

“We Practice What We Teach”



Graduate Medical Education Institutional Policies 2020-2021

Welcome ...



- **R. Bruce Shack, MD, FACS**, Professor and Dean
UT College of Medicine Chattanooga
- **William L. Jackson, Jr., MD, MBA**
President and Chief Executive Officer, Erlanger Health System
Professor, UT College of Medicine Chattanooga, Department of Medicine
- **Robert C. Fore, EdD, FACEHP, CHCP**, Professor and Associate Dean/Designated Institutional Official (DIO), and Chair, Graduate Medical Education Committee (GMEC)
UT College of Medicine Chattanooga



- **Giuseppe Pizzorno, PhD, PharmD**: Professor and Associate Dean for Research, UT College of Medicine Chattanooga; and Chief Research Officer, Erlanger Health System
- **Mukta Panda, MD, MACP and FRCP-London**, Professor and Assistant Dean for Medical Student Education and Well-Being
- **Alan Kohrt, MD, FAAP**: Professor and Assistant Dean for Faculty Development (including Quality Improvement and Patient Safety)
- **Cindy Olson**: Assistant Dean for Finance and Administration

Welcome to the University of Tennessee College of Medicine Chattanooga and our Graduate Medical Education Programs. We are honored that you have selected our institution and our primary affiliated hospital and clinical training site – Erlanger Health System – to continue your education and look forward to working with you and helping you achieve your professional and personal goals. We hope you find your experience here challenging, satisfying, and intellectually stimulating.

of Chattanooga), was opened in 1899 near the hospital in downtown Chattanooga and immediately formed an amiable relationship with Erlanger. The first intern at Erlanger was a 1900 graduate of the Chattanooga Medical College, Dr. German Haymore. The American Medical Association officially approved Erlanger's internship program in 1915. Other residency programs offered at Erlanger over the next few decades included: Rotating Internship, Anesthesiology, Internal Medicine, OB/GYN, Ophthalmology, Oral Surgery, Orthopaedic Surgery, Pathology, Pediatrics, Plastic Surgery, Radiology, and Surgery.

In 1973, as a result of a grassroots effort organized by citizens concerned with the quality of local health care, the Tennessee State Legislature established a Chattanooga Clinical Education Center of the University of Tennessee College of Medicine. Erlanger Medical Center was selected as the primary training site and included T.C. Thompson Children's Hospital and the Willie D. Miller Eye Center. An affiliation agreement was signed between the hospital and the University of Tennessee, whereby the University assumed educational responsibility for all medical education programs at these facilities.

Today, the Chattanooga Campus, now called the University of Tennessee College of Medicine Chattanooga, remains a viable part of a Statewide Network of Graduate Medical Education and is a component of the main medical school campus in Memphis. Our primary clinical training site remains Erlanger Health System, including the Erlanger Baroness Campus (downtown), Children's Hospital at Erlanger (located adjacent to the Baroness campus), Erlanger East, and Erlanger North. Check out the [Erlanger website](#) and [Erlanger Fast Facts](#). The UT College of Medicine Chattanooga sponsors the following 21 programs for academic year 2020-2021 with 195 Residents and Fellows enrolled:

ACGME Accredited Programs	Non-Standard Fellowships	Non-Standard Body
Cardiovascular Disease Fellowship	Minimally Invasive Gynecologic Surgery Fellowship	Association of Advanced Gynecologic Laparoscopists
Colon & Rectal Surgery Fellowship	Neuro-Interventional Surgery Fellowship	None
Emergency Medicine Residency	Orthopaedic Trauma Surgery Fellowship	Orthopaedic Trauma Association
Emergency Medical Services Fellowship	Plastic Surgery Trauma Mini-Fellowship	None
Family Medicine Residency	Transitions to Practice in General Surgery Fellowship	American College of Surgeons
Gastroenterology Fellowship	Ultrasound Fellowship (Emergency Medicine)	None
Internal Medicine Residency		
Obstetrics & Gynecology Residency		
Orthopaedic Surgery Residency		
Pediatrics Residency		
Plastic Surgery Residency		
Surgery Residency		
Surgical Critical Care Fellowship		
Urology Residency		
Vascular Surgery Fellowship		

**2020 – 2021 Graduate Medical Education Institutional Policies
Table of Contents**

Topic Index..... PAGE #

Introduction

Welcome.....	iii
Programs.....	iv
010: Statement of Institutional Commitment to GME	1
020: GME Mission, Vision, and Core Values	4
030: Designated Institutional Official (DIO) Responsibilities.....	6
040: Designated Institutional Official (DIO) Designee	10
050: GMEC Responsibilities	11
060: New Innovations Policies and Procedures	14

GME Institutional Policies

100: Resident Recruitment, Selection and Appointment.....	17
101: GME Position Statement-Resident Selection and Recruitment	21
110: Equality Employment Opportunity/Affirmative Action.....	22
120: Resident Annual Agreement of Appointment	24
125: Non-Compete	32
130: Criminal Background Checks	33
140: Visas.....	35
150: Technical Standards for Prospective Residency Applicants.....	36
160: Accommodations for Disabilities.....	38
170: Resident Transfers.....	39
180: Visiting Resident Approval.....	40
181: Form – Visiting Resident Approval	42
185: Request for Sponsored Clinical Observing Experiences with Faculty Physicians	44
*200: Funding for Call Meals and Café Hours	45
210: House Staff Association and Resident Advisory Board	47
*220: Resident Stipend Rates 2020-2021	50
*221 Resident Stipend Level	52
*222: GME Institutional Well-Being.....	53
*225: Resident Support Services	56
*230: Resident GME Insurance Benefits.....	68
*240: Lab Coats and Dress Code	71
*245: ScrubEx System Use	73
*250: GME Leave Policies	74
*255: Reporting Resident Time Off	78
*256: Form – Reporting Resident Time Off.....	80
*260: License Exemption and Prescribing Practices	81
270: Loan Deferment	82
*280: Immunity from Professional Liability vs Malpractice Protection	83
*290: Establishing a Primary Care Physician & Treating Other Trainees.....	87
*300: ACGME and CLER	88
*310: Resident Learning and Working Environment	90
*320: Aid for Impaired Residents (AIRS)	95
*330: Clinical Experience & Educational Work Hours (Duty Hours)	96
*335: Clinical Experience & Educational Work Hours–Logging and Monitoring	101

Topic Index PAGE #

*340: Fatigue and Stress.....	102
*350: Moonlighting	105
*355: Moonlighting - Form to request permission to engage in moonlighting.....	107
*360: Patient Handoffs and Transitions of Care.....	108
*370: Patient Photography, Recording, Texting, & Email Restrictions	112
*380: Quality Improvement/Patient Safety (QIPS)	113
*385: Instructions to Access IHI Open School Online Modules	118
*400: Resident Supervision	119
*405: Patient Care Settings and Resident Supervision Standards	124
*410: Sexual Harassment	127
*430: Social Media Guidelines	130
*440: System for Incident and Near Miss Reporting (eSafe).....	132
500: Program Letters of Agreement	133
510: Program and Educational Goals and Objectives	134
*530: Off-site Rotation Approval	135
*535: Form – Off-site Rotation Approval.....	136
540: Program Closure or Reduction	141
550: GME Institutional Disaster Policy	142
*560: Healthcare Principles in Practice Series	145
*600: Confidential Evaluations of the Faculty, Rotations, and Program	146
*610: Resident Evaluations Including Final Summative Evaluations	147
*620: Resident Reappointment, Promotion, Non-Renewal, & Termination	164
*630: USMLE Requirements	167
640: Clinical Competency and Quality Improvement Committee	170
650: Program Evaluation Committee and Annual Program Evaluation (APE)	173
660: Special Focused Review Protocol	176
*700: Disciplinary Actions and Dismissal	181
*705: Academic Performance Improvement Actions	184
*710: Academic Performance Improvement Plan (PIP)	187
714: Performance Improvement – Single Incident Documentation	191
715: Performance Improvement Plan (PIP) – PD Checklist	193
716: Performance Improvement Plan (PIP) – Outcome	197
*720: Academic Appeals and Due Process	198
*730: Grievances and Complaints (Non-Academic Issues & Non-Discrimination)	202
*740: Pre-Employment Drug Testing	203
741: Consent for Pre-Employment Drug Testing	204
*745: Fit for Practice Examination and Drug Testing for Cause	206
*745 Attachment A Drug Testing for Cause Checklist.....	211
*745 Attachment B Authorization for Release of Information for Fitness for Practice Evaluation.....	212
*750: Resident Travel & Professional Development Reimbursement	213
*760: Severe Weather	218
*770: Professionalism	225
*780: UT Work Rules	222
800: Vendor and Industry Guidelines	224
810: Release of Information to the News Media	229

UTHSC and UT Systems Policies

UTHSC Consensual Relationships between Faculty and Students**	230
UTHSC Medical Student Mistreatment Policy	237

Link to UTHSC Main Campus Policies: www.uthsc.edu/policies

Link to the UTHSC Faculty Resources (including the Faculty Handbook):

Web Link: <http://uthsc.edu/afsa/faculty-affairs/faculty-resources.php>

Policy Link: [Policy: Consensual Relationships between Faculty and Students**](#)

Link to UT System Policies: www.tennessee.edu/policy

*Code of Conduct - UT System Policy HR0580239

*Drug Free Campus and Workplace - UT System Policy HR0720249

360: Infection Control - UTHSC GME Policy #360

361: Infection Control – TB - UTHSC GME Policy 361

Other UTHSC and UT Systems Policies

UTHSC Protocol – Exposure to Blood and Body Fluids

UTHSC Workers Compensation Links for all Campuses

[Workers Compensation Benefits \(UTHSC HR\)](#)

[Workers Compensation Packet-on the job injuries, accidents, exposures, Chattanooga](#)

[UT State of Tennessee Workers Compensation Claims Process and Instructions](#)

*Files denoted with an Asterisk * were distributed individually for review in the UT GME Institutional Policies Onboarding Checklist in New Innovations and the Erlanger Policies Onboarding Checklist in New Innovations.

**The term “Students” is broadly defined to include undergraduate, graduate, and professional students, as well as other trainees – including Residents and Fellows.

All UT GME and UTHSC policies and procedures listed are individually available on the UT College of Medicine Chattanooga website as well as the New Innovations Intranet.

Erlanger Health System Policies Impacting Residents

****EHS Policy #**

***Disclosure (NEW)**

***EHS Alert Instructions (New)**

***2019 ACLS Guideline Update for Epinephrine Administration**

*Abuse Reporting	8316.1055
*Active Shooter – Code Silver / Code Lockdown	8316.1073
*Advance Directives	8316.958
*Appropriate Use of Electronic Communication and the Internet	8316.993
Automatic Lock of Erlanger Workstations and Systems Log off	8316.994
Blood and Body Fluid, Management of (Erlanger Infection Prevention)	8304.015
*Brain Death Determination for Adult and Pediatric Patients	8316.004
Cell Phones and Personal Communication Devices	8316.117
Code Definitions	8316.1021
Code Lockdown	8316.1068
Communicable Disease Reporting (Erlanger Infection Prevention)	8304.025
Corporate Privacy and Information Security Officer	8316.1004
Data Integrity and Security	8316.1000
De-Identification and Re-Identification of Protected Health Information	8316.1084
Device and Media Accountability	8316.1001
Diversity	8316.1054
*Donation after Cardiac Death (Adult)	8316.1018
*EHS Social Media Policy	8316.1062
Electronic Data Safe Harbor Protection and Encryption	8316.1160
Erlanger Code of Conduct (Erlanger Compliance)	
* Erlanger H.E.A.R.T. Principles of Conduct	
Erlanger Emergency Management Plan	8316.221c
Erlanger Emergency Operation Plan, All Hazards	8316.221d
*Erlanger Health Record Policy	8316.1198
Hand Hygiene (Erlanger Infection Prevention)	8304.060
HIPAA Sanction Policy	8316.1023
Incident Stress Report	8316.1019
Influenza Vaccination Program	8316.1069
Information Resources Management	8316.1003
Isolation Precautions (Erlanger Infection Prevention).....	8304.075
Language Access for Deaf, Hard of Hearing, Limited English Proficiency (LEP)	8316.1075
Management of Network Connections and Remote Control	8316.1007
Privacy and Data Security Incident Response	8316.1002
Protection against Malicious Software	8316.1012
Protected Health Information Breach Risk Assessment and Notification.....	8316.1041
Occurrence Reporting	8316.074
*Organ/Tissue Recovery	8316.953
Ownership and Responsibility for Information Resources	8316.1009
Patient Rights	8316.965
Photographing and Audio/Video Recording of Patients for Clinical Purposes	8316.1059
Photographing, Video Recording, Audio Recording, and Other	
 Imaging of Patients, Visitors and Workforce Members	8316.1061
 Photography and Recording Restrictions within Erlanger	8316.942
 Physical Access to Critical Information Resources	8316.1010
 Physician Signature Rule Policy	8316.1077
*Professional Dress Code – Erlanger Human Resources	8327.0800
Release of Sensitive Information	8316.1185

<u>Erlanger Policies Impacting Residents (Continued)</u>	<u>(Erlanger Policy #)</u>
Reporting Policy – Office of Compliance	8316.976
*Resuscitation, Do Not (DNR) / No Code / Limited	8316.954
Staff Rights (Staff rights, abortions, sterilizations, etc.).....	8316.007
Standard Precautions (Erlanger Infection Prevention)	8304.205
Termination of Physician/Patient Relationship- Erlanger Physician Practices	8316.1072
*Tobacco Free Environment.....	8316.060
Training and Education (Compliance, HIPAA, etc.)	8316.955
Tuberculosis Control Plan (Erlanger Infection Prevention)	8304.095
*Urinary Catheters, Management and Care of (Erlanger Infection Prevention	8304.105
*Withdrawal of Artificial Life Support/Terminal/End of Life Palliative Care	8316.011

Erlanger Medical Staff Rules and Regulations

*Rules and Regulations of the Medical Staff.....	#1 - #42
*Consults.....	#15
*Physician to Physician Consultation Letter	#15
*Tip Sheet for Resident Charting Responsibilities	

***Files denoted with an Asterisk * were distributed individually for review in the Erlanger Orientation Presentations Checklist in New Innovations.**

****All Erlanger policies listed are available on the Erlanger Intranet. You will be able to access the Erlanger Intranet from within Erlanger and remotely through the Physician Portal once you complete Erlanger computer and EPIC (eChart) training.**

During or before your Erlanger computer training, Residents receive their Erlanger computer username and password.

**Statement of Institutional Commitment to Graduate Medical Education
The University of Tennessee College of Medicine Chattanooga
2020 - 2021**

The Board of Trustees of the University of Tennessee, its University of Tennessee College of Medicine, its College of Medicine Chattanooga, and its participating hospitals are committed to the education of health care professionals and providers and excellence in medical education. Our campus, The University of Tennessee College of Medicine Chattanooga (UTCOM Chattanooga), is part of a statewide network for Graduate Medical Education (GME). The UTCOM Chattanooga provides the educational environment and opportunities to meet the needs of all our Residents* and facilitate their professional, ethical, and personal development. This is consistent with the mission of the overall College of Medicine to create an environment that provides our Medical Students and GME trainees with the education and clinical experiences that will help them become skilled and compassionate physicians.

The UT Board of Trustees, the UT College of Medicine Chattanooga Administration, and our GME Community are committed to and responsible for promoting patient safety and Resident well-being, and for providing a supportive educational environment. The leadership of the UT College of Medicine Chattanooga supports safe and appropriate patient care through an effective clinical and didactic curriculum, evaluation, and Resident supervision.

Educational Resources

The UT College of Medicine Chattanooga is currently the sponsor 15 Chattanooga-based training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). In addition, the institution also sponsors six (6) non-standard fellowship programs. For the 2020-2021 academic year, the institution will have 195 Residents and Fellows enrolled in its ACGME-accredited programs.

The UT College of Medicine Chattanooga leadership provides oversight necessary to foster Graduate Medical Education Programs in which physician enrolled in training develop personal, clinical, and professional competence under the guidance and supervision of Faculty and staff. The UT College of Medicine Chattanooga Graduate Medical Education Department is committed to providing a scholarly environment in which Residents are viewed as graduate students. The GME Department ensures the progression of responsibilities through clinical experience, knowledge, and skills.

The UT College of Medicine Chattanooga ensures that all Residency Programs define, in accordance with their respective specialty requirements, the specific knowledge, skills, attitudes, and educational experiences required, in order for each Resident to demonstrate competence in the following domains:

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health conditions and problems and the promotion of health.
2. **Medical Knowledge** of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, and the application of this knowledge to patient care.
3. **Practice-Based Learning and Improvement** enabling the Resident to investigate and evaluate their patient care, to appraise and assimilate scientific evidence, and to continually improve patient care based on constant self-evaluation and life-long learning.
4. **Interpersonal and Communication Skills** that result in effective communication exchange and collaboration with patients, their families, and other health professionals who are members of the team.

5. **Professionalism** as manifested through a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. **Systems-Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Financial Resources

All Residents in our ACGME-accredited and Non-Standard GME Programs receive the same level of compensation for their appropriate level of training within the programs and are paid by the University of Tennessee in accordance with the Statewide GME Resident Stipend Scale. In addition, the UT College of Medicine Chattanooga and its Graduate Medical Education Department maintain comprehensive group health, vision, dental, life, and disability insurance plans for all trainees. The group health insurance plan includes behavioral health benefits. The GME Department for our institution provides educational support funds to each program. As employees of the State of Tennessee, Residents have absolute immunity from professional liability and malpractice claims for their clinical and educational activities and responsibilities through the Tennessee State Claims Commission Act of 1985. Supervisory funding for Faculty supervision activities is funded to the University from the teaching hospitals following negotiation between the UT College of Medicine Chattanooga Campus Dean and the teaching hospital and is allocated to Faculty commensurate with their supervision and teaching responsibilities by the Dean, Director of Finance and Administration, the Designated Institutional Official (DIO) who is also the Associate Dean for Academic Affairs, and the GME Department.

Human Resources

- All teaching Faculty hold regular paid, affiliated, or clinical faculty appointments in the appropriate department(s) of the UT College of Medicine Chattanooga.
- The UT College of Medicine Chattanooga and its Graduate Medical Education Department are responsible for the administrative support of the Residency programs.
- The main GME Department of the UT College of Medicine Chattanooga has four full-time staff for 2020 – 2021 including
 - Associate Dean for Academic Affairs and Designated Institutional Official (DIO)
 - Director for Graduate and Medical Student Education
 - GME Financial Specialist
 - GME Lead Coordinator
- The Associate Dean/DIO chairs the campus Graduate Medical Education Committee (GMEC).
- The Director for Graduate and Medical Student Education and GME Lead Coordinator positions primarily focus on institutional and program oversight.
- Each GME Program has a Program Director and Program Coordinator designated to provide administrative support.

Other positions interacting with the Graduate and Medical Student Education Department include

- Associate Dean for Research
- Assistant Dean for Medical Student Education and Well-Being
- Assistant Dean for Faculty Development
- Medical Student Services Specialist

Summary

The UTCOM Chattanooga affirms that its leadership:

- Understands that GME is an integral part of the College of Medicine mission.
- Is committed to providing the necessary financial support for administrative, educational, and clinical resources, including human resources and personnel, to accomplish the clinical, educational, quality, safety, and scholarly objectives for our individual GME programs and those of the institution.
- Supports an organized administrative system to oversee all GME programs through the activities of the Graduate Medical Education Committee (GMEC), the Accreditation Council for Graduate Medical Education (ACGME) Designated Institutional Official (DIO), and the Graduate Medical Education Department of the UT College of Medicine Chattanooga.
- Maintains an atmosphere of inquiry, learning, and scholarly interaction.
- Is responsible for patient safety and Resident well-being, and for providing a supportive educational environment.
- Supports safe and appropriate patient care and quality education, with its affiliated training sites, through curriculum development, evaluation, and Resident supervision.
- Provides leadership and necessary resources for GME to be in substantial compliance with Institutional, Common, and Specialty-Specific Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME).

This “**Statement of Institutional Commitment**” is supported by the University of Tennessee Board of Trustees; the Chancellor of the University of Tennessee Health Sciences Center; the Dean of the UT College of Medicine Chattanooga; the DIO of the UT College of Medicine Chattanooga, the institution’s Graduate Medical Education (GMEC); the institution’s Graduate and Medical Education Department; the institution’s teaching Faculty and staff; and the administration and Board of its primary clinical training site, Erlanger Health System.

*The term “Resident” refers to both Resident and Fellow trainees.

Approved by the GMEC 5/16/2017 with administrative edits 06/19/2020.

GME MISSION, VISION, AND CORE VALUES**Mission**

The University of Tennessee College of Medicine Chattanooga (UTCOCM Chattanooga) will be a top-tier medical education/ health sciences institution. As part of the University of Tennessee Health Science Center, the Chattanooga Campus subscribes to a four-fold mission of excellence in education, patient care, research, and service.

Our mission is to provide comprehensive and state-of-the-art education for our students, the region's health care professionals, and the health science professionals who educate them at our primary clinical training site, Erlanger Health System, and our other affiliated sites.

Our mission will be in concert with the goals and initiatives of our clinical partners, particularly our primary training site, Erlanger. We will work with their administration and staff to fulfill all of the regulatory requirements of the Accreditation Council for Graduate Medical Education (ACGME), Accreditation Council for Continuing Medical Education (ACCME), Joint Commission for health care organizations (JC), Southern Association of Colleges and Schools (SACS), the State of Tennessee and other appropriate accrediting bodies. Together we will strive to meet the needs of our community, our region, and our state.

Goals

We will educate the future leaders in the field of medicine, *"Blending the Art and Science of Medicine"*, and thus, reduce the burden of human illness and suffering.

Vision Focus Areas

Quality Education – The UTCOCM Chattanooga will provide the highest quality of state-of-the-art education for Medical Students, Residents*, and practicing physicians in an integrated, multidisciplinary environment. Faculty will be recruited, supported, and retained to teach, engage in scholarly activity and clinical research, and provide the highest level of healthcare for area patients.

- Cutting-Edge, Nationally-Recognized Research - Recognizing that medical education must be built on a strong scientific foundation, Faculty, Residents, and Medical Students will engage in scientific research projects for the purpose of improving health and reducing the burden of illness globally.
- Health Enhancements for Greater Chattanooga Area (and Beyond) - The region will have improved health outcomes due to the work of the UTCOCM. Many of the institution's Medical Students and Residents will choose to stay in the region to practice; thus, our excellence translates into better regional healthcare.

Values

- Excellence - Superior performance will be expected from all Faculty, Staff, Medical Students, and Residents.
- Fiscal Responsibility - Fiscal soundness will be the basis for all decisions regarding resources and how those resources are best utilized.

- Compassion and Social Responsibility - Faculty, Residents, Medical Students, and Staff will embrace the reason we are here: to contribute to health care one individual at a time. We will never lose sight of the fact that we serve individuals and their families, and they depend on us for their well-being.
- Diversity – The UTCOM Chattanooga will recruit, educate, and graduate an increased number of under-represented minorities, and we will work to reduce health disparities that exist for persons of color.
- Health Access – The UTCOM Chattanooga will work with physically and mentally challenged individuals and organizations advocating for these individuals to ensure access to top- level health care is available for those who may not be able to navigate through and access health services for themselves.
- Medical Community Integration and Enhancement - Recognizing that medical education is best when information is shared among the medical disciplines, the UTCOM Chattanooga will offer educational opportunities where all students, whatever their areas of specialty, will work together and learn that a collaborative medical community is a necessity.

Erlanger Core Values

Our values define who we are and how we act as stakeholders, individually and collectively. We live these values in all that we do. Values are inconsequential unless they drive our behavior, decisions and priorities. Values in action create a culture, and an organization's culture determines its success.

- **Honesty** - We believe in honesty and are fully transparent in all we do.
- **Excellence** - We distinguish ourselves by our commitment to deliver exceptional care, every time, demonstrating results in measurable ways.
- **Appreciation** - We recognize and value the significance of the individual, contributing to the outcomes achieved by the team.
- **Respect** - We recognize and advocate for the Erlanger team and for those served, embracing the power of appreciation, communicating and listening, treating each other with dignity, compassion and understanding.
- **Trust** - We earn the trust of others because we hold ourselves accountable and conform to professional standards of conduct.

Collaboration

The UTCOM Chattanooga will work to support the Strategic Plan of the University of Tennessee Health Science Center as well as those of our clinical partners.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/5/2019.

RESPONSIBILITIES OF THE DESIGNATED INSTITUTIONAL OFFICIAL (DIO)

The Accreditation Council for Graduate Medical Education (ACGME) requires that institutions sponsoring Graduate Medical Education (GME) programs be led by a Designated Institutional Official (DIO) in collaboration with a GMEC, and that they must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty specific Program, and Institutional Requirements.

Just as Program Directors are responsible for the organization and implementation of educational objectives at the program level, the DIO is similarly responsible for Resident* education and educational administration at the institutional level. In addition to the ACGME, a number of other educational and regulatory bodies impose requirements on our DIO.

Responsibilities of the DIO include all of the following:

Participation in the Institutional governance of GME programs

- Maintain current knowledge of and compliance with UT GME Policies
- Maintain current knowledge of and compliance with ACGME Institutional and Program Requirements (www.acgme.org)
- Participate and lead the GMEC, serve on its subcommittees and task forces, and Special Focused Review panels as requested including program representation at all GMEC meetings
- Cooperate promptly with requests by the various regulatory bodies for information, documentation, etc.
- Maintain accurate and complete institutional GME files in compliance with ACGME and with institutional records retention policies.

Educational Aspects of the Sponsoring Institution

- Ensure that programs provide an educational curriculum as defined in the ACGME Program Requirements for the specialty or, if a non-ACGME accredited program, periodic review/revision of the educational curriculum.
- Assist programs in identifying dependable measures to assess Residents' competence in other areas as defined in the ACGME Program Requirements for the specialty, and in their use.
- Participate in professional development programs for Program Directors and teaching Faculty.

ACGME accreditation matters

- Maintain current knowledge of and compliance with the ACGME Manual of Policies and Procedures for GME Residency Review Committees (www.acgme.org)
- Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to sponsored programs
- Prepare accurate and complete Institutional Review Document (IRD) prior to institutional site visits
- Oversee and certify annual update of ACGME's Accreditation Data System.
- The DIO must serve as a voting member of the GMEC.
- The DIO serves as the Chairs of the GMEC for the Chattanooga Campus.

- The DIO must ensure that the GMEC meets its responsibilities for oversight of the GME programs that include:
 - ACGME accreditation status of the Sponsoring Institution and each of its ACGME accredited programs;
 - Quality of the GME learning and working environment within the Sponsoring Institution; each of its ACGME accredited programs, and its participating sites;
 - Quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME.
- Review and approval of
 - GME policies and procedures;
 - Annual recommendations to the Sponsoring Institution's administration regarding Resident stipends and benefits;
 - Applications for ACGME accreditation of new programs;
 - Requests for changes in permanent Resident complement;
 - Major changes each program's structure or duration of training;
 - Additions and deletions of each of its program's participating sites;
 - Progress reports requested by Residency Review Committees;
 - Appointment of new programs directors;
 - Responses to Clinical Learning Environment Review (CLER) reports;
 - Requests for exceptions to Duty Hours Requirements;
 - Voluntary Withdrawal of ACGME program accreditation;
 - Requests for appeal of an adverse action by a Review Committee;
- The DIO and the GMEC must develop, prepare and maintain a statement documenting the Sponsoring Institution's commitment to GME, including providing the necessary financial support for administrative, educational, and clinical resources, including personnel. The statement must be reviewed, dated, and signed at least once every five years by the DIO, a representative of the Sponsoring Institution's senior administration, and a representative of the Governing Body.
- The DIO and Chairs of the GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). The DIO and GME must identify institutional performance indicators for the AIR which include:
 - Results of the most recent institutional self-study visit;
 - Results of ACGME surveys of Residents and core Faculty; and
 - Notifications of each of its ACGME-accredited programs accreditation statuses and self-study visits.
- The AIR must include monitoring procedures for action plans resulting from the review.
- The DIO must submit a written annual executive summary of the AIR to the Governing Body.
- The DIO and GMEC must demonstrate effective oversight of underperforming programs through a Special Focused Review process. The process must include a protocol that establishes criteria for identifying underperformance, and results in a report that describes the quality improvement goals; corrective actions; and process for GMEC monitoring of those outcomes.
- The Sponsoring Institution and DIO must ensure that the DIO has sufficient financial support and protected time to effectively carry out his or her educational, administrative, and leadership responsibilities.
- The DIO must engage in professional development applicable to his or her responsibilities as an educational leader.
- The DIO must ensure that sufficient salary support and resources are provided for effective GME administration.

- The DIO and Sponsoring Institution must provide a clinical learning environment ensuring quality educational programs that focus on the following areas:
 - Patient Safety
 - Healthcare Quality
 - Transitions of Care
 - Resident Supervision
 - Well-Being (formerly called Duty Hours Oversight, Fatigue Management, and Mitigation)
 - Professionalism
- The DIO and Sponsoring Institution must ensure that institutional GME policies are developed and followed:
 - A policy regarding the eligibility, selection, and appointment of Residents;
 - A written agreement of appointment that includes reference to:
 - Resident responsibilities;
 - Duration of appointment;
 - Financial support for Residents;
 - Conditions for reappointment and promotion to subsequent PGY levels;
 - Grievance and due process;
 - Professional liability insurance;
 - Hospital and health insurance for Residents and their eligible dependents;
 - Disability insurance for Residents;
 - Vacation, parental, sick, and other leave for Residents compliant with applicable laws;
 - Timely notice of the effect of leave on the ability of Residents to satisfy requirements of program completion;
 - Information related to eligibility for board certification examinations;
 - Institutional policies related to Resident duty hours and moonlighting.
 - A policy regarding promotion, reappointment, and dismissal;
 - A policy detailing due process for appealing adverse decisions.
 - A policy outlining the procedures for submitting and processing Resident grievances.
 - A policy regarding the provision of professional liability insurance and protection for acts and omissions within the scope of the program;
 - A policy regarding health insurance beginning the first day of training;
 - A policy regarding disability insurance;
 - A policy regarding vacation and leaves of absence;
- The DIO and Sponsoring Institution must provide the following Resident services and policies:
 - Behavioral services including counseling;
 - A policy addressing physician impairment;
 - A policy concerning sexual and other forms of harassment;
 - A policy addressing accommodations for disabilities consistent with all applicable laws and regulations;
- The DIO and Sponsoring Institution must develop institutional and program specific policies regarding Resident supervision.
- The DIO and Sponsoring Institution must develop institutional and program specific policies regarding Resident duty hours that meet those set forth in the ACGME requirements, including moonlighting.
- The DIO and Sponsoring Institution must develop an institutional policy governing interactions between vendors, Residents, and each of its ACGME accredited programs.

