attending.

Surgery

The senior resident must immediately notify and receive concurrence for any patient going to the operating room. Supervision of residents will always meet or exceed hospital policy. Attendings will document their participation in the supervision process. Attending must always be available for consultation and support. Site directors of all integrated and affiliated hospitals in the program must assure the program director that these policies are being followed.

The attending surgeon is expected to:

1. Confirm (or change) the diagnosis.
2. Approve the operative procedure and procedure timing.
3. Be available or physically present (as dictated by his/her judgment) during the operative procedure and assure that it is properly carried out.
4. Supervise the postoperative care.
5. Assure continuing care after the patient leaves the hospital.

General Policy: summarized from the GME Website

The program director of the resident and the chairman of the department to whom the resident is assigned is responsible for supervision of the resident. Responsibility for the specific supervision may be assigned to a staff member supervising the resident on various academic rotations. Residents are members of the medical staff as defined in the hospital by-laws. They may provide assistance in the care of patients of physicians on the service to which they are assigned.

All patients receiving care at this institution are assigned to a member of the active staff. The staff member responsible for the care of the patient will provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment demonstrated by the residents being supervised.

As part of the training program, residents should be given progressive responsibility for the care of patients and to act in a teaching capacity and provide supervision to less experienced residents and students. It is the decision of the staff member, with advice from the program director, as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient. Documentation of supervision will be by progress note or signature by the attending physician or reflected within the resident's progress notes at a frequency appropriate to the patient's condition.

Inpatient Areas: In general, patients admitted by residents to the hospital who are in stable condition will receive General supervision. The resident should notify the attending physician at the discretion of that attending (e.g. for every patient admitted or for selected patients). The attending physician will be expected to see the patient and/or review the management plan within 24 hours.

Outpatient Clinic: Residents seeing patients in an outpatient clinic will receive Direct supervision. Management plans for new patients or revision of management plans will be reviewed before the patients have left the clinic.

Emergency Room: Residents assigned to the emergency room service will receive Direct or Personal supervision depending on the severity of the problem and experience of the resident. Residents providing consultation or care to patients followed by their respective services receive General supervision by the staff of their service. Dispositions of these patients may be discussed by phone with the appropriate staff member and/or reviewed on return to an outpatient facility. If the patient is admitted, the treatment plan will be reviewed by the attending faculty the next day.

Operating Room or Special Procedure Facility: Residents performing diagnostic procedures that require a high level of expertise in performance or interpretation will receive General, Direct, or Personal supervision by a faculty member depending on the experience and proficiency previously demonstrated by the resident.

Emergency Care: In an emergency, defined as a situation where immediate care is necessary to preserve life or prevent serious impairment of health, residents are permitted to perform everything possible to save a patient from serious harm pending arrival of more qualified staff. The appropriate staff practitioner will be notified as soon as possible.

9. Dress, Grooming, and Conduct

It is emphasized that all individuals on the surgical service are expected to look and act as a responsible physician. It is important that professional appearance and manner be exercised in all environments and even though the work and conditions may be very stressful. This includes changing into clean scrubs immediately after a dirty/bloody case -- ensuring that no body fluids are on your clothes/shoes when out of the operating room.

It is NEVER acceptable to swear or use foul language to a patient or a patient's family – no matter what is said to you. It is NEVER acceptable to strike a patient.

10. Medical Records

Health care providers must maintain adequate medical records to:

1. Afford continuity of patient care.
2. Document that quality care has been rendered.
3. Justify payment for services rendered.
4. Serve as a defense against malpractice claims.
5. Function as a basis for submitting required reports to appropriate governmental agencies.

All operative reports are to be dictated within 24 hours of the time of operation. Discharge summaries are to be completed the day of discharge. Discharges are to be approved by the responsible senior resident. Correct terminology is essential, both for diagnosis and operation. Take time to use code books! Complete diagnoses, including complications and operations are necessary. Example Splenectomy, gastrorrhaphy, suture of intestinal wound; sigmoidoscopy (rigid) and catheterization of subclavian vein.

