



**DEPARTMENT OF SURGERY**  
**General Surgery Residency Program**  
**HANDBOOK**



**2018– 2019**

*Revised 07.11.18*

## **Program Mission**

The program mission of the General Surgery Residency is to provide an organized educational program with guidance and supervision of the resident, facilitation the residents' personal and professional development while ensuring safe and appropriate patient care. The mission is to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a specialist certified by the American Board of Surgery.

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The University of Tennessee  
General Surgery Residency Program  
Handbook

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## Department of Surgery Residents

(Residents' pagers are assigned with each rotation and are available on the Residents' Assignment Schedule)

### PGY 5 Residents

Davis Berry  
Grant Bond  
Rebecca Empting  
David Hall  
*(Administrative Chief)*  
Charles "Patrick" Shahan  
*(Administrative Chief)*  
Drew Turner  
Susan Wcislak  
Nicole Whatley

### PGY 4 Residents

Bennett J. Berning  
Olivia DeLozier  
Whitney Guerrero  
Mark Iltis  
Renee Levesque  
Jessica Staszak  
Derek Thacker  
Irene "Rene" Ulm

### PGY 3 Residents

Keith Champlin  
Margaret Ferguson  
Nathan Manley  
Stefan Osborn  
John Shell  
Zachary Stiles  
Denise Yeung

### PGY 2 Residents

Michael Bright  
Domenic Craner  
Kristin Harmon

### PGY 2 Residents Continues

Kathleen Hayes  
Stacey Kubovec  
Kayln Mulhern  
Benjamin Pettigrew  
Benjamin Zambetti  
Xu "Steve" Zhao  
William Zickler

### PGY 1 Residents

Shravan Chintalapani  
Nidhi Desai  
Nathan Judge  
Michael Keirse  
Maria Knaus  
Garrett Lim  
Clarisse Muenyi  
Jacqueline Stuber

### PGY 1 Prelim Residents

Stephen Deji Adedokun  
Seif Atyia  
Christian Dewan  
Erin Heitman  
Caleb Jones  
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## Participating Institutions

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## UTHSC General Surgery Residency Program 2018 - 2019 Block Diagram

PGY1	July	August	September	October	November	December	January	February	March	April	May	June
<b>Rotation</b>	General Surgery	MIS	Pediatric Surgery	Surgical Oncology	General Surgery	Acute Care Surgery	Transplant Surgery	GS/Trauma Surgery	Vascular Surgery	SICU	Nutrition Endoscopy	Trauma Surgery
<b>Site</b>	BMH	BMH	LB	MLH - MUH	VAMC	MLH - GT	MLH - MUH	ROH	MLH - MUH	ROH	ROH	ROH
<b>% Clinic</b>	10%	10%	10%	10%	20%	10%	10%	10%	10%	0%	10%	10%

PGY2	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10
<b>Rotation</b>	General Surgery	GS/Trauma Surgery	Surgical Endoscopy	Pediatric Surgery	CT Surgery	GS/Trauma Surgery	ACS/Night	MIS	GS/Trauma Surgery	ACS/MIS
<b>Site</b>	VAMC	ROH	VAMC	LB	VAMC	ROH	MLH - MUH	BMH	ROH	MLH - MUH
<b>% Clinic</b>	20%	10%	10%	10%	10%	10%	10%	10%	10%	10%

PGY3	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7
<b>Rotation</b>	GS/Trauma Surgery	Transplant Surgery	Vascular Surgery	GS/Trauma Surgery	Surgical Oncology	GS/Trauma Surgery	Surgical Oncology
<b>Site</b>	ROH	MLH - MUH	MLH - MUH	ROH	MLH - GT	ROH	MLH - MUH
<b>% Clinic</b>	10%	10%	10%	10%	10%	10%	10%

PGY4	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8
<b>Rotation</b>	GS/Trauma Surgery	Colorectal Surgery	Vascular Surgery	ACS/MIS	Thoracic Surgery	General Surgery	Pediatric Surgery	GS/Trauma Surgery
<b>Site</b>	ROH	BMH	ROH	MLH - MUH	MLH - MUH	VAMC	LB	ROH
<b>% Clinic</b>	10%	10%	10%	10%	10%	20%	10%	10%

PGY5	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8
<b>Rotation</b>	GS/Trauma Surgery	General Surgery	ACS/Bariatric Surgery	ACS	Surgical Oncology	Surgical Oncology	General Surgery	ACS/General Surgery
<b>Site</b>	ROH	BMH	MLH - GT	MLH - North	MLH - MUH	MLH - GT	VAMC	MLH - S
<b>% Clinic</b>	10%	10%	10%	10%	10%	10%	10%	10%

## **Application/Eligibility**

All application information should be submitted to the Department of Surgery through the Electronic Residency Application System (ERAS): <https://www.aamc.org/students/medstudents/eras/>. Three letters of reference, in addition to the Dean's letter and your USMLE scores should be included in your application. Applicants must pass USMLE Steps 1 and 2 (CK and CS) or equivalent examinations prior to beginning training. All eligible applications are reviewed.