- The DIO must ensure an institutional policy stating that neither the Sponsoring Institution nor any of its ACGME accredited programs may require a Resident to sign a non-competition agreement or any restrictive covenant.
- The DIO and Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses administrative support for each of its ACGME-accredited programs and Residents in the event of a disaster or interruption in patient care. The policy must include information about assistance for continuation of salary, benefits, and Resident assignments.
- The DIO and Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution that includes the following:
 - The Sponsoring Institution must inform the GMEC, DIO, and affected Residents as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close; and
 - The Sponsoring Institution must allow Residents already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an) other ACGME-accredited program(s) in which they can continue their education.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/5/2019.

GME POLICY #040 DESIGNATED INSTITUTIONAL OFFICIAL (DIO) DESIGNEE

DESIGNATED INSTITUTIONAL OFFICIAL (DIO) DESIGNEE

The University of Tennessee College of Medicine Chattanooga has established a policy to ensure that there is a designee who can act in the absence of the Designated Institutional Official (DIO) and in a situation requiring submission of correspondence to the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committees (RRCs).

Our DIO has designated the Director of Graduate and Medical Student Education to review and co-sign all program applications, updated information requested by the ACGME, and/or other ACGME correspondence if he as DIO is unable to review and sign these forms.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/5/2019.

GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) RESPONSIBILITIES AND COMPOSITION

GMEC Responsibilities

The Accreditation Council for Graduate Medical Education (ACGME) requires every Sponsoring Institution to have a Graduate Medical Education Committee (GMEC) to provide institutional oversight for Graduate Medical Education (GME). Responsibilities include:

- Provide oversight of:
 - the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs
 - the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites
 - the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements
 - the ACGME-accredited program(s)' annual evaluation and improvement activities
 - all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution
- Review and approval of:
 - institutional GME policies and procedures
 - annual recommendations to the Sponsoring Institution's administration regarding Resident* stipends and benefits
 - applications for ACGME accreditation of new programs
 - requests for permanent changes in Resident complement
 - major changes in each of its ACGME-accredited programs' structure or duration of education
 - additions and deletions of each of its ACGME-accredited programs' participating sites
 - appointment of new Program Directors
 - progress reports requested by a Review Committee
 - responses to Clinical Learning Environment Review (CLER) reports
 - requests for exceptions to duty hour requirements
 - voluntary withdrawal of ACGME program accreditation
 - requests for appeal of an adverse action by a Review Committee
 - appeal presentations to an ACGME Appeals Panel
- Demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR)
 - Identify institutional performance indicators for the AIR, which include:
 - results of the most recent institutional self-study visit
 - results of ACGME surveys of Residents and core Faculty members
 - notification of each of its ACGME-accredited programs' accreditation statuses and self-study visits
 - The AIR must include monitoring procedures for action plans resulting from the review
 - The DIO and GMEC must submit a written annual executive summary of the AIR to the Governing Body

- Demonstrate effective oversight of underperforming program(s) through a Special Review process
- The GMEC of the UTCOM Chattanooga is chaired by the Associate Dean for Academic Affairs and Designated Institutional Official (DIO) for the ACGME.
- Usually ten meetings are conducted each year – one each month except June and December.

Program and Department members include:

Chairs and Program Directors from each accredited program or academic department serves as members of the GMEC. At least one from each department should attend each meeting or designate a representative:

- Emergency Medicine
 - Emergency Medicine Residency
 - Emergency Medical Services Fellowship
- Family Medicine
 - Family Medicine Residency
- Medicine
 - Cardiovascular Disease Fellowship
 - Gastroenterology Fellowship
 - Internal Medicine Residency
- Neurology (no residency program)
- Obstetrics and Gynecology
 - OB/GYN Residency
- Orthopaedic Surgery
 - Orthopaedic Surgery Residency
- Pediatrics
 - Pediatrics Residency
- Plastic Surgery
 - Plastic and Reconstructive Surgery Residency
- Surgery
 - Colon and Rectal Surgery Fellowship
 - Surgery Residency
 - Surgical Critical Care Fellowship
 - Vascular Surgery Fellowship
- Urology
 - Urology Residency

Other GMEC Members include:

Dean, UTCOM Chattanooga
 Assistant Dean, Medical Student Education and Well-Being
 Assistant Dean, Faculty Affairs
 Erlanger President and Chief Executive Officer
 Erlanger Chief Medical Officer
 Erlanger Chief Medical Information Officer
 Erlanger Chief Nursing Executive
 Erlanger Vice President for Quality
 Erlanger Chief Safety Officer

Erlanger Chief Strategy Officer
House Staff Association President
Peer Selected Resident Representatives (*Emergency Medicine, Family Medicine, Internal Medicine, Cardiovascular Disease, Gastroenterology, OB/GYN, Orthopaedic Surgery, Pediatrics, Plastic Surgery, Surgery, and Urology*)
Director of Graduate and Medical Student Education

Ex Officio Members include:

Associate Dean for Research, UTCOM Chattanooga, and Chief Research Officer, Erlanger

Fellowship Program Directors

- Minimally Invasive Gynecologic Surgery
- Neuro-Invasive Surgery
- Orthopaedic Trauma
- Surgical Critical Care
- Transitions to Practice in General Surgery
- Ultrasound (Emergency Medicine)

Associate General Counsel, UT System

Associate Program Directors

Director of Finance and Administration, UTCOM Chattanooga

GME Financial Specialist

Chief, Erlanger Department of Pathology

Chief, Erlanger Department of Radiology

Peer-Selected Resident Representatives from the Resident Advisory Board

University House Staff Association Officers (other than the President)

The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/9/2019.

NEW INNOVATIONS POLICIES & PROCEDURES

New Innovations Residency Management Suite

New Innovations is the mandatory web-based software application for all Graduate Medical Education (GME) programs both ACGME accredited and non-standard. The cost for the New Innovations is covered by the University through the GME budget. The GME Department (its Director and the GME Financial Specialist) maintain, from an institutional level, the data, access, and policies and procedures of the application. The Director of GME develops policies regarding the use of this application and has the final say regarding any issues to include mandatory modules, deadlines, and access.

Modules

The following modules are mandatory for all programs under the GME umbrella:

- Personnel
- Schedules (Block)
- Evaluations
- Duty Hours
- Portfolio (Milestones)

These modules are not required, but Coordinators are strongly encouraged to utilize them:

- Portfolio Module for Scholarly Activity reporting
- Conferences

Access Levels

Below are the levels of access available to users of New Innovations

- Level 6
 - This level is restricted to institutional level individuals (DIO, Director of GME, and GME Financial Specialist)
- Level 5 (Ability to enter, edit, and delete information)
 - Designated Residency Coordinator
 - Permitted for Program Director if they want access to edit information
- Level 4 (Ability to enter some modules and pull reports)
 - Program Directors that are not entering information
- Level 3 (Ability to pull reports, complete evaluations, sign off on procedures for the program)
 - Faculty
 - Support staff who pull reports for Program Directors
 - Others that complete 360 evaluations
- Level 2 (Ability to enter own data such as evaluations and duty hours for individual only)
 - Residents*
- Level 1 (Ability to view contact information and schedules)
 - Hospital admissions personnel

Access Authority

Both the program and institution can grant access to individuals based on the appropriate level. GME has the final say regarding any dispute on access level for individuals.

Who May Have Access

- Designated Residency Coordinator must have Level 5 access (preset program administrator/Coordinator)
- Program Director must have either Level 5 or Level 4 access in addition to preset Faculty privileges
- All program Faculty must have access to complete evaluations (preset Faculty)
- All Residents and fellows must have access to complete evaluations, duty hours, and scholarly activity (preset Resident/medical student)
- Associate Program Directors may be given Level 4 or 5 access in addition to preset Faculty privileges at the discretion of the Program Director
- Departmental Personnel
 - Individuals that are not the designated Residency Coordinator but typically the administrative assistant for the area may not have access to New Innovations above Level 3 which allows them to pull reports
 - The only exception currently granted is for scholarly activity entry if the program does not have Residents enter it themselves
 - No exception for personnel data, duty hours, evaluations, or conference attendance access
- Large Programs With Dedicated Assistants
 - Large residency programs that have dedicated assistants to the Residency Coordinator (employed through GME) that were specifically hired to assist with New Innovations and have had training in such will be permitted to have the appropriate level of access granted by the GME Department
- Hospital Personnel
 - Clerical staff, switchboard operators or nurses who need to view Resident call schedules should be given Level 1 access (preset clerical/switchboard/nurse)

Who Is Responsible For Entering Information

- Residency Coordinator
 - Enter all personnel data
 - Enter new Residents
 - Enter new Faculty
 - Enter block schedule
 - Enter evaluations
 - Enter conferences and attendance (if applicable)
 - Enter duty hour comments
 - Enter milestone reviews
- Program Director
 - May enter schedules, evaluations, etc.
- Residents
 - Enter duty hours
 - Enter leave
 - Enter scholarly activity (if applicable)

- Enter procedures (if applicable)
- Other
 - Programs that have chief Residents may elect to have them enter various information but it is the Residency Coordinator's responsibility to ensure that it is done and accurate
 - Program Directors may elect to have their Residency Coordinator enter certain information, i.e. scholarly activity, for their Residents even though it is the recommendation by GME that each Resident does his/her own

Evaluations

It is mandatory that all programs use New Innovations to complete evaluations. It is the responsibility of the Residency Coordinator to setup the evaluations in New Innovations; however, the Program Director and/or Faculty should be actively involved in the creation of all evaluations.

Evaluations should meet the following criteria:

- Grade scales are low to high - high being the most positive or highest milestone level
- Questionnaire category linked to core competencies
- Questions linked to milestone subcompetencies
- Faculty evaluation of Resident - not anonymous but can be placed on hold for administrative review before release, 360 evaluation of Resident – subject or totally anonymous, Faculty evaluation of program - anonymous, Resident evaluation of Faculty – totally anonymous, and Resident evaluation of program - anonymous

The Program Director and Residency Coordinator must manage delinquent evaluations. The procedure for accomplishing this will be determined on a program basis but the following guidelines should be followed:

- Delinquent reminder set up in sessions
- Frequent review of delinquent evaluations and compliance report
- Follow up by email, fax and/or telephone

Duty Hours

Residents must enter duty hours 24/7/365. Refer to the Program Policies for Resident Duty Hours for details. Residency Coordinator responsibilities include but are not limited to:

- Review usage, violation and compliance reports
- Contact Resident if hours are incomplete
- Notify Resident of corrections needed and verify corrections
- Enter and/or ensure justifications are accepted or denied based on RRC acceptable justifications
- Enter and/or ensure action taken comment is entered for violations
- Submit an accurate duty hours report to GME as requested

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017.

RESIDENT* RECRUITMENT, SELECTION, AND APPOINTMENT**Applicant Eligibility**

The University of Tennessee College of Medicine Chattanooga has adopted the eligibility and selection criteria for Residents established by the Accreditation Council for Graduate Medical Education (ACGME), as well as the rules of the National Resident Matching Program and the guidelines set by the University's Affirmative Action Policies. Only the following individuals will be considered as applicants in residency and fellowship 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. LCME accredited schools are listed on the LCME website: <http://www.lcme.org/directory/>
- Graduates of American Osteopathic Association (AOA) accredited Osteopathic Medical Schools. AOA accredited schools are listed on the AOA website: http://www.aacom.org/docs/default-source/cib/2017_com-map.pdf?sfvrsn=12
- 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.
- The Tennessee Board of Medical Examiners requires that applicants for license in Tennessee must be graduates either from LCME or AOA accredited schools or from international schools whose admission meet or exceed those of medical schools accredited by the Liaison Committee on Medical Education.
- For applicants to our programs to meet eligibility requirements, The UT College of Medicine Chattanooga and its programs have determined that they will only consider applicants for student rotations or residency/fellowship applications who are from schools who meet these same criteria so they would be eligible for medical license in Tennessee after completing residency. The Tennessee Board of Medical Examiners adopts the following list of accreditation bodies:
 - Medical Board of California list of approved medical schools www.mbc.ca.gov/Applicants/Medical_Schools/Schools_Recognized.aspx
 - Caribbean Accreditation Authority for Education in Medicine and other Health Professions (CAAM-HP) www.caam-hp.org/assessedprogrammes.html
 - Accreditation Commission of Colleges of Medicine (ACCM) www.accredmed.org/
 - In addition, the National Committee on Foreign Medical Education and Accreditation (NCFMEA) provides a list of countries whose designated accreditation process or designated organization used for their accreditation has comparable standards used to evaluate medical schools in the United States by the LCME. Medical schools in those countries and accredited by the listed accrediting authority will be deemed to meet the criteria required in Tennessee <http://sites.ed.gov/ncfmea/comparability-decisions/>

USMLE Requirements**USMLE Steps 1, 2 (CK), and 2 (CS)**

- To ensure that all Residents meet minimal standards and meet comparable policies at all University of Tennessee Graduate Medical Education campuses, the UT College of Medicine Chattanooga (UTCOCM) and its Graduate Medical Education Committee (GMEC) require that **all** Residents entering any UTCOCM Graduate Medical Education program at the PGY-1

- or PGY-2 level must have passed the United States Licensing Examination (USMLE) Steps 1 and 2 (Clinical Knowledge and Clinical Sciences) or examinations judged equivalent by individual license (COMLEX –USA or MCCQCE). This means that departments have the discretion of accepting the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) Parts 1 and 2 for osteopathic medical school graduates.
- Any Agreement of Appointment or offer letter (Letter of Commitment) will be contingent upon the physician's passing Steps 1 and 2 (or equivalent exams). Each resident or fellow is responsible for providing copies of passage of Steps 1 and 2 (CK and CS) or equivalent examinations to the Program Director and to the Director of Graduate Medical Education and will not be permitted to begin training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof of passing Steps 1 and 2 (CK and CS) for international medical school graduates since the ECFMG confirms this information before issuing the ECFMG certificate.
 - Accepted or matched Residents who have not passed Steps 1 and 2 (or equivalent exams) by July 1 (or the official training start date) will be judged as not having met eligibility requirements and will be released from their appointments. Per NRMP Policies, any program that releases a resident or fellow who matched through the NRMP will be required to obtain a waiver from the NRMP. The waiver must be granted before offering the position to another applicant.

USMLE Step 3

- Applicants for advanced residency or fellowship positions (PGY-3 or greater) must have also passed USMLE Step 3 (or equivalent exam such as COMLEX Part 3 for osteopathic graduates) before beginning training at UT. The resident or fellow is responsible for providing evidence of Step 3 (or equivalent exam) to the Program Director and Director of Graduate Medical Education. Any Agreement of Appointment or offer letter (Letter of Commitment to begin training at the PGY-3 level or higher will be contingent upon passing Step 3 (or equivalent exam).
- Accepted or matched Residents who have not passed the all steps of required U.S. Medical Licensing Examinations (or equivalent exams) prior to their scheduled start date will be judged as not having met eligibility requirements and will be released from their appointment. Per NRMP Policies, any program that releases a resident or fellow who matched through the NRMP will be required to obtain a waiver from the NRMP. The waiver must be granted before offering the position to another applicant.
- Any entering resident or fellow who has already passed Step 3 (or equivalent exam) or holds a current, unrestricted medical license, meets UT GME USMLE requirements. Individual programs may have earlier examination deadlines or specific score requirements. The resident or fellow will be responsible for meeting individual program requirements if they are more stringent from the overall GME requirements.

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 University of Tennessee Graduate Medical Education guidelines, our programs do not sponsor Residents for "H1-B" visas.

Application Process and Interviews

- All applications will be processed through the Electronic Resident Application Service (ERAS) except in those programs in specialty matches or fellowship programs which handle their own application process.
- 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)

NRMP and Rank Order Process for First Year (PGY-1) Positions

- Our UT GME Programs participate in the NRMP MATCH for all PGY-1 positions 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'/fellows' and faculty perceptions during interviews, determination of communication skills, motivation and integrity via interviews. Letters of recommendation from UT faculty will be given high consideration.
- Characteristics such as gender, age, religion, color, national origin, disability or veteran status, or any other applicable legally protected status, will not be used in the selection procedure. The University of Tennessee is an EEO/AA/Title VI/Title IX/section 504/ADA/ADEA employer.
- Recommendations of all interviewing faculty and Residents will be considered in determining the rank order of interviewed applicants.

Federal Exclusion Lists and Tennessee Abuse Registry

The University of Tennessee and Erlanger require that in order to be appointed to a Resident or Fellowship position, physicians must not be listed on any federal Health and Human Services/Office of the Inspector General's (OIG) list of individuals excluded from federal health care programs. Also, physicians must not be listed on the Tennessee Abuse Registry.

Subspecialty Programs

- Cardiovascular Disease, Emergency Medical Services, Gastroenterology, Orthopaedic Trauma Surgery, Plastic Surgery, Surgical Critical Care, Ultrasound (Emergency Medicine), Urology, and Vascular Surgery utilize their own specialty or fellowship matching programs since they seek applicants for positions beginning beyond the PGY-1 level. Our advanced residency or fellowship programs must participate in these specialty matching programs if required by their specialties.
- Applicants to these advanced residency or fellowship programs must have completed the required prerequisite training for each of these specialties by the time they would begin in these subspecialty training in order to be considered for these programs.
- The Emergency Medical Services and Ultrasound Fellowships do not utilize matching programs, however only applicants who meet all eligibility criteria will be considered.

Program Specific Eligibility Criteria

- Individual program policies may specify additional, specialty-specific eligibility and selection criteria.

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 UTCOM Chattanooga Institutional Agreement with the

NRMP. If an applicant is unable to fulfill a Match commitment, the Program will not recruit another candidate until the NRMP has granted a waiver.

- Unless otherwise stated in specialty-specific requirements, the Program Director may not appoint more residents than approved by their Review Committee.
- Initial Agreements of Appointment for all positions will be issued through the Graduate Medical Education Office following a review of eligibility.

Appointments of Residents Transferring from Another Program

- In accordance with ACGME Common Program Requirement III.C.1., “Before accepting a Resident who is transferring from another Program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring Resident.”
- The DIO must receive copies of this documentation before a transferring resident can begin training at our institution.

Vacancies

- Chairs and Program Directors understand that candidates for vacancies can only be considered if they meet the eligibility requirements stated by the ACGME and UT GME policy.
- The Director of Graduate Medical Education must review the eligibility of these candidates to ensure compliance with these guidelines.

Interviewed Applicants

- A copy of this policy and a sample copy of the Initial Resident Agreement of Appointment will be distributed to all interviewed applicants.
- This may be accomplished via links from each program’s applicant information webpage.

*The term, “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 9/20/2017. Administrative edits 5/5/2019.

GME POLICY #101 GRADUATE MEDICAL EDUCATION POSITION STATEMENT:
RESIDENT SELECTION AND RECRUITMENT

GRADUATE MEDICAL EDUCATION POSITION STATEMENT:
RESIDENT SELECTION AND RECRUITMENT

The mission of The University of Tennessee College of Medicine (UTCOM) is to “improve the health of Tennesseans and our society as a whole by providing an exceptional and nurturing environment for the education of students and physicians, by contributing to advances in medical science, and by providing health services of the highest quality.” To that end, UTCOM provides the full continuum of medical education under the governance of the Liaison Committee for Medical Education (LCME), Accreditation Council for Graduate Medical Education (ACGME), and the Accreditation Council for Continuing Medical Education (ACCME).

In Graduate Medical Education (GME), the ACGME requires the sponsoring institution (UTCOM Chattanooga) to appoint a Graduate Medical Education Committee (GMEC) and a Designated Institutional Official (DIO) who have oversight and responsibility for the quality of its educational programs. Specific to Resident* selection, the sponsoring institution must “ensure that its ACGME-accredited programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. In accordance with federal laws, ACGME-accredited programs and institutions are prohibited from discriminating applicants and employees on the basis of gender, race, age, religion, color, national origin, and religion.

Moreover, the Affiliation Agreement between Erlanger Health System and the University of Tennessee adopted August 11, 2014 requires that the University “supervise the recruitment, evaluation, testing, and advancements of Residents participating in the GME Program” and emphasizes the “obligation of the DIO and the GMEC to provide general supervision and oversight of the GME Program.”

In order to adhere to the Mission of UTCOM Chattanooga and ensure the highest quality level of GME as evidenced by the maintenance of ACGME Continued Accreditation and positive feedback from the ACGME Clinical Learning Environment Review (CLER) program, it is the position of the GMEC that all decisions regarding the Resident selection process be made by individual Program Directors, Chairs, and Faculty with input from the Designated Institutional Official and Dean.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5-6-2019.

University of Tennessee Equality Employment Opportunity and Affirmative Action

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

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

- 4) establish a duty to engage in affirmative action measures for characteristics not subject to affirmative action under state or federal law;
- 5) require the compliance of external entities or individuals or compliance of University programs governed by external government agencies in which non-discrimination does not include certain personal characteristics (e.g., ROTC); or
- 6) create any cause of action not currently provided by state or federal law.

It is likewise the policy of The University of Tennessee Health Science Center not to discriminate against any employee or applicant for employment because of race, religion, sex, color, age, national origin, disability or veteran status. The UT Health Science Center, its UT College of Medicine Memphis and its other campuses, including the UT College of Medicine Chattanooga, will take affirmative action to recruit, to employ, and to advance in employment females, minorities, Vietnam Era veterans, disabled veterans and other persons with disabilities. The University views this policy as a statement of institutional commitment, not merely as a means of complying with orders, laws and regulations to which it is subject. The University of Tennessee Health Science Center discrimination complaint procedure is maintained by the Office of Diversity and Equity. A copy of the procedure may be obtained from this office at 920 Madison Avenue, Suite 420; 901-448-2112.

The official University of Tennessee Non-Discrimination Statement EEO/AA statement reads as follows:

All qualified applicants will receive equal consideration for employment and admissions without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status.

Eligibility and other terms and conditions of employment benefits at The University of Tennessee are governed by laws and regulations of the State of Tennessee, and this non-discrimination statement is intended to be consistent with those laws and regulations.

In accordance with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, The University of Tennessee affirmatively states that it does not discriminate on the basis of race, sex, or disability in its education programs and activities, and this policy extends to employment by the University.

Inquiries and charges of violation of Title VI (race, color, national origin), Title IX (sex), Section 504 (disability), ADA (disability), Age Discrimination in Employment Act (age), sexual orientation, or veteran status should be directed to the Office of Equity and Diversity (OED), 920 Madison Avenue, Suite 825, Memphis, Tennessee 38163, telephone 901.448.7382 (V/TTY available). Requests for accommodation of a disability should be directed to the ADA Coordinator at the Office of Equity and Diversity.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

**RESIDENT AGREEMENT OF APPOINTMENT (IV.B.1.)
UNIVERSITY OF TENNESSEE COLLEGE OF MEDICINE
CHATTANOOGA GRADUATE MEDICAL EDUCATION (GME)
PROGRAMS**

Resident/Fellow:

Program:

Residency and Fellowship Programs at the University of Tennessee College of Medicine Chattanooga (UTCOMC) are under the aegis of the Department of Graduate Medical Education for our campus. Residents, and Fellows, are trainee employees of the University of Tennessee, an entity of the State of Tennessee, and are not employees of any affiliated hospital, clinical site or private practice group. College of Medicine are accredited by the Accreditation Council for Graduate Medical Education (ACGME). The residency programs are primarily accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the certification boards of certain specialty programs, or are Non-Standard programs approved by our Graduate Medical Education Committee (GMEC). The Designated Institutional Official (DIO) has authority to oversee the GME Programs with the Director of Graduate Medical Education and the GMEC. The Program Directors of the Residency and Fellowship Programs have the authority to supervise all of the activities for Resident and Fellow physicians in the Programs. Copies of the policies referenced in this document are housed in the web-based New Innovations Residency Management System Intranet (www.new-innov.com/login) and can also be found on the GME website at www.comchattanooga.uthsc.edu/gme.

Qualifications for Appointment (ACGME Institutional Requirements IV.A.1. and IV.A.2.)

In order to be accepted for an appointment, the Resident/Fellow must:

1. Meet all institutional, departmental, and specialty eligibility requirements for their respective training programs; (see Policy 100)
2. Meet minimum and essential technical standards and functions, similar to those established by the University of Tennessee Center for the Health Sciences (UTHSC) for admission to medical school: motor skills; sensory and observational skills; communication skills; conceptual, integrative and quantitative skills; and behavioral/social skills and professionalism (see Policy 150).
3. Successfully pass USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX- USA) and submit a copy of the results to his/her Program Director and GME before beginning training (see Policy 630);
4. Successfully pass USMLE Step 3 or equivalent examinations if starting as a PGY-3 or higher and submit a copy of the results to his/her Program Director and GME before beginning training (see Policy 630);
5. Meet all federal regulations for work authorization including providing adequate documentation for completion of the I-9 and eVerify. Residents must have a valid social security number prior to beginning training. Residents on employment visas are responsible for meeting all guidelines for lawful entry and continued stay in the United States. Failure to maintain the legal right to work in the United States will result in immediate termination of employment; (see Policy 100 and 140);
6. Meet all guidelines established by the Tennessee Board of Medical Examiners for obtaining authorization to participate in the training Program, typically a resident exemption from licensure paid by the institution or an unrestricted medical license at the expense of the resident (see Policy 260 and complete the Competency form);
7. Not be listed on any HHS/Office of Inspector General's (OIG) list or Excluded Parties List System (EPLS) of individuals excluded from federal health care programs and not be listed on the Tennessee Abuse Registry (see Policy 100).
8. Pass a criminal background prior to final appointment to begin training (see Policy 130);

9. Pass a drug screen prior to final appointment to begin training (see Policy 740)
10. Provide an original, final transcript (denoting award of the MD/DO degree) sent directly from the trainee's medical school to the GME Director. An ECFMG certificate will be acceptable documentation for international medical school graduates if a final transcript is unavailable (see Policy 100);
11. Provide documentation from a U.S. licensed physician (not a family member) that the trainee is physically and mentally fit to begin a residency or fellowship (see UT GME Health Statement form);
12. Provide documentation of all appropriate immunizations and completed OSHA required Respiratory Mask Fit test—men must be clean shaven-- (through screening by Erlanger Work Force (see UTHSC Policies 360, 361, and 362);
13. Obtain a national provider identification (NPI) number and provide to GME;
14. Obtain Basic Life Support (BLS) certification and Advanced Cardiac Life Support (ACLS) certification prior to or during orientation and provide a copy to the GME Office. Pediatrics Residents are required to obtain Pediatric Advanced Life Support (PALS) certification instead of ACLS certification. Family Medicine Residents are required to obtain both ACLS and PALS certification. Surgery and Orthopaedic Surgery Residents are required to obtain Advanced Trauma Life Support (ATLS) certification in addition to ACLS certification. Emergency Medicine Residents are required to obtain ACLS, PALS, and ATLS certification. Pediatrics, Family Medicine, and OB/GYN residents are required to obtain NRP certification during orientation (see Policy 100).
15. Register with the Tennessee Controlled Substance Monitoring Database and CMS PECOS. PECOS forms will be completed at Orientation (see Policy 100).

Resident/Fellow Responsibilities (ACGME Institutional Requirement IV.B.2.a.)

Throughout the residency/fellowship program, Residents and Fellows must:

- Develop a personal program of self-study and professional growth with guidance from the teaching staff in order to acquire and maintain throughout his/her professional career for the knowledge, clinical skills, attitudes, and behaviors required to fulfill all objectives of the Residency/Fellowship educational program and to achieve the competencies deemed appropriate for his/her chosen discipline.
- Make the patient's welfare his/her first priority by participating in safe, effective, and compassionate patient care under supervision, commensurate with his or her level of advancement and responsibility.
- Participate fully in the educational and scholarly activities of his/her Program and in all mandatory GME conferences and participate in in-house and home night-call in conformity with institutional guidelines.
- Meet and attain GME curricular objectives and make satisfactory progress in meeting those objectives as established by the Program Director and/or as stated in the Program Handbook. For ACGME accredited programs these curricular objectives include the ACGME six core competency domains: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communications Skills, Professionalism, and Systems-Based Practice.
- Assume responsibility for teaching, peer evaluating, and supervising other Residents, Fellows, and medical students, providing candid and constructive feedback on their performance to encourage quality improvement.
- Participate in institutional programs and activities involving the medical staff, work in inter-professional teams, and adhere to established practices, procedures and policies of the Graduate Medical Education Program, applicable Program Handbook, and of all affiliated hospitals and clinical training sites, including the timely completion of medical records.
- Participate in institutional committees and councils, especially those that relate to patient care review and quality improvement activities.
- Abide by the University of Tennessee policies, procedures, and work rules, including HR 0580 – *Code of Conduct, the Policy on Sexual Misconduct, Relationship Violence, and Stalking*, GME policies, the individual Program Handbook, information security, as well as the by-laws of affiliated hospitals and clinical training sites.
- Assume responsibility for assuring their fitness for practice including management of their time before, during and after clinical assignments and recognition of impairment, including illness, fatigue, and substance use (see Policies 320 and 340).

- Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
- Embrace the professional values of honesty, compassion, integrity, and dependability.
- Adhere to the highest standards of the medical profession and pledge to conduct him or herself accordingly in all interactions. The Resident or Fellow will demonstrate respect for all patients and members of the health care team without regard to gender, race, national origin, religion, economic status, disability, sexual orientation or other statutorily protected status.
- Secure direct assistance from faculty or appropriately experienced residents whenever the trainee is confronted with high-risk situations or with clinical decisions that exceed his/her confidence or skill to handle alone.
- The Resident or Fellow should understand the need for appropriate faculty supervision in all interactions with patients.
- Participate in evaluation of the quality of education provided by the Program.
- Follow all University and Hospital infection control policies.
- Provide annual documentation of results of tuberculosis skin tests throughout training.
- Consent to GME providing copies of your immunization, TB, and fit testing documentation to the facilities in which you rotate upon request.
- Abide by the University of Tennessee policies, procedures, and work rules as well as rules and regulations of the University's teaching hospitals and clinics.
- Comply with all HIPAA guidelines and complete the HIPAA and GME on-line compliance training modules within 60 days of employment.
- Complete all annual training module updates by the given deadline.
- Maintain Advanced Cardiac Life Support (ACLS) certification throughout entirety of residency/fellowship and provide copy of recertification to Department of GME. Pediatric Residents must maintain Pediatric Advanced Life Support (PALS) certification in lieu of ACLS.
- Immediately report to the Associate Dean/DIO and Director of GME, in writing, any changes in eligibility for the program including criminal background (any arrests, indictment, plea of no-contest, or convictions of any misdemeanor or felony crimes except for minor traffic violations), any action by a state healthcare professions licensing board (including the filing of a complaint, investigation, or license denial reprimand, suspension, restriction, revocation, surrender or other discipline, related to any healthcare license), eligibility to participate in a medicine training program (Competency Information and guidelines established by the Tennessee Board of Medical Examiners), or any other requirement above.
- Attend the annual SVMIC conference in the fall (or view the recording) as well as other mandatory conferences required by the institution or the program.
- Failure to comply with GME policies and procedures including but not limited to clinical experience and educational work hours, fitness for practice, ACLS, and immunizations may result in the Resident or Fellow being placed on leave without pay and removed from the training program until he or she has complied with the policy and/or procedure.

Duration of Appointment (ACGME Institutional Requirement IV.B.2.b.)

The duration of this appointment is made on an annual basis with the expectation that continuation within the one-year appointment and annual reappointment throughout the duration of the Residency or Fellowship period will be based upon evidence of satisfactory progress in scholarly, professional growth, and the availability of training positions in the UTHSC GME Programs, and GME policies including, Disciplinary Actions and Dismissal, and Reappointment and Promotion policies.

Financial Support (ACGME Institutional Requirement IV.B.2.c.)

The University of Tennessee and its affiliated hospitals provide salary and benefits to ensure financial support for its Residents and Fellows. The annual compensation rates for Residents and Fellows are available on the GME website at www.comchattanooga.uthsc.edu/gme (see Policy 221).

Conditions for Reappointment, Promotion, and Non-Reappointment
(ACGME Institutional Requirements IV.B.2.d.)

If the resident has fulfilled all of the educational requirements, attained the knowledge and skill necessary to progress to the next level of post-graduate training, and has satisfied the requirements of GME Policy #620, Resident Reappointment, Promotion, and Non-Renewal. The Program Director may promote the resident to the next level of post-graduate training, with a commensurate renewal of this Agreement, not to exceed one additional period of twelve (12) months. A written notice of intent should be given no less than 30 days prior for non-renewal, non-promotion, or dismissal. If a resident is not reappointed or promoted, an academic appeals process and grievance procedures are available to ensure that residents/fellows have access to adjudicate complaints and grievances. Procedures are available on the GME website.

USMLE Step 3 Requirement for Promotion

All residents entering programs at the PGY1 or PGY2 level will be required to pass Step 3 (or equivalent examination) prior to their PGY3 advancement date. Failure to meet this requirement will result in non-renewal of the resident's appointment. All PGY-2 Residents must register for Step 3 no later than February 28th of the PGY-2 level. Failure to register will result in the Resident being placed on leave without pay until the Resident provides proof of registration to the Program Director and the Department of GME. Failure to provide proof of a passing score before June 30th will result in non-reappointment to the program, and the Resident may be terminated. It is the Resident's responsibility to provide evidence of passage of Step 3 (or equivalent exam) to the Program Director and Department of GME. For off cycle Residents, they must provide proof of passing or at least registration by the 8th month of training in the 2nd year of training.

Grievance Procedures. (ACGME Institutional Requirements IV.B.2.e.)

Residents may raise and resolve issues without fear of intimidation or retaliation including complaints related to the work environment or issues related to the program or faculty (see Policy 730).

Academic Appeals and Due Process. (ACGME Institutional Requirements IV.B.2.e.)

Residents will be evaluated periodically throughout the year, welcome constructive feedback from faculty and all others who observe their performance, and recognize that objective assessments are indispensable guides to improving skills as a physician. Rotation specific goals and objectives and teaching and evaluation methodologies ensure that residents/fellows completing programs will be capable of practicing independently and have met all six general competencies. In the event of an adverse decision affecting the timely completion of training, the resident/fellow is granted the right for a review of the record and/or to present his or her views and any extenuating circumstances in accordance with the GME Academic Appeals and Due Process. (see Policy 720).

Professional Liability Insurance (ACGME Institutional Requirements IV.B.2.f.)

Residents and Fellows are provided immunity from professional liability through the Tennessee Claims Commission Act (TCA 9-8-301 et seq.). The Claims Commission covers defense and judgment payments for acts determined to be within the scope of a Resident's/Fellow's employment, even if the case is filed after the Resident/Fellow has completed training (occurrence based) More details are available on the University of Tennessee General Counsel website, <http://counsel.tennessee.edu> (see Policy 280).

Hospital and Health Insurance (ACGME Institutional Requirement IV.B.2.g.)

Health, individual disability policies, and life insurance coverage is mandatory for residents. Health, vision, and dental insurance is provided for residents/fellows and eligible dependents and is effective on the resident's first recognized day of residency/fellowship employment. Residents are responsible for approximately 20% of the premium of the type of health coverage selected. For plan benefits and resident costs, visit the GME website. Per ACGME requirements, if the first day of health insurance eligibility is not the first day that residents/fellows are required to report, then the residents/fellows will be given advanced access to information regarding interim coverage so that they can purchase coverage if desired (see Policy 230).

Disability Insurance (ACGME Institutional Requirement IV.B.2.h.)

Disability and life insurance are provided for Residents/Fellows through the GME designated carriers and may not be cancelled during residency/fellowship training. The Department of GME provides a stipend to offset the cost of the life and disability insurance (see Policy 230).

Annual, Parental, Sick, and Other Leave (ACGME Institutional Requirements IV.B.2.i.)

The UT GME Leave Policy addresses all leave including paid Annual Leave, Sick Leave, Parental Leave, Family Medical Leave, and Educational Leaves. Specific details may vary slightly from program to program based upon individual specialty board requirements. Individual program policies are available in the offices of the Program Directors and are available to the Resident/Fellow upon request. It is the responsibility of each Program Director to advise Residents and Fellows of the effect of any time away from training upon program completion and board eligibility. All approved training extensions necessary to meet board eligibility are paid with full benefits. Current requirements for eligibility for specialty board examinations can be found through a link on the statewide UT GME System website www.uthsc.edu/gme (see Policy 250).

Timely Notice and Impact of Leave on Program Completion and on Board Eligibility (ACGME Institutional Requirements IV.B.2.j. and k.)

It is the responsibility of each Program Director to immediately advise Residents and Fellows regarding the effect of any time away from training upon program requirements for completion. Similarly, Program Directors are required to discuss the impact on time away from the program on eligibility to take board certification exams and meet eligibility requirements. These are both part of our GME Leave Policy. As stated above, all approved training extensions necessary to meet board eligibility are paid with full salary and benefits throughout the extension period. Current requirements for eligibility for specialty board examinations can be found through a link on the UTHSC GME website: www.uthsc.edu/gme (also see the UTCOMC GME Policy 250).

Clinical Experience and Educational Work Hours. (ACGME Institutional Requirement IV.B.2.l.)

Residents and Fellows must abide by the ACGME Common Program Requirements, including clinical and educational work hours, as well as the UTCOMC GME Policy on Clinical Experience and Educational Work Hours and logging and monitoring these via the Duty Hours Module in our web-based New Innovations Residency Management System (see Policy 330 and 335).

Moonlighting (ACGME Institutional Requirements IV.B.2.l. and IV.J.1.a. through 1.d)

Residents/Fellows may not participate in patient care responsibilities outside the educational program (moonlighting) that would interfere with their performance. Residents/Fellows may only moonlight if approved in advance by the Program Director and must be monitored continually using the forms required by the institution (see Policy 355). Moonlighting hours must be included in total duty hours reported. If moonlighting is permitted, it may not occur on the main Erlanger campus in situations involving supervision of other residents. In programs that permit monitored moonlighting, performance will be monitored for the effect of these activities. Negative effect on performance may lead to withdrawal of permission. Violation of this policy could result in disciplinary actions, up to and including dismissal from the program (see Policy 350).

Resident Support Services – Behavioral Health (ACGME Institutional Requirement IV.H.1.)

The Resident/Fellow Insurance Package includes behavioral health benefits for counseling services for trainees and eligible dependents (see Policy 230). In addition, the University offers a free Residents Assistance Program called NexGen Total Well-Being Program through ENI, which provides confidential professional counseling, legal and financial resources, referrals, and help with issues such as academics, relationship problems, substance abuse, emotional problems, stress, and much more. These benefits are provided at no charge to Residents and Fellows, including up to six counseling session for each problem. Financial and legal services will likely be offered at a discount through the NexGen provider network. The institution has institutional as well as program level well-being activities, encouraging Residents and Fellows to recognize signs of stress and fatigue, caring for themselves as well as their patients. The University provides institutional access to a validated screening tool to evaluate fatigue, depression, burnout, anxiety/stress, and mental/physical quality of life – the Mayo Clinic’s Well-Being Index (WBI) – for all Residents, Fellows, Faculty, and GME Staff. Finally, in cooperation with the local Medical

Society, Residents and Fellows have access to a confidential program for medical and counseling services – the LifeBridge Health Program. These services are also provided at no charge to physicians, including our trainees (See Policy 222 and Policy 225).

Resident Services – Physician Impairment (ACGME Institutional Requirement IV.H.2.)

The UTCOMC has established a program called Aid to Impaired Residents (AIRs) that addresses physician impairment due to but not limited to substance abuse (see Policy 320).

Resident Services – Harassment (ACGME Institutional Requirement IV.H.3.)

Residents and Fellows are made aware that the University of Tennessee and its campuses do not tolerate sexual or other forms of harassment or belittlement by and/or directed at members of the academic or hospital community. All complaints should be filed with the UTHSC Office of Equity and Diversity. The Director of Finance and Administration for the Chattanooga Campus is the initial point of contact for all employees in Chattanooga. She coordinates reporting and investigation with the UTHSC Office of Equity and Diversity. The *Policy on Sexual Misconduct, Relationship Violence, and Stalking*, and other anti-harassment policies are available on the GME and the UTHSC Office of Equity and Diversity website www.uthsc.edu/oed (also see UTCOMC Policy 410).

Resident Services – Accommodations for Disabilities (ACGME Institutional Requirement IV.H.4.)

As a public institution that receives federal funding, the University of Tennessee Health Science Center is required to comply with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. The Health Science Center is committed to providing a campus and educational experience that is accessible to all. Both the ADA and Section 504 prohibit covered entities from discriminating against persons with disabilities in the provision of benefits or services or the conduct of programs or activities, on the basis of their disability. The University will make reasonable modifications in its policies, practices, and procedures to avoid discrimination on the basis of disability, unless the modification would result in a fundamental alteration of the program or activity. Any resident seeking an accommodation should contact the Office of Equity and Diversity (<https://www.uthsc.edu/oed/disabilities.php>). Policy is available on the GME website.

The UTCOMC has established technical skills and physical requirements, based on similar requirements established for acceptance into medical school, which must be demonstrated by Residents and Fellows in order to perform their physician responsibilities in the GME Programs. A policy has also been established to provide reasonable accommodations for trainees with disabilities consistent with all applicable laws and regulations (see Policy 150 and Policy 160).

Supervision (ACGME Institutional Requirement IV.I.1.1. and 1.2)

The UTCOMC has established an institutional policy regarding supervision of Residents/Fellows, and ensures that each of its programs have established written, program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements (see Policy 400 and Policy 405).

Vendor and Industry (ACGME Institutional Requirement IV.K.)

The UTCOMC has a policy and explicit guidelines outlining the appropriate relationship between GME Programs and health-related vendor representatives and industry and promotional activities (see Policy 800).

Non-Competition (ACGME Institutional Requirement IV.L.)

Residents and Fellows will not be required to sign non-competition guarantees or restrictive covenant agreements.

Disasters (ACGME Institutional Requirement IV.M. and M.1.)

In the event of a natural or catastrophic disaster, the UTCOMC has a policy and procedures that will allow continuation of training for our GME programs and our Residents and Fellows (see Policy 550).

Closures and Reductions (ACGME Institutional Requirement IV.N.1. and 2.)

In the event of a Program closure or complement reduction, the University will provide reasonable assistance to Residents and Fellows in locating another ACGME program in which they can complete their training (see Policy 540).

Other Benefits and Services (ACGME Institutional Requirements II.F.1. and 2.a.)

- Incoming Residents and Fellows who attend all required orientation sessions prior to the first official day of training (typically July 1 or the 1st of a month when the Resident/Fellow begins off cycle) are also eligible for a \$250 Orientation Stipend added to their initial paycheck (at the end of the first month of training).
- Also, Residents and Fellows will be eligible for a \$500 GME Electronic Communication Stipend from the University when they enter a residency or fellowship program in Chattanooga for the first time – also added to their initial paycheck at the end of the first month of training.
- On-call meal provisions vary within the various teaching hospitals. However, access to food and snacks are available 24 hours per day while Residents/Fellows are on duty in all institutions.
- Call rooms are available in all hospitals for Residents/Fellows who take in-house call or may be too fatigued to safely return home.
- Lab coats are provided but no laundry services are available.
- Parking is provided at no cost to Residents/Fellows.
- The University agrees to take reasonable precautions to ensure a healthy and safe working environment.
- The University will provide ready access to adequate communication resources and technological support.
- The University and its affiliated hospitals provide ready access to adequate communication resources and technological support.
- Our affiliated hospitals provide services and health care delivery systems including patient support services (peripheral intravenous access placement, phlebotomy, and laboratory and transport services), laboratory, pathology, and radiology services, and a medical records system that documents the course of each patient's illness and care.
- Residents and Fellows have electronic access to hospital medical records from within and outside the hospital.
- Residents and Fellows who are injured or exposed to illness while on duty are provided access to the hospital's employee health services for evaluation and follow-up, and they are protected via Workers Compensation Insurance for resident work-related exposures or incidents requiring treatment (see Policies 200, 220, 221, 225, 230, 240, 245, and 250, as well as UTHSC Policy 360, 361, and links to Workers Compensation Benefits and Instructions on the UTHSC website).

Discrimination.

Residents and Fellows are made aware that formal charges of discrimination based on race, sex, age, religion, national or ethnic origin, disability, marital status, sexual orientation, veteran status, or other statutorily protected status, shall be filed with the UTHSC Office of Equity and Diversity in accordance with the policies and procedures outlined on the GME website.

ACCEPTANCE OF RESIDENCY/FELLOWSHIP APPOINTMENT

I understand and agree to my responsibilities to the University of Tennessee Graduate Medical Education Programs. I have received and reviewed the content of the above Agreement, including all references to policies and procedures described and located on the GME website. I acknowledge that additional policies governing my participation in the GME Programs are included in the policies and procedures on the web-based New Innovations Residency Management Suite Intranet (www.new-innov.com/login) and on the GME website at www.comchattanooga.uthsc.edu/gme are subject to change at the sole discretion of the UT College of Medicine Chattanooga.

**CONSENT TO RELEASE OF
TRAINING INFORMATION**

I understand, agree, and consent to the release of any and all records regarding my residency or fellowship training and work performance, as well as a comprehensive reference/evaluation by University of Tennessee Graduate Medical Education (GME) officials ME, in its sole discretion, to any accreditation, credentialing, Medical Staff appointment, transfer of documentation for a new residency or fellowship program, or quality committee or organization, institution of higher education, or healthcare regulatory boards, upon proper request as determined in the discretion of GME officials, or upon lawful order of a court or other authorized agency. This consent shall remain in effect and survive after the termination, lapse, or term of this Agreement.

Resident/Fellow Name: _____

Signature (Resident/Fellow Acceptance of Appointment)

Date Signed _____

Residency/Fellowship Program: _____

Signature

Date Signed _____

UT Graduate Medical Education (GME) Approval

To Be Completed by the Department of Graduate Medical Education:

Date Training Begins: _____ Anticipated Completion: _____

PGY Level: _____

Annual Salary: _____
(as of July 1, 2020)

All qualified applicants will receive equal consideration for employment and admissions without regard to race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status.

Eligibility and other terms and conditions of employment benefits at The University of Tennessee are governed by laws and regulations of the State of Tennessee, and this non-discrimination statement is intended to be consistent with those laws and regulations.

In accordance with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, The University of Tennessee affirmatively states that it does not discriminate on the basis of race, sex, or disability in its education programs and activities, and this policy extends to employment by the University.

Inquiries and charges of violation of Title VI (race, color, national origin), Title IX (sex), Section 504 (disability), ADA (disability), Age Discrimination in Employment Act (age), sexual orientation, or veteran status should be directed to the Office of Equity and Diversity (OED), 920 Madison Avenue, 8th Floor, Memphis, Tennessee 38163, telephone 901-448-2112 (V/TTY available). Requests for accommodation of a disability should be directed to the ADA Coordinator at the Office of Equity and Diversity.

NON-COMPETE POLICY

The ACGME Institutional Requirements state ACGME-accredited residency and fellowship program must not require Residents* to sign a non-compete guarantee in return for fulfilling their educational obligations during approved Graduate Medical Education training.

*The term “Resident” refers to both Resident and Fellow trainees.

Will be presented for approval at the July 2020 GMEC meeting..

CRIMINAL BACKGROUND CHECKS

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

Procedure for the criminal background check:

- During the interview process, a copy of this policy should be distributed to applicants.
- In order to ensure a thorough background review, applicants and incoming Residents must provide complete and accurate information. This includes disclosure of termination for cause from relevant employment, previous training or medical school. New Residents must disclose this information to the Program Director prior to beginning training. Any serious issues will be forwarded to the Associate Dean and DIO and Director of GME for additional follow up. The University reserves the right to rescind an offer of appointment to any individual who fails to disclose this information.
- After the Match a letter will be sent from the Office of GME with information regarding the forms that must be completed which will include the background check consent form.
- When the Office of GME receives the consent form, it will initiate the background check with the appropriate outside firm.
- If the report shows negative information the report will be forwarded to our teaching hospitals with no identifiers. The hospitals will then respond as to whether the negative information would prohibit that individual from working at that facility. The Office of GME will notify the Program Director of the negative information and the response from the hospitals. It is then up to the Program Director to determine if the Resident will be able to complete his or her training if one or more teaching hospitals refuse to allow the trainee to rotate there.
- If the Program Director determines that the Resident will not be able to complete his or her training requirements at the Chattanooga Campus, he/she will notify the Resident in writing of the decision and copy the Office of GME and Office of the General Counsel.

Automatic exclusions to employment:

The exception to this process is any conviction of a felony, violent crime, or sex crime will automatically prohibit the individual from training at the University of Tennessee.

- All applicants will be checked against the Office of Inspector General's (OIG) list of individuals excluded from federal healthcare programs and the Excluded Parties List System (EPLS). Excluded individuals listed on these federal databases are not eligible for employment/continued employment.

Foreign Nationals:

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

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

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved to GMEC 5/16/2017. Administrative edits 5/6/2019.

VISA STATUS FOR NON U.S. CITIZEN RESIDENTS

U.S. citizens who are graduates of international medical schools are eligible for consideration for residency positions, given they meet other criteria for all applicants in the specific program to which they are applying.

Visa status for non-U.S. citizens who meet all other Resident* eligibility requirements must fall within the following categories, per ACGME guidelines:

- Eligible for and willing to seek a J-1 Visitor Visa through the Educational Commission for Foreign Medical Graduates (ECFMG)
- Permanent Resident or "Alien" status (i.e., with a Green Card to work in the U.S.)

The University of Tennessee does not typically sponsor residents for visas not designed for graduate medical training (e.g., the H1-B visa).

*The term “Resident” refers to Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

TECHNICAL STANDARDS FOR RESIDENCY APPLICANTS

Residency applicants must meet the Technical Standards set forth in the policy below in order to graduate as skilled and effective practitioners of medicine in their respective specialties.

The goal of the University of Tennessee Health Science Center (UTHSC) College of Medicine, including its Chattanooga Campus, is the preparation of physicians for the practice of medicine. This goal is achieved in part by Undergraduate Medical Education (Medical Student Education), Graduate Medical Education (Residency and Fellowship Education), and Postgraduate Medical Education (Continuing Medical Education for practicing physicians and preparation for life-long learning). Modern medical education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional attitudes and behavior. Our Faculty has the responsibility to graduate the best possible physicians; thus, appointment to residency and fellowship positions is made to those who present the highest qualifications for the study and practice of medicine.

Applicants to the UT College of Medicine Chattanooga Graduate Medical Education (GME) Programs must possess the following general qualities: critical thinking, sound judgment, emotional stability and maturity, empathy, physical and mental stamina, and the ability to learn and function in a wide variety of educational settings. In all phases of medical education, students of medicine must use their intellectual ability and must maintain emotional stability, particularly when under stress. Graduates of our GME Programs must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Our GME Programs maintain that prospective applicants must meet certain minimum technical standards. Candidates for appointment must have the following essential functions: motor skills; sensory and observational skills; communication skills; conceptual, integrative and quantitative skills; and behavioral and social skills and professionalism.

MOTOR SKILLS

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers. Candidates should be able to execute motor functions necessary to provide general care and emergency treatment to patients.

SENSORY AND OBSERVATIONAL SKILLS

Candidates must be able to observe demonstrations and participate in experiments as required in the curriculum. They must be able to observe a patient accurately at a distance, as well as, close at hand and be able to obtain a medical history directly from the patient, while observing the patient's medical condition. This observation necessitates the functional use of the sense of vision, hearing and other sensory modalities.

COMMUNICATION SKILLS

Candidates must be able to communicate effectively and sensitively in oral and written form with patients. These skills must be performed at times in clinical settings when the time available for communication may be limited.

CONCEPTUAL, INTEGRATIVE, AND QUANTITATIVE SKILLS

These skills include measurement, calculation, reasoning, analysis and synthesis. Problem-solving and diagnosis, the critical skills demanded of physicians, require all these intellectual abilities. In addition, candidates must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

BEHAVIORAL/SOCIAL SKILLS AND PROFESSIONALISM

Empathy, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that will be assessed during the admissions process and throughout medical education. Candidates must possess the emotional well-being required for the full use of their intellectual abilities; the exercise of sound judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients; and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively when stressed. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainty inherent in the clinical problems of many patients.

In summary, the mission of the UT College of Medicine Chattanooga is to prepare Residents* for the comprehensive practice of medicine. In accordance with *Section 504 of the 1973 Vocational Rehabilitation Act and the Americans with Disabilities ACT [ADA] [Public Law 101-336]*, the UT College of Medicine Chattanooga, similar to the UTHSC Committee on Admissions to the College of Medicine, has established the aforementioned essential functions of Medical Students and physicians. Applicants who demonstrate the ability to perform or learn to perform the essential skills listed in this document will be considered as candidates for the UT College of Medicine Chattanooga GME Programs. The UT College of Medicine Chattanooga must ensure that patients are not placed in jeopardy by Medical Students and Residents with substantially impaired intellectual, physical or emotional functions. Applicants will be judged not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the full requirements of the GME Program's curriculum and to graduate as skilled and effective practitioners of medicine in their respective specialties.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

ACCOMMODATION FOR DISABILITIES

In accordance with University of Tennessee Health Science Center Personnel Procedure #220 and University of Tennessee System Policy HR0220, Equal Employment Opportunity and Affirmative Action, reasonable accommodations will be made for otherwise qualified disabled veterans and persons with disabilities. This policy applies to Residents* with disabilities. The University of Tennessee Health Science Center is required to comply with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 and is committed to providing a campus which is accessible to everyone. Information on rights under these laws is available through the Office of Equity and Diversity, 920 Madison Avenue, Suite 420; 901-448-2112, or online at: <http://www.uthsc.edu/oed/disabilities.php>. The OED Reasonable Accommodation Request Form is a way to request an accommodation and to begin an interactive process: <http://www.uthsc.edu/oed/forms/oed-reasonable-accommodation-request-form.pdf>.

Applicants for Residency positions must meet the Technical Standards set forth in GME Policy #150 in order to graduate as skilled and effective practitioners of medicine in their respective specialties.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

RESIDENT TRANSFERS

If a fully funded residency position is available, Program Directors may accept a Resident* in transfer from another University of Tennessee College of Medicine Chattanooga program or from another Accreditation Council for Graduate Medical Education (ACGME) accredited institution's approved program.

The program Director must obtain verification of all previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones Assessments upon matriculations. The Designated Institutional Official (DIO) must be informed of all transfers and must receive a copy of the documentation prior to the Resident beginning training at the Chattanooga Campus.

Any transfer of Residents from one accredited program to another within the University of Tennessee College of Medicine Chattanooga must be reviewed and approved by the Program Directors and Department Chairs of both affected programs, as well as the DIO.

All transfers from approved residency programs at other ACGME accredited sponsoring institutions require the approval of the Program Director and Chair of the Resident's original institution as well as the Program Director and Department Chair of the UT College of Medicine Chattanooga program.

A Program Director must provide verification of an individual resident's completion and performance upon request of a resident who is leaving or has left the program and is requesting to transfer into another program within 30 days.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC, 5/16/2017. Administrative edits 5/6/2019.

Note: Due to the Coronavirus Pandemic, Visiting Resident Approvals are suspended as of April 1, 2020 for any Visiting Residents other than those with approved UT Programs for required rotations through a Program Letter of Agreement.

VISITING RESIDENT APPROVAL

Only Residents* from **other ACGME or AOA accredited programs** may be considered for approval to participate in temporary rotations in a University of Tennessee Graduate Medical Education Program. Completion of the following procedure is required before a visiting rotation assignment may begin:

1. At least eight weeks prior to the beginning of the proposed rotation, the visiting Resident will submit the following documentation to the Graduate Medical Education (GME) Department, 960 East Third Street, Suite 104, Chattanooga, TN 37403.
 - “Visiting Resident Application at the University of Tennessee College of Medicine Chattanooga,” approved and signed by the visiting Resident’s current Program Director and DIO. For final approval, the application must also be approved by the UTCOMC Program Director and DIO.
 - Reference letter from applicant’s Program Director or clinical chief verifying that the applicant is in good standing with his/her current training program and stating that the Sponsoring Home Institution will provide the Resident’s salary and benefits.
 - Copy of malpractice coverage or letter verifying that Sponsoring Home Institution will provide the Resident’s liability coverage during the rotation at UT.
 - Proof of recent TB screening (within the past year) and a copy of immunization records from the visiting Resident’s program.
 - Check in the amount of \$10.00 payable to the Tennessee Board of Medical Examiners in order to process a Resident License Exemption. If the Resident already has a full and unrestricted Tennessee License or a Resident License Exemption from Tennessee, the visiting Resident’s sponsoring institution must provide a copy of this documentation.
2. Upon receipt of signed and completed Visiting Resident Application and required documents, the Director of Graduate and Medical Student Education or Designated Institutional Official (DIO) will review and process the application and notify the applicant and UT Program Director of approval if documentation meets requirements for a visiting Resident rotation assignment.
3. The UTCOM Chattanooga Program Director and visiting Resident’s Program Director must agree on educational objectives for the rotation. A written evaluation will be

submitted by the UTCOM Chattanooga Program Director to the home program at the completion of the rotation.

NOTE: The University of Tennessee Graduate Medical Education Program does not offer or provide the opportunity for any externships or observing experiences for physicians not in residency or fellowship training (see GME Policy #185 – Observing Experiences).

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019 and 04/01/2020.



University of Tennessee College of Medicine Chattanooga
Graduate Medical Education
960 East Third Street, Suite 104
Chattanooga, TN 37403

Note: Visiting Resident Rotations are suspended as of April 1, 2020, until further notice for 2020-2021 due to the Coronavirus Pandemic.

Visiting Resident Application Form

Section 1: (To be completed by the Resident – Please type or print legibly)

_____ Last Name	_____ First Name	_____ Middle Init	_____ SS#	_____ Birthdate
_____ Degree	_____ TN Medical License # or Exemption*		_____ Expiration Date	
_____ Medical School			_____ Graduation Date (mm/dd/yy)	
If an international graduate, ECFMG #: _____ Date of ECFMG Certification: _____				
_____ Current Program Specialty			_____ Name of Institution	
_____ Current PGY Level	_____ Name of Program Director			

Enter below the name of the city in which you were born? (This will be used for your Erlanger network password hint):

_____ Have you used EPIC before? Yes ___ No ___

Signature of Current Program Director

*If the visiting Resident does not have a Tennessee license or Resident exemption, the GME Office will obtain an exemption on the Resident's behalf. A check (\$10) made payable to the Tennessee Board of Medical Examiners must accompany the application in this situation and must be sent to the GME Office within three weeks of the beginning of the rotation.

Please list all postgraduate training, including specialty, institution and beginning/ending dates for each:

- 1.
- 2.
- 3.
- 4.

