

FAMILY MEDICINE RESIDENCY
PROGRAM GUIDELINES 2023-2024
Revised by the Department of Family Medicine
1/24/2023

Administrative Structure

- Interim Chair, Program Director & Associate Professor – Leslie Griffin, MD MPH
- Associate Program Director; Clinic Scheduler; Assistant Clerkship Director (M4 & PA Students); & Associate Professor – Steven Fox, MD
- Medical Student Clerkship Director & Assistant Professor – Sara Conway, MD
- UTFP Medical Director & Assistant Professor – April Gunn DO
- Associate Professor - Elizabeth Close, MD
- Assistant Professor – Alexandria Cooke, MD
- Assistant Professor – Michael Shepherd, MD
- Assistant Professor – Lisa Talbert, MD
- Residency Program Coordinator (PC) - Elissa McCoy, M.Ed.
- Residency Program Administrative Assistant & Clerkship Coordinator - Charity Ross, MBA

The clinical care, administrative, and academic offices are located in the UT Family Practice Center, 1100 East Third Street. The departmental phone is (423) 778-2957; fax number is (423) 778-2959, and the departmental e-mail address is Utfammed@erlanger.org. Calls regarding patient care should be made to (423) 778-8837 and not to the Family Medicine academic departmental number.

Vacation Policy

- The College of Medicine allows 15 days of vacation per academic year (Monday – Friday).
- Per ABFM guidelines, each residents is allowed 21 working days of time away from the academic program each academic year (July through June), without extending residency. Time away includes vacation, sick days and personal days.
- Vacation may not be more than one week for any one-month rotation. Vacation is not allowed during 2-week rotations (with the exception of UTFM outpatient), the Family Medicine Inpatient rotation, Inpatient and Ambulatory Pediatrics, General Surgery, Critical Care, Mother Baby (PGY 3), or Cardiology. *Please note* – you must include weekends in time away requests even though they do not come out of your time away bank. If you are taking a week off, we will try, but cannot guarantee both weekends.
- In order to assure all residents get their allotted vacation time, half of the resident's time away should be taken in the first half of the academic year. Any vacation not taken during the academic year may not be carried over to the following year. A "Request for Time Away" form must be completed and turned in to the Clinic Scheduler, Dr. Fox, by April 1 a year in advance of the next academic year. Any changes to the time requests should be submitted 3 months in advance.

All residents are required to be on campus the last week of June in order to ensure documentation/out processing is completed and department clinical responsibilities are covered.

HEALTHCARE DAYS:

As part of the health care community and in agreement with ACGME requirements for Graduate Medical Education, we recognize the importance of our commitment to providing an environment supporting optimal health and well-being for our residents. For preventative care please try to schedule three months in advance to avoid clinic days, conference days and Fridays. Please indicate the time away request if you need off the AM or PM part of the work day.

SUBMISSION PROCESS:

The form must first be signed by the Chief Resident, then Program Director for Vacation, CME and Healthcare days. The Program Coordinator will give you an electronic copy of the approved document. DO NOT make travel arrangements until you know that your time away request has been approved. If there are questions regarding request appropriateness, the Program Director (PD) is the final decision maker in allowing time away.

Decision on elective rotations should be made in concert with the above timeline as well to ensure appropriate scheduling for that rotation. If a resident has not selected an elective by the deadline one will be selected for them.

Residents are responsible for arranging for another resident to cover his/her FPC patient care responsibilities during absences and should communicate who is covering their EMR desktop and office "hotbox" via the "out of office" mechanism in the electronic medical record.

Sick Days

As soon as a resident realizes he/she will be unable to work due to illness, he/she should contact his rotation supervisor, and the Program Coordinator (778-2957) to document the absence. Until your 21 days are exhausted, sick days will be counted against your 21 day absence allowance per American Board of Family Medicine (ABFM) policies. For protracted illnesses residents may be paid for up to 3 weeks of sick leave (including one weekend for each week of sick leave taken) per year in addition to the 21 days allowed by the ABFM. **NOTE:** all vacation days must be exhausted before using this option. Any time away from clinical training over and above the ABFM allotted 21 days must be made-up and will be added to the end of the residency (hence delaying expected graduation date). If unable to contact the Program Coordinator at her office regarding an illness which will keep you from duty, the resident must call the Program Coordinator (Elissa) on her cell phone at (559) 284-3054 to notify the residency officially. The Program Coordinator will contact a Chief Resident or Preceptor to identify and communicate a coverage plan for any clinical responsibilities that pertain to the sick resident (to include the electronic medical record desktop and clinic hotbox).