We do accept applications from international medical graduates. We have a large number of highly qualified applicants and are only able to consider the top international graduates. The application deadline for the academic year 2018 – 2019 is November 16, 2018.

## **Confidentiality/HIPAA**

All patient information is confidential and subject to HIPAA regulation. Service lists, discharge summaries, op notes and all other papers or material containing patient information should be guarded. Papers should be placed in the shredders provided, not in the trash. All patient identifiers should be removed for presentation at conference.

All residents are required to complete the HIPAA module provided by the GME office annually. Residents should not store any patient related documents off site of UT or specific hospitals.

## **Curriculum**

### **Conferences**

Mandatory Conferences are held on *Wednesday morning* in the Coleman Building, South Auditorium (956 Court Avenue). 75% attendance is the minimum acceptable (an ACGME requirement). Compliance with Clinical and Educational Work Hours in an acceptable reason to miss conference and should be documented by email to the residency coordinator.

- *Mortality and Morbidity Conference: 7 – 8:30 a.m.*
  - Case presentations of morbidity, mortality and interesting cases
- *Surgery Grand Rounds: 8:45 – 9: 45 a.m.*
  - Topics of interest by faculty, including visiting faculty, and senior residents
- *SCORE Conference: 9:50 – 10:50 a.m.*
  - Based on the SCORE curriculum
  - Includes topics such as quality improvement, professionalism, etc.
- *Chief Resident Conference: 11:00 a.m. – 12:00 p.m.*
  - Topics based on ABSITE and Mock oral exam preparation
- *Simulation Lab: 11:00 a.m. – 1:00 p.m.*
  - Based on specific schedule per class
  - 75% attendance required

### Additional Conferences (attendance is rotation specific)

- Vascular Conference (held weekly at Baptist East Hospital, Methodist University Hospital, or VA Hospital).
- Trauma Conference/PI (Friday mornings following Turnover) Trauma Training Center, Regional One Health [ROH]
- Multidisciplinary Oncology Treatment Planning Conferences - The Surgical Oncology Division Multidisciplinary schedule is available from the Division Office.

### **Reading Assignments**

Residents are responsible for development of a program of self-study. All residents receive subscriptions to the SCORE curriculum (<http://www.surgicalcore.org>), a site developed by the American Board of Surgery, the American College of Surgeons, and other groups to provide a resource for Surgery residents. Residents are responsible for completing modules developed for their PGY year in the SCORE curriculum. Residents are expected to complete at least 5 modules per month, and at least half of the modules listed for your year on the SCORE website. The residency coordinator and program director will monitor compliance.

### **Rotation Goals and Objectives**

The rotation goals and 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 located on the surgery web page, (<https://www.uthsc.edu/surgery/residency/rotations.php>). Goals and objectives are emailed to residents the day before a new rotation begins, and they should be reviewed before the rotation.

### **Simulation Labs/ Virtual Reality Trainer**

Participation in scheduled simulation labs is mandatory. Schedules will be provided and all residents are expected to attend the labs as scheduled, unless it would be a violation of Clinical and Educational Work Hours regulations (in which case an explanation should be sent to the program director or coordinator). You must attend **75%** of the labs assigned. If you miss a scheduled session, you can make it up in a similar session for another group. You will also be required to complete the assigned VR simulation modules for your PGY. These will be assigned in quarterly segments. Failure to satisfy the requirements for lab attendance and VR module completion may result in failure to progress through the residency, based on failure to meet the required milestones.

### **Exams**

#### **ABSITE**

All residents are required to 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 used as part of the global evaluation. It is a helpful tool in assuring that the resident will be able to pass the Qualifying Exam of the American Board of Surgery (QE). Performance below the **25<sup>th</sup>** percentile on this exam will result in a performance improvement plan. Failure to

abide by performance improvement terms and continued poor performance on the exam may result in termination.

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.

### **Mock Oral Examination**

All residents will take a “mock oral” examination in May. This examination is used as a practice for the Certifying Examination of the American Board of Surgery (CE). The results are provided to the residents to be used as feedback in their preparation for the CE. The results will also be used as part of the global evaluation for each resident.

### **Exam Schedule**

ABSITE: January

Mock Orals: May

### **Resident Clinical and Educational Work Hours (Also see GME Policy #310 - <http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/clinical-and-educational-work-hours.pdf>)**

Clinical and educational work hours **must** be limited to **no more than 80 hours per week, averaged over a four-week period**, inclusive of all in-house clinical and educational activities, and clinical work done from home.

Clinical and educational work includes 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. Clinical and educational work hours do not include reading and preparation time spent away from the duty site. Graduate medical education clinical and educational work standards incorporate the concept of graded and progressive resident responsibility leading to the unsupervised practice of medicine.

Clinical and educational work hours **must** be recorded in New Innovations **weekly**, as required by the GME office. Residents are responsible for entering sick/vacation leave and for entering justification for **all** violations.