Resident's Home Address:

City

State

Zip Code

Resident's Email Address

Resident Institution's Street Address

City

State

Zip Code

Home Phone (including area code)

Institution Phone (including area code)

Rotation requested (Chattanooga)

Rotation Start Date

Rotation End Date

Section 2 (To be completed by the Resident's current program):

I approve the above rotation and verify that this Resident will continue to be paid by the home institution during his/her rotation at the UT College of Medicine Chattanooga. Benefits including health, life, and disability insurance will also continue to be paid by the home institution. Malpractice insurance (unless provided otherwise by written agreement) will be provided by either (circle one) the Resident or the home institution.

Current Chair or Program Director (denote title)

Date

Current DIO

Date

Attachments:

1. Copy of Tennessee license or letter denoting Resident exemption
2. If the Resident does not have either documents in #1, submit a \$10 check payable to the Tennessee Board of Medical Examiners.
3. Copy of medical school diploma
4. Letter from the institution denoting proof of malpractice insurance coverage or a copy of the policy face sheet.
5. Copy of immunization record from the current program and TB skin test within the past 12 months.
6. International medical graduates must submit a copy of his/her ECFMG certificate

Approval by the Program Director (UT College of Medicine Chattanooga)

Date

Approval by the DIO or Director of GME (UT College of Medicine Chattanooga)

Date

OBSERVER REQUESTS FOR STUDENTS & PHYSICIANS

Note: Due to the 2020 Coronavirus Pandemic, both the University's Clinical Observing Programs and Erlanger's Job Shadowing Program have been suspended until further notice.

We will post updates on our websites if changes are made but we do not anticipate these experiences being available during the remainder of 2020.

Physician Requests for Observing Experiences

The University of Tennessee College of Medicine Chattanooga Graduate Medical Education (GME) Program does not offer or provide the opportunity for any physician externships or observing experiences. Due to restraints imposed by the Claims Commission Act of 1985, the UT College of Medicine Chattanooga GME Program is unable to provide any sort of liability coverage (for the visiting individual or the institution) to cover this type of activity. In addition, Erlanger Health System cannot provide liability coverage. This means that individuals who are already physicians, including non-licensed physicians, are NOT permitted to participate in clinical sponsored observing experiences.

Only Residents* from **other ACGME or AOA accredited programs** may be approved to participate in a visiting clinical rotation in a UT Program by submitting a "Visiting Resident Application" for a Clinical Rotation at the University of Tennessee. (See GME Policy #180 – Visiting Resident Approval.) Detailed requirements are included in the application form included in GME Policy #180.)

Student Requests for Observing Experiences

At this time the Clinical Observing Program for Students requesting to briefly observe physicians within the hospital is on hold.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 03/27/2020.

FUNDING FOR CALL MEALS

The University and Erlanger provide funding for some call meals and snacks for Residents* and Medical Students.

Five (5) meal plans have been developed as follows:

- Meal Plan 1 (\$1560 annually) for Residents in the Departments of Surgery, OB/GYN, Orthopaedic Surgery, Plastic Surgery, and Urology
- Meal Plan 2 (\$1200 annually) for Residents in the Departments of Emergency Medicine and Internal Medicine.
- *Meal Plan 3 (\$840 annually) for Residents in the Department of Family Medicine since lunch meals are provided several days every week during noon conferences at the UT Family Practice Center.
- Meal Plan 4 (\$30 every two weeks) for Medical Students
- Meal Plan 5 (\$1000 annually for Pediatrics Residents since lunch will be provided every Friday during a special Noon Conference in the Massoud Building.
- Meal Plan 6 (\$100 per four-week rotations for visiting Residents from the UT Nashville programs)

Meal cards will be loaded with the appropriate annual amounts by 7 AM every July 1 for Residents.

For Medical Students, meal cards will be loaded with the appropriate two-week limit by 7 AM the first day of each block rotation and will then be subsequently reloaded every two weeks to adjust for the asymmetrical scheduling system begun with Block 5, 2019.

Meal cards used in the main Baroness Erlanger Café (the Erlanger Cafeteria), will be given a 20% discount (comparable to the employee discount given Erlanger staff) for food and drinks not related to Subway or Chick-Fil-A. Although you can use the meal card for food and drink from Subway or Chick-Fil-A, no discount is taken at the register since those are separate brands and are not owned by Sodexo. The meal card covers any food or drink item without limitation other than the maximum card limit.

Meal cards may also be used in the Erlanger Medical Mall for Starbucks; however, however, no discount will be available there similar to Subway and Chick-Fil-A. Meal cards may not be used to purchase gift certificates, gift cards, or non-food or non-drink items from Sodexo or Starbucks.

Erlanger issued meal cards will not be honored by other restaurants in the Medical Mall unless they fall under the operation of Erlanger Health System (e.g., Local Juicery and Chicken Salad Chick).

The meal card benefit is meant to help offset the cost of call meals and is not for anyone except Residents and Medical Students. Residents and Medical Students should not get food for anyone

other than the trainee -- not for another Resident, Medical Student, Faculty member, family member, or friend.

Trainees should also be wearing their Photo ID badge so the staff can properly identify them as a Resident or Medical Student.

In the evenings, Erlanger also provides sandwiches, fruit, snacks, water, juice, and soft drinks in four Resident call areas: the Main Resident Lounge on East Wing 7, the Emergency Medicine Resident area within the EM academic area near the ED, the Internal Medicine Handover Room also on the Erlanger 7th floor, the OB/GYN Resident Call on the Erlanger 5th Floor, and the Pediatric Resident Lounge on Children's 4th Floor. All Residents and Medical Students have access to these areas and may take food and snacks when on call.

Dining Room Managers may be reached at 778-7428 regarding any problems with the Cafeteria and its service. You may also contact the Erlanger contracted food service vendor, Sodexo at 423-778-7964 with issues involving meal cards or contact the Office of GME to report problems.

Note: The 2020 Pandemic has significantly stressed resources throughout the hospital. Below are the hours of operation for the Baroness Café, Subway, Chick-Fil-A, and Starbucks at which you can use your meal card to obtain food and drinks as of June 11, 2020:

- **Baroness Café**
Mon – Fri: 6:30 am thru 10 pm
Sat & Sun: 6:30 am thru 8 pm
- **Chick Fil-A**
Mon – Fri: 6:30 am thru 4 pm
Sat & Sun: Closed
- **Subway**
Mon – Fri: 6:30 am thru 4 pm
Sat & Sun: Closed
- **Starbucks**
Mon – Fri: 6:30 am thru 4 pm
Sat & Sun: 6:30 am thru 11 am

(The term “Resident” refers to both Resident trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/11/2020.

UNIVERSITY HOUSE STAFF ASSOCIATION AND RESIDENT ADVISORY BOARD**House Staff Association Officers as of July 1, 2020**

- **President:** Olivia Morin, MD, PGY-6, 6th Year Surgery Chief Resident
Pager: 4056. Cell phone: (423) 967-9636.
email: oliviaannmorin@gmail.com or Olivia.morin@erlanger.org
- **Vice President:** Fernando Enrico “Nico” Domingo, MD, PGY-9, 3rd Year Plastic Surgery Chief Resident
Pager: 7337. Cell phone: (606) 261-0321).
email: fdomingo9@gmail.com or Fernando.Domingo@erlanger.org.
- **Secretary:** Amanda Carter Threlkeld, MD, 5th Year Urology Chief Resident
Amanda.Carter@erlanger.org. Cell phone: (901) 351-2136.
- **Treasurer:** Dresden Soderstrom, MD, PGY-3, 3rd Year Surgery Resident
Pager: 7089. Cell phone: (229) 589-0202.
email: dmelt1@gmail.com or Dresden.Melton@erlanger.org

The House Staff Association

The University House Staff Association (HSA) is an organization open to all UT College of Medicine Chattanooga Residents.*. The HSA is an organization established to promote well-being and camaraderie among Residents in all program. It serves as a vehicle for representation and liaison with the University and hospital leadership. In addition the HSA sponsors several events for Residents throughout the year: The Annual Holiday Physician Award Dinner and Dance (early – mid December), the House Staff Association Golf Tournament, and various other fund raising events (Food Can Drive, “Press Out Domestic Violence” bench press competition the late spring, etc.).

Annual dues are \$65 per Resident. Under the umbrella of the Internal Medicine Education Foundation, the HSA is a non-profit organization and your contributions are tax deductible on itemized personal income tax forms. Your dues allow you full admission to all House Staff events and also go, in part, to support the Ronald McDonald House, the House Staff Association activities, and the annual Riverboat Welcome Party. Dues should be sent to the House Staff Association Treasurer via the Erlanger Post Office.

As anyone who has attended the annual holiday awards dinner/dance can attest, the highlight of the evening is the Resident-produced video. Every year there is a mad rush as Residents from the different departments struggle for the time to use the AV equipment. It's never too early to begin to think of ideas and to work on the video! Unedited footage will be due to the Erlanger Audiovisual Office no later than November 15. Questions should be directed to one of the officers.

As an advocacy organization, the HSA represents the Residents in work-related matters with the Graduate Medical Education (GME) Department, the Associate Dean/DIO, and Dean. The President serves as a voting member of the Graduate Medical Education Committee (GMEC) that oversees residency training on our campus. The other officers serve as ex-officio members of the GMEC.

Officer Responsibilities

President and Vice President

1. The House Staff President and Vice President are elected by the House Staff by secret ballot each spring or summer.
2. The role of the House Staff President and Vice President is to
 - Serve as a voting member of the GMEC Committee.
 - Attend GMEC and House Staff meetings.
 - Communicate directly with the GME office on issues pertaining to the House Staff.
 - Organize hospital-wide activities for the House Staff.
 - Serve as Ombudsmen for Residents.

Secretary

1. The House Staff Secretary elected by the House Staff each spring or summer.
2. The role of the House Staff Secretary is to
 - Assist in house staff matters.
 - Attend GMEC and House Staff meetings.
 - Serve as an ex-officio member of the GMEC.
 - Maintain records of all house staff functions.
 - Maintain a supply of House Staff supplies (letterhead etc.).
 - Keep minutes of meetings.
 - Work closely with the Treasurer to maintain records of prior donors and other professionals with whom the House Staff Association works.
 - Assure a smooth transition of all pertinent House Staff Association records and information to newly elected officers annually.

Treasurer

1. The House Staff Treasurer is elected by the House Staff each spring or summer.
2. The role of the House Staff Treasurer is to:
 - Assist in house staff matters.
 - Attend GMEC and House Staff meetings.
 - Serve as an ex-officio member of the GMEC.
 - Keep up to date financial records and account ledgers.
 - Distribute funds from the house staff account for functions.
 - Maintain House Staff Association PO Box access for correspondence and donations.
 - Communicate directly with individuals requesting House Staff financial and tax information and/or delegate these responsibilities with other House Staff Officers as necessary.
 - Update the House Staff on account balances and activities at House Staff Meetings.

In 2017, a Resident Advisory Board was also established which includes peer-selected representatives from each department/program. The House Staff Association officers listed above are also members of the RAB. The RAB is chaired by the House Staff Association President. The RAB meets every other month with the Assistant Dean for Medical Students and Well-Being; the Dean, Associate Dean/DIO; the Director of Graduate and Medical Student Education; the GME Lead Coordinator; and the GME Financial Specialist. 2020-2021 RAB representatives include:

House Staff Association Officers

- **President:** Olivia Morin, MD, PGY-6, 6th Year Surgery Chief Resident
Pager: 4056. Cell phone: (423) 967-9636.
email: oliviaannmorin@gmail.com or Olivia.morin@erlanger.org
- **Vice President:** Fernando Enrico “Nico” Domingo, MD, PGY-9, 3rd Year Plastic Surgery Chief Resident
Pager: 7337. Cell phone: (606) 261-0321).
email: fdomingo9@gmail.com or Fernando.Domingo@erlanger.org.
- **Secretary:** Amanda Carter Threlkeld, MD, 5th Year Urology Chief Resident
Amanda.Carter@erlanger.org. Cell phone: (901) 351-2136.
- **Treasurer:** Dresden Soderstrom, MD, PGY-4, 4th Year Surgery Resident
Pager: 7089. Cell phone: (229) 589-0202.
email: dmelt1@gmail.com or Dresden.Melton@erlanger.org

Cardiology: Abdul-Razaq Adeniyi, MD, PGY-6, 3rd Year Fellow

Cardiology: Yazan Saba, DO, MD, PGY-4, 1st Year Fellow

Emergency Medicine: Jessica Smith, MD, PGY-3, 3rd Year Chief Resident

Family Medicine: David Mulkey, MD, PGY-2, 2nd Year Resident

Internal Medicine: Jetina Okereke, MD, PGY-3, 3rd Year Resident (also Vice Chair of the Resident Wellness Committee)

Internal Medicine: Natasha Amjed, DO, PGY-2, 2nd Year Resident

Gastroenterology: Maaz Sohail, MD, PGY-5, 2nd Year Fellow

OB/GYN: Elliott Carter, MD, PGY-2, 2nd Year Resident

Orthopaedic Surgery: Connor Read, MD, PGY-3, 3rd Year Resident

Pediatrics: TBA

Urology: Michael Tonzi, MD, PGY-3, 3rd Year Resident

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/24/2020.

**RESIDENT STIPEND RATES
2020 - 2021**

The University of Tennessee College of Medicine Chattanooga 2020-2021 Resident* Stipend Rates are listed below. The Annual Stipend with a \$660 offset (\$55 per month) to cover basic Disability and Life Insurance premiums that is required for all Residents.

PGY Level	Annual Base Stipend	Annual Stipend with Disability and Life Insurance Offset	Monthly Gross Total (before taxes and deductions)
PGY-1	\$ 52,956	\$ 53,616	\$ 4,468
PGY-2	\$ 54,732	\$ 55,392	\$ 4,616
PGY-3	\$ 56,460	\$ 57,120	\$ 4,760
PGY-4	\$ 58,944	\$ 59,604	\$ 4,967
PGY-5	\$ 61,164	\$ 61,824	\$ 5,152
PGY-6	\$ 63,523	\$ 64,188	\$ 5,340
PGY-7	\$ 65,904	\$ 66,564	\$ 5,547

All Residents paid by the UT College of Medicine Chattanooga Office of Graduate Medical Education (GME) in ACGME accredited programs receive the same salary for the group PGY level listed in the table above. If a Resident chooses to enter a second residency program they will begin at the PGY level appropriate to the training program. See the Stipend Level Policy for additional information. Salaries may vary for trainees in non-ACGME programs. Financial support and benefits are included in the Agreement of Appointment which must be reviewed and signed by each new Resident prior to the start of residency and then annually as Residents as they are reappointed to continue the program (see GME Policy #120).

All University employees, including Residents, are required to have automatic deposit. Residents will be paid monthly on the last working weekday of each month.

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

- Record of attendance, makeup, or excused absence from the annual Resident Malpractice Seminar, co-sponsored by SVMIC;
- All HIPAA online UT required modules completed;
- Annual TB skin test and flu vaccine documentation in the GME Department;
- Resident file is complete (health statement, official transcript, etc.);
- A new Letter of Reappointment received from the Program Director;
- For Residents promoting to the PGY-3 level from PGY-2, proof of passing USMLE Step 3 (or comparable COMLEX Part 3 if applicable) must be received before the promotion date. PGY-2 Residents must have registered to take Step 3 by February 28;

- Residents who have not completed all required items until after their PGY advancement date will receive their salary increase retroactive to the first of the month that all their required documentation is received in the GME Department.
- The exception to this is that a Resident who has not passed USMLE Step 3 by their promotion date may be subject to non-reappointment or termination.

*The term “Resident” refers to both Resident and Fellow trainees.

Approved by the GMEC 5/16/2017. Administrative edits 5/1/2020.

RESIDENT STIPEND LEVEL POLICY

Residents* in all programs at the same level of training must be paid in accordance with the stipends set by the Graduate Medical Education Committee (GMEC). Residents may not be paid less than or in excess of the stipend set by the GMEC for their level of training.

Additional stipends may be provided to Chief Residents.

PGY Level Credit:

A Resident* will be paid in accordance with the PGY level at which the program begins.

Credit will be given to individuals who complete an ACGME-accredited combined residency.

Credit is not given for a Chief Resident year when it is done as an extra year of training after completing the core program. Training for doing a research year in a lab does not count towards your PGY level unless it is part of your mandated ACGME training that all Residents complete during their required years.

A trainee entering a training program after completing a portion or all of the Board requirements in another specialty may receive credit for only the portion of training which is acceptable to board requirements for certification in that specialty which he or she is entering. This credit will impact their stipend level.

Program Responsibility:

Programs must receive and retain verification in writing from the appropriate specialty board of the American Board of Medical Specialties (ABMS) for credit received from prior training.

Note:

It is recognized that there are trainees accepted into a training programs that have completed additional GME training above and beyond what is required for the training program they are entering. There may also be trainees accepted into a program that have spent time in non-GME activity (employment, graduate school, etc.). While these accomplishments are noteworthy, only training that is required to start in the training program will affect the stipend level. The DIO and the Director of GME will have final determination of PGY levels.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/1/2020.

INSTITUTIONAL WELL-BEING

PURPOSE OF POLICY

The University of Tennessee College of Medicine Chattanooga (UTCOMC) is committed to promote well-being and engagement of the physician, trainee, staff and the health care team. This is of high priority for us, and we have partnered with our primary clinical training site and major affiliated hospital, Erlanger Health System (EHS) in this endeavor.

POLICY SCOPE

This policy applies to Residents, Fellows, Medical Students, Faculty, Program Coordinators, and other Graduate Medical Education (GME) administrative staff at The University of Tennessee College of Medicine Chattanooga (UTCOMC).

This policy defines the ways in which Residents are supported in their efforts to become competent, caring, and resilient physicians while completing Graduate Medical Education (GME) training at UTCOMC. Our goal is to strive to help our team feel engaged, energized, and empowered to complete the noble work to which they have dedicated themselves.

DEFINITIONS

- Burnout is long term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depersonalization, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety, and substance abuse disorders.
- Well-Being refers to the state of being healthy, happy, and successful. Well-Being may be positively increased by interacting with patients and colleagues at work, being intellectually stimulated, and feeling that one is making a difference in the lives of patients and colleagues.

POLICY STATEMENT

The Graduate Medical Education Committee (GMEC) at the University of Tennessee College of Medicine Chattanooga (UTCOMC) is committed to restoring and maintaining “meaning and joy in medicine” for all Residents, Fellows, Medical Students, Faculty, Program Directors, Program Coordinators and Graduate Medical Education (GME) staff. By prioritizing this objective and in accordance with Section VI.C of the revised 2019 ACGME Common Program Requirements and the Wellbeing Pathways of the ACGME Clinical Learning Environment Review (CLER) Pathways to Excellence Version 2.0, the GMEC aims to promote a culture supportive of well-being in all dimensions within our health system through the provision of a balanced, safe, meaningful and collaborative training and work experience.

- **Process: Developed a Well-Being Task Force (WBTF) and Resident Advisory Board (RAB) --** In partnership with our primary clinical training site and major affiliated hospital, Erlanger Health System (EHS), our campus has appointed a Well-Being Task Force. Continuous communication and monitoring by the Well-Being Task Force are achieved through Well-Being Task Force meetings; Resident Advisory Board sessions, town hall meetings, and reports to the GMEC. These activities also include leaders for Medical Student Education (MSE).
 - **The Well-Being Task Force (WBTF) is dedicated to:**
 - Understanding and promoting well-being for Residents, Fellows, Medical Students, Faculty, Program Coordinators, and other Graduate Medical Education (GME) administrative staff
 - Providing resources for Residents, Fellows, Medical Students, Faculty, Program Coordinators, and other GME administrative staff to help them promote their own wellness
 - Discovering personal and organizational approaches to prevent and address stress for Residents, Fellows, Medical Students, Faculty, Program Coordinators, and other GME administrative staff
 - Providing a safe, brave and trustworthy space that allows each person to speak authentically

- **The Resident Advisory Board (RAB)** was established as part of the Well-Being initiatives for the Chattanooga Campus with peer and program leadership selected representation from each department. The RAB has worked in conjunction with the Assistant Dean for Medical Student Education and Well-Being to:
 - Identify Well-Being needs across all stakeholders
 - Work with University and Erlanger leadership to secure solutions
 - Conduct quarterly meetings to encourage more interaction at the program level
 - Establish Town Hall sessions for open honest communication as part of our monthly Institutional Healthcare Principles in Practice (HPP) Series
- **Institutional Faculty and Staff Development Support**
 - Provide resources and services that motivate, encourage, and promote healthy lifestyles and foster resilience in all dimensions of well-being, *e.g.*:
 - Emotional – Coping effectively with life and creating satisfying relationships
 - Financial – Satisfaction with current and future financial situations
 - Social – Developing a sense of connection, belonging, and well-developed support system
 - Spiritual – Expanding our sense of purpose and meaning in life
 - Occupational – Personal satisfaction and enrichment derived from one’s work
 - Physical – Recognizing the need for physical activity, diet, sleep and good healthy nutrition
 - Intellectual – Recognizing creative abilities and finding ways to expand knowledge and skills
 - Environmental – Ensuring safety and good health by occupying pleasant, stimulating environments that support well-being
 - Tennessee Medical Foundation Physician Health Program- Link- <https://e-tmf.org>
 - Health Improvement and Employee Wellness Screening Tool for Health Risk and Wellness Assessment (Mayo Clinic Well-Being Index at www.mededwebs.com/well-being-index)
 - Provide access to fitness rooms within Erlanger
 - Evaluate workplace physical and psychological safety data and address the safety of all stakeholders
 - Employee Assistance Programs (EAPs) -- confidential and free counseling services which include up to six in-person visits/year and 24/7 telephone counseling for University-paid faculty and residents
 - UTCOMC Well-Being Information and Link: www.comchattanooga.uthsc.edu/wellness
- **Graduate Medical Education Support**
 - Assist Program leadership in their initiatives to protect trainee time with patients, minimize non-physician obligations, provide administrative support to trainees, promote progressive autonomy and enhance professional relationships
 - Provide program leadership with resources to educate faculty, support staff and trainees about symptoms of burnout, depression and substance use and their avoidance
 - Monitor program responsibility for residents and fellows:
 - Paying attention to resident/fellow schedules to review for work intensity and compression factors
 - Allowing residents/fellows to attend medical, dental, and mental health care appointments, including those scheduled during regular work hours
 - Educating residents, fellows, faculty, and administrative staff about burnout, depression and substance use, and their avoidance
 - Teaching and nurturing self-care practices, an important component of professionalism and high-quality patient care
 - Providing a respectful, professional and civil environment that is free from mistreatment, abuse, or coercion, including education about professional behavior and a confidential process for reporting concerns
 - Identify resources for self-evaluation of burnout, depression and substance use (Well-Being Index)
 - Encourage trainees, support staff and faculty members to alert designated personnel when they are concerned about someone who is displaying signs of burnout, depression, substance use, suicidal ideation or potential violence, or who is not proactively engaging in self-care
 - Provide access to confidential, affordable, mental health assessment including access to urgent and emergent care 24 hours a day, seven days a week
 - Ensure that programs have sufficient back-up plans to provide patient care in the event that a resident/fellow is unable to perform their patient care responsibilities

- Provide a way for residents/fellows to report unprofessional behavior and a respectful process for reporting, investigating and addressing these concerns

• **GMEC and Program Responsibility to Residents and Fellows**

- Pay attention to resident/fellows schedules to look at work intensity and compression factors
- Allow residents/fellows to attend medical, dental and mental health care appointments, including those scheduled during work hours
- Educate residents, fellows, support staff, and faculty about burnout, depression and substance use, and their avoidance
- Teach and nurture self-care practices, an important component of professionalism and high-quality patient care
- Provide a respectful, professional and civil environment that is free from mistreatment, abuse or coercion. There should be education in place about professional behavior and a confidential process for reporting concerns

• **Resident and Fellow Responsibility**

Learning self-care is an important component of professionalism and patient care, and residents/fellows have a responsibility to themselves and to their patients and programs to ensure that they are fit for work through behaviors as:

- Proactive self-care, and modeling of healthy lifestyle and behaviors for patients, students and colleagues
- Time management surrounding clinical assignments
- Impairment recognition and notification, either from illness, fatigue and substance use in themselves, their peers and other members of the health care team
- Lifelong learning
- Performance indicator monitoring
- Reporting clinical and educational work hours, patient outcomes and clinical experience

REFERENCES

ACGME website: [ACGME Website](#)

American Medical Association - [AMA Website](#)

UT GME Institutional Policy # 225 Resident Support Services (attached)

Approved by the GMEC 1/21/2020

Revised 01/21/2020

RESIDENT SUPPORT SERVICES

Well-Being Information and Resources via our Website

In agreement with ACGME requirements for Graduate Medical Education, and our GME Policy #222 Institutional Well-Being, the University of Tennessee College of Medicine Chattanooga affirms that it recognizes the importance of our commitment to providing an environment of optimal health and well-being for our Residents*, Faculty, and administrative staff. Well-Being information and links to resources are available on our Well-Being webpages:

www.comchattanooga.uthsc.edu/wellness.

The following resources are available to ensure that Residents have access to ongoing and urgent mental health resources -- either through a Resident Assistance Program called the NexGen Total Well-Being Program; through a confidential resource called Life Bridge Chattanooga co-sponsored by the Chattanooga Hamilton County Medical Society; or through insurance benefits provided through the UT Resident Health Insurance Program via their CIGNA Group Health, Behavioral Health, Vision, and Dental Insurance Plan. The first two resources are provided at no cost to Residents.

Counseling and Assistance through the NexGen Total Well-Being Program

The University of Tennessee recognizes the challenges of balancing academics and personal issues. In an effort to help you achieve balance in all aspects of university life, the University offers you a free Resident* Assistance Program called NexGen Total Well-Being Program.

This program is provided to you at no cost to you and is confidential and available 24/7, including:

- Counseling Services
- Legal and Financial Consultations
- Virtual Concierge Services
- Individualized Well-Being Resources
- Health Advocacy
- Online Resources

Professional counseling and guidance is available for a variety of stress issues offering short-term counseling focused on coping strategies or appropriate referrals to long-term counseling or specialized care. Issues include: academics, relationship problems, stress, alcohol and substance abuse, emotional problems, finance issues, depression and anxiety, and adjustment to residency and other life changing experiences.

Legal and Financial Consultations provide no cost legal and financial consultations (half-hour legal consultations via phone or in-person for issues such as divorce, custody disputes, and wills). Discounted legal fees are also available if longer consultations are required. Half-hour financial consultations are provided via phone and can provide assistance with topics such as debt consolidation, tax questions, student loans, and investments. ID Theft resources are also available.

The Virtual Concierge Services (available 24/7) can save you valuable time and help you balance the competing demands of work and life. It features dedicated Personal Assistants that can provide research, referrals, or information on just about any topic.

Your Comprehensive Well-Being Resources encompass all areas of well-being from nutrition and fitness to relaxation and restoration. You can submit a Well-Being request, schedule a call with a Well-Being Coach, or receive individualized Well-Being tools and resources.

NexGen licensed Care Guides are available to provide benefit information and assistance navigating your GME Health, Vision, and Dental plans. You can also access your Total Well-Being Program virtually via a personalized web portal – right from your computer or device.

Accessing your benefit is easy: Dial 1.800.327.2255 and identify yourself as a Resident or Fellow with the UT College of Medicine Chattanooga (Company ID: 8665 if asked). You can also use the website: www.nexgeneap.com, entering your Company ID (8665) to create your online account.

Life Bridge Chattanooga

In September 2018, the UT College of Medicine Chattanooga and the Chattanooga Hamilton County Medical Society launched a new, confidential resource for access to physicians and counselors at no cost to practicing physicians, Residents, Medical Students, and UT PA Students. The new physician well-being initiative is called [Life Bridge Chattanooga](#). Costs are supported by grants and donations to the Medical Society and there are no charges or insurance filings for those utilizing the services.

Aid to Impaired Residents Program (AIRS)

- Full description of the AIRS program is available via the AIRS Policy.
- Confidential program that functions in cooperation with the Tennessee Medical Foundation Physician's Health Program
- Designed to assess psychological or substance abuse problem(s) that may be affecting a Resident's health or academic performance
- Residency positions of individuals entering the AIRS program are protected for no more than six months until the Resident receives the advocacy of TMF PHP and is ready to continue training
- The GME Program works with the Resident and the hospital to maintain financial support through payroll benefits for up to 90 days during the Resident's absence, at which time long term disability insurance benefits are available.
- A Resident who resumes training after completing TMF PHP treatment will be subject to immediate termination if there is a recurrence of distressed behavior or if the Resident fails to maintain ongoing progress.
- Health insurance benefits are available to assist with treatment costs through the regular UT Resident Insurance Program.
- Referrals may be made confidentially by a health care provider, co-worker, family member, friend, or the Resident.
- To make a referral or obtain more information, contact Associate Dean and DIO, Robert Fore, EdD, at (423) 778-6956, Robert.Fore@erlanger.org; or Director of Graduate Medical Education, Pamela Scott, at (423) 778-7673, Pam.Scott@erlanger.org.
- Residents may also contact the Tennessee Medical Foundation Physician's Health Program online at <http://www.e-tmf.org>, via email at michaelb@e-tmf.org, or by phone at (615) 467-6411 (Dr. Michael Baron, Medical Director for the Tennessee Medical Foundation Physician's Health Program, 217 Centerview Drive, Suite 304, Brentwood, TN 37027).
- Click on this link to view a brief video about the TMF PHP and its mission: https://youtu.be/A87cK9z_7KE.