After 2 concurrent sick days, a doctor's note will be required.

Family and Medical Leave (FML)

Residents and Fellows who have been employed for at least twelve (12) months and have worked at least 1,250 hours during the previous twelve (12) month period are eligible for qualified family and medical leave under provisions of the federal Family Medical Leave Act (FMLA). FMLA provides eligible employees up to twelve (12) weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child or parent. Residents are required to use all available sick and annual leave days to be paid during FML.

The FM Department recognizes the importance of the early development of a relationship between parent and child and supports the use of time off for resident leave related to the recent birth or adoption of a child. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) months leave (paid or unpaid) for pregnancy and adoption. Keep in mind that the ABFM only allows a resident to be absent from training only 3 months due to continuity of patient care. After all available paid sick and annual leave has been taken; unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML

benefit run concurrently with paid leave or any leave without pay.

With advance notice, the Program Directors may grant unpaid leave after all available paid annual and sick leave has been taken as allowed under the following: maternity, parental, or adoptive leaves. Due to requirements set by the American Board of Family Medicine, any unpaid leave taken after all available paid annual and sick leave has been taken would extend the resident's training. For example, if the resident took 4 weeks above their paid annual/sick leave allotment; their residency training would be extended by 4 weeks.

Maternity, parental, or adoptive leave will be granted in conjunction with Family Medical Leave and Tennessee law. Except in case of emergency, all maternity, parental, or adoptive leave should be requested at least three (3) months in advance of all expected date of birth or adoption in order to ensure adequate coverage in the program.

ACGME Required Parental Leave (NEW)

Effective July 1, 2022, in accordance with new ACGME Requirements and our institutional GME Leave Policy #250, "Each Resident will be eligible to have an additional six (6) weeks (42 consecutive calendar days) of Paid Parental Leave one time during their training program. This additional paid leave is in addition to the regular paid Annual and Sick Leave provided for UT Residents. This paid Parental Leave must be used prior to regular GME Paid Annual and Sick Leave and in its consecutive entirety in one block. This paid leave is available for the mother or father for the birth or adoption of the child. Additional Paid Annual and Sick Leave may be added to this 6-week benefit. The leave must be used immediately following the birth or adoption of the child unless both parents are Residents. Should both parents be UT Residents, each may use their leave concurrently or consecutively, but the total time off (paid and unpaid) can be no more than 16 weeks. It is the responsibility of the Resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements which could dictate an extension of training. Should a second birth or adoption take place during the training program, only the regular GME Paid Annual and Sick Leave are available as paid time off, but all FMLA and other protected unpaid time (e.g., TPLA) are still available."

Job/Fellowship Interviewing

The Family Medicine Residency allows 5 working days throughout the residency to pursue job/fellowship interviews. These experiences are considered part of a longitudinal learning experience in the practice management rotation and do not count against the 21 days allotted by the ABFM annually. As soon as the resident is invited to interview for a job or fellowship he should submit a Time Away Form to Clinic Scheduler (currently Dr. Fox).

Continuing Medical Education Requests

Residents can request up to a 5 work day maximum absence annually for educational conferences that are deemed to be sound educational experiences. The CME time away request must be submitted 3 months prior to the event in keeping with above noted deadlines pertaining to time away requests. Please discuss with the Clinic Scheduler to request an exception to this timeline. Additionally residents should receive prior approval from the Program Coordinator regarding the worthiness of the educational experience (at least 6 hours of didactics/study daily) by submitting the brochure before the time away deadline. Once approved, the residency coordinator will submit a UT Travel Authorization form to the Dean's office for approval. **DO NOT** make any travel arrangements before the residency coordinator gives you feedback that the CME conference was approved. The

Dean's office will pay the registration fee if they approve the conference attendance. Once approved by the Dean's office, an administrator in their office will arrange travel for the event (resident will not have to expense out for this). All other expenses (lodging, meals, etc.) will be paid for by the resident and reimbursed upon return to duty. Original receipts must be submitted within 5 business days of returning from your trip in order to route appropriate reimbursement documentation to the Dean's Office within 30 days of your return. Conferences residents should consider are those that are approved for AAFP credit and that provide an average of six hours of credit each day.