#### **Mandatory Time Free of Clinical Work and Education**

- Clinical and educational work hours **must** be limited to 80 hours per week, averaged over a four-week period.
- **Must** have 1 day in 7 free from all educational and clinical activities, averaged over a four-week period. At-home call cannot be assigned on these free days.

- **Should** have eight hours off between scheduled clinical work and education periods.
  - There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
- **Must** have 14 hours free of clinical work and education after 24 hours of in-house call.

#### Maximum Clinical Work and Education Period Length

- Clinical and educational work periods **must** not exceed 24-hours of continuous scheduled clinical assignments.
  - Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education.
    - Additional patient care responsibilities **must not** be assigned to a resident during this time. **(No new patients, no clinic, no surgery)**

#### Clinical and Educational Work Hour Exceptions

- In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:
  - to continue to provide care to a single severely ill or unstable patient;
  - humanistic attention to the needs of a patient or family; or,
  - to attend unique educational events.
- These additional hours of care or education **will** be counted toward the 80-hour weekly limit.

### **Evaluation/Promotion Policies**

As part of the overall resident evaluation process, the department uses the ACGME Surgery Milestones to help with the assessment of residents' overall progress through the training program. It is the responsibility of the Clinical Competency Committee (CCC) to formally review each resident twice a year taking into consideration rotation evaluations by faculty and senior residents, scores on the ABSITE and yearly Mock Oral exam, review of operative logs, quality of presentations at weekly M&M conference, ad hoc / mid rotation reviews submitted by faculty, 360 evaluations submitted by hospital staff, and any other submitted written material available in order to obtain an overall picture of resident performance.

#### **Department of Surgery Milestones:**

<http://www.uthsc.edu/surgery/residency/documents/patient-care.pdf>

Residents are evaluated in each of the six ACGME core competencies. Multiple methods are used to assess each of these areas. Online evaluations for each rotation are performed by the attending staff, chief residents and nursing personnel (360° evaluation).

### Patient Care

- Daily service rounds
- Attending rounds
- Clinic
- Surgical technique
- Conference presentation

### Medical Knowledge

- Daily rounds
- Attending rounds
- Clinic
- ABSITE
- Mock orals examination
- Conference participation

### Practice Based Learning and Improvement

- M&M preparation
- Skills lab participation
- SCORE curriculum completion
- Conference attendance

### Professionalism

- Interaction with multidisciplinary team and other services
- Conference preparation
- Adherence to policies and procedures
- Patient evaluations

### Interpersonal Relationships and Communication

- Interaction with multidisciplinary team and other services
- Comments from patients and families
- Medical student evaluations
- Evaluation by other residents

### Systems Based Practice

- Conference attendance
- Conference preparation
- Medical record and case log completion
- Clinical and educational work hour log completion
- Compliance with policies and procedures

Rotation specific evaluations are done through the New Innovations® system. The evaluation process is based on the ACGME Milestones of progress. The Clinical Competency Committee (CCC), which includes nine (9) faculty and the program director, is responsible for determining residents' progression based on the educational milestones, making recommendations on promotion and graduation decisions, and recommending performance improvement or disciplinary actions to the program director.

Mid-year and end of the year evaluations: Mid-year and 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 assesses current performance based on written evaluations, faculty observations, simulation lab participation, and other performance measures that have been reviewed by the program's QIC. The summative evaluation will be discussed with the resident and a copy signed by the mentor and/or the program director and resident and will be placed in the confidential resident file.

Graduating residents: The program director will also provide a summative evaluation to graduating residents upon completion of the program. 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.

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

#### Academic Performance Improvement Actions

A full description of these actions may be viewed on the GME website under academic performance improvement policy.

##### *Single Incident Form*

Documentation of poor performance, not requiring a formal action.

##### *Performance Improvement Plan (PIP)*

This is an official notice to the resident of unsatisfactory performance and expectations for improvement. Examples of indications for PIP include (but are not limited to): poor performance on exams (mock orals or ABSITE), clinical performance and/or surgical skills below the level expected for the level of training, unprofessional behavior, failure to complete medical records and/or case logs in a timely manner.

If the resident fails to satisfactorily meet the expectations in the PIP, actions implemented may include additional improvement plans, repeating the academic year, or other disciplinary actions.

##### *Repeat Academic Year*

A resident will receive written notice four (4) months prior to the end of the academic year of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs in the last four (4) months, notice will be provided as circumstances reasonably allow.

Determination by the department chair and program director (along with the faculty Quality Improvement Committee) that the resident fails to correct a deficiency or that the deficiency or violation of University rules is of sufficient

gravity to warrant dismissal, the resident may be dismissed without being placed on probation. However, the program director must consult with the Office of Graduate Medical Education prior to instituting a dismissal that is not preceded by a period of probation. In that instance, the resident may obtain review under the Graduate Medical Education policy of Academic Due Process. This policy is delineated in the **house staff** manual.