Mental Health Benefits through the Resident Health Insurance – CIGNA

The plan also provides for mental health and substance abuse benefits through CIGNA Behavioral Health. Go to www.cignabehavioralhealth.com for details and covered providers. Before going to any behavioral health provider (psychiatrist, psychologist, or counselor), the Resident should contact the CIGNA Behavioral Health service line at 800-274-4573 and have them set up sessions and coordinate benefits. The plan provides:

- The plan provides inpatient and outpatient substance abuse and mental health benefits.
- In network, the co-pay for substance abuse and outpatient mental health counseling and benefits is \$25 per session).
- In network, the plan covers 90% of covered services for mental health and substance abuse inpatient treatment (100% after the out of pocket maximum is met).
- In network the co-pay for group therapy for substance abuse and outpatient mental health counseling and benefits if also \$25 per session.

Resident Health Insurance

Health, Mental Health, Prescription, Vision, and Dental insurance are provided by CIGNA Healthcare for Residents and eligible dependents. Coverage is effective on the resident's first recognized day of residency/fellowship program. The CIGNA provider directory is available at <http://www.cigna.com>. You can also access all your personal health data by registering for My CIGNA at <https://mycigna.com>. My CIGNA is also available via download as an app via the Apple Store, Google Play, and Amazon Fire.

Health insurance is mandatory for all trainees – either the UT provided group policy or proof of coverage through another source. Residents are responsible for approximately 20% of the premium of the type of health coverage selected. Residents with existing coverage may decline UT health insurance by completing the required declination form and providing a copy of their current insurance card. For information regarding the health, dental or vision policy you may contact our health insurance agency (Holland Insurance Agency) at (888) 393-9500 or (662) 895-5528. The Meagan Sneed is our primary agent (msneed@hollandinsurancein.com), but any of their staff can assist you. Website: www.hollandinsuranceinc.com for more detailed information about your coverage.

Health and Well-Being offered through Erlanger Work Force

- Initial PPD skin tests and annual flu shots
- Hepatitis B and other immunizations
- Evaluation and initial treatment of work-related injury/exposure if appropriate.
- Work Force is located on the lower level behind the UT Family Practice Center building (1100 East Third Street). Call (423) 778-4800 to schedule an appointment or speak with a Work Force staff member.

RESPOND Psychiatric Help Line sponsored by Parkridge Valley Hospital (Adult & Senior Behavioral Health Care)

<https://parkridgehealth.com/service/adult-senior-behavioral-health-care>

(423) 499-2300

A Behavioral and Mental Health Assessment and Resource Service Available in Chattanooga

It is often difficult to know how to respond to people in emotional distress. There are no simple formulas because every situation involves individuals – **RESPOND** is different.

RESPOND immediately connects you with mental health professionals who can provide suggestions for appropriate action and information about community mental health resources when you need it most.

RESPOND is a comprehensive community service designed to help you by providing 24-hour mental health, chemical dependency, crisis intervention, assessment, and information and referral assistance.

24/7 Access to Mental Health Professionals

The **RESPOND** team is available 24 hours a day, seven days a week. Staffed by mental health professionals and psychiatric nurses, the **RESPOND** program offers:

- Confidential assessments and consultation for emotional programs
- Referrals to outpatient, partial or inpatient care based on each individual's treatment needs
- Support for families of those suffering from mental illness
- Information about mental health concerns and community services

RESPOND offers assessments for:

- Depression
- Anxiety
- Grief and loss
- Addictive Disorders
- Aggression
- Acute Stress Reaction
- Suicide Attempt
- Behavioral Problems
- Emotional Problems

For additional information, please contact **RESPOND** at (423) 499-2300 or (800) 542-9600.

Erlanger Workout Facility

Erlanger Workout Facility (Elevator A in the Medical Mall, next to First Tennessee Bank, on the 2nd floor – accessible 24 hours each day.)

The facilities include treadmill, bikes, Stairmaster, and weight equipment.

The code to the keypad will be given at orientation. The rooms are only available for Erlanger employees, Residents, and Medical Students. Do not give out the code to others.

"The ARC" - Aquatic Recreation Center at the University of Tennessee Chattanooga (UTC)

The University of Tennessee Chattanooga has an outstanding activities facility located directly across from The McKenzie Arena at East 4th Street and Mable. You can access information about this new state of the art facility either by going to www.utc.edu and clicking on "Campus Life" and "Campus Recreation" or by the direct link at: <http://www.utc.edu/arc>. UT Faculty, Residents, Medical Students, and staff have an opportunity to access a membership to "The ARC." **Access to The ARC is not available to visiting Medical Students from outside the UT system.**

This facility is a state of the art facility, which includes several options those who wish to maintain active lifestyles. However, this membership is a fee based membership. The basic membership for The ARC is six (6) months for \$150 plus a one-time \$10 card fee. This membership must be paid before you can access the facility. You may contact the ARC Office at (423) 425-4213 for membership information. Spouses cannot join and childcare is not provided. No one under 16 is permitted in the ARC.

Features of the Aquatic and Recreation Center (ARC)

Safe and accessible welcoming entrance

Centralized Locker Room

One Large multi-sport court that can be converted into two basketball courts, four volleyball courts, eight badminton courts or two indoor soccer courts

1,400 sq. ft. suite for UTC Outdoors and its programs

43' 7" foot indoor rock climbing tower, Indoor 13 ft. boulder, 13 ft. indoor training wall

1/8 mile indoor track with 360 view of the community

14,000 sq. ft. exercise space for state-of-the-art exercise for any and all workouts.

Small and Large aerobic room

A relaxing Wi-Fi lobby featuring the Campus Recreation Hall of Fame which showcases student successes and UTC's Recreational History.

Equipment check out room that meets all your indoor and outdoor recreational needs.

5 Lap lane swim area ranging from 4ft. and 10 ft. depths

Lazy River with kayak plunge pool.

25 person cool water spa

30 person hot water spa

2 story high, 156 foot long water slide

Water basketball and water volleyball courts

Zero depth beach entry

Natatorium is fully ADA compliant with accessible lift as well as water wheelchairs.

Sports Barn Fitness Centers

<https://sportsbarn.net>

- "Fun and Fitness in a medical based facility"
- Classes, yoga, cycling, and training
- Must sign a 12-month commitment
- Three convenient locations –
 - Downtown Chattanooga (301 Market Street, Chattanooga, TN 37402, 423-266-1125)
<https://sportsbarn.net/location/downtown/>
 - East Brainerd (6148 Lee Highway, Chattanooga, TN 37421, 423-855-0091)
<https://sportsbarn.net/location/east/>
 - Hixson (1790 Hamill Road, Hixson, TN 37343, 423-870-2582)

<https://sportsbarn.net/location/north/>

- Free passes are available so you can visit the facilities – call for rates.

Siskin Fitness Center

www.siskinrehab.org/the-fitness-center

Located in Siskin Hospital just across from the Erlanger Emergency Department and offers the following to Residents:

- Accessible from within Erlanger via a glass and steel walkway (3rd Floor just off the F Elevators)
- Special Pricing is available via automatic bank drafts:
Individual \$29 per month
Family \$54 per month
- Hours: Monday – Friday, 5 AM – 9 PM; Saturday, 8 AM – 6 PM Sunday: 1 – 6 PM
- No children under 16 unless they have a specific disability.
- Aquatics: The aquatics area at the Fitness Center at Siskin Hospital has a variety of pools that are specifically designed to meet the many needs associated with fitness.
 - The **Lap Pool** can be used for swimming or walking. Underwater treadmills allow you to walk or run with little stress to your joints.
 - The **Exercise Pool** features several levels to allow members of different heights to exercise at the optimal water depth.
 - The large **Whirlpool** is perfect for loosening up or relaxing after a good workout.
 - Fitness Center members have access to the Siskin Hospital **Therapeutic Pool** during posted hours. This pool's warmer temperature relaxes the body and eases joint pain.
- Aerobics, Groups, and Classes
- Click here for a Free One-Week Pass for you and a guest:
https://www.siskinrehab.org/Fitness_Center_ONLINE_coupon_OTL.pdf

Contact the Siskin Fitness Center at (423) 634-1234 or email info@SiskinRehab.org

Other Fitness Centers

- **Chattanooga Fitness Center-The PowerHouse**
<http://www.chattanooga.gov/youthandfamily/recreation/fitness-center> (423) 643-6600
Located at Warner Park off East Third Street. Fee is \$1 per visit with no membership. Limited classes.
- **Golds Gym-Downtown** (group exercise and personal training)
<https://www.goldsgym.com/downtown-chattanooga/>
- **Golds Gym-Hixson** (group exercise and personal training)
<https://www.goldsgym.com/hixson/>
- **Golds Gym-Lee Highway** (group exercise and personal training)
<https://www.goldsgym.com/lee-highway/>
- **Planet Fitness-Hixson** (open 24 hours/7 days per week)
<https://www.planetfitness.com/gyms/hixson-tn>
- **Planet Fitness-Perimeter Drive** (open 24 hours/7 days per week)
<https://www.planetfitness.com/gyms/chattanooga-perimeter-drive-tn>
- **PureBarre - Chattanooga, Northshore**
<http://purebarre.com/tn-chattanooga-northshore/>

- **Workout Anytime-Hixson**
<https://workoutanytime.com/hixson/>
Open 24 hours/7 days per week -- special rates for Residents, Fellows, Medical Students, Faculty, and UT Staff
- **Workout Anytime-Northshore**
<https://workoutanytime.com/north-shore/>
Open 24 hours/7 days per week -- special rates for Residents, Fellows, Medical Students, Faculty, and UT Staff
- **YMCA Downtown** (classes, yoga, cycling, training)
<https://www.ymcachattanooga.org/locations/downtown-family-ymca>
- **YMCA Hamilton Place** (classes, yoga, cycling, training)
<https://www.ymcachattanooga.org/locations/hamilton-family-ymca>
- **YMCA North River (Hixson)** (classes, yoga, cycling, training)
<https://www.ymcachattanooga.org/locations/ymca-healthy-living-center-north-river>

OTHER EDUCATIONAL RESOURCES AND SERVICES

Erlanger Computer Graphics Services

- John Stroud, Erlanger AV Specialist and Computer Graphics
- 423-778-4183 or 7815
- john.stroud@erlanger.org
- Located on the Erlanger 2nd Floor between the Staff and E elevators, across from Erlanger Audiovisual Services
- Office hours (7 AM – 3 PM, Monday through Friday)
- Services include – Photography for presentations and publications and poster layout and printing for research presentations

Computer Access within Erlanger

- Workstations available in the UT Medical Library (in the Whitehall Building, 3rd Floor, across from the main hospital)
- Internet access via Erlanger network computers in the library and throughout the hospital
- Resident call areas have computer access to the Erlanger network and the internet
- Electronic access to the library and its services from outside computers
- Online access to rotations, call schedules, duty hours, and anonymous Resident completed evaluations for rotations, Faculty and the overall New Innovations web-based Resident Information System –
www.new-innov.com/login
Institution login: UTC
User name and Password is supplied to new Residents individually prior to orientation.

UT Medical Library Services at Erlanger

- Located in the Whitehall Building directly across from the main Erlanger campus (960 East Third Street) on the third floor

- After-hours access for physicians and Medical Students
- Medical databases, electronic journals, and literature searches
UpToDate
PubMed with linked full text
Cochrane Library
Ovid Search Gateway
ACCESS MEDICINE
- Access from home via a Physician Virtual Desktop link from the Erlanger internet website:
<http://www.erlanger.org>
- Copying at no charge
- Interlibrary loans
- One-on-one assistance from library staff in preparing PowerPoint presentations, locating and scanning images, etc.
- Chattanooga Residents, Medical Students, and Faculty also have access to the electronic databases and products of the both our local UT College of Medicine Chattanooga Medical Library as well as additional electronic resources through the main medical school library in Memphis (UTHSC)
- As a UT Resident, you also have access to all the electronic resources of the UTHSC Medical Library in Memphis, registering with your UT Net ID and password. Go to the UTHSC Library website to access the registration form and to view resources available (<http://www.uthsc.edu/library>). Also, contact Pamela Scott, C-TAGME, Director of GME, at (432) 778-7442, pam.scott@erlanger.org, or Jacqueline Hogan, GME Financial Specialist, at (423) 778-3899, GME@erlanger.org, for assistance.

Support Organizations

House Staff Association

- Non-profit organization for Residents
- Provides camaraderie and support for Residents
- Annual social events
- Annual philanthropic work for charities
- Advocacy organizations for Residents with the institutions and Office of GME
- Annual dues (\$65) are used to support the House Staff Association activities allow Residents and families to participate in all social functions (*e.g.*, Welcome Riverboat party, Christmas Dance and Awards Dinner, *etc.*)
- Plans for Well-Being sessions and activities in conjunction with the House Staff Association officers and Resident department representatives
- House Staff Alliance for spouses and significant others

Resident Advisory Board (established in 2017)

The Resident Advisory Board (RAB) was established as part of the Well-Being Initiatives for the Chattanooga Campus with representation from each department. The RAB has worked with the Assistant Dean for Medical Student Education and Well-Being to establish Town Hall sessions that are part of our monthly institutional curriculum series called Healthcare Principles in Practice (HPP). Each academic year, four Town Hall discussions are held as part of the HPP series as well as a special two-hour interactive orientation session to introduce our Well-Being program to incoming Residents. The RAB is committed to identifying Well-Being needs and working with University and Erlanger leadership to

secure solutions. Quarterly meetings are held to continue working on these issues and to encourage more interaction at the program level. Concepts being discussed include well-being days for physician or personal appointments, healthy food options and snacks available—particularly during the 1 – 6 AM period when the Erlanger cafeteria is not open, improved gym or workout/walking area within the Erlanger complex, security issues within the hospital and external parking areas, and needed improvement in physician-staff communication and a best practice system of communicating call schedules and assignments.

The Resident Advisory Board includes peer-selected representatives from each department and/or program. The House Staff Association officers are also members of the RAB. The RAB is chaired by the House Staff Association President. The RAB meets quarterly with the Assistant Dean for Medical Students and Well-Being, the Dean, the Associate Dean/DIO, GME Lead Coordinator, GME Financial Specialist, and the Director of Graduate & Medical Student Education, and the GME Financial Specialist. The 2020-2021 Resident Advisory Board representatives include:

House Staff Association: Olivia Morin, MD, HSA President & PGY-6, 6th Year Surgery
Chief Resident

House Staff Association: F. Enrico “Nico” Domingo, MD, HSA Vice President & PGY-9, 3rd
Year Plastic Surgery Chief Resident

House Staff Association: Amanda Carter Threlkeld, MD, HSA Secretary & PGY-5, 5th Year
Urology Chief Resident

House Staff Association: Dresden Melton, Soderstrom, MD, HSA Treasurer & PGY-4, 4th Year
Surgery Resident

Cardiology: Abdul-Razaq Adeniyi, MD, PGY-6, 3rd Year Fellow

Cardiology: Yazan Saba, DO, MD, PGY-4, 1st Year Fellow

Emergency Medicine: Jessica Smith, MD, PGY-3, 3rd Year Chief Resident

Family Medicine: David Mulkey, MD, PGY-2, 2nd Year Resident

Internal Medicine: Jetina Okereke, MD, PGY-3, 3rd Year Resident (also Chair of the
Resident Wellness Committee)

Gastroenterology: Maaz Sohail, MD, PGY-5, 2nd Year Fellow

OB/GYN: Elliott Carter, MD, PGY-2, 2nd Year Resident

Orthopaedic Surgery: Connor Read, MD, PGY-3, 3rd Year Resident

Pediatrics: TBA

Urology: Michael Tonzi, MD, PGY-3, 3rd Year Resident

Well-Being Task Force (UT and Erlanger)

In partnership with our affiliate hospital, Erlanger Health System (EHS), our campus has appointed a Well-Being Task Force that is dedicated to:

- Understanding and promoting physician and trainee engagement and well-being
- Providing resources for physicians and trainees that help them promote their own wellness
- Discovering personal and organizational approaches to prevent and address physician and trainee distress
- Creating a workplace culture that is energy replenishing

Well-Being Task Force Chair:

Mukta Panda, MD, MACP, FRCP-London

Professor and Assistant Dean for Medical Student Education and Well-Being

2020 – 2021 Well-Being Task Force Members:

R. Bruce Shack, MD, FACS, Professor and Dean (also Chair, Plastic Surgery)

Robert C. Fore, EdD, FACEHP, CHCP, Professor and Associate Dean for Academic Affairs/DIO

William L. Jackson, Jr., MD, MBA, President, Chief Executive Officer, and Chief Medical Officer (Erlanger)

Julie Adams, MD, Professor, Department of Orthopaedic Surgery and Hand Surgery

Stephen Adams, MD, Professor, Department of Family Medicine; Erlanger Chief Medical Information Officer; and Erlanger Interim Chief Information Officer

Curtis Cary, MD, Program Director, Internal Medicine Residency

W. Heath Giles, MD, FACS, Program Director, Surgery Residency

Heather Gilliam, DO, Assistant Professor (Affiliated), Department of Pediatrics

W. Douglas Gregorie, MD, Program Director, Emergency Medicine Residency

Alan Kohrt, MD, Assistant Dean, Faculty Development

Sudave Mendiratta, MD, FACEP, Chair, Emergency Medicine

Olivia Morin, MD, PGY-6, 6th Year Surgery Chief Resident, House Staff Association President, and Resident Advisory Board Chair

Jetina Okereke, MD, PGY-3 Internal Medicine Resident, Vice Chair of the Resident Wellness Subcommittee and Member of the Resident Advisory Board

Chris Poole, MD, Erlanger Medical Staff Representative

Jessica Smith, MD, PGY-3 Emergency Medicine Chief Resident

Sunanda Sadanandan, MD, Associate Program Director, OB/GYN Residency

Laurie-Ann Swaby, MD, Faculty, Gastroenterology Fellowship

Benjamin Waldorf, MD, Associate Program Director, Urology Residency

Robert (Bob) Zylstra, EdD, LCSW, Professor and Assistant Program Director, and Director of Behavioral Science, Family Medicine Residency

Stacey Blanks, Program Coordinator, Urology Residency

Steve Burkett, Erlanger Vice President, Network Development and EMG

Floyd Chasse, MS, MPHR, Vice President, Erlanger Human Resources

Anthony Falzone, FP-C, CCP, NRP, Erlanger Paramedic, Emergency Department

Tara Gray, MS, Program Coordinator, Plastic Surgery Residency

Jessica Howell, RN, GYN Oncology Services Navigator, and OB/GYN Department Manager, OB/GYN Residency

J. Ted Nelson, MSN, RN, CCRN-K, NEA-BC, FACHE, Erlanger Associate Chief Nursing Officer

Charlene Roberson, DAHC Representative, Erlanger Behavioral Health, SS/DA

Julie Taylor, Erlanger Vice President and Development Officer, Foundation

Jacqueline Hogan, GME Financial Specialist

Kimberly Judd, GME Lead Coordinator

Pamela D. Scott, C-TAGME, Director, Graduate & Medical Student Education

Ad Hoc Members:

Phil Headden, Erlanger Chief of Security (Walden Security)

John Loetscher, Erlanger Vice President, Facilities and Engineering

Mary Rohde, Erlanger Vice President for Sodexo Operations

UTHSC Student Academic Support Services and Inclusion (SASSI)

<https://uthsc.edu/sassi/about/appointments.php>

The mission of the UTHSC Office of Student Academic Support Services and Inclusion (SASSI) is to facilitate all students in becoming mastery learners through quality interactions, theory-driven strategies, and ongoing experiences. Through SASSI methods, resources, and techniques applied to curricula, the academic environment is enriched in order to impact learning and performance of self-directed students in the health sciences. SASSI services target accessibility, engagement, learning, prevention, and connection to promote a diverse and inclusive environment for all students.

SASSI has a primary goal of promoting student progress in the various programs offered by UTHSC. We provide a variety of services and resources to help enhance learning and student performance. SASSI services are available to all UTHSC students free of charge and consultations in SASSI are completely confidential.

Although the SASSI Office is located in Memphis, its staff is available for UT Medical Students, Residents, and Fellows via phone or SKYPE resources. A SASSI Educational Specialist can help to develop personalized learning strategies and discern areas of strengths and weaknesses to enhance success. Students can meet with the specialist online (SKYPE) or via phone during the hours of 8am-5pm CST, Monday-Friday. Appointments for Educational Coaching/Consultation, Disability Services, and Study Skills can be scheduled via phone (901) 448-5056 or email at sassi@uthsc.edu. Residents or Fellows interested in pursuing these sessions may also contact the Director of GME (Pamela Scott, C-TAGME, Pam.Scott@erlanger.org) or GME Financial Specialist (Jacqueline Hogan, GME@erlanger.org) at (423) 778-7442 or 3899.

UT Employee Discounts available to UT Residents, Fellows, Paid Faculty, and Staff

Partnerships with several national companies allow UT to offer an employee discount program. Listed below are some of the statewide discounts offered to UT employees. Be sure to check with each campus/institute for any additional entity-specific discounts.

- **Lodging and camping discounts at Tennessee state parks**
UT employees receive discounts of up to 50 percent on lodging and camping fees at more than 50 state parks in Tennessee. View a list of state park discounts [here](#).
- **Discounts with major wireless phone providers**
UT employees may receive discounts on monthly recurring charges and accessories. Please contact your carrier regarding discount
- **Rental car discounts**
UT employees are eligible for discounts with Enterprise Rent-A-Car and National Car Rental by accessing the Concur booking tool at <https://finance.tennessee.edu/travel>. Please note: If you are traveling officially as a UT employee (e.g., to an approved educational conference), you cannot be reimbursed for rental cars unless it is approved ahead of time by the UT College of Medicine Chattanooga Director of Administration and Finance, Jane Clay.
- **Discounts on floral arrangements**
UT employees can save 20 percent on all regular-priced floral and gift items with [From You Flowers](#). To receive the discount, use code 36B at checkout.
- **Discounts on office supplies**
UT employees can register personal credit cards with [Staples](#) to automatically receive discounts

in retail stores across the county for personal purchases. Additional questions can be directed to UT's contact, Debbie Spurgeon, at (865) 932-7940.

- **Discounts on tickets to Biltmore Estate in Asheville**
[Biltmore Estate](#) in Asheville, N.C. offers UT employees discounts on admission tickets. Discounts vary depending on dates and ticket types.
- **Deals on admission to Orlando theme parks**
[Affordable Travel of Orlando](#) offers UT employees discounts on tickets and travel packages at Disney World, Universal Studios, Sea World, Discovery Bay and Aquatica. Employees should use registration code TENNESSEE to receive discounts. Additional questions can be directed to (888) 632-1103
- **Software downloads for students, faculty, and employees (including Residents)** at no charge or at discounted rates from a download site via the UTK website, depending on the:
<https://webapps.utk.edu/oit/softwaredistribution/>
- **Other computer and software discounts**
All UT employees can receive discounts on computers, software and accessories ordered through the the [VolTech shop](#), UT Knoxville's official campus store

Erlanger Security

- Erlanger provides on-site Erlanger Police on a 24-hour basis, seven days a week.
- Erlanger Police Dispatch #: 423-778-7614
- Erlanger Security Administration #: 423-778-7648
- Erlanger Security Emergency Line #: 423-778-6911.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017, and 6/28/2018. Administrative edits 6/24/2020.

RESIDENT GME INSURANCE BENEFITS

GME Health, Behavioral Health, Vision, Prescription, and Dental Insurance Program

The University of Tennessee Health Science Center provides a Group Healthcare Insurance Program for its Statewide Graduate Medical Education Program trainees.

Health, behavioral health, vision, prescriptions, and dental insurance are provided by CIGNA Healthcare for Residents* and eligible dependents. Coverage is effective on the Resident's first official day of residency or fellowship training (July 1 for most trainees). The CIGNA provider directory is available at <http://www.cigna.com>.

Health insurance is mandatory for all trainees. Residents are responsible for approximately 20% of the premium of the type of health coverage selected. Residents with existing coverage may decline UT health insurance by completing the required declination form and providing a copy of their current insurance card.

The Health, Behavioral, Prescription, Vision, and Dental monthly premium rates as of July 1, 2020 are:

Type Coverage	Monthly Total Cost	Monthly Employee Deduction
Employee Only	\$ 509.43	\$ 100
Employee + Spouse	\$ 1,018.79	\$ 200
Employee + Child(ren)	\$ 902.49	\$ 180
Family	\$ 1,413.56	\$ 280

For information regarding this group insurance policy you may contact the Holland Insurance Agency at 6820 Cobblestone Blvd Suite 3, Southaven, MS 38672 or (888) 393-9500. Ask for Meagan Sneed or Gerald (Jerry) Holland if you have questions. They will be at Resident Orientation on June 28 to distribute packets and answer questions.

[Click here for a link to an overview of your CIGNA Health, Behavioral, Prescription, Vision, and Dental Insurance.](#)

Enrollment in the CIGNA Group Insurance Plan is handled through a web-based system, [BerniePortal](#). Once you are loaded into that system, changes can be made to your account and coverage by logging into that system via the [blue](#) hyperlink above:

- 2 digit code: 2 digit birth month
- 4 digit code: last 4 social
- Employer code 656612

Please remember that when you have a qualifying life event, you must notify Jacqueline Hogan at GME@erlanger.org to unlock your account and then make changes by logging into the [BerniePortal](#).

GME Life Insurance Program

- The Basic Group Life Insurance Benefit issued through Hartford is \$100,000.
- Premiums are \$ 4.40 per month.

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

Life insurance coverage through the designated carrier is mandatory for every Resident and may not be canceled during training.

Contact Ms. Hogan at GME@erlanger.org if you need to make changes to your life insurance beneficiary(ies).

GME Disability Insurance Program

The University of Tennessee Health Science Center provides individual disability insurance coverage for participants in the Statewide UT College of Medicine Graduate Medical Education Programs. The University of Tennessee Health Science Center has chosen Ohio National Financial Services as the individual disability insurance carrier and has selected The Hildreth Agency to support the program.

As part of your benefits package, the University gives you a monthly stipend that is used to offset the cost of your disability and life insurance premiums. The stipend is \$55 per month total including \$4.40 toward life insurance and \$51.60 toward disability insurance. Using this money you can choose from the following tax free monthly income protection options:

- \$1,500/month (required unless proof of over insurance is presented)
- \$2,500/month
- \$4,000/month
- \$5,000/month

Benefits are payable up to age 65.

Included in your policy –

- Own Occupation Specialty Specific Definition of Disability—the best protection available. “You are Totally Disabled if due to Sickness or Injury, you are unable to perform the Material and Substantial Duties of Your Regular Occupation, and you satisfy the Regular Care of a Physician Provision. If your Regular Occupation on the date of Disability is limited to a professionally recognized specialty in medicine within the scope of your degree or license, we will consider that specialty to be your Regular Occupation.”
- Guaranteed Level Premiums -- Coverage cannot be canceled and premiums are guaranteed level through age 65.
- Guaranteed Standard Issue – Up to \$5,000 of monthly coverage without medical underwriting.
- Waiver of Premiums – Premiums are waived after a Disability of at least 90 days.
- Presumptive Disability – Total Disability is presumed if, while the policy is In Force, Injury or Sickness causes you to sustain the total loss of use of both hands, or both feet, or one hand and one foot, or to completely lose your sight in both eyes or the hearing in both ears, or speech. You must satisfy the Regular Care of a Physician requirement. When Total Disability is presumed: (1) the Elimination Period will be waived; and (2) Base Monthly Benefits and rider benefits will be paid even if you still work.

- Additional 50% of Monthly Benefit for Catastrophic Disability -- Contract will pay up to 150% of monthly disability benefit if catastrophically disabled. Catastrophically Disabled means that, due to an Injury or Sickness: (a) you are unable to perform two or more Activities of Daily Living without Stand-By assistance due to loss of functional capacity; or (b) you require Substantial Supervision due to Severe Cognitive Impairment.
- Residual and Recovery Benefits payable to age 65
- Enhanced Residual Disability Rider – If you have a Sickness or Injury that limits your time or duties, you will receive benefits in proportion to your Loss of Earnings. A minimum of 50% of the Disability Benefit is payable for the first 6 months of the claim. After 6 months at least 15% loss of income is required to continue your benefit. If this percentage is greater than 75%, full Total Disability benefits will be paid.

PLUS ... You can take this policy with you when you exit our GME Programs. Additionally, you will be able to increase your coverage to up to \$15,000 per month of tax free benefit at substantially discounted premiums without medical underwriting based upon your income at your new employment. The Hildreth Agency will meet with you at exit to discuss this opportunity.

The Hildreth Team will be presenting information about the insurance plan and details about premium rates via special webinars on June 15, 16, and 17, 2020. They will also be available via Zoom for a few minutes at our Institutional GME Orientation on the morning of June 30, 2020. If you have questions about the policy or need to file a claim, please contact the Hildreth Insurance Agency in Knoxville at (800) 874-0831, 10259 Kingston Pike, Knoxville, TN 37922:

John Hildreth, CLU: jhildreth@hildrethins.com
 Heath Hildreth, GBDS: hhildreth@hildrethins.com
 Jaclyn Slack, MBA: jslack@hildrethins.com

General email through which our GME trainees can contact the Hildreth Agency:
UTMD@hildrethins.com

Link to a special website about your LTD coverage and information: www.hildrethins.com/UTMD.

[Click here to view a link to a brief flyer about the LTD plan available to you.](#)

Every Resident is required to have basic disability insurance coverage through the GME designated carrier that provides a minimum monthly benefit of \$1500. Residents who are not eligible to participate in the GME provided disability plan due to over insurance must provide a copy of their disability policy documenting the monthly coverage and proof throughout training of their ongoing insurance premium payments. Disability insurance may not be canceled during residency training.

Note: Residents who do not participate in the disability and life insurance programs provided through GME do not receive the additional \$660 per year offset that is applied toward purchase of this coverage.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/15/2020.

Lab Coats and Dress Code

The UT College of Medicine Chattanooga (UTCOM Chattanooga) 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 the photo ID badges issued from Erlanger Human Resources (HR), or an official UT ID, denoting them as a Resident in a specific residency or fellowship program. UTCOM Chattanooga has also agreed to comply with the Erlanger Professional Dress Code Policy.