The University does provide funding for each department to use for resident professional development reimbursement (travel for external CME conferences and other educational materials). That money is allocated at the discretion of each Department Chair and Program Director. The Family Medicine Department has determined that each resident has an annual professional development reimbursement limit of up to \$650 per PGY-1 resident, \$900 per PGY-2 resident, and \$1200 per PGY-3 resident for educational conference reimbursement or book/supplies reimbursement, etc. in accordance with UT Travel Policy and GME Professional Development Reimbursement guidelines. These funds are subject to availability at the time of the request. Specific information regarding receipts, allowable expenses, documentation, etc., should be addressed with the Program Coordinator prior to the trip. [Note: Residents must seek pre-approval from both the Program Director and the GME Director if requesting a rental car. Such expenses will not be reimbursed unless approved by both in advance of the trip.] It is the responsibility of each resident to follow and adhere to UT policies and deadlines. ***The UT College of Medicine Chattanooga has agreed that residents cannot be reimbursed if they purchase a travel package bundle since individual expenses, coach fare designation, and taxes frequently cannot be separated and itemized per UT policies. Residents must submit ALL travel request forms NLT 1 March of each academic year.***

UT GME office provides reimbursement for books and equipment each year. For electronic equipment the limit is \$250. Original receipts and the shipping receipt must be submitted to the Program Coordinator as soon as possible after purchase date in order to allow time to prepare reimbursement documents within 30 days of the purchase date. Reimbursed book expenses will be deducted from the annual allotted CME allocation.

Per UTHSC policy- CME funds can be used to pay for Step 3 as this is a requirement for progression to PGY3. They **may not** be used to pay for ABFM Board Exam.

Per UTHSC policy- PGY 3 CME funds will be used for ABFM board preparation course should resident not have and ITE indicative of passing.

Moonlighting

PGY-2 and PGY-3 residents interested in moonlighting must have prior approval from the Program Director by submitting a Moonlighting Request Form to the Program Coordinator. First year residents are not allowed to moonlight. *All moonlighting activities, including location and duty times, must be reported to the Program Director no less than monthly.* This information must be provided by the institution you are working for and kept on file by the Program Coordinator. Residents are responsible for their own professional liability insurance coverage when moonlighting. Regular and on-call duties must be attended to before consideration of moonlighting and the 80-hour per week limitation includes all moonlighting activities. A resident should never obligate themselves to an extent that moonlighting becomes a necessity or interferes with personal time, family time, or residency training. The department reserves the right to discontinue or

refuse permission to moonlight based on academic standing and/or performance.

Holidays

Although official the University does not guarantee residents time off for holidays, residents may be granted holidays off if the departments and facilities in which they are assigned also observe those holidays and are closed. Family Medicine Residents typically have the following holidays off unless assigned to a rotation that does not observe the holiday:

New Year's Day
Martin Luther King's Birthday
Good Friday
Memorial Day
Independence Day (July 4th)
Labor Day
Thanksgiving Day (2 days)
Christmas Day

Residents may have hospital or call responsibilities on some of these days as assigned by the Chief Resident.

Reporting Resident Time Off

In accordance with UT Policy, all employees must report time off. In addition to logging duty hours in New Innovations, all UT residents must complete and sign a Resident Time Off Report each month and submit to the Program Coordinator. This must be signed and submitted even for months when the resident has not taken time off. The regular "one day in seven completely free from duty" is not counted as time off that must be reported on this form. The Program Coordinator will provide each resident with procedure instructions for the form.

Dress Codes:

Please see the attached Erlanger and UTHSC COM dress codes attached.

Patient Care

Each resident will be assigned a panel of families for whom they will serve as primary Family physician. All patient encounters in the UTHSC clinic should be discussed with a preceptor. For patient safety and education, interns should precept every encounter with an attending physician prior to the patient leaving the office (no exceptions). As a general guideline, PGY-2 residents should precept after every other patient at a minimum and PGY-3 residents should precept after every 3rd patient at a minimum. Any exceptions to these guidelines should prompt notification of the preceptor.