**All disciplinary actions, including probation, suspension and dismissal will become a permanent part of the resident training record.**

#### *Grievance and Due Process*

The Department of Surgery follows the Grievance policy of the Graduate Medical Education office of UTHSC. Residents may raise and resolve issues without fear of intimidation or retaliation. For academic or other disciplinary actions, grievances are processed according to the GME Academic Appeal Policy, available on the GME website. The Grievance policy is attached to this handbook.

### **Faculty Evaluation**

The residents evaluate each faculty member annually, anonymously on the New Innovations website. These evaluations are part of the faculty member's annual evaluation by the division chief and the chairman. They are reviewed for trends, positive and negative.

### **Program Evaluation**

The Program Evaluation Committee (PEC) consists of 14 faculty members and resident representatives. This committee is responsible for reviewing the curriculum and developing and implementing new educational activities. It is responsible for reviewing and updating rotation goals and objectives. It will review ACGME standards and ensure compliance. It will render a formal, written annual program evaluation with a plan for improvement.

The residents and faculty submit evaluations of the program as a whole and individual rotations (anonymously) on the New Innovations website annually. All aspects of the program are evaluated, including conferences, personnel, rotations and faculty. The PEC reviews these evaluations; resident and faculty scholarly activity, ABS (American Board of Surgery) pass rates. These are presented at the Annual Program Evaluation (APE) meeting. The program effectiveness is formally reviewed. This meeting ensures the residency program is in compliance with ACGME standards. An action plan is devised for areas that need improvement and/or change.

Results of the faculty and rotation evaluations are shared with the program chairman and the faculty members, including division chiefs.



## **Handoffs and Transitions of Care – GME Policy #312**

<http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/handoffs-and-transition-of-care.pdf>

To ensure residents are competent in communicating with team members in the hand-over process, residents must adhere to these program specific policies:

Transitions may occur:

- Face to face
- Over the telephone
- Via secure computer network

Information transferred must include:

- Patient name
- Account number
- Room number
- Responsible attending and resident contact information
- Patient age
- Diagnosis and surgeries performed or pending
- Allergies
- Resuscitation status
- Antibiotics
- Pending tests
- “To do” list
- A sample list is attached

All information must be transmitted in compliance with HIPAA

## **Alertness and Fatigue Mitigation**

To incorporate proper fatigue awareness into the General Surgery Residency program, a **required** lecture/presentation dedicated to this topic will be given during Basic Science conference. This lecture will educate residents to recognize the signs of fatigue and sleep deprivation; educate residents in alertness management and fatigue mitigation processes; and, encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. The accompanying slide presentation will be available on the General Surgery website ([http://www.uthsc.edu/surgery/conferences\\_schedule.php](http://www.uthsc.edu/surgery/conferences_schedule.php)). Additional Alertness and Fatigue training is available online; see GME policy #315, <http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/fatigue-management.pdf>.

A resident suffering from fatigue will be relieved by the most senior resident on the service, who will designate the remaining responsibilities to available residents as necessary. Residents who are unable to arrange relief shall contact an Administrative Chief Resident or the Program Director for assistance.

## **Leave Policy**

UT GME Leave policy #220

<http://www.uthsc.edu/GME/documents/policies/leave.pdf>

All residents are allowed three (3) weeks, consisting of 21 days (Monday – Sunday) of paid annual (vacation) leave per year, plus leave as noted in the institutional requirements for family, maternity, and paternity leave. The deadline to submit vacation requests to the program director is **June 15, 2018** via the website. Schedules will be maintained and published in an online scheduling program (medrez.net). Vacation requests will be submitted through the system for approval by the scheduling chief resident.

We will use the following system for vacation assignment for PGY 2-5. Vacation blocks will be assigned by a lottery system from each PGY class. For each of the three (3) scheduled vacations, residents will be allowed (based on lottery) to select a vacation block. Each block may only be used once per round of vacation selection. The resident may take vacation at any point during the assigned block, with only one resident per service on vacation at any given time. Priority will be given based on PGY level. Educational leave (for meetings) is not counted as vacation if approved by the program director. Vacation leave does not carry over from year to year and residents are not paid for unused leave. Leave for interviews must be requested by email to the program director. After five (5) days off for interviews, interviews will count as vacation days.

Residents are allotted three (3) weeks of paid sick leave per twelve-month period for absences due to personal or family (spouse, child, or parent) illness or injury. A physician's statement of illness or injury may be required for absences of more than three (3) consecutive days or an excessive number of days throughout the year. Sick leave is non-cumulative from year to year. Residents are not paid for unused sick leave. Under certain circumstances, additional sick leave without pay may be approved. In addition to approval from the PD, a leave request form must be completed by the resident and signed by the chief resident.

### **Wellness day (1/2 day)**

Each resident is allowed one (1) – half day (1/2 day) every 3 months for personal health and wellness. This day must be submitted to the administrative chief resident and approved prior to taking the ½ day. No other resident on that service may be away on the requested day and will only be approved once the vacation and travel schedule is approved.