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 or program. 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. Scrubs are distributed via ScrubEX machines in several locations within the hospital. Photo ID badges issued from Erlanger HR have a unique embedded bar code that interfaces with the ScrubEX machines. Residents are allocated a specific number of scrubs available at one time depending upon their specialties. Soiled scrubs must be returned to the ScrubEX machines before clean ones can be issued.

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.

Notes:

1. Per the Erlanger Infection Prevention requirements, Residents, Medical Students, and Faculty are asked to remember “Bare below the elbows” for direct patient care.
 - Sleeves should be rolled above the elbows
 - Lab coat or lab jacket sleeves should be rolled above the elbows
 - Neckties should be tucked inside your shirt
 - Remove watch or bracelets.
2. We recognize that there are times when public health situations dictate special precautionary measures adhering to CDC and county health department guidelines such as those during the COVID-19 Pandemic. In these situations, all Faculty, Residents, Fellows, Medical Students, and administrative staff must adhere to Erlanger requirements regarding Personal Protective Equipment (PPE such as N95 masks and goggles or face shields). All UT employees and those holding faculty appointments must adhere to Erlanger requirements for stipulated PPE to be worn when involved in clinical care, and/or administrative requirements such as mandatory masks when entering hospital buildings and/or when gathering for meetings or conferences -- even in small groups less than ten.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/19/2020.

**IT IS AN INFECTION PREVENTION VIOLATION FOR
ANYONE TO REPORT TO THE HOSPITAL OR LEAVE THE HOSPITAL IN SCRUBS**

Under no circumstances should Medical Students, UT PA Students, or Residents arrive or leave the Erlanger Campus in Scrubs*

Medical Students & Residents may obtain scrubs from Erlanger's SCRUBEX Vending Machines, with their Erlanger ID Badge (the UTCOM Chattanooga photo ID badge issued by Erlanger HR for Residents and Medical Students):

Note: Emergency Medicine-SCRUBEX does not apply to Emergency Medicine Residents as they maintain their own Scrub System. However, "Medical Students" are to comply and use the SCRUBEX System.

- The SCRUBEX machines post detailed instructions for use.
- 2-3 sets of scrubs may be obtained at one time from the machines by each user;
- Soiled Scrubs must be deposited to receive a clean set of Scrubs & to receive credit in the system.
- The SCRUBEX machines are utilized by using your Erlanger ID Badge or special SCRUBEX pin #.

GUIDELINES & VIOLATIONS:

1. Both Residents and Medical Students MUST arrive at the hospital in their street clothes AND change back into personal clothes before leaving the hospital.
2. No student, resident or employee of Erlanger are to use personal Scrubs, since this is an Infection Prevention Violation.
3. Scrubs obtained from Erlanger are the property of the hospital and will be treated as such.

LOCATIONS OF MACHINES:

We have been advised that the SCRUBEX Machines are located in the following areas:

1. Surgery back hall - return units are in the surgery locker rooms.
2. Medical Students are authorized to use scrub machines N & O, one is for dispensing the other for returning. You will also be able to return in the shower/locker rooms on the 2nd floor.

TRACKING & CHARGES:

- The SCRUBEX machines keep record of Scrubs received & the number of Scrubs deposited by each user.
- At the end or completion of a Medical Student Rotation or Residency, if all Scrubs have not been returned, the user will be required to pay for any Scrubs that are outstanding.

The UTCOM GME Department has the ability to check the system to verify the status of each user's status.

The charge for each set of Scrubs is **\$20.00** per set.

The hospital only accepts Checks or Money Orders made payable to: **Xanitos**

BEFORE DEPARTING:

The UTCOM GME is authorized to HOLD any grades for students, and certificates Residents and Fellows if ALL Scrubs are not turned in or if payment is not received for Scrubs that are not returned or are missing. Erlanger is very strict about the Scrub System in place and we are required to comply with their procedures.

PROBLEMS WHEN USING SCRUBEX MACHINES:

If there are any problems with the machines, it is helpful to be in front of a machine when calling:

1. LeKisha White (Xanitos) 423-994-0355, LWhite@xanitos.com
2. Amy Morgan (Erlanger Surgery Administration) 423-778-8032, Amy.Morgan@erlanger.org
3. Debbie Butcher 423-838-1563
4. John Doub (Erlanger Material Services Director) 423-778-6439, John.Doub@erlanger.org
5. Or call your Program Coordinator for help.

If you continue to experience problems with the SCRUBEX machines (after exhausting the instructions), please call the UTCOM GME Department: (423) 778-7442.

The term "Resident" refers to Residents and Fellows.

Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019 and 6/3/2020.

GME LEAVE POLICIES

All programs are required to use New Innovations to track Annual, Sick, and Educational Leave time taken by Residents. Residents are required to submit a GME Time Off Form to the Residency Program Coordinator each month listing any Annual, Sick, Educational, or Family Medical Leave taken. Based upon specialty board requirements, individual program leave policies may be more restrictive than the following Graduate Medical Education (GME) policies.

Annual Leave (Vacation)

Paid Annual Leave is available to each Resident during each 12 month period of training: three (3) weeks, which are comprised of **15 work days (Monday through Friday)**. Most programs also try to give at least the weekend before or after Annual Leave time, and some programs may be able to give both weekends (at least six (6) weekend days). These decisions are at the discretion of the Program Director. If the program grants time off during the Christmas–New Year’s holiday period, that time off must be counted as Annual Leave. Not every program grants additional time off during this period – it is dependent upon clinic and patient care schedules and must be determined by individual Program Directors. Annual Leave must be approved in writing and in advance by the Program Director. Annual Leave must be used for any time away from the program not specifically covered by other leave benefits below. Annual Leave does not carry over from year to year, and Residents may not be paid for unused leave at the end of each academic year. Residents terminating before the end of their training year will be paid only through their final active working day and will not be paid for unused Annual Leave. GME disciplinary policy permits the Program Director to take up to one week of Annual Leave as a disciplinary measure (*i.e.*, up to one week of Annual Leave may be at risk for disciplinary action as well as additional leave without pay).

Note: Interview days are considered Annual Leave unless taken during regularly scheduled days off. Also, at the discretion of each department, your program may permit a limited number of paid personal or well-being days each year. Residents should confirm this with their specific departments and document with forms submitted to the Coordinator. They must also document this when reporting educational clinical work hours (Duty Hours) or “Time Off” forms.

Sick Leave

Residents are allotted three (3) weeks of paid Sick Leave per twelve (12) month period for absences due to personal or family (spouse, child, or parent) illness or injury. In the UT GME System, annual paid Sick Leave consists of a maximum of fifteen (15) regular “working days” (Monday through Friday), plus up to six (6) “weekend days” (Saturday and Sunday). A physician's statement regarding illness or injury and “fitness for duty” may be required for absences of more than three consecutive days or an excessive number of days throughout the year. Sick Leave is non-cumulative from year to year. Residents cannot be paid for unused Sick Leave. Under certain circumstances, additional Sick Leave without pay may be granted with the written approval from the Program Director, who will send a copy of this approval to the Office of Graduate Medical Education (GME). The Resident may be required to make up any time missed (paid or unpaid) in accordance with Residency or Fellowship Program and board eligibility requirements.

New: COVID Quarantine

The 2020 Coronavirus Pandemic has forced us to better plan for the unexpected. In the event that a Resident is exposed to a COVID-19 Positive Patient and is advised to quarantine for 14 days per CDC and hospital guidelines, the time should be reported as COVID Quarantine in the New Innovations Duty Hours. If the Resident is able to continue to work from home during the quarantine, then reporting the time as Sick Leave would not be necessary. However, if the Resident develops symptoms and is unable

to participate in assigned education, didactics, eChart documentation, research, etc., then regular Monday through Friday COVID Quarantine Sick Leave should be documented in the Resident Time Off Reports.

Family and Medical Leave (FML)

Residents who have been employed for at least 12 months and have worked at least 1,250 hours during the previous 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 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 leave.

- [Click here to view and download the FML Request Form.](#)
- [Click here to view information about UTHSC Family Medical Leave.](#)
- [Click here to view the UT Policy on Family Medical Leave, Policy #HR0338.](#)
- [Click here to view your rights and responsibilities under FMLA.](#)

The UT College of Medicine Chattanooga Graduate Medical Education Office 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 fulltime employee who has been employed by the university for at least 12 consecutive months is eligible for up to a maximum of four months leave (paid or unpaid) for pregnancy and adoption. After all available paid Sick and Annual Leave has been used, 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.

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 the expected date of birth or adoption in order to ensure adequate coverage in the program. The Program Director and Resident should verify whether the length of leave will require extending training in order to meet program or board eligibility criteria.

The UTHSC Human Resources office has administrative oversight for the FML program. The Program Coordinator or Director should notify the GME Department when it appears a Resident may qualify for FML leave. The GME Department will coordinate with UTHSC HR and the Program Coordinator/Program Director to approve or disapprove a Resident's request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website via the last bulleted link above.

Educational Leave

Educational leave may be granted at the discretion of the Program Director, but may not exceed ten (10) calendar days per twelve month period. Residents should be advised that some Medical Boards count educational leave as time away from training and may require an extension of their training dates.

Bereavement Leave

Residents may take up to three (3) days of paid leave for the death of an immediate family member. Immediate family shall include spouse, child, parent, grandparent, grandchild, brother, or sister of the trainee. With approval of the Program Directors, additional time may be taken using Annual Leave or leave without pay.

Military Leave

Military leaves of absence will be administered in accordance with the provisions of University of Tennessee Personnel Policy #370:

<https://universitytennessee.policytech.com/dotNet/documents/?docid=129&public=true>.

Residents must notify their Program Director when military leave will be required and must provide their Program Director with appropriate documentation of their military service. Depending on the length of leave and specialty board requirements, training time may be extended.

Jury Duty

A Resident who receives a summons for jury duty, and is not excused from duty, must provide a copy to the Program Coordinator and the GME Department. The University will excuse the Resident from clinical responsibilities for each day serving on a jury. Upon returning from jury duty, the Resident will need to provide a statement from the Court Clerk each day the Resident served on a jury. This time will count as time away from the program; however, it will not be counted against Annual Leave or Sick Leave, and the Resident will continue to remain on the University Payroll. It is possible that time spent on jury duty could contribute to requiring an extension of training time depending on the specialty board's requirements. If a Resident were to be involved a personal legal matter or prior training malpractice related matter from another institution, the Resident would have to use Annual Leave or leave without pay for court days not involving the University of Tennessee.

Holidays

Due to the twenty-four (24) hour nature of patient care, Residents are not entitled to holiday leave. A Program Director may approve time off on a holiday for a Resident who is assigned to a clinic or service that closes for that holiday.

Time Off to Vote

The University encourages all employees to vote in local, state, and national elections and provides Residents who are registered voters reasonable times off to vote in an election held in the local municipality. Residents may receive time off without loss of pay, not to exceed three (3) hours between the opening and closing of polls if the request is made to their Program Director before noon the day prior to the election. Each program may specify the hours during which the Resident may be absent.

Residents are strongly encouraged to vote during non-working hours. If the polls open three (3) hours or more before the Resident's work schedule begins or if the polls close three (3) or more hours after the Resident's work schedule ends, the Resident may not receive time off to vote.

Administrative Closings/Inclement Weather

Residents are considered to be essential personnel and provide "essential services" for purposes of the Inclement Weather Policy. The University may close its administrative offices during inclement weather for those individuals classified as non-essential regular staff employees. Residents, however, provide direct patient care in our hospitals and clinics and must report to work as scheduled. If a Resident is on a rotation at a clinic or service that does close due to the weather, the Program Director may elect to allow the Resident to take the day off or may reassign the Resident to another location. The Program Director is the only individual that may direct the Resident to stay home. Residents who are not excused must notify, by phone and email, their attending and their Program Director immediately if they are unable to report to work as scheduled. Such an absence shall be charged as Annual Leave, or, if no Annual Leave is available, then as leave without pay.

Extended Absence from Training or End of Leave

An extended absence, for any reason, may prevent a Resident from fulfilling the requirements for participation in educational and scholarly activities and achieving the residency/fellowship responsibilities (See GME Resident Agreement of Appointment). Generally, leaves of absence may be granted for a maximum of six (6) months. Residents are subject to termination upon:

- a) exhaustion of all available Annual Leave, Sick Leave and other approved or statutory leave, or
- b) failure to return to work as scheduled at the end of the authorized or statutory leave

An absence will be charged against any accrued Annual, Sick, or other available approved unpaid leave program. If all such paid and unpaid leaves are exhausted, the absence will be unexcused, and the Resident will be subject to dismissal for job abandonment.

The GME Director, in her discretion, may authorize additional leave but only in extraordinary circumstances.

Notes:

- Residency positions will be protected during the period of approved Family Medical Leave or as required by law.
- Residency positions in a prescribed AIRS Program may be protected as described in the GME AIRS Policy #320.
- An unpaid leave of absence may affect a Resident's visa status.
- A leave of absence, including paid leave, may require extension of training in order to complete the program or to meet program or board eligibility criteria.

Compliance with Board Requirements for Absence from Training

It is the responsibility of each Program Director to verify the effect of absence from training for any reason on the individual's educational program and if necessary to establish make-up requirements that meet RRC or board requirements of the specialty. All training extensions necessary to meet board eligibility are paid with full benefits. Board certification eligibility information should be provided to Residents by each program and can also be accessed through the specialty board's website and the website of the American Board of Medical Specialties: <http://www.abms.org>.

Reporting Time Off

UT requires that all employees report time off, whether paid or unpaid, including GME Residents. Residents must report time off each month via the UT Resident Time Off Sheet, sign the form, and submit the form to the Program Director for approval. Copies will be uploaded in the New Innovations Personnel Data files each month and maintained by the program and the GME Department.

Failure to Comply with Leave Policies

Failure to comply with leave policies, including obtaining written prior approval, may result in leave without pay. Programs may have additional leave restrictions based upon individual specialty board requirements and will distribute their program policies and procedures to Residents and faculty. Up to one week of Annual Leave is at risk at the discretion of the Program Director for disciplinary issues. Refer to your individual Program Handbook for documentation. Also, please remember that interview days are considered Annual Leave unless used when the Resident is on regularly scheduled days off.

*The term "Resident" refers to both Resident and Fellow trainees.

Approved by the GMEC 7/1/2018. Revised by the GME Director 5/5/2019. Administrative edits by the GME Director 6/15/2020.

Reporting UT Resident Time Off

In order to be in compliance with the UT Health Science Center and its Graduate Medical Education Policies, the UT College of Medicine Chattanooga implemented the use of a monthly UT Resident* Time Off Form as of July 1, 2015. This action was first approved by our Graduate Medical Education Committee at its April 2015 meeting. Maintaining these forms should assist Residents* and Residency Program Coordinators in tracking all time off taken by Residents each year.

Procedure:

- All Residents will be required to complete the Resident Time Off Form each month throughout training – even if no time off is taken during a given month.
- If no days off are taken, the Resident will complete the top portion of the form with Name, Month Year, and Program, and sign the form at the bottom.
- Coordinators will enter the individual UT Personnel # on each form for Residents.
- Residents should sign each form.
- Residents should only report time off – not time worked – on this form.
- Residents should not list the “one day off in seven” or your weekends that are regularly scheduled time off on this form.
- This form is to accurately and truthfully report and document annual leave (vacation), sick leave, conference leave, and any other time off each month.
- Failure to report truthful information about time off is a violation of ethical and professional standards and may impact a Resident’s evaluations and recommendations.
- Residents will enter a “1” for each day they are reporting off – this reflects a number of days and not hours since hours can vary tremendously between departments and rotations.
- UT policy officially states that interview days should be taken from the three weeks annual leave (15 Mon – Fri working days). However, the DIO has agreed to leave that to each department’s discretion. If additional interview days are granted during the final year of residency or fellowship in Chattanooga, this can be no more than five additional working days with pay.
- If your department permits Residents to take off personal days, or interview days outside regular vacation, that would be reported as “Other Leave.”
- Any sick leave or Family Medical Leave beyond paid vacation and paid sick leave should be listed as “Other Leave.”
- Days during the Christmas and New Year’s Holidays should be listed under Annual Leave since this is part of the three weeks’ vacation provided each Resident.
- Residents permitted to be off for any other holidays that their departments and clinics are closed should list those days under “Other Leave.”
- Residents will continue to log duty hours and vacation via the Duty Hours portion of the New Innovations System.
- Every Resident must complete this form at the end of each month, print, sign, and give to the Coordinator by the 15th of the following month.
- In June each year, each Resident who is leaving must submit to the Coordinator by the last working day when they exit with the department.

New: COVID Quarantine

The 2020 Coronavirus Pandemic has forced us to better plan for the unexpected. In the event that a Resident is exposed to a COVID-19 Positive Patient and is advised to quarantine for 14 days per CDC and hospital guidelines, the time should be reported as COVID Quarantine in the New Innovations Duty Hours. If the Resident is able to continue to work from home during the quarantine, then reporting the time as Sick Leave would not be necessary. However, if the Resident develops symptoms and is unable to participate in assigned education, didactics, eChart documentation, research, etc., then regular Monday through Friday COVID Quarantine Sick Leave should be documented in the Resident Time Off Reports.

Submitting the Form

Once a Resident has submitted the form to the Coordinator, the Program Director must sign and approve the record of time off by the 20th of the month. Then the paper form should be scanned and uploaded into the Resident's New Innovations Personnel Data record under "Attached Files" in the folder marked "1-Resident Time Off Sheets". Coordinators should complete a spreadsheet template for all Residents in the Program and forward that to Jacqueline Hogan, GME Financial Specialist in the GME Office, by the end of each month.

We strongly recommend that each Coordinator s maintain the spreadsheet in their program since Program Directors need this for semi-annual meetings with Residents and when approving leave requests.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/20/2020.

Resident Time Off Report

Month / Year

GME Policy #256

Employee Name

Program

Personnel Number



Day	Date	Annual Leave	Sick Leave	Edu Leave	Other Leave	Name of Conference or Other Notes
	1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					
Total						

Employee Signature Date

Program Director or Coordinator Date

LICENSURE EXEMPTION AND PRESCRIBING INFORMATION**Licensure Exemption**

Under the State of Tennessee statute T.C.A. 63-6-207, Resident* physicians who do not hold a special training license or full and unrestricted medical license are exempt from the requirement of a license to practice medicine or surgery in this state when participating in an accredited training program in the state of Tennessee. The Graduate Medical Education (GME) Department applies annually to the Tennessee Board of Medical Examiners for a licensure exemption for each Resident while training under the supervision and control of the University of Tennessee College of Medicine Chattanooga Faculty. Residents are not permitted to practice medicine or surgery outside of their training program (i.e., moonlight) without being fully licensed to practice medicine or surgery in the state in which the moonlighting activity occurs.

Prescribing Information**DEA Number and Suffix**

Since UT Residents are exempted from the requirement of having an unrestricted Tennessee medical license, they cannot obtain individual DEA numbers that are required for prescribing controlled substances. However, they may dispense, administer, and prescribe controlled substances under the registration of the individual teaching hospital in which the patient care is being provided. The GME Department will provide each Resident with a specific internal code number (DEA suffix) to be used with the appropriate hospital's institutional DEA number. These internal codes are supplied to the pharmacies of our teaching partners and are available to law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner. When functioning as a Resident, the trainee must use the Erlanger Institutional DEA # with the suffix – even if a Resident has a license and personal DEA number. Residents are provided the hospital institutional numbers and are responsible for using them appropriately. The institutional DEA numbers are only valid for patients within that facility and cannot be used for any other purpose. The hospital institutional DEA number should only be used on prescriptions for controlled substances. The hospital institutional DEA numbers and individual suffixes can only be used for GME rotations. Residents are responsible for immediately reporting any incidents that suggest compromise to the GME Director and/or the hospital pharmacy. Misuse of an institutional DEA number could result in disciplinary action up to and including dismissal from the training program. If moonlighting, a Resident must obtain an individual federal DEA number (requires an unrestricted state medical license). Erlanger's Institutional DEA # is AT0388199. The unique DEA suffix begins with an I-####.

NPI Number

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

The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

Loan Deferment Information

Federal guidelines no longer permit training programs to certify student loan deferments on the basis of "full-time graduate student" status. Depending upon the lending institution and type of student loan, Residents* may be eligible for consideration of deferment on the basis on their Internship or Fellowship. Federal guidelines over the past few years have been changing and, depending on the date the original loans were made and the type of loan, deferment for Residency status is typically not granted beyond the first or second year of post graduate training (after medical school). Once any applicable deferment and grace periods have been exhausted, Residents are usually eligible to request a forbearance status, at which time interest begins accruing.

Residents having student loans and needing to request deferments and/or forbearance should contact their lending agency(ies) to ask for blank deferment or forbearance forms. Once a blank form is received, the Resident should complete the "borrower" information, sign the form, and then send it to Jacqueline Hogan, GME Financial Specialist, in the Graduate Medical Education (GME) Department (GME) to be completed and signed by the Director of Graduate and Medical Student Education (Pamela Scott). Ms. Hogan will then mail or fax the form to the appropriate lending institution. Copies of these completed forms are maintained in each trainee's file in the GME Department in case questions arise.

Residents who are to begin training can forward deferment forms to the GME Department; however, Ms. Scott cannot verify your residency status until your training actually begins (e.g., July 1).

Click on the hyperlink below for view debt information for medical students from the Association of American Medical Colleges: <https://www.aamc.org/services/first/>.

Feel free to call the GME Financial Specialist (Ms. Hogan) if you have specific questions at (423) 778-3899 or (800) 947-7823, extension 3899.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017.

**PROFESSIONAL IMMUNITY VS MALPRACTICE PROTECTION
UNIVERSITY EMPLOYEE PROTECTIONS AGAINST LIABILITY (MALPRACTICE)
STATEMENT ISSUED BY
THE OFFICE OF THE VICE PRESIDENT AND GENERAL COUNSEL**

Definition of Employee

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

State Law Claims

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

This is the language we use when verifying professional immunity for Graduate Medical Education (GME) Residents*:

As a University of Tennessee Resident employee of the State of Tennessee, professional liability coverage for Residents at the University of Tennessee College of Medicine Chattanooga was provided by the Tennessee Claims Commission Act (TCA 9-8-301 et seq.). This Act provides immunity from personal liability for all employees of the State of Tennessee for acts or omissions within the scope of their employment. The effect of this for all Residents for the period of the Act is to shift liability from the State employee to the State itself. Thus, claims arising against the State for acts or omissions by the employee will be handled according to the provisions of the Act (TCA 9-8-301 et seq.). No judgment made by the Claims Commission can exceed the limits of \$300,000 per claimant and \$1,000,000 per incident. There is no insurance company or policy number.

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

Federal Law Claims

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

Reimbursement of Judgments and Settlements

In recognition of the fact that state employees may be subject to personal liability in some cases, state law provides that the State Board of Claims will reimburse state employees for actual damages, costs, and attorney fees, up to \$300,000 per plaintiff and \$1,000,000 per occurrence, awarded by judgment or settlement in any case in which the employee's immunity is not sustained. This includes all federal law actions (in which the employee's state law immunity has no effect) and any given state law action in which the employee's immunity is not sustained. In its discretion, the Board of Claims may reimburse the employee for amounts beyond the limits stated in the statute. The Board, however, will make no reimbursement for punitive damages. Prior to any reimbursement, the Board must make an independent determination that the employee was acting within the scope of his or her employment. Even if the Board finds that the employee was acting within the scope of his or her employment, the Board may reduce the reimbursement for any circumstance it finds warranting a reduction (for example, failure of the employee to cooperate fully in defense of the litigation). In addition, the Board may deny reimbursement if the employee or counsel for the employee did not make reasonable efforts to defend the action or if the employee's actions were grossly negligent, willful, malicious, criminal, or done for personal gain.

Representation in Civil Cases

Office of the Vice President and General Counsel

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

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

Private Counsel

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

Representation in Criminal Cases

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

Instructions to Follow if you receive a summons, are contacted to speak with a -UT attorney, or if you are named in a suit

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

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

Request for Expert Testimony

Residents are not permitted to testify as experts under any circumstances. Requests for expert testimony should be referred either to the Graduate Medical Education Department (for the Chattanooga Campus call 423.778.7442) or directly to the Office of the UT General Counsel Office located in Knoxville.

Contact Information

For verification of immunity via the State Claims Commission and an official claims history during residency or fellowship, contact the Office of the General Counsel, University of Tennessee, in Knoxville (Diana Jo Garner, Paralegal) at 865-974-6583 and she will get you in touch with one of the attorneys in Knoxville or Memphis to advise you.

Mailing address:

University of Tennessee
Office of the General Counsel
Diana Jo Garner, Paralegal
719 Andy Holt Tower
1331 Circle Park
Knoxville, TN 37996-0174

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

GME POLICY #290 ESTABLISHING A PERSONAL PRIMARY CARE PHYSICIAN & PROVIDING PRIMARY CARE FOR OTHER RESIDENTS

ESTABLISHING A PERSONAL PRIMARY CARE PHYSICIAN & PROVIDING PRIMARY CARE FOR OTHER RESIDENTS OR MEDICAL STUDENTS

The University of Tennessee College of Medicine Chattanooga (UTCOCM Chattanooga) and the Graduate Medical Education Committee (GMEC), acknowledges the requirement for a pre-employment physical examination health statement signed by a US licensed physician before the Resident* can begin training. The Designated Institutional Official (DIO) further recommends that within six months of beginning training in Chattanooga, each Resident establish themselves either with a local primary care physician or continue contact with their already established primary care physician. In accordance with the AMA Code of Medical Ethics, physicians generally should not treat themselves or members of their immediate families.

The DIO has determined that Residents should not establish patient relationships with physicians who could serve as supervising physicians in their home department (e.g., a Family Medicine Resident should not select a Family Medicine Faculty member for a personal primary care physician).

Similarly, except in emergencies, Residents should not provide primary medical care for other Residents or Medical Students for whom they could have supervisory responsibilities or with whom they have personal relationships.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

Accreditation (ACGME) and the Clinical Learning Environment Review (CLER) Visits

The Accreditation Council for Graduate Medical Education (ACGME) recognizes the public's need for a physician workforce capable of meeting challenges of a rapidly evolving health care environment. ACGME has responded to this need by implementing a CLER Program as part of its accreditation system. It is designed to provide teaching hospitals with ACGME-accredited institutions with periodic feedback addressing the six focus areas below, and is designed to improve how hospitals engage Residents* in learning to provide safe, high quality patient care. In late January, a CLER Pathways document was released to promote discussion & specific actions that will optimize the clinical learning environment. It is anticipated that hospitals will strive to meet & exceed them to provide the best care to patients & produce the highest quality physician workforce. In its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC).

CLER assesses sponsoring institutions in the following six focus areas:

- **Patient Safety** – including opportunities for Residents to report errors, unsafe conditions, & near misses, & to participate in inter-professional teams to promote & enhance safe care.
- **Healthcare Quality (QI)** – including how sponsoring institutions engage Residents in the use of data to improve systems of care, reduce health care disparities & improve patient outcomes
- **Teaming (to promote safe and efficient Transitions in Care)** – including how sponsoring institutions demonstrate effective standardization & oversight of transitions of care and supporting high-performance teaming. The concept of teaming recognizes need for purposeful interactions in which team members coordinate safe and efficient care, collaborating and sharing accountability.
- **Supervision** – including how sponsoring institutions maintain & oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional & program level that assures the absence of retribution.
- **Well-Being** – The optimal clinical learning environment is engaged in systematic and institutional strategies and processes to cultivate and sustain the well-being of both its patients and clinical care team. The original focus area was called “Duty Hours, Fatigue Management, & Mitigation” but has evolved into “Well-Being,” addressing four interrelated topics: work & life balance; fatigue; burnout; & support of those at risk or demonstrating self-harm. This new focus area recognizes the important role of clinical learning environments in designing and implementing systems that monitor and support physician well-being.
- **Professionalism**—with regard to how sponsoring institutions educate for professionalism, monitor behavior on the part of Residents & faculty & respond to issues concerning: accurate reporting of program information; integrity in fulfilling educational & professional responsibilities; & veracity in scholarly pursuits..

The **CLER Site Visit Program** is used solely for providing feedback, learning, and helping to establish baselines for sponsoring institutions, the Evaluation Committee, and the IRC. The underlying premise of the CLER Program is that when GME leaders and the executive leadership of the CLEs are presented with detailed information on how they are addressing the six focus areas, they will use it to build upon their strengths, and identify and act on opportunities for improvement—with the ultimate goal of improving patient care while optimizing the educational experience for resident and fellow physician learners. Hopefully, institutions will be more aware of the importance of taking a systems-based approach to improving the CLE. The CLER Program will continue to explore how best to address these variations in order to promote excellence in the CLE and advance patient care.

All sponsoring institutions were required to undergo a first CLER Visit in 2014, with subsequent CLER visits every 18 – 24 months (+/- six months). The first cycle of visit findings resulted in dissemination of salutary practices and findings by the CLER Evaluation Committee called “CLER Pathways to Excellence. Version 1.1 was published in May 2017, primarily revising Duty Hours, Fatigue and Mitigation to include overall physician Well-Being. Version 2.0 was published in December 2019, modifying the Transitions in Care focus area to the concept of Teaming.

Through the CLER Site Visit the Team seeks answers to the following central questions:

- **Who & what form the infrastructure of a Sponsoring Institution’s clinical learning environment?** What organizational structures & administrative & clinical processes do the SI & its major participating sites have in place to support GME learning in each of the six focus areas?
- **How integrated is the GME leadership & Faculty within the SI’s current clinical learning environment infrastructure?** What is the role of GME leadership & Faculty to support Resident learning in each of the six areas?
- **How engaged are the Residents in using the SI’s current clinical learning environment infrastructure?** How comprehensive is the involvement of Residents in using these structures & processes to support their learning in each of the six areas?
- **How does the SI determine the success of its efforts to integrate GME into the quality infrastructure?** From the perspective of the SI & its major participating sites, what are the measures of success in using this infrastructure & what was the level of success?
- **What areas have the Sponsoring Institution identified as opportunities for improvement?** From the perspective of the SI & its major participating sites (if different), what are seen as the opportunities for improving the quality & value of the current clinical learning environment infrastructure to support the six focus areas?