Residents (and faculty) will provide comprehensive care to their patients at all times. This includes care in the office, as well as the hospital so that full continuity of care can be assured. Residents are responsible to check their EMR desktop for phone calls, test results and other correspondence daily. When away or not available, prior arrangements must be made with another resident to cover their clinical and administrative responsibilities during their absence. Please use the out of office assistant within the EMR to notify clinic staff of which resident is covering your patient panel in your absence. NOTE: The preceptors are not an acceptable coverage plan for your absence. Facilitating colleague coverage is something every physician must learn and practice throughout their career. All clinical phone calls/requests should be addressed within 24 hours of notification of the call (1 business day) with rare exceptions.

The Family Practice Center (FPC) is the primary place we care for our patients. The FPC patient care hours are Monday, Tuesday, Thursday and Friday from 8:00 AM – 12:00 PM and 1:00 PM – 5:00 PM, and Wednesday from 8:00 am – 12:00 PM. All residents, faculty and support staff that are scheduled for a morning office session should be present for the 8:00 am UTFP “huddle” which is held in the center area of our clinical area. This huddle is part of physician development and ensures that appropriate personnel are on hand to meet our patient care obligations. Residents will typically be assigned half day sessions as follows:

PGY-1	2 half day sessions
PGY-2	3 half day sessions
PGY-3	4-5 half day sessions

Variations to this schedule are rotation dependent and it is the resident’s responsibility to check the scheduling system (www.amion.com) as well as the EMR schedule frequently for any changes which may occur after original publication of the monthly schedule. In order to better serve our patients, it is our goal to have the clinic schedule finalized three months in advance which will undoubtedly produce some unexpected changes.

Admission: Patients are usually admitted from the Emergency Department, the FPC, a nursing home or by direct admission from an outlying facility. The resident seeing the patient will complete the H&P and admitting orders. The Family Practice attending must be notified of all admissions with discussion of each patient prior to admission. Any admitted patient’s primary physician must be notified as early as possible regarding the admission and must make regular visits to his/her patients for continuity purposes as stipulated in the ACGME Family Medicine requirements. While all care and documentation of admitted patients is the responsibility of the UTFP inpatient team, a VERY brief PCP “social visit” note should be entered when seeing your admitted patients for continuity purposes and logged in New Innovations.

UTFP Inpatient Call Assignments

1. The Call Schedule will be made by the Chief Resident. Any changes to the UTFP Inpatient call schedule must be approved by the faculty liaison for the Inpatient Rotation (Dr. Leslie Griffin).
2. Weekend call will be considered 24 hours (plus 4 hours for continuity of care) hours on Saturday (6 a.m. to 10 a.m. the next day & 12 hours on Sunday (6 a.m. to 6 p.m. the same day). Hours may on rare occasions be extended to facilitate continuity of care but should be the exception rather than rule. **NO NEW PATIENTS SHOULD BE TENDED TO AFTER 24 HOURS OF DUTY.**
3. Week day call (Night float), is considered Sunday through Friday, is 5 p.m. to 6 a.m. An exception will be the Friday evening for Night float call which will last until 10:00 am the next morning to facilitate continuity of care for UTFP inpatients. **NO NEW PATIENTS SHOULD BE TENDED TO AFTER 24 HOURS OF DUTY.**
4. Holidays will be considered similar to weekends and an attempt will be made to distribute these evenly at each year group level.
5. All UTFP inpatient team weekend or holiday post-call residents should be available to round with the UTFP inpatient the day following their night call.
6. Post call residents shall not be responsible for assessing new patients in the four hour continuity of care window. Residents must keep track of their duty hours and notify their attending if they are approaching the RRC defined limits. The duty hour limits shall not be exceeded except in extenuating circumstances, as defined by the Family Medicine RRC rules. Examples of extenuating circumstances include:

- A. Care of a critically ill or unstable patient
- B. Situations where humanistic concerns for the resident or family require additional attention.
- C. Cases of great educational importance

The resident who exceeds duty hours shall notify the program director of the circumstances of the event via New Innovations (electronic residency management system) and shall appropriately hand over the care of the patient prior to going off duty at their earliest opportunity.