### **Priority for requested leave**

1. Yearly vacation schedule – 3 weeks per resident, schedule set in July of each academic year.
2. Leave for presentation at regional or national conferences – time for requested leave

to present at a conference must be submitted to the scheduling administrative chief resident in writing as soon as the requesting resident receives notification of acceptance to present. (Note – you must submit time away to the admin chief and request for funding to the program office, two part process.)

3. Leave to interview for fellowship programs – residents may take leave to interview for fellowship programs if no other resident is away from the service during the requested leave. If another resident has scheduled leave from the above categories, it is the responsibility of the resident interviewing to find coverage for his/her time away.
4. Wellness Day – Does **not** have priority over the above scheduled leave.

**Note: If your leave is not on the department wide resident leave calendar (maintained by the administrative chief residents), you do not have priority for leave. Make sure to schedule your leave as soon as you know about it.**

The American Board of Surgery requires that all residents applying for certification must have no fewer than “**48 weeks of full time clinical activity in each residency year, regardless of the amount of operative experience obtained. The 48 weeks may be averaged over the first three years of residency, for a total of 144 weeks required, and over the last two years, for a total of 96 weeks required.**” (from the ABS website) The resident may be required to make up any time missed in accordance with the Residency Program and Board eligibility requirements.

## **Legal Inquiries**

**All** inquiries from attorneys (unless they are from the University of Tennessee Office of General Counsel) should be referred to the attending. Inquiries from insurance officials or hospital officials should also be answered in generalities, and then referred to the attending. This is the case, even if you are assured that no litigation is intended. If you are served with papers or there are hints at litigation, the attending surgeon and program director should be informed immediately and you will be assisted in contacting the University Counsel (901-448-5615).

## **Medical Records**

Medical records are legal documents. They are maintained for continuity of patient care, document quality care, justify payment, reporting to government agencies, and serve as a defense against malpractice claims. They should never be used to air disagreements with other services or comment on the care of other services or hospital personnel. Correct terminology is important.

All records must be timed and dated and signed, and include block letter of your name after the signature and a pager number (or other contact number). A preop note should be entered on all patients. A History and Physical must be performed within 30 days prior

to admission and updated within 24 hours of admission or before transport to the operating room. All operative reports must be dictated within 24 hours of surgery. Discharge summaries should be dictated at the time of discharge. Residents who are delinquent with medical record completion are subject to the same penalties as the faculty – suspension of operative and/or admitting privileges. Suspension of privileges may result in loss of vacation days.

Never alter a medical record after a query is made regarding the care of the patient.

## **Travel/Meetings**

Residents are eligible to attend meetings for presentation (oral or poster) of their research. The Department of Surgery will fund (at University rates) the meeting registration, travel, and hotel fees. This educational leave does not count as vacation.

Residents must complete and email a Travel Request (TR) form at least one month in advance to the program director or residency coordinator for approval. The TR form is located at <http://www.uthsc.edu/surgery/residency/documents/travel-request.pdf>. After the program director approves the TR, Cynthia Tooley, residency coordinator will notify the resident to contact Flavenia Leaper, [fleaper@uthsc.edu](mailto:fleaper@uthsc.edu), to make travel arrangements. In addition, the resident must also request time away from the administrative chief resident so that travel request can be added to the master resident leave schedule. (See the leave priority schedule for more details)

If the Department pays for residents' travel to conferences throughout the year, it is now mandatory for residents to present at the Harwell Wilson Surgical Society (HWSS) Scientific Session in June.

Travel reimbursement is based on GME policy (<http://www.uthsc.edu/GME/documents/policies/travel.pdf>). Travel is a privilege and not a right; all residents under Graduate Medical Education are required to know and follow all UT travel policies. GME will NOT ask for exceptions to the travel policy. All travelers must sign an attestation stating that everyone understands the travel policy and agrees to follow it. GME will not process any new travel for any resident or program until the forms are returned from the residents and program administration.

**Failure to follow GME policy and use appropriate GME forms may result in non-reimbursement.**

Receipts submitted for reimbursement of all other expenses MUST show total and payment information. All travel reimbursement will be direct deposited into the resident's account.

**ALL airline receipts must show the class of service (Coach) or designated letter in order to receive reimbursement.**

## **Moonlighting**

Moonlighting **is not** permitted; violation of this policy may result in dismissal.

## **Operative Log**

All residents are required to keep an accurate operative log of **all** procedures performed while a resident in the Department of Surgery. The log is provided on the ACGME website. This log is used for application for the American Board of Surgery Qualifying Exam and for RRC monitoring of the experience provided at this institution. Procedures should be logged at least monthly, and will be monitored by the residency coordinator and program director. Failure to keep up with case logs will result in loss of OR privileges and may result in loss of vacation days.

## **Professionalism**

Honesty is expected at all times. Violation of this policy is grounds for immediate dismissal.

All residents on the General Surgery Service are expected to look and act as a responsible physician. Professional appearance and manner are to be exercised in all environments, even though the work and conditions may be very stressful. All patients are to be treated with the respect you would wish afforded to your family members.