11. Legal Inquiries

All inquiries from attorneys (unless they originate from the University of Tennessee General Counsel's Office), insurance officials, hospital officials, and patients' families should be initially answered only in broad generalities and referred to the attending – even if you are assured by the inquiring party that no litigation is intended. Immediately, you should talk with the Program Director, the Chair or another member of the faculty. The University of Tennessee's Office of General Counsel has asked that you keep notes relative to these events and that you forward these notes to the General Counsel's Office when you have completed them. This will assist you in continuing to care for the patient and in knowing how to procedurally handle the inquiry. If formal complaints or lawsuit papers are received, the General Counsel's Office (448-5615), your attending physician of record, and the Chair or Program Director of the Department of Surgery should be notified at once. Queries from attorneys, even if they assure there is no medico-legal problem, are to be referred to the attending.

We should be reminded again that the patient's medical record is a legal document, which you may be asked to interpret and defend in a court of law many years from now. It is in no way a diary for unproven opinions, personality comments, assumptions, or derogatory statements regarding consultants, patients, peers, etc.

In summary, take excellent care of the patient, document the medical record fully, accurately and concisely with the facts; omit all opinion, judgments and assumptions. Never, ever, alter a medical record after a query regarding the care of a patient.

12. Confidentiality/HIPAA

As a reminder, all information presented to you by a patient is, with few exceptions, CONFIDENTIAL. Do not discuss patients with others while walking in the halls or on elevators. During Grand Rounds and conferences, patients are never to be presented by name. In all instances, all patients are to be treated with the same respect and confidentiality that you would afford your family members.

Copies of discharge summaries, operative reports, and other medical data are confidential and must be disposed of by acceptable legal means when no longer needed. Such reports should never be placed in a waste basket or other receptacle that eventually ends up in a commercial or city dump. All medical record data must be disposed of by shredding, or other effective means, never in a waste basket. Shredders are available in most areas of the hospitals for destruction of copies of medical record data.

13. Operative Log

Every resident is required to keep an accurate log of all procedures performed during his/her tenure within the Department of Surgery. Procedures are recorded in the operative log database via the ACGME website. The program director will provide each resident with an ID and password. Procedures should be logged on a weekly basis but no longer than monthly so that the program

director can assure adequate and equivalent experience in the index cases. This will allow prompt and accurate submission to the American Board of Surgery as a preface to the qualifying exam. The program director reviews all logs on a quarterly basis.

14. Faculty Advisors

Each career general surgery resident will be assigned a faculty advisor who will remain the resident's advisor during his entire training in the Department. Scheduled meetings will be arranged by the advisors throughout the year. However, all faculty are eager to be of assistance to residents and you should feel free to discuss problems, situations, ideas, etc. with faculty at any time.

15. Travel

It is the policy of the Department to allow each career resident surgeon to attend a major surgical meeting during his/her residency and to be reimbursed expenses at the University rates. In addition, when a resident surgeon is an author on a paper, exhibit, or other presentation, the same reimbursement is allowed unless the Department of Surgery finances cannot support such. Neither counts as vacation, but a vacation request form must be submitted to the Program Director six weeks in advance for scheduling purposes.

16. Leave

Residents are allowed three weeks/ 21 days vacation each year plus leave as noted in the Institutional requirements for family, paternity and maternity. Educational leave for meetings attended is not counted against vacation if approved by the program director.

Interview leave must be requested in writing and will be reviewed by the program director to assure rotation compliance by the RRC. After 5 days off for interviews, interview days count as part of the 3 weeks/21 days.

All leave for any reason must be submitted in writing and approved by the Program Director. Scheduled vacation for the year must be submitted by July 31.

Documented Medical Leave, Dept. of Surgery

Residents applying for certification must have no fewer than 48 weeks of full-time surgical experience for each residency year. For *documented* medical problems of the resident or maternity leave, the ABS will accept 46 weeks of surgical training in **one of the first three years** and 46 weeks of training in **one of the last two years** for a total of 142 weeks for the first three years and 94 weeks for the last two years.

17. Faculty / Rotation Evaluation by Residents

Late each June, all residents of the program will evaluate not only the rotation in terms of their education merit but also the faculty assigned to that rotation. This is done in an anonymous fashion or a standard form developed by the program director. The program director notes positive and negative trends in both areas and gives feedback, along with the chairman, to the appropriate site

directors or faculty members. The chairman of the department also uses data on faculty members in their yearly academic appraisal. Changes in the structure of rotations and faculty may be made based upon trends of this evaluation.