7. Overnight admission/consultation documentation procedures:

Any admission H&P or consultation note which is presented to the overnight cross-cover attending should be sent to the attending the case was discussed with if it occurs before midnight. These patients should have a next morning progress note completed by the day team prior to morning rounds. Any admission H&P or consultation which is presented to the overnight cross-cover attending AFTER MIDNIGHT should be sent to the rounding attending for the week but annotating within the note who the case was discussed with.

UTFP Continuity OB Requirements

1. All UTFP OB patients will have an assigned primary and secondary continuity resident. Every effort should be made to have either the primary or secondary resident see the patient for their routine prenatal visits.
2. When presenting for delivery, the primary or secondary resident must be available to provide oversight and management of their respective continuity obstetric patient's management while in active labor. It is preferable to have both primary and secondary residents present for delivery. Either the primary or secondary continuity resident are required to provide all in hospital postpartum and newborn care for their "continuity" deliveries during weekdays. Please coordinate with the OB/Peds attending on call and the inpatient team for variances.
3. At least 1 UTFP resident must be present at all UTFP OB deliveries regardless of the route of delivery.
4. Exceptions to these policies must be coordinated through the faculty obstetric attending managing each patient.

Teaching Responsibilities

The education of junior residents, M-3 and M-4 students is expected of all residents, especially senior residents.

Completion of Records

Medical records are to be completed proximate to a patient's visit in the Family Practice Center and must be completed no later than two business days following an outpatient encounter. A complete H&P and EMR database must be completed by the third office visit. Inpatient H&Ps must be completed at the time of the patient's admission to the hospital. Inpatient Discharge summaries must be dictated on the day of discharge from the hospital. All phone orders must be signed within 24 hours. All inpatient H&Ps and Discharge Summaries must be completed to include observational status admissions. Completing records in a timely manner is a significant component in a physician's professional development. If a resident experiences recurrent or significant delays in completing documentation in a timely fashion, disciplinary actions can and will be taken.

Inpatient Rounds

Inpatient rounds are done on a daily basis with review of pertinent history, physical, diagnostic data, assessment and plan and recorded in a progress note in SOAP format. **All inpatient progress notes should be completed by the start of rounds each day.**

Procedure Log Books

All procedures must be logged into New Innovations by the resident and are monitored on a quarterly basis. If the procedure is done with a preceptor outside of the Family Medicine Department, the resident must record the preceptor's name in the procedure entry log and send the confirmation to their faculty advisor for verification/authentication. All procedures done with Family Medicine departmental attendings should be routed to that preceptor for verification. Procedures must be kept up to date and will be reviewed at each advisor meeting and program director review meetings. Careful documentation is needed to support a recommendation for hospital privileges in various procedures. Each resident will provide a yearly summary of procedures for Program Director review prior to the annual evaluation.

Scholarly Activity Expectations

Weekly didactics are held every Wednesday afternoon from 12:30 – 5:00 PM. Attendance is mandatory, the only exceptions are the seniors on Inpatient, and residents on a Night Float rotation.

All residents are required to complete scholarly activity projects per ACGME guidelines. These projects help prepare each resident for a lifetime of self-education and demonstrate their developing ability to critically evaluate medical research/literature. They also reflect the resident's awareness of the basic principles of study design, performance, analysis, and reporting, as well as the relevance of research to patient care.

Residents have options to select from to meet their scholarly activity requirements. Each resident selects their scholarly activity project in consultation with their faculty advisor, and residency research director (Dr. Gunn).

Each resident must complete two scholarly activity projects total (1 from each category)

Category 1 (Clinical)

- a) Primary Clinical or Medical Educational research project (abstract must be submitted to UTCOM-Chattanooga Annual Research Day) OR
- b) Integrative Research consisting of one Family Practice Inquiry Network (FPIN) Help Desk Answer (HDA) OR Family Practice Inquiry Network Clinical Inquiry (CI) OR Priority updates from the Research Literature Surveillance system (PURLs) OR
- c) Clinical Case Report submitted to the UTCOM-Chattanooga Annual Research Day OR
- d) Co-authoring *an American Family Physician* or equivalent evidence-based article

Category 2 (Quality Improvement/Patient Safety)

- a) One Quality Improvement/Patient Safety project submitted to the UTCOMC Annual Patient Safety/Quality Improvement Day

NOTE: To receive credit for any of the above scholarly activity items, residents must at a minimum present their findings to a group of peers. Our residency sponsors a UTFP Research Day in the last two weeks of June for graduating residents to present their clinical and quality research work.