It is never acceptable to swear at a patient, regardless of the language used by the patient or family member. It is never acceptable to strike a patient.

Residents are expected to dress professionally whenever at work. Scrubs are acceptable attire, but should be clean and free of blood and other body fluids. Attire should be changed as soon as possible after a contaminated or bloody case. Your white coat should be clean.

Collegiality and respect for other members of the health care team is essential to good patient care. When called for a consult or called by a nurse for a question, the response should, at all times, be professional and courteous.

## **Research/Scholarly Activity**

Research/scholarly activity is encouraged for all residents – either basic science or clinical. Faculty mentors are always willing to support residents on projects.

All residents with a residency training completion date of 2022 or later are required to participate in at least one research project. At a minimum, each resident will be

required to submit one abstract to the Tennessee Chapter of the American College of Surgeons annual meeting once during residency.

Residents have an option of taking two (2) years away from clinical residency to pursue additional research. It is available to residents in good standing. In accordance with the RRC and the ABS, this time does not count toward the minimum five-year clinical curriculum.

## **Supervision Policy**

The Department of Surgery follows the Graduate Medical Education Resident Supervision Policy #410, which is available at <http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-supervision.pdf>

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.**

## **Levels of Supervision**

To promote oversight of resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision – the supervising physician is physically present with the resident and the patient.

Indirect Supervision:

- with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- with Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident.

Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

### **Admissions**

The attending surgeon must be notified of each admission. Each patient is admitted under the name of 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. An attending must always be available for consultation and support. Information regarding the responsible attending should be available to residents, faculty members and patients. 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:

- Confirm (or change) the diagnosis.
- Approve the operative procedure and procedure timing.
- Be immediately available or physically present (as dictated by his/her judgment) during the operative procedure and assure that it is properly carried out. Exceptions are only allowed for life/limb threatening emergencies.
- Supervise the postoperative care.
- Assure continuing care after the patient leaves the hospital.

### **Procedures outside the OR**

The specific Clinical Activities and Level of Supervision for General Surgery Residency Program is attached to this handbook. This outlines the method of instruction and the level of supervision required before certification to perform activities outside the OR (i.e. central lines, laceration repair, etc.) without direct supervision.

### **PGY 1 Residents**

- Should be supervised directly or indirectly with direct supervision immediately available.
- Must complete the procedure log to be competent to perform the listed procedures with indirect supervision, with direct supervision available.

### **Supervising Physicians**

Faculty members delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on patient needs and the skills of the individual resident or fellow.

## **Transfer**

The attending surgeon must be notified of patient transfer to a higher level of care, such as transfer from the floor to the intensive care unit.

## **End of Life Decisions**

The attending surgeon should be informed of and involved in end of life decisions, including, but not limited to, do not resuscitate orders and withdrawal of care.

## **USMLE Requirements**

### **Steps 1 and 2 (CK and CS):**

All residents/fellows entering any Memphis-based graduate medical education program sponsored by the University of Tennessee College of Medicine on or after July 1, 2009 must have passed USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE).

Any Agreement of Appointment or offer letter will be contingent upon passing Steps 1 and 2 (or equivalent exams). Each resident/fellow is responsible for providing copies of passage of Steps 1 and 2 (CK and CS) or equivalent examinations to the program director and the GME Office and will not be allowed to start training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof for international medical school graduates.

### **Step 3:**

All residents are required to pass USMLE Step 3 before they can advance to the PGY 3 level. All residents on the standard cycle must register to take Step 3 no later than **December 31<sup>st</sup>** of the PGY 2 year. Residents must provide proof of passage by **June 30<sup>th</sup>** to be promoted to the PGY 3 level. Failure to provide proof of passage by June 30<sup>th</sup> will result in non-renewal of the resident's contract and the resident will be terminated from the program. It is the responsibility of the resident to provide the necessary proof to the program director and coordinator. Any Agreement of Appointment or offer letter to begin training at the PGY 3 or higher level will be contingent upon passing Step 3 (or equivalent exam). Accepted or matched residents and fellows who have not passed the required U.S. Medical Licensing Examinations (or equivalent exams) prior to their scheduled start date do not meet eligibility requirements and will be released from their appointment.



## HOSPITAL CONTACTS

### **BAPTIST MEMORIAL HOSPITAL** **Graduate Medical Education**

#### **Zach McBroom**

Team Member – GME  
6025 Walnut Grove Road, Suite 417  
901-226- 1350 (Office)  
901-226-1351 (Fax)  
[Zachary.McBroom@bmhcc.org](mailto:Zachary.McBroom@bmhcc.org)

#### **Nikki Swan**

GME Assistant  
901-226-1356  
[Nikki.swan@bmhcc.org](mailto:Nikki.swan@bmhcc.org)