18. Moonlighting

There will be no moonlighting by residents of the surgery program and violation of this ruling is subject to dismissal.

19. Continuity of Care

Residents will be involved with all aspects of patient care, not just while patients are hospitalized. Residents are to see and evaluate patients in the respective clinics and offices and discuss treatment options with the assigned surgical attending. If patients require surgical therapy, residents and attendings will discuss inpatient or outpatient status and necessary preoperative diagnostic testing. The resident who performs the surgery is expected to see, evaluate, and perform a preoperative work-up and document this in the medical record.

In the postoperative period, residents are to attend their assigned clinics and office times and see the patients upon whom they operated. At the time of patient discharge, it is the responsibility of the resident to discuss discharge orders with the patient and make certain that the patient returns to the appropriate clinic.

20. Election of Research Year

Although all residents are encouraged to pursue basic science and clinical research, residents do have an option to enter an entire year in the research lab. This option is provided on an elective basis to residents in good academic standing. In accordance with the RRC, this year does not count toward the minimum five year clinical curriculum.

The following are University of Tennessee Policies

21. 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 & Interviews

- All applications will be processed through the Electronic Residency Application Service (ERAS)
- 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) & Rank Order Process
This program participates in the NRMP MATCH and will only consider applicants participating in the MATCH.

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 UTGSM faculty will be given high consideration.

- Characteristics such as gender, age, religion, color, national origin, disability or veteran 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.
- Following release of the MATCH results, attempts will be made to fill any vacant positions in accordance with the terms of the UTGSM Institutional Agreement with the NRMP.
 - Letters of Agreement for all positions will be issued through the Graduate Medical Education Office following a review of eligibility.

All residency positions are selected via the National Matching Program (NRMP). Applicants are chosen according to the ACGME IR.II.A.1. These include selection from appropriate medical schools, preparedness, ability, aptitude, academic credentials, communication skills, motivation, integrity without regard to sex, race, age, religion, or disability. All applicants will be interviewed and based upon their composite evaluation, the program director will rank them for submission to the NRMP.

22. Environment

The program and the institutional review committee will provide an environment conducive to resident education and patient safety. These areas include a curriculum that meets the requirements of the RRC and The American Board of Surgery, appropriate guidance from faculty, financial support, benefits, leave, professional liability, safety, call rooms, educational resources and meals. The surgery program complies with the institutional leave program, Physician impairment, counseling, as well as, the adverse action and dismissal policy. There are no restrictive covenants.

23. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

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

Duty Hours

1. 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.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
3. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24 hour period free from all clinical, educational, and administrative activities.
4. A 10 hour time period for rest and personal activities must be 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.

- In-house call must occur no more frequently than every third night, averaged over a four-week period.
- *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, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.*

- No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the resident has not previously provided care.

- 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.

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.

24. Remediation Actions

Remediation actions are designed to identify and correct areas of marginal and/or unsatisfactory performance by a resident. These actions include Performance Alert and Review (PAR), Academic Deficiency & Remediation (ADR), repeat rotation, repeat academic year, and denial of certificate of completion. Each of these remediation actions are not forms of discipline and therefore not subject to the University of Tennessee Graduate Medical Education Academic Appeal process.

Performance Alert and Review (PAR)

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 on file documenting the performance concern(s).

Academic Deficiency & Remediation (ADR)

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 inservice 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 6 weeks prior to the end of the academic year.

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 6 weeks 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.

25. 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, 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 ADR 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)

26. Academic Appeal Process

Review Process for Disciplinary Actions

The University of Tennessee College of Medicine assures the resident the right to appeal any disciplinary action proposed by the residency program or institution. The Academic Appeal process is intended to provide a formal, structured review of the proposed 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. Residents may obtain review of a disciplinary action(s) by submitting a written request for review to the program director within (10) ten-business days. The following Academic Appeal procedures shall apply:

1. A written request for review must be submitted to the program director within ten (10) business days. If the program director is not the department chair, the resident may ask the chair to hear the grievance.
2. The review request must include: (a) all information, documents and materials the resident wants considered, and (b) the reason the resident believes dismissal 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 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 chair will notify the resident in writing. If the decision is adverse to the resident, the notice shall advise the resident of the right to review on the record. At the discretion of the Associate Dean for Graduate Medical Education, a hearing may be allowed if requested by the resident. The 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 Associate Dean. The resident may waive department-level review and begin the review process at the Associate Dean's level.
5. A written request for review by the Associate Dean for GME must include: (a) any information the resident wants considered, and (b) any reason the resident feels dismissal is not warranted. The resident may submit the names of fact witnesses whom the Associate Dean has discretion to interview as a part of the review process. The request for review is made utilizing the procedures in items a or b outlined below:
 - a. Within ten (10) business days of notice of the department chair's decision, the resident shall submit a written request for review to the Associate Dean for GME; or
 - b. Within ten (10) business days of notice of dismissal, the resident shall submit a signed waiver of department-level review and a written request for review to the Associate Dean for GME.
6. Upon reaching a decision, the Associate Dean for GME will notify the resident in writing and advise the resident concerning the next level of institutional review.
7. The resident may obtain additional review on the record by the Dean of the College of Medicine by submitting a written request within five (5) business days after being advised of the outcome of the GME level of review.
8. Additional review may be obtained from the Vice President and Chief Operating Officer 2 of the University of Tennessee Health Science Center by submitting a written request within five (5) business days after being advised of the outcome of the Dean's review.
9. The resident may obtain final review on the record by the President of the University of Tennessee System by submitting a written request within five (5) business days of receiving the Vice President and Chief Operating Officer's response.

1 Waiver of departmental review statement: I, _____, M.D., hereby waive the first level of review (department-level review) of the disciplinary action(s) proposed by my program director, department chair, or other University of Tennessee Health Science Center officials. I understand that, under the University's graduate medical education academic policy, when a resident wishes to appeal a program director's adverse academic decision, the program director should first hear the resident's grievance. If the program director is not the departmental chairman or if the adverse decision is from a faculty member other than the program director, the chairman will hear the grievance at the resident's request. I elect to waive department-level academic review and commence the process with review by the office of the

Associate Dean for Graduate Medical Education.

Resident signature _____ (date) _____

Print Name _____

Residency Program _____ Year _____

2 The administrative head of the Memphis campus, formerly known as “chancellor.”

27. Resident Support Services

HEALTH AND WELLNESS

University Health

University Health offers a number of services to support all employees including house staff. UH 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 UT 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 injury or injury.

Location: 910 Madison Ave. Suite 922
Phone: 448-5630
Emergency Phone: 448-4444 (Campus Security)
Website: www.utmem.edu/univheal

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, facilities and hours of operation visit the Campus Recreation Website at www.utmem.edu/campusrec

Aid for Impaired Residents Program (AIRS)

The AIRS Program 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.

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 Resident Support Services (continued)

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 confidently by a health care provider, a co-worker, family member, friend or the physician him/herself. A full description of AIRS and the benefits provided to residents through this program is available at the GME website. The Chair of the local AIRS Committee is Eugene C. Mangiante, M. D., (901) 448-7635. Residents may also contact the TMF PHP at the following address:

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

Mental Health Services

Counseling Services and evaluation is 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. The link is <http://www.utmem.edu/univheal/uthsc-residentspostdocs.html>.

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 5th Floor of Adams Pavilion of the MED. A resident lounge and computer laboratory with access to all the UT library is available. Residents may access this site via card reader 24 hours per day.

Support Groups

The University of Tennessee Medical House Staff Alliance provides ongoing support and camaraderie throughout residency and was organized to meet the needs of medical residents and their spouses in training in Memphis. Activities include monthly supper clubs, playgroups for members with children, annual social activities and fund-raising activities to benefit their philanthropy, Camp Celebration. Please visit their website at: www.geocities.com/memphishousestaff

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 448-444 for an escort

28. Sexual Harassment Policy

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, requests 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, (2) submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's 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

Complaints by faculty members or students should be directed to the Director of Affirmative Action, 62 South Dunlap, Suite 200, Memphis, TN 38163, (901) 448-5558.

All complaints other than those concerning faculty members or students, including residents, are to be directed to the Employee Relations Officer, 822 Beale Street, Suite 215, Memphis, TN 38163, (901) 448-7062.

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