Website for more information: www.acgme.org/What-We-Do/Initiatives/Clinical-Learning-Environment-Review-CLER

The UT College of Medicine Chattanooga’s CLER Visits:

- First CLER Visit: April 15-16, 2014
- Second CLER Visit: July 19-20, 2016
- Third CLER Visit: May 1-2, 2018
- Fourth CLER Visit: Likely the end of 2020 or the first half of 2021

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019 and 6/16/2020.

RESIDENT LEARNING AND WORKING ENVIRONMENT

The University of Tennessee College of Medicine Chattanooga (UT College of Medicine Chattanooga) and the Graduate Medical Education Committee (GMEC), in accordance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements, Section VI., must cooperate with its participating hospitals (especially its primary clinical training site, Erlanger) to ensure that residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by Residents* today
- Excellence in the safety and quality of care rendered to patients by today's Residents in their future practice
- Excellence in professionalism through Faculty modeling of:
 - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
 - the joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the Medical Students, Residents, Faculty, and all members of the health care team

Patient Safety and Quality Improvement

All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare Residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by Residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating Residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

It is necessary for Residents and Faculty to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

Culture of Safety

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

The program, its Faculty and Residents must actively participate in patient safety systems and contribute to a culture of safety. The program must have a structure that promotes safe, inter-professional, team-based care.

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

Residents, Faculty and other clinical staff members must:

- know their responsibilities in reporting patient safety events at the clinical site;
- know how to report patient safety events, including near misses, at the clinical site; and,
- be provided with summary information of their institution's patient safety reports.

Residents must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for Faculty physicians to model, and for Residents to develop and apply. All Residents must receive training in how to disclose adverse events to patients and families. Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

Quality Improvement

A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

Quality Metrics

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and Faculty must receive data on quality metrics and benchmarks related to their patient populations.

Engagement in Quality Improvement

Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care. Residents must have the opportunity to participate in inter-professional quality improvement activities. This should include activities aimed at reducing health care disparities.

Supervision and Accountability

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. The Graduate Medical Education Committee (GMEC) requires that each program define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of GME provides safe and effective care to patients; ensures each Resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information must be available to Residents, Faculty, other members of the health care team, and patients. Residents and Faculty must inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced Resident. Other portions of care provided by the Resident can be adequately supervised by the immediate availability of the supervising Faculty or senior Resident, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising Faculty. In some circumstances, supervision may include post-hoc review of Resident-delivered care with feedback. The program must demonstrate that the appropriate level of supervision in place for all Residents is based on each Resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

Professionalism

The GMEC and our GME programs provide education for Residents and Faculty concerning the professional responsibilities of physicians, including their obligation to appear for duty be appropriately rested and fit to provide the services care required by their patients.

The UT College of Medicine Chattanooga and its Program Directors must provide a culture of professionalism that supports patient safety and personal responsibility. Residents and Faculty must demonstrate an understanding and acceptance of their personal role in the following:

- provision of patient- and family-centered care;
- safety and welfare of patients entrusted to their care; including the ability to report unsafe conditions and adverse events;
- assurance of their fitness for work
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, and substance abuse, in themselves, their peers, and other members of the health care team;
- commitment to lifelong learning;
- monitoring of their patient care performance improvement indicators; and,
- accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

All Residents and Faculty must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of Medical Students, Residents, Faculty, and staff. The GMEC requires that we provide a process for education of Residents and Faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

Well-Being

The GMEC recognizes that, in the current health care environment, Residents and Faculty are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. The institution and our GME have the same responsibility to address well-being as they do to evaluate other aspects of Resident competence. This responsibility includes:

- efforts to enhance the meaning that each Resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships
- attention to scheduling, work intensity, and work compression that impacts Resident well-being
- encourage optimal Resident and Faculty well-being, and
- educate Faculty and Residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions.

Residents and Faculty must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The UT College of Medicine Chattanooga and its GME programs:

- encourage Residents and Faculty to alert the Program Director or other designated personnel or programs when they are concerned that another Resident or Faculty may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence
- provide access to confidential, affordable mental health assessment, counseling, and treatment through behavioral health services covered under the Resident health insurance plan and through a Resident Assistance Program called "ENI."

Fatigue Management

The UT College of Medicine Chattanooga and our GME programs must:

- educate all Faculty and Residents to recognize the signs of fatigue and sleep deprivation
- educate all Faculty and Residents in alertness management and fatigue mitigation processes
- encourage Residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

- ensure continuity of patient care in the event that a Resident may be unable to perform patient care responsibilities due to excessive fatigue
- ensure adequate sleep facilities and safe transportation options for Residents who may be too fatigued to safely return home.

Clinical Responsibilities, Teamwork, and Transitions of Care

Clinical Responsibilities

The clinical responsibilities for each Resident must be based on PGY level, patient safety, Resident ability, severity and complexity of patient illness/condition, and available support services.

Teamwork

Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system.

Transitions of Care

GME programs and their clinical training sites must:

- design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure
- ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety
- ensure that Residents are competent in communicating with team members in the hand-over process
- maintain and communicate schedules of attending physicians and Residents currently responsible for care
- ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a Resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

AID FOR IMPAIRED RESIDENTS PROGRAM (AIRS)

The Aid to Impaired Residents* Program (AIRs) is a confidential program which functions in coordination with the nationally recognized Aid for Impaired Medical Students Program (AIMS) developed by the University of Tennessee. The program is a cooperative effort with the Tennessee Medical Foundation (TMF) Physician's Health Program (PHP) and is designed to assess and provide assistance for psychological or substance abuse problem that might affect a Resident's health or academic performance.

Entry into the AIRS Program is a formal process and requires that a Resident follow a TMF PHP prescribed rehabilitation program. The residency positions of individuals entering the AIRS Program will be protected for up to six months until the resident receives advocacy of the TMF PHP and is ready to continue training or a determination is made that the resident will not be able to continue training.

If PHP treatment recommendations are followed, the GME Program will work with the Resident to maintain financial support for up to 90 days (the disability qualifying period) through payroll or disability benefits during the period of absence from training. Residents should contact their insurance provider to determine what health insurance benefits are available to assist with treatment costs. A Resident who resumes training after completing TMF PHP treatment will be subject to immediate termination if there is a recurrence of distressed behavior or if the Resident fails to maintain ongoing progress. Any exceptions to the policy, including requests for readmission to the TMF PHP due to recurrence of a Resident's distressed behavior, will be considered on a case-by-case basis by GME administration.

Referrals may be made confidentially by a health care provider, a co-worker, family member, friend, or the Resident. To make a referral or obtain more information, contact Associate Dean and DIO, Robert Fore, EdD, at (423) 778-6956, or Director of Graduate Medical Education, Pamela Scott, C-TAGME, at (423) 778-7673.

Residents may also contact the Tennessee Medical Foundation Physician's Health Program online at <http://www.e-tmf.org>, via email at michaelb@e-tmf.org, or by phone at (615) 467-6411. Below is the address:

Dr. Michael Baron, Medical Director
Tennessee Medical Foundation Physician's Health Program
217 Centerview Drive, Suite 304
Brentwood, TN 37027

Official status and periodic progress of UT College of Medicine Chattanooga Residents who are enrolled in the TMF Physician's Health Program and are under treatment, contract, and monitoring with TMF must be communicated to our Associate Dean/DIO, Dr. Robert Fore, and Director of GME, Pamela Scott, by the TMF Medical Director, Dr. Barron.

Click on this link to view a brief video about the TMF PHP and its mission:
https://youtu.be/A87cK9z_7KE.

*The term "Resident" refers to both Resident and Fellow trainees.

Approved by the GMEC 5/16/2017 and revised 4/17/2020 by the DIO to be consistent with the UTHSC policy.

**CLINICAL EXPERIENCE & EDUCATIONAL WORK HOURS
(“DUTY HOURS”)****Resident Clinical and Educational Work Hours in the Learning and Working Environment**

Clinical and educational work hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative work related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting (internal and external), and scheduled academic activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the work site. Graduate medical education (GME) clinical and educational work hour standards incorporate the concept of graded and progressive Resident responsibility leading to the unsupervised practice of medicine.

Clinical and Educational Work Hours Oversight

Clinical and educational work hour compliance is a collective responsibility of GME leadership, Faculty, and Residents. Each program is required to use the Duty Hour Module in New Innovations to monitor compliance with ACGME requirements, particularly in accordance with the revised Common Program Requirements (Section VI), effective July 1, 2017. Program Directors must monitor Resident clinical and educational work hours and adjust Resident schedules as needed to mitigate excessive service demands and/or fatigue and to prevent negative effects of clinical and educational work hours on learning and patient care. This includes monitoring the need for and ensuring the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged. Residents and Faculty have a personal role and professional responsibility in the honest and accurate reporting of Resident clinical and educational work hours. Duty Hour logs reported in New Innovations must accurately and truthfully reflect hours counted as part of the clinical and educational work hours reported and documented. Failure to report truthful information about duty hours is a violation of ethical and professional standards and may impact a Resident’s evaluations and recommendations.

Clinical and educational work hour reports will be submitted by all our GME programs as requested by the GME Department with a frequency to ensure compliance with requirements. Reports will be reviewed by the GMEC and compliance issues addressed as needed.

Clinical Experience and Educational Standards

Each ACGME-accredited training program is required to establish a formal written policy governing Resident clinical experience and educational work hours. The policy at a minimum must document that the standards stipulated in the 2017 Common Program Requirements Section VI regarding “The Learning and Working Environment” and “Clinical Experience and Educational Work Activities” are met. These standards reflect the need for programs to design schedules and clinical assignments to match Residents’ levels of training and competencies in order to improve education and patient safety. Individual program policies may have additional specialty specific clinical and educational work hour restrictions. Each program must distribute its program policy and procedures annually to its Residents and Faculty.

The UT College of Medicine Chattanooga and our GME programs must design effective program structures that are configured to provide Residents with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Maximum Hours of Clinical and Educational Work per Week

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 call clinical and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide Residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents 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.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Clinical Work and Education Period Length

Clinical and educational work periods for Residents 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.

Clinical and Educational Work Hour Exceptions

In rare circumstances, after handing off all other responsibilities, a Resident, on his/her 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.

A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.

In preparing a request for an exception, the Program Director must follow the duty clinical and educational work hour exception policy from the *ACGME Manual of Policies and Procedures*.

The UT College of Medicine Chattanooga GMEC and Designated Institutional Official (DIO) must grant approval for any program's exception request prior to submitting the request to the Review Committee.

In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

Home Call

Time spent on patient care activities by Residents on at-home call must count toward the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

Moonlighting

Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the educational program, and must not interfere with the Resident's fitness for work nor compromise patient safety.

Time spent by Residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

PGY-1 Residents are not permitted to moonlight.

Residents on J-1 visas cannot moonlight, nor can Residents on H-1B visas moonlight under their University of Tennessee sponsorship. Individual programs may have additional moonlighting restrictions and will distribute their program policy and procedures to Residents and Faculty.

Moonlighting is strongly discouraged and must be approved in advance by the Program Director. Before seeking permission to moonlight, Residents should closely review the UT College of Medicine Chattanooga GME Policy on Moonlighting.

Residents should not participate in moonlighting if it will violate the GME policy that Residents should have eight hours of time off from duty before participating in moonlighting activities and before returning to duty after moonlighting.

If written approval for a moonlighting activity is received from the Program Director, the Resident must enter in New Innovations all time spent in Internal and External Moonlighting including any voluntary, compensated, medically-related work performed inside (not related with training requirements) or outside the institution where the Resident is in training or at any of its related participating sites.

Professionalism, Personal Responsibility, Patient Safety and Quality Improvement

Residents and Faculty must be educated concerning the professional responsibilities of physicians, including their obligation to appear for duty be appropriately rested and fit to provide the care required by their patients. The GME program must be committed to and responsible for promoting patient safety and Resident well-being in a supportive educational environment. The Program Director must ensure that Residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; accomplished without excessive reliance on Residents to fulfill non-physician obligations; and, ensure manageable patient care responsibilities.

The UT College of Medicine Chattanooga and its Program Directors must provide a culture of professionalism that supports patient safety and personal responsibility. Residents and Faculty must demonstrate an understanding and acceptance of their personal role in the following:

- provision of patient- and family-centered care;
- safety and welfare of patients entrusted to their care; including the ability to report unsafe conditions and adverse events;
- assurance of their fitness for work
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, and substance abuse, in themselves, their peers, and other members of the health care team;
- commitment to lifelong learning;
- monitoring of their patient care performance improvement indicators; and,
- accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

All Residents and Faculty must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

The UT College of Medicine Chattanooga and its GME programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, Residents, Faculty, and staff. The institution and its GME programs should have a process for education of Residents and Faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

*The term “Resident” refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 6/12/2019.

**CLINICAL EXPERIENCE & EDUCATIONAL WORK HOURS
LOGGING AND MONITORING PROCEDURES**

1. Residents* must log their clinical experience & educational work hours (“Duty Hours”), including internal & external moonlighting & vacation, sick, & educational leave on a weekly basis in the New Innovations Duty Hours module.
<http://www.new-innov.com/login>
2. Residents have a personal role and professional responsibility in the honest and accurate reporting of Resident clinical and educational work hours. Duty Hour logs reported in New Innovations must accurately and truthfully reflect hours counted as part of the clinical and educational work hours reported and documented. Failure to report truthful information about duty hours is a violation of ethical and professional standards and may impact a Resident’s evaluations and recommendations.
3. When Residents have not logged these work hours for 7 days, they will receive an automatically generated email reminder via New Innovations regarding their delinquent reporting.
4. When Residents have not logged these work hours for 14 days, they may receive an email from New Innovations notifying them that they may be placed on leave without pay if their hours are not updated within 48 hours. A copy of the email is also sent to the Program Director and Program Coordinator for follow-up.
5. The Program Coordinator will review work hours reports from New Innovations (usage, violation & compliance) as need to ensure all Residents are compliant with the ACGME and institutional requirements as well as those of the program.
6. Residents must enter a detailed comment for each violation & enter a justification, if applicable, for review by the Program Director or his/her designee.
7. For each violation, the Program Director or his/her designee must enter a comment into New Innovations that describes the action taken to remedy the violation.
8. The Associate Dean/DIO & Director of Graduate Medical Education (GME) will review work hours reports on a regular basis & look for any problem areas. The Associate Dean/DIO may also appoint a “work hours” GMEC subcommittee if needed.
9. The Director of GME will also be reviewing work hours reporting via the New Innovations Dashboard.
10. Program specific policies about “clinical experience & educational work hours” will be stated in each Program Handbook distributed to its Residents at the beginning of each academic year.

*The term “Resident” refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 6/12/2019.

RESIDENT FATIGUE AND STRESS EDUCATION**Purpose**

Symptoms of fatigue and/or stress are normal and expected to occur periodically with the Resident* population, just as it would in other professional settings. Not unexpectedly, Residents may on occasion, experience some effects of inadequate sleep and/or stress. As an institution, the University of Tennessee College of Medicine Chattanooga has adopted the following policy to address Resident fatigue and/or stress:

Recognition of Resident Excess Fatigue and/or Stress

Signs and symptoms of Resident fatigue and/or stress may include but are not limited to the following:

- Inattentiveness to details
- Forgetfulness
- Emotional lability
- Mood swings
- Increased conflicts with others
- Lack of attention to proper attire or hygiene
- Difficulty with novel tasks and multitasking
- Awareness is impaired (fall back on rote memory)

Response

The demonstration of Resident excess fatigue and/or stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the Resident, mandates implementation of an immediate and a proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the Resident's appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive Resident fatigue and/or stress in either setting.

Patient Care Settings**• Attending Clinician:**

1. In the interest of patient and Resident safety, the recognition that a Resident is demonstrating evidence for excess fatigue and/or stress requires the attending or supervising Resident to consider immediate release of the Resident from any further patient care responsibilities at the time of recognition.
2. The attending clinician or supervising Resident should privately discuss his/her opinion with the Resident, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.
3. The attending clinician must attempt, in all circumstances without exception, to notify the Chief/supervising Resident on-call, Program Director or Department Chair, respectively,

depending on the ability to contact one of these individuals, of the decision to release the Resident from further patient care responsibilities at that time.

4. If excess fatigue is the issue, the attending clinician must advise the Resident to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the Resident should first go to the on-call room for a sleep interval no less than 30 minutes. The Resident may also be advised to consider calling someone to provide transportation home.
5. The attending should notify the on-call hospital administrator for further documentation of advice given to the Resident removed from duty.
6. If stress is the issue, the attending upon privately counseling the Resident, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the Resident stress has the potential to negatively affect patient safety, the attending must immediately release the Resident from further patient care responsibilities at that time. In the event of a decision to release the Resident from further patient care activity; notification of program administrative personnel shall include the Chief/supervising Resident on-call, Program Director or Department Chair, respectively, depending on the ability to contact one of these individuals.
7. A Resident who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending.
8. A Resident who has been released from patient care cannot resume patient care duties without permission of the Program Director or Chair when applicable.

- **Allied Health Care Personnel**

Allied health care professionals in patient service areas will be instructed to report observations of apparent Resident excess fatigue and/or stress to the observer's immediate supervisor who will then be responsible for reporting the observation to the respective Program Director.

- **Residents**

1. Residents who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the Chief Resident, and the Program Director without fear of reprisal.
2. Residents recognizing Resident fatigue and/or stress in Resident colleagues should report their observations and concerns immediately to the attending physician, the Chief Resident, and/or the Program Director.

- **Program Director**

1. Following removal of a Resident from duty, in association with the Chief Resident, determine the need for an immediate adjustment in duty assignments for remaining Residents in the program.
2. Subsequently, the Program Director will review the Resident's call schedules, work hour time cards, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the Resident.
3. The Program Director will notify the Departmental Chair and/or Program Director of the rotation in question to discuss methods to reduce Resident fatigue.

4. In matters of Resident stress, the Program Director will meet with the Resident personally as soon as can be arranged. If counseling by the Program Director is judged to be insufficient, the Program Director will refer the Resident to the Aid to Impaired Residents Program (AIRs) by direct contact with the Designated Institutional Official (DIO) and Director of Graduate Medical Education (GME).
5. If the problem is recurrent or not resolved in a timely manner, the Program Director will have the authority to release the Resident indefinitely from patient care duties pending evaluation from an individual designated by the AIRs Program. (This will represent academic deficiency as described in the institutional policy on Academic Review.)
6. The Program Director will release the Resident to resume patient care duties only after advisement from the AIRs Program and will be responsible for informing the Resident as well as the attending physician of the Resident's current rotation.
7. If the AIRs Program feels the Resident should undergo continued counseling, the Program Director will be notified and should receive periodic updates from the AIRs representative.
8. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines.

Non-Patient Care Settings

If Residents are observed to show signs of fatigue and/or stress in non-patient care settings, the Program Director should follow the Program Director procedure outline above for the patient care setting.

Sleep, Fatigue, and Stress Education

The UT College of Medicine Chattanooga requires that all incoming Residents must complete the Fatigue and Stress Online training module (via the UTHSC website) as part of their onboarding process before beginning training.

In addition, the institution sponsors a special presentation about "Sleep and Fatigue Education in Residency" (SAFER) as part of the institutional Healthcare Principles in Practice Series (held the 2nd Tuesday of each month, Noon - 1 PM in Probasco Auditorium. The presentation is a nationally recognized didactic session prepared by the American Academy of Sleep Medicine, and the HPP session is presented by one of our Faculty (usually a neurology or critical care Faculty member with special training in sleep disorders or Medical Director for the Erlanger Sleep Lab Director). All 1st, 2nd, and 3rd year Residents are required to attend or view a recording of the session later within their Departments. All Medical Students, Residents, and Faculty are invited. Core Faculty are particularly encouraged to review or attend at least annually.

Individual Departments and programs may also add and require additional sessions for their Residents and Faculty.

The term "Resident" refers to Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/6/2019.

MOONLIGHTING

The University of Tennessee College of Medicine Chattanooga has established an institutional GME Moonlighting Policy in accordance with ACGME Requirements. Residents* are not required by the institution, the hospital, or the programs to participate in moonlighting activities. Each program must also maintain an individual program moonlighting policy that must be made available to its trainees.

Moonlighting is defined as any professional activity outside the course and scope of a Resident's approved training program. Practice activities permitted outside the educational program vary with each program and the academic performance level of each Resident. To ensure that professional activities outside the program do not interfere with a Resident's performance, permission to participate in extramural professional activities must be approved in advance by the appropriate Program Director. If approved, the Program Director must include a written statement of permission in the Resident's file and must continue to monitor the effect of these outside activities. Adverse effect on performance may lead to withdrawal of permission.

Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the educational program, and must not interfere with the Resident's fitness for work nor compromise patient safety.

Time spent by Residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

PGY-1 Residents are not permitted to moonlight.

Residents on J-1 visas cannot moonlight, nor can Residents on H-1B visas moonlight under their University of Tennessee sponsorship. Individual programs may have additional moonlighting restrictions and will distribute their program policy and procedures to Residents and Faculty.

Moonlighting is strongly discouraged and must be approved in advance by the Program Director. Before seeking permission to moonlight, Residents should closely review and understand this GME Policy on Moonlighting.

Residents should not participate in moonlighting if it will violate the GME policy that Residents should have eight hours of time off from duty before participating in moonlighting activities and before returning to duty after moonlighting.

If written approval for a moonlighting activity is received from the Program Director, the Resident must enter in New Innovations all time spent in Internal and External Moonlighting including any voluntary, compensated, medically-related work performed inside (not related with training requirements) or outside the institution where the Resident is in training or at any of its related participating sites.

Per CMS Guidelines for Teaching Physicians, Interns, and Residents, moonlighting services furnished by a Resident must be physician services that are not related to your training program. If the moonlighting occurs outside your regular training facility, the services are considered as physician services when the first two bullets listed below are met. Medical services provided as moonlighting that occur within the facility in which your regular training occurs are covered as physician services when the requirements in all three bullets listed below are met. When these criteria are met, the services are considered furnished in your capacity as a physician, not in your capacity as an Intern or Resident: the medical and surgical services you furnish must meet the criteria below:

- The services are identifiable physician services, the nature of which require performance by a physician in person and contribute to the diagnosis or treatment of the patient's or treatment of the patient's condition;
- You are fully licensed to practice medicine or osteopathy by the State in which the services are performed; and
- The services furnished can be separately identified from those services that are required as part of the training program.

Internal moonlighting should be limited to advanced Fellows and may only occur if the three conditions above have been met and approval has been granted by the Program Director.

Given permission from the Program Director for a Resident to moonlight, the Resident is responsible for maintaining the appropriate state medical license where moonlighting occurs and separate malpractice insurance. The Tennessee Claims Commission Act does not provide Residents immunity from professional liability when they are moonlighting. Violation of this Moonlighting Policy could result in disciplinary actions up to and including dismissal from the University of Tennessee GME Programs.

A trainee interested in moonlighting must request permission from the Program Director and have the Program Director approve moonlighting via the form described in GME Policy #355. The Program Director must have the form acknowledged by the Associate Dean/DIO. All moonlighting must be approved in advance and must be monitored by the program and documented in New Innovations as Clinical Experience and Educational Work Hours (formerly called Duty Hours). If a program permits moonlighting, the Program Director is responsible for monitoring the moonlighting activities in regard to stress and fatigue. Moonlighting must not impair performance in the residency program. Some departments do not allow moonlighting under any circumstances. Other departments allow Residents to moonlight under special procedures. Residents interested in moonlighting should discuss thoroughly with the Program Director and Chair and must follow the program's policies and procedures for approval and reporting.

Moonlighting activities, whether in external facilities or within the Erlanger Health System, must be logged as Clinical Experience and Educational Work Hours and counted in the total hours worked, and would be subject to the GME Clinical Experience and Educational Work Hours Policy and restrictions.

*The term "Resident" references both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/5/2017. Administrative edits 5/9/2019.

Permission to Engage in Moonlighting
University of Tennessee College of Medicine Chattanooga Graduate Medical Education

As Program Director for the _____ Program, I grant permission for Dr. _____ (full name), PGY-__ in the _____ Program, to engage in moonlighting activities outside the program. Dr. _____ will be moonlighting a maximum of _____ hours per month at the following institution: _____, in _____ (City, State).

Describe the patient care role and responsibilities of Dr. _____ in the moonlighting experience:

Check if this moonlighting experience occurring within the primary clinical training site: _____

Dr. _____'s performance will be monitored for the effect of these activities upon performance in the Residency or Fellowship program. Adverse effects will lead to withdrawal of permission. This statement will be made part of Dr. _____'s file.

Dr. _____ understands that he/she must have a full and unrestricted license to practice in the appropriate state, and that the State Claims Commission Act does not cover moonlighting activities. He must provide his/her personal malpractice protection for these activities or be covered by the facility in which he/she is moonlighting. Dr. _____ also understands that the total hours worked in patient care (whether as a Resident*, Fellow, or moonlighting physician) complies with the program's and institution's Duty Hour regulations.

Copies of monthly moonlighting hours will be submitted by the Resident or Fellow and maintained with this approval by the department. Moonlighting hours must be reported as Duty Hours and must not cause any violations from ACGME duty hours requirements.

Approval: _____
(name) _____ Date _____
Residency Program Director, (Indicate Program Specialty)

Acknowledgement: _____
Signature, Associate Dean and DIO _____ Date _____

Signature, Resident _____ Date _____

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/5/2017. Administrative edits 5/6/2019.

PATIENT HANDOFFS AND TRANSITIONS OF CARE**Rationale**

To assure continuity of care and patient safety, ACGME requires a minimum number of patient care transitions, a structured and monitored handoff process, training for competency by Residents in handoffs, and readily available schedules listing Resident and attending physicians (Faculty) responsible for each patient's care. In addition to Resident-to-Resident patient transitions, Residents must care for patients in an environment that maximizes effective communication among all individuals or teams with responsibility for patient care in the healthcare setting.

Definition

A handoff is defined as the communication of information to support the transfer of care and responsibility for a patient/group of patients from one provider to another. Transitions of care are necessary in the hospital setting for various reasons. The transition or handoff process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:

1. Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
2. Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas.
3. Discharge, including discharge to home or another facility such as skilled nursing care.
4. Change in provider or service change, including change of shift for nurses, Resident handoff, and rotation changes for Residents.

Policy

1. Each training program should review call schedules at least annually to minimize transitions in patient care within the context of the other Clinical Experience and Educational Work Hours standards ("Duty Hours"). Whenever possible, transitions in care should occur at a uniform daily time to minimize confusion. Documentation of the process involved in arriving at the final schedule should be included in the minutes of the annual program review meeting.
2. Each residency training program that provides in-patient care is responsible for creating a templated patient checklist and is expected to have a documented process in place to assure complete and accurate Resident-to-Resident patient transitions. At a minimum, key elements of this template should include:
 - Identification of patient, including name, medical record number, and date of birth, and room number.
 - Name and contact number of responsible Resident and attending physician
 - Diagnosis(es) and current status/condition (level of acuity) of patient to include resuscitation status.
 - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken.
 - Outstanding tasks – what needs to be completed in immediate future.
 - Outstanding laboratories/studies – what needs follow up during the next shift.
 - Changes in patient condition that may occur requiring interventions or contingency plans; i.e., situational awareness.

- Include synthesis of information by the provider being brief such as “read-back” or asking questions to confirm understanding.
 - Other items may be added depending upon the specialty.
3. The transition/handoff process should involve face-to-face interaction* with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues. *Handoffs can be conducted over the phone as long as both parties have access to an electronic or hard copy version of the sign-out sheet. Additionally, all attempts to preserve patient confidentiality are observed.
 4. Each residency program must develop components ancillary to the institutional transition of care policy that integrate specifics from their specialty field. Programs are required to develop scheduling and transition/handoff procedures to ensure that:
 - a. Residents comply with specialty specific/institutional duty hour requirements.
 - b. Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled Residents.
 - c. All parties (including nursing) involved in a particular program and/or transition process have access to one another’s schedules and contact information. All call schedules should be available on department-specific password-protected websites and also with the hospital operators.
 - d. Patients are not inconvenienced or endangered in any way by frequent transitions in their care.
 - e. All parties directly involved in the patient’s care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
 - f. Each program must ensure continuity of patient care, consistent with the program’s policies and procedures in the event that a Resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.
 - g. Programs should provide an opportunity for Residents to both give and receive feedback from each other or Faculty physicians about their handoff skills.
 5. Each program must include the transition of care process in its curriculum. Each program is responsible for evaluating that the hand over process is effective and each Resident is competent in the appropriate transitions of care.
 6. Residents must demonstrate competency in performance of this task. There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These may include:
 - a. Direct observation of a handoff session by a supervising Faculty, Chief Resident, or supervising Resident.
 - b. Evaluation of written handoff materials by supervising Faculty, Chief Resident, or supervising Resident.
 - c. Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment.
 - d. Assessment of handoff quality in terms of ability to predict overnight events.
 - e. Assessment of adverse events and relationship to sign-out quality through:
 - i. Survey
 - ii. Reporting hotline
 - iii. Chart review
 7. Programs must develop and utilize a method of monitoring the transition of care process and update as necessary. Monitoring of handoffs by the program to ensure:

- a. There is a structured, standardized process in place that is routinely followed such as IPASS (attachment A).
 - b. There is consistent opportunity for questions.
 - c. The necessary materials are available to support the handoff (including, for instance, written sign-out materials, access to electronic clinical information).
 - d. A quiet setting free of interruptions is consistently available for handoff processes that include face-to-face communication.
 - e. Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines.
 - f. Programs must include a standardized question on the end of rotation/assignment Faculty evaluation of Resident. i.e. “Did you or a supervising Resident observe this Resident during a handover process? If yes, is this Resident competent in communicating in the handover process?”
 - g. Handover evaluation template may be used by programs if so desired.
8. The GMEC ensures and monitors effective structured handover processes to facilitate both continuity of care and patient safety through annual review of program specific handover policies and ACGME Resident and Faculty survey results.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

Attachment A - The I-PASS mnemonic can be used as a way to standardize the verbal (oral) handoff process at periods of shift change during in person verbal communication. It can also be used as a framework to standardize the written handoff process by integrating the individual mnemonic elements in computerized handoff tools within word processing documents or, ideally, within the electronic medical record where possible.