### **Medical Records**

#### **Therese Paige**

901-226-5157 or 901-226-5088

### **LEBONHEUR CHILDREN'S HOSPITAL**

#### **Dictation**

287-5100

### **Meal Allotments**

#### **Cheryl Wilkinson**

c/o Physician and Referral Services  
850 Poplar Avenue, Bldg. 2  
Memphis, TN, 38105  
901-287-5158 (Office)/901-287-4790 (Fax)

### **Medical Records**

901-287-6076

### **Security (Badge and Parking)**

901-287-4456

### **METHODIST UNIVERSITY HOSPITAL**

#### **Meal Allotments**

#### **Marty Keith**

1265 Union Avenue  
T-100 Thomas Wing/Administration  
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901-516-2346 (Office)  
[Marty.Keith@mlh.org](mailto:Marty.Keith@mlh.org)

**Medical Records**

**P.J. Hayes**

901-516-8493

**Pagers**

**Glynis Sandefur**

Telecom Analyst

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**METHODIST UNIVERSITY HOSPITAL CONTINUES**

**Medical Education**

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**REGIONAL ONE HEALTH**

**Help Desk (IT)**

901-545-7480

**Meal Allotments**

**Brad Jordan**

Medical Staff Services

Administrative Coordinator

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901-515-9503 (Fax)

[bjordan@regionalonehealth.org](mailto:bjordan@regionalonehealth.org)

**Medical Records**

**Buffy Bell**

901-545-6319

**Medical Staff Services**

**Sheri Wahl Yendrek, BPS-HA**

Director, Medical Staff Services & Resident Liaison

901-545-8336 (Office)

901-515-9486 (Fax)

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**Scrubs Access**

**Brenda Wells**

Supervisor, Laundry Services

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901-304-7145 (Cell)

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**VA MEDICAL CENTER**

**Elston Howard**

Management & Program Analyst

Graduate Medical Education & Associated Health Programs

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Education/11A

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**Medical Records**

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Memphis, TN 38104

(Room 6018, Ground Floor)

901-523-8990, ext. 7859

[rebecca.england@va.gov](mailto:rebecca.england@va.gov)

**Surgical Service - Administration**

**Linda Ellis**

1030 Jefferson Ave., 112

Memphis, TN 38104

(Room CW424A-1, Third floor)

(901) 523-8990, ext. 2774)

**Reginald Lomax**

1030 Jefferson Ave., 112

Memphis, TN 38104

(Room CW353-1, Third Floor)

(901) 523-8990, ext. 2123)

## Resource Links

Site	Link
ACGME Resident Case Log System	<a href="http://www.acgme.org">www.acgme.org</a>
American Board of Surgery	<a href="http://www.absurgery.org/">http://www.absurgery.org/</a>
General Surgery Policies	<a href="http://www.uthsc.edu/surgery/residency/policy_main.php">http://www.uthsc.edu/surgery/residency/policy_main.php</a>
Graduate Medical Education (GME)	<a href="http://www.uthsc.edu/GME/">http://www.uthsc.edu/GME/</a>
GME Policies	<a href="http://www.uthsc.edu/GME/policies.php">http://www.uthsc.edu/GME/policies.php</a>
New Innovations – Clinical and Educational Work Hours	<a href="http://www.new-innov.com/pub/">http://www.new-innov.com/pub/</a>
Travel Request Form	<a href="http://www.uthsc.edu/surgery/residency/documents/travel-request.pdf">http://www.uthsc.edu/surgery/residency/documents/travel-request.pdf</a>
Score Curriculum	<a href="http://www.surgicalcore.org">http://www.surgicalcore.org</a>
University Health Services	<a href="http://www.uthsc.edu/univheal/">http://www.uthsc.edu/univheal/</a>

**The General Surgery Residency  
Program follows all UT GME Policies  
and Procedures**

**Additional  
GME Policies**

**[www.uthsc.edu/gme](http://www.uthsc.edu/gme)**

# Program Eligibility and Selection Criteria

All application information should be submitted to the Department of Surgery through the Electronic Residency Application System (ERAS):

<https://www.aamc.org/students/medstudents/eras/>. All eligible applications are accepted. The application deadline for the academic year 2018 – 2019 is November 16, 2018.

In addition to the University of Tennessee Graduate Medical Education (UT GME) Selection Policy #110 (<http://www.uthsc.edu/GME/policies/ResidentSelection.pdf>), applicants must meet the following criteria:

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. “Green Card”)
- In accordance with UT GME guidelines, this program does not sponsor residents for “H” type visas.

Interviews are required for consideration. Invitations will be sent beginning in September and interviews will be held on Wednesdays, early November through mid-January. Applicants are selected for interviews based on:

- Medical school transcript
- Personal statement
- Three letters of recommendation
- USMLE or COMLEX scores

**Note:** To ensure that all residents/fellows meet minimal standards, the Graduate Medical Education Program requires that all residents/fellows entering any Memphis-based graduate medical education program sponsored by the University of Tennessee College of Medicine on or after July 1, 2009 must have passed USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE).