See attachment for details.

Promotion/Advancement Criteria

PGY-1 to PGY-2 – Pass all rotations, be in good academic standing as determined by the Clinical Competency Committee.

PGY2 to PGY-3 – Pass all rotations, be in good academic standing as determined by the Clinical Competency Committee and pass Step 3.

PGY3 – Graduate – Pass all rotations, be in good academic standing as determined by the Clinical Competency Committee, meet 1650 clinic continuity encounters, and meet eligibility requirements for ABFM certification.

I acknowledge that I have read and understand these resident guidelines.

Resident Signature

Date

Erlanger Dress Code Review

Clinical Staff

No jackets/sweaters are to be worn in caring for patients. A uniform jacket/lab coat may be worn.

Closed toe shoes with socks or hose

No artificial nails

Shoulder length hair or longer will be secured up and back from the face

No perfumes or lotions

No dangling jewelry or large stone rings

Non-Clinical Staff

Professional business or casual office attire

Skirts no more than 3 inches above the knee

Open toed sandals are permitted. No beach or exercise sandals

Capri pants (right above the ankle) are acceptable

NO perfume and perfumed lotions

Applicable to all Staff

Nametags must be visible at all time and worn above the waist

No form fitting or excessively baggy clothing (to avoid suggestions or sloppy appearance)

No sheer or see through clothing

No camouflage or denim

Piercings: No more than 3 per ear; No facial or tongue piercings (may have nude nose plug); No gauge (button) piercing

Hair color must be a color that can grow naturally (No pink, green, purple, etc.)

Beards & mustaches neatly trimmed and no droop over upper lip

Tattoos larger than 2 inches in diameter or 3 inches long must be covered

Jewelry must be conservative and professional

Uniform Colors

RNs & LPNs: Royal blue scrubs

MAs & PCTs: Wine scrubs

Exceptions: Children's employees may wear child-friendly tops with appropriate color scrubs

White lab coats are reserved for licensed professional clinical staff

Exceptions to Policy or Failure to Follow Policy

Special events or holiday dress days will be announced through Human Resources

Management may send an employee home if the employee does not abide by the provisions of this policy or the "image" Erlanger Health System has established

Failure to follow Policy will result in a Notable Disciplinary Action (Failure to follow Job Instructions)

**Online Handbook
GME and Erlanger Policies
Lab Coats and Dress Code**

Erlanger has established a dress code policy for residents and medical students that basically outlines appearance as “neat, clean, and professional.” Men should wear business-type slacks with shirt and tie. Women should wear business type dress or suit, or slacks/skirt with neat blouse or top. Conservative dress shoes with socks or hose must be worn. Clean, conservative tennis or running shoes are permitted due to long work and call hours.

Residents must wear UT-issued white lab coats. These have the UT logo monogrammed and denote the individual's name. Each coat also indicates that the individual is a UT Resident in a specific department. Residents must also wear their Erlanger Photo ID badges with the personalized lab coats. Lab coats will be distributed to new residents at New Resident orientation. Replacement coats for returning residents (with the UT logo and monogrammed name) will be distributed by the end of summer via the departments.

Blue scrub suits are to be worn only in restricted areas of the hospital (ICU, Labor and Delivery, operating rooms, etc.), and are not to be worn outside these areas. Violations of this policy can lead to infection control problems as well as depleting the hospital's supplies of scrub suits for the operating rooms and ICU areas. Erlanger's dress code policy does not allow any employee to leave the hospital in scrub suits.

Medical students follow the same dress code as do residents with a small difference – they wear the short, white lab jackets. UT medical students are required to have the UT Medical Student patch denoting their status as well as continuing to wear the Erlanger Photo ID badge which further indicates their student status.

Both residents and medical students are responsible for laundering their own coats and jackets. Erlanger does not provide laundry service.