Any Agreement of Appointment or offer letter will be contingent upon passing Steps 1 and 2 (or equivalent exams). Each resident/fellow is responsible for providing copies of passage of Steps 1 and 2 (CK and CS) or equivalent examinations to the program director and GME Office and will not be allowed to start training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof for international medical school graduates.

Accepted or matched residents and fellows who have not passed Steps 1 and 2 (or equivalent examinations) by July 1 will be released from their contract.

- US Clinical Experience (USCE) is not required; however, it is encouraged.

Applicants are selected for residency based on the above criteria and on personal interviews.

## **Policy**

Additional policies related to professionalism are located at the following link ([http://policy.tennessee.edu/hr\\_policy/hr0580/](http://policy.tennessee.edu/hr_policy/hr0580/)) under Code of Conduct, Disciplinary Actions, and Personnel Policies (Disciplinary Actions).

## **Grievance Procedures**

GME Policy 350

<http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/grievances.pdf>

## **Travel Policy**

UT Travel Policy FI0705

<http://treasurer.tennessee.edu/travel/policy-and-forms.htm>

## **Health and Wellness**

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 Avenue, 9<sup>th</sup> Floor  
Phone: 448-5630  
Emergency Phone: 448-4444 (Campus Security)  
Website: [www.uthsc.edu/univheal](http://www.uthsc.edu/univheal)

## **Workers' Compensation Claims Process**

If you have a workers comp issue (i.e. needle stick, cut yourself with a scalpel, fall down the stairs) you must call the vendor and put in the claim. The vendor is CorVel and the number is 866-245-8588. It is staffed 24/7 by a nurse. Once that is done, they will instruct you where to go to get your treatment. Most all of our hospitals are in-network with them as well as University Health. Generally, you will be referred to the same hospital you are current at but you can request to have it done at University Health or another location. We prefer that you go to University Health if it is during business hours as GME can intervene if you run into issues. Wherever you get your initial treatment is where you will be required to get your

follow-up care. After you call your claim in and get your initial treatment, you must complete the Workers' Comp Instructions/Procedures (<http://www.uthsc.edu/hr/benefits/documents/employee-and-supervisor-workers-compensation-instructions-and-procedures.pdf>), Report on the Job Injury (<http://www.uthsc.edu/hr/benefits/documents/report-of-on-the-job-injury-or-illness.pdf>), and Initial Medical Checklist (<http://www.uthsc.edu/hr/benefits/documents/Initial Med Info Checklist.pdf>) forms. Your supervisor (can be your attending or your coordinator) must call CorVel to verify and complete the initial medical checklist report within 5 days. It is important that you follow this process so that the State will pick up the cost of the treatment and you are not billed for it. If there is any problem calling the number, you can get your initial treatment at the hospital and call it in the next day and say it was an emergency treatment. This should be the exception, as the number should always be staffed. For additional information about Workers' Comp, please click on or copy and paste the following link into your web browser: [http://www.uthsc.edu/hr/benefits/workers\\_compensation.php](http://www.uthsc.edu/hr/benefits/workers_compensation.php)

Return the forms to GME, 920 Madison Avenue, Room 447 or directly to HR, 910 Madison Avenue, Room 764.

The Office of Risk Management will fine departments **\$1,000** each time a claim is not done, including the coordinator or supervisor calling, within 5 days of the incident.

The State of Tennessee manages the workers comp program for every agency and public university. This is not a GME or UT process that we can change. The campus has been working with the UT System Office to make some suggestions for improvement, as what we do at the Health Science Center is different from your typical State agency. If you have any issues call the GME Office, 901-448-5128 or call HR directly at 901-448-5600.

## **Off-Site Rotations**

### **University of Tennessee Graduate Medical Education Program Offsite Rotation Approval Process**

The purpose of offsite rotations is to meet training requirements that cannot be satisfied within University of Tennessee (UT) affiliated hospitals or clinical training sites. In order to avail itself of an offsite rotation opportunity, the requesting program must first receive approval from the Designated Institutional Official (DIO)/Program Administrator.

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 the event that training requirements cannot be satisfied within 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 offsite rotation, the program director will submit the following documentation to the Office of Graduate Medical Education:
  - (a) Request for Approval of Offsite Rotation Form
  - (b) Program Director Statement
  - (c) Offsite Affiliation Agreement including Acceptance / Waiver of Compensation
  - (d) Goals and Objectives for the rotation
  
- 2) Upon receipt of completed Request for Approval of Offsite Rotation Form and accompanying documentation, GME staff will present the request to the Offsite and 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.
  
- 4) Unless the resident's department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the offsite rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion). The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs.
  
- 5) The resident and program director are jointly responsible for determining that the resident has obtained professional liability coverage for the off -site rotation. Under the provision of the Tennessee Claims Commission Act, the University of Tennessee cannot provide medical liability coverage for out-of-state rotations or for unpaid in-state rotations. In -state institutions may also require commercial coverage with pre-determined limits in lieu of Claims Commission coverage.

Additional information on Off-site rotations is located at:  
<https://www.uthsc.edu/GME/policies/offsite2010.pdf>