Mnemonic Letter	Description	Key Points
I	Illness Severity	<ul style="list-style-type: none"> • Identification of patient’s level of acuity to focus attention appropriately at the start of the handoff communication • Suggest classifying each patient using a standardized language such as stable, “watcher” (a patient where any clinician has a concern that a patient is at risk of deterioration), or unstable • May include code status • Classification may vary depending on unit acuity, provider type, or institutional culture
P	Patient Summary	<ul style="list-style-type: none"> • Describes succinctly the reason for admission, events leading up to admission, hospital course, and plan for hospitalization • Should reflect global plan for entire hospital stay and avoid “to-do” items for next shift • Should be maintained and updated regularly with modification of assessment, diagnoses, and changes in treatment plans as necessary • Events leading up to admission may be truncated with time and diagnostic certainty yet should retain key reason for admission to allow new providers to understand nuances of presentation
A	Action Items	<ul style="list-style-type: none"> • Includes a “to-do” list with specific elements to accomplish over next shift by team assuming care of patient • Should specify timeframe for completion, level of priority, and who is responsible • Specify “nothing to do” if no action items are anticipated
S	Situational Awareness and Contingency Plans	<ul style="list-style-type: none"> • Situation Awareness: knowing what is going on for members of the care team (status of patients, environmental factors, team members) and for each individual patient (status of disease process, progress towards goals for hospitalization) • Contingency Plans: with situation awareness in mind, provide team assuming care of the patient with specific instructions for how to handle anticipated problems. <ul style="list-style-type: none"> • Typically includes “if/then” statements • Specify “no contingencies anticipated” for stable patients • Ensures accepting team is prepared to anticipate changes in patient status and respond to potential events
S	Synthesis by Receiver	<ul style="list-style-type: none"> • Provides a brief re-statement of essential information in a cogent summary by receiving team • Demonstrates information is received and understood • Ensures effective transfer of information and responsibility • Opportunity for receiver to clarify elements of handoff, ensure clear understanding, and play an active role in handoff process • Will vary in length and content depending on acuity level of patient • Should prioritize re-statement of key action items and contingency plans: not a re-statement of the entire verbal handoff

PATIENT PHOTOGRAPHY, RECORDING, TEXTING, & EMAIL RESTRICTIONS

In accordance with Erlanger Policy 8316.1061, Photographing, Video Recording, Audio Recording, and Other Imaging of Patients, Visitors, and Workforce Members, the UT College of Medicine Chattanooga and its Faculty, Residents*, Medical Students, and staff agree that Patient Health Information will be protected in accordance with Federal HIPAA and Tennessee State privacy regulations and that EHS corporate and proprietary information will be protected from unauthorized disclosure. Photographs and the use of photographic equipment and the use of audio or visual recording devices on EHS premises will be handled in accordance with the provisions of the Erlanger policy. Devices include but may not be limited to still cameras (digital and film), video cameras (digital and film, cell phones with built-in camera function, Personal Digital Assistants (PDA's) or other hand held computers or devices that have built-in camera or recording function, and any other technology which may incorporate camera or recording functions.

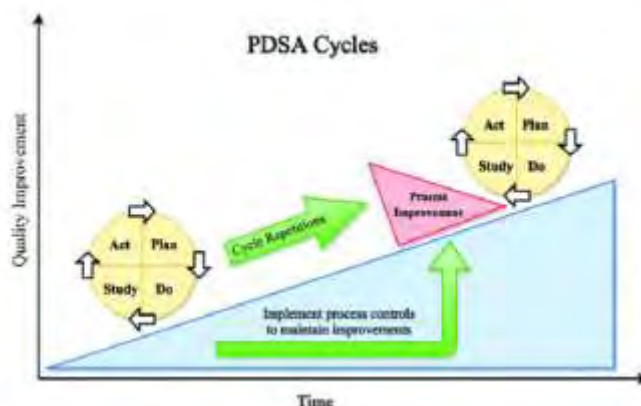
In accordance with Erlanger Policy and Federal and State laws, photographs or recording of patients, patient information, documentation, physical conditions, test results, procedures or treatment may be taken and used for recognized medical teaching purposes and research if patient-identifiable information is completely removed, obliterated or masked before use. In addition, consent to use photographs, radiologic films, etc., should be obtained from the patient (or appropriate family member) using an Erlanger Authorization for Photography and Release from Liability form. These forms are available at each Nursing Station.

If Attending Physicians, Residents, and Erlanger employees involved in patient care are able to use a HIPAA compliant secure texting system, they may send secure text messages and/or take patient photos via camera or smart phone and send as an attachment to a HIPAA compliant secure text so the Resident and Attending Physician can review and advise regarding immediate or acute patient care issues. In these cases the Attending Physicians, Residents and Erlanger staff may also use Erlanger email if all users utilize Erlanger email since those would remain within the HIPAA compliant secure network. If photos or other patient care images are used, the Attending Physicians and Residents must attempt to obtain verbal consent from the patient or relative (if the patient is unable to consent) to take the photo and send to the attending, via a secure text attachment or Erlanger email, and must document this in the medical record. In these situations, texts, emails, and attached files do not reside on a personal device's storage. If Attending Physicians, Residents, Medical Students, and any Erlanger employees do not have access to Erlanger email or a secure, HIPAA compliant texting system, all communication should be made in person or verbally via phone – never using unsecure texting on personal devices. Images and photos must be deleted immediately from cameras and personal devices.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

QUALITY IMPROVEMENT AND PATIENT SAFETY (QIPS)



The University of Tennessee Graduate Medical Education (GME) Program is committed to the education and development of exemplary physicians who practice patient-centered health care, foster innovation in patient safety, and create strong inter-professional teams to promote quality, safety, and value in health care across the continuum.

Requirement

As of academic year 2020-2021, leadership of the UT College of Medicine Chattanooga has established a new requirement that,

“The Program Director must document that each Resident has been significantly involved in at least one Quality Improvement/Patient Safety (QIPS) Project during their training in Chattanooga in order to meet graduation requirements. Discretion is granted to Fellowship Program Directors regarding whether or not this will be required for fellows who may have completed a project in their core residency program.”

Background

In the Institute of Medicine publication, “Crossing the Quality Chasm,” six specific aims were identified in order for the health care system to deliver quality care. In this short video Dr. Don Berwick will explain the “STEEEP” principles which includes care that is: Safe, effective, efficient, timely, patient centered and equitable. Click on the provided link to view a video by Don Berwick, MD, MPP, President and CEO, Institute for Healthcare Improvement (IHI):

<http://videomp4.ihl.org/IHIWebsite/OpenSchool-Coursera-DonBerwickIOM.mp4>

Quality Improvement and Patient Safety

All physicians share responsibility for enhancing quality of patient care and promoting patient safety. Graduate medical education must prepare Residents* to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by Residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care. Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating Residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures. It is necessary for Residents and Faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

Culture of Safety and Education

A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement. The program, its Faculty, Residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. The program must have a structure that promotes safe, inter-professional, team-based care. Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

Patient Safety Events

Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

Residents, Faculty members, and other clinical staff members must:

- know their responsibilities in reporting patient safety events at the clinical site
- know how to report patient safety events, including near misses, at the clinical site
- be provided with summary information of their institution's patient safety reports.

Residents must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for Faculty physicians to model, and for Residents to develop and apply.

All Residents must receive training in how to disclose adverse events to patients and families.

Quality Improvement: Education, Quality Metrics, and Engagement in QI Activities

A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Residents and Faculty members must receive data on quality metrics and benchmarks related to their patient populations.

Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care. Residents must have the opportunity to participate in interprofessional quality improvement activities.

IHI Open School Curriculum

The IHI Open School for Health Professions is an inter-professional educational community that gives healthcare students, Residents, Faculty, and hospital healthcare staff skills to become change agents in health care improvement. Skills include quality improvement, patient safety, teamwork, leadership, and patient-centered care. The leadership of the Chattanooga Campus and Erlanger believe that the IHI Open School Curriculum for Quality Improvement and Patient Safety education will be important components of our educational process as we work to meet ACGME accreditation. Medical Students, Residents,

Faculty, and hospital staff can register/login to the IHI website to access online modules and resources, go to: [https://www.ihi.org/ lavouts/ihi/login/login.aspx](https://www.ihi.org/lavouts/ihi/login/login.aspx).

Login instructions to access the IHI Open School Courses are outlined in **UT GME Policy #385**. The modules are available without charge to our Faculty, Residents, and Students since we are registered as an IHI Open School Chapter. A list of all IHI Online Courses is available on the IHI website: www.ihi.org. The direct link for the available online courses is at: <http://www.ihi.org/offerings/IHIOpenSchool/Courses/Pages/default.aspx>

We recommend that Residents and Faculty review and complete these basic IHI Modules:

Quality Improvement

- QI 101: Introduction to Health Care Improvement*
- QI 102: How to Improve with the Model for Improvement*
- QI 103: Testing and Measuring Changes with PDSA Cycles*
- QI 104: Interpreting Data: Run Charts, Control Charts, and other Measurement Tools*
- QI 105: Leading Quality Improvement

Patient Safety

- PS 101: Introduction to Patient Safety*
- PS 102: From Error to Harm*
- PS 103: Human Factors and Safety*
- PS 104: Teamwork and Communication in a Culture of Safety*
- PS 105: Responding to Adverse Events*
- PS 201: Root Cause and Systems Analysis
- PS 202: Building a Culture of Safety

Leadership

L 101: Introduction to Health Care Leadership

We encourage Residents and Faculty to contact Erlanger's Clinical Quality Improvement and Patient Safety leaders if you want to be part of an existing Quality Improvement or Patient Safety project and whom to contact for more information. The Erlanger Institutional Quality Improvement Committee meets the first Thursday of each month, and our program leadership, Faculty, and Residents are encouraged to attend these meetings. The Assistant Dean for Faculty Development continues working with designated QI leaders in each program to enhance our QIPS Curriculum and align more closely with the Erlanger QIPS initiatives.



Annual Patient Safety/Quality Improvement Day

In May 2014, the IHI Open School leadership established an Annual Patient Safety/Quality Improvement Day during which posters and oral presentations can be presented and judged, similar to the Annual Research Day to highlight scholarly activity. The event has grown and takes place in May each year. Proposals are submitted using the PDSA model: Plan, Do, Study, Act. We have adopted the interactive Template for a QIPS Project found in the IHI Tool: Quality Improvement Project Charter at

http://www.comchattanooga.uthsc.edu/docs/2020FormIHITool_QI_Project_Charter.pdf.

Projects are presented as oral presentations at an interdisciplinary half-day conference. Our Annual Quality Improvement/Patient Safety (QIPS) Day is usually conducted the second or third Friday in May.

1. **PLAN:** Plan a change or test of how something works.
2. **DO:** Carry out the plan.
3. **STUDY:** Look at the results. What did you find out?
4. **ACT:** Decide what actions should be taken to improve.

Repeat as needed until the desired goal is achieved

QIPS Data Resources

[Hospital Compare at Medicare.gov](#)
[The Leapfrog group](#)

Handoff Communication and Teamwork Resources

[Taking on Hand-off Communication by Joint Commission](#)
[AHRQ TeamSteps®: Strategies and Tools](#)
[IPASS and SBAR](#)
[Resident to Resident Patient Handoff Video #1](#)
[Resident to Resident Patient Handoff Video #2](#)
[Resident to Resident Patient Handoff Video #3](#)

Healthcare Disparities Resources

[AMA Eliminating Health Disparities](#)
[AMA Toolkit](#)
[Common Table Health Alliance \(Health care disparities in Memphis and Shelby County\)](#)
[Common Table Health Reports](#)

Human Factors Resources

- [AHRQ](#)
- [Applied Ergonomics](#)
- [World Health Organization \(WHO\) Human Factors in Patient Safety Review of Topics and Tools](#)

Infection Prevention Resources

- [Center for Disease Control](#)
- [Guide to Preventing CAUTI](#)
- [Sterile Technique](#)
- [Tennessee Healthcare Associated Infections \(HAI\)](#)
- [Wisconsin Department of Health Services: Infection control and Prevention](#)

Patient Centered Care Resources



- [Always Events from IHI](#)
- [I am a patient and I need to be heard \(Morgan Gleason\)](#)
- [IHI Patient and Family Centered Care](#)
- [The Values and Value of Patient-Centered Care](#)

Patient Safety Resources

- [American College of Physicians on Patient Safety](#)
- [American College of Surgeons on Patient Safety](#)
- [Agency for Healthcare Research and Quality \(AHRQ\)](#)
- [AHA on Quality and Patient Safety](#)
- [American Medical Association \(AMA\)](#)
- [AMA Patient Safety: An Overview](#)
- [Armstrong Institute for Patient Safety and Quality](#)
- [AAMC Association of American Medical Colleges Faculty Development Resources](#)
- [Association of Perioperative Registered Nurses](#)
- [Center for Disease Control](#)
- [Choosing Wisely](#)
- [Failure Modes and Effects Analysis \(FMEA\)](#)
- [FMEA Worksheet](#)
- [Free from Harm](#)
- [Healthcare Matrix](#)
- [Institute for Safe Medical Practices](#)
- [The Joint Commission on Patient Safety](#)
- [National Patient Safety Foundation](#)
- [Preventing a Failure Before Any Harm is Done](#)
- [Prevention of Perioperative Pressure Ulcers Toolkit](#)
- [Root Cause Analysis](#)
- [Universal Protocol \(Timeout for Procedures\)](#)
- [Using a Healthcare Matrix \(Bingham\)](#)
- [VA National Center for Patient Safety](#)
- [World Health Organization on Patient Safety](#)
- [WHO Surgical Safety Checklist](#)

Quality Improvement Resources

- [Clinical case studies for health professionals](#)
- [Institute for Healthcare Improvement \(IHI\)](#)
- [IHI \(Quality Cost and Value\)](#)
- [IHI \(Triple Aim: Quality Improvement, Safety, Equity\)](#)
- [Lean Enterprise Institute](#)
- [Michigan Hospital Association](#)

Other QIPS Resources

- [Accreditation Council for Graduate Medical Education \(ACGME\)](#)
- [National Collaborative for Improving the Clinical Learning Environment – The Role of Clinical Learning Environments in Preparing New Clinicians to Engage in Patient Safety 2017](#)
- [National Collaborative for Improving the Clinical Learning Environment in Preparing New Clinicians to Engage in Quality Improvement Efforts to Eliminate Health Care Disparities 2019](#)
- [Healthcare Matrix Form](#)
- [Plan Do Study Act \(PDSA\) Test of Change Worksheet](#)
- [Patient Safety Conference Cards](#)

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 06/18/2020.



Login Instructions

Open School

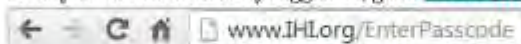
How to Access the IHI Open School Online Courses

Step 1: Log in to IHI.org.

- Log in to IHI.org [here](#).
 - If you are not yet registered, do so at www.IHI.org/RegisterFull.

Step 2: Enter your group's passcode.

- After you have successfully logged in, go to www.IHI.org/EnterPasscode.



- Enter your group's 8-digit passcode **31C5B8BC** and click the "Get Access" button.

A screenshot of the 'USE PASSCODE' form on the IHI website. The form has a blue header with 'Courses' and 'Certificates' tabs. Below the header, it says 'USE PASSCODE' and 'If you have been issued a passcode to access learning content, please enter it below:'. There is a text input field labeled 'Passcode' containing the text '31C5B8BC'. Below the input field are two buttons: 'Get Access' (highlighted with a red dashed border) and 'Cancel'. Both buttons have a right-pointing arrow.

- A confirmation message will appear, indicating you have joined your group and inviting you into the courses.

A screenshot of a confirmation message box. It contains the text 'The passcode you entered has been verified. You have joined the subscription.' and a 'Proceed' button with a right-pointing arrow.

Step 3: Take courses.

- Now that you are registered for the courses, return directly to your learning using the following link: www.IHI.org/OnlineCourses. Bookmark the link for easy access.

Please contact openschool@IHI.org if you have any questions.



Approved by the GMEC 5/16/2017. Revised with Administrative edits 06/18/2020.

RESIDENT* SUPERVISION**RATIONALE**

Supervision in the setting of Graduate Medical Education (GME) has the goals of assuring the provision of safe and effective care to the individual patient; assuring each Resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth. One of the core principles of is the concept of graded and progressive responsibility. As Residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence.

In this policy, the term “**Faculty**” refers to a physician who has been appointed to the Faculty of the University of Tennessee College of Medicine Chattanooga, is a member of the Medical Staff of the affiliated hospital facilities in which our Residents train, and serves as an attending physician for given patients.

PROGRAM LETTERS OF AGREEMENT

In order to ensure Residents receive appropriate educational experience under the appropriate level of supervision, programs should annually review Resident clinical assignments and, if changes have occurred, update the appropriate Program Letter of Agreement (PLA) for each participating site providing a required program assignment. The Program Director must monitor Resident supervision at all participating sites and should review Faculty supervision assignments to determine if they are of sufficient duration to assess the knowledge and skills of each Resident and delegate to each Resident the appropriate level of patient care authority and responsibility. PLA's must be updated every five years and signed by the Program Director, Site Director, Associate Dean/DIO, Dean, and CEO/President of the Primary Clinical Training Site if the rotation occurs at an external hospital. The PLA must include the following information:

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

A copy of the signed PLA will be provided to and maintained by the Director of GME.

SUPERVISION OF RESIDENTS

Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by each ACGME Review Committee) who is responsible and accountable for that patient's care.

- This information must be available to Residents, Faculty members, other members of the health care team, and patients.
- Residents and Faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Programs must demonstrate that the appropriate level of supervision, as defined by ACGME, is in place for all Residents is based on each Resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

- Some activities require the physical presence of the supervising Faculty member.
- For many aspects of patient care, the supervising physician may be a more advanced Resident.
- Other portions of care provided by the Resident can be adequately supervised by the immediate availability of the supervising Faculty member or Resident physician, either in the institution, or by means of telephonic and/or electronic modalities.
- In some circumstances, supervision may include post-hoc review of Resident-delivered care with feedback as to the appropriateness of that care.

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. Based on the needs of the patient and the skills of the Residents, Faculty members functioning as supervising physicians must delegate portions of care to Residents.

Senior Residents should serve in a supervisory role of junior Residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual Resident. A more senior Resident may be designated by the Program Director as a supervising physician when he or she has demonstrated the medical knowledge, procedural competency skill set, and supervisory capability to teach and oversee the work of junior Residents.

Each Resident must know the limits of his or her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Initially, PGY-1 Residents must be supervised either directly or indirectly with direct supervision immediately available as described in the following four levels of supervision. [Each Review Committee may describe the conditions and the achieved competencies under which PGY-1 Residents progress to be supervised indirectly, with direct supervision available.]

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each Resident and to delegate to the Resident the appropriate level of patient care authority and responsibility.

LEVELS OF SUPERVISION:

Programs must use the following classification of supervision to promote oversight of Resident supervision while providing for graded authority and responsibility:

- **DIRECT SUPERVISION** – the supervising physician is physically present with the Resident and 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.
- **INDIRECT 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.

In an emergency, defined as a situation where immediate care is necessary to preserve life or prevent serious impairment, Residents are permitted to initiate whatever care is necessary and reasonable to save a patient from serious harm even if an attending physician is not immediately available to supervise. The appropriate Medical Staff member should be notified as soon as possible.

Supervising physicians may be more advanced Residents. Documentation of supervision will be by progress note, signature, additional evaluation note by the attending physician, or may be reflected within the Resident's progress notes of notification and will be consistent with the management plan previously agreed upon with the attending physician at a frequency appropriate to the patient's condition.

Residents are not members of the hospital's Medical Staff but are recognized as health care providers who will be involved in patient care under the supervision of an appropriate physician who holds a Faculty appointment and is a member of the hospital Medical Staff, as defined in the hospital's Medical Staff Bylaws and Rules and Regulations. Residents may provide assistance in the care of patients of physicians on the service to which they are assigned.

All patients receiving care at the participating hospital facilities are assigned to a member of the hospital's Medical Staff, designated as that patient's attending physician. The attending physician responsible for the care of patients with whom Residents are involved 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. The Medical Staff/Faculty Member, within the limits of his clinical privileges and with continued supervision, may extend specific patient care responsibilities to the Resident, commensurate with the Resident's demonstrated competence.

As part of the training programs, Residents will have the privilege of progressive responsibility for the care of patients and may act in a teaching capacity and provide supervision to less experienced Residents and Medical Students. It is the decision of the Faculty 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, based on the needs of the patient and the skills of the Resident. The overriding consideration must be the safe and effective care of the patient.

Fee for Teaching Physician Services: In those instances in which the attending physician may submit a bill for services as the teaching physician, supervision must be provided in keeping with the HCFA (CMS) Final Rule and its subsequent revisions.

PROGRAM-LEVEL SUPERVISION POLICIES AND PROCEDURES

Each ACGME-accredited training program is required to establish a written program-specific supervision policy consistent with GME institutional policies and individual Residency Review Committee (RRC) requirements. Programs must use the ACGME classification of supervision and the UT GME Patient Care Supervision schema and must demonstrate that appropriate levels of supervision are in place. Program-specific policies and procedures should include the following:

- Definition of who is qualified to supervise Residents (in addition to Faculty attendings) including more advanced Residents or licensed independent practitioners as specified by each RRC.
- Criteria in compliance with individual RRC requirements that define when a Resident is approved to safely and effectively perform certain procedures or clinical activities without direct supervision. The Program Director will define the mechanism by which Residents can be deemed competent to perform a procedure(s) under indirect supervision or oversight. Lists of approved clinical activities should be maintained for each Resident so that they can be made available for review by all patient care personnel.
- Requirement that PGY-1 Residents (if applicable to program training levels) should be supervised either directly or indirectly with direct supervision immediately available and, if defined by a program's RRC, a listing of achieved competencies under which PGY-1 Residents progress to be supervised indirectly, with direct supervision available.
- Guidelines for circumstances and events in which Residents must communicate with the supervising Faculty. These guidelines should be specific to patient situations, Resident level, who is to be contacted (by position) and what to do if the contact does not respond.
- A description of clinical responsibilities for each Resident based on PGY-level, patient safety, Resident education, severity and complexity of patient illness/condition and available support services. (RRC may specify optimal clinical workloads.)

- Educating Residents and Faculty on supervision policies and procedures including the ACGME requirement that Residents and Faculty members should inform patients of their respective roles in each patient's care.

Programs should annually review Faculty supervision assignments and the adequacy of supervision levels. A copy of each program's current supervision policy should be submitted to the Director of GME along with a sample procedure/clinical activity competency list. Compliance with these requirements may be monitored by the GMEC through periodic audits, review of annual program evaluation meeting minutes, and the internal review process.

Please refer to the UT GME Policy #405 regarding Patient Care Settings and Resident Supervision Standards.

*The term "Resident" refers to both Resident and Fellow trainees.

Approved by the GMEC and updated 5/1/2018. Administrative edits 5/7/2019.

The following are minimum standards for Resident and Fellow supervision and documentation in patient care settings. These are designed to promote patient safety, provide educational excellence, and yet maintain autonomy based on demonstrated educational competence. These requirements are effective in all training sites without regard to patient insurance status or time of day. Residents, Fellows, and Faculty in training programs are under the auspices of the ACGME will abide by the supervision and documentation schema as noted below. Individuals programs may develop more stringent supervision and documentation requirements.

All Resident/Fellow patient care activities are ultimately supervised by a credentialed and privileged attending physician (or an approved licensed, independent practitioner). Programs must define the procedures or clinical skills/tasks that require Direct Supervision until Resident and Fellows have demonstrated competence. Programs must maintain records of the attainment of procedural and clinical skills/tasks competence. Listings of procedural/skills privileges by Resident/Fellow name and under which level of supervision can be accessed on the UTCOMC GME Residency Supervision and Procedures area on the UTCOMC website (<http://www.comchattanooga.uthsc.edu/subpage.php?pageId=1437>) or via the New Innovations Residency Management System Intranet under the folder labeled “Resident Supervision and Procedures.” In particular, note that PGY-1 Level Residents should be supervised either directly or indirectly with Direct Supervision immediately available until they have achieved the competencies defined by their Programs under which PGY-1 Residents progress to be supervised indirectly, with Direct Supervision available or Oversight.

Supervision Setting/Clinical Activity	Required Supervision Level/Description	**Minimum Level of Supervision Documentation
A. Operating / Delivery Room	Direct Supervision by Attending Physician Departmental attending must be physically present within the building where the procedure occurs and immediately available to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident.	Degree of Involvement Documented
B. NON-ROUTINE, NON-BEDSIDE, NON-OR PROCEDURES (e.g., Cardiac Cath, Endoscopy, Interventional Radiology, etc.)	Direct Supervision by Attending Physician Departmental attending must be physically present within the building where the procedure occurs and immediately available to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident.	Degree of Involvement Documented
C. EMERGENCY DEPARTMENT	Direct Supervision by Attending Physician Departmental attending must be physically present within the building where the procedure occurs and immediately available to the resident and patient, for the major components of the procedure. The departmental attending must be notified prior to the scheduling of the procedure and must be aware of the documented competency level of the resident.	Level 4

Supervision Setting/Clinical Activity	Required Supervision Level/Description	**Minimum Level of Supervision Documentation
D. EMERGENCY CARE – Immediate care is initiated to preserve life or prevent impairment. The procedure is initiated with the departmental attending physician contacted.	The departmental attending must be notified prior to the scheduling of the procedure	Degree of Involvement Documented

In the following patient care settings, the Program Director may designate a more senior resident/fellow to supervise a junior resident.

Supervision Setting/Clinical Activity	Required Supervision Level/Description	**Minimum Level of Supervision Documentation
E. INPATIENT CARE – New Admissions	<ul style="list-style-type: none"> • Indirect Supervision with Direct Supervision Available. • Oversight The departmental attending physician must see and evaluate the patient within one calendar day of admission. 	Level 2
INPATIENT CARE -- Continuing Care	<ul style="list-style-type: none"> • Oversight 	Level 4
INPATIENT CARE -- Intensive Care	<ul style="list-style-type: none"> • Indirect with Direct Supervision <i>immediately available</i> 	Level 4
INPATIENT CARE -- Hospital Discharge and Transfers	<ul style="list-style-type: none"> • Oversight The attending must be involved in decision to discharge or transfer patient 	Level 3
F. OUTPATIENT CARE – New Patient Visit	<ul style="list-style-type: none"> • Indirect with Direct Supervision <i>immediately available</i> 	Level 2
OUTPATIENT CARE – Return Patient Visit	<ul style="list-style-type: none"> • Oversight 	Level 5
OUTPATIENT CARE – Clinic Discharge	<ul style="list-style-type: none"> • Oversight 	Level 5
G. CONSULTATIONS Inpatient, Outpatient and Emergency Department	<ul style="list-style-type: none"> • Oversight Post-hoc review with feedback by supervising faculty/resident physician 	Level 4

Supervision Setting/Clinical Activity	Required Supervision Level/Description	**Minimum Level of Supervision Documentation
H. RADIOLOGY / PATHOLOGY	<ul style="list-style-type: none"> Oversight Post-hoc review with feedback by supervising faculty/resident physician 	All reports verified by department attending physician prior to release.
I. ROUTINE BEDSIDE and CLINIC PROCEDURES	<ul style="list-style-type: none"> Indirect with Direct Supervision <i>immediately available</i> 	Level 4

**Levels of Supervision Documentation
1. Departmental attending Physician Note
2. Department attending Physician Addendum to the resident's note (not a co-signature)
3. Departmental attending physician Co-signature implies that the departmental attending physician has reviewed the resident's note, and absent an addendum to the contrary, concurs with the content of the resident's note.
4. Resident documentation of departmental attending physician supervision (e.g., "I have seen and/or discussed the patient with my departmental attending physician, Dr. __, who agrees with my assessment and plan.")
5. Documentation to be determined by individual program director

*The term "Resident" refers to both Resident and Fellow trainees.

Approved by the GMEC and updated 5/1/2018. Administrative edits 5/7/2019.

SEXUAL HARASSMENT

Sexual Harassment

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

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

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

The UT College of Medicine Chattanooga follows the Equal Employment Opportunity Commission's guideline definition of sexual harassment as its guideline for defining sexual harassment.

This guideline defines sexual harassment as unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature, which includes conduct based on gender, pregnancy, sexual orientation, and gender identity, regardless of whether those characteristics receive protected treatment under state or federal law, when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or status in a program, (2) submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting that individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's academic performance or work environment or creating an intimidating, hostile, abusive, or offensive learning or working environment. These definitions apply to Students as well as to Residents or other 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.

Sexual harassment is not limited to personal interactions, but can occur via telephone, texting, social media, the internet, and other methods of communication.

Examples of conduct that may constitute sexual harassment include, but are not limited to the following:

- Comments (either oral or written, including electronic correspondence, social media, etc.) of a sexual nature which normally will not include matters appropriate to discuss as part of University academic activity, such as courses, colloquia, seminars, lectures, etc.;
- Statements, questions, jokes or stories of a sexual nature;
- 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, hugging, patting, or pinching a person's body
- Sexual propositions, invitations, solicitations, or flirtations
- Demands or requests (either explicit or implicit) of a sexual nature as a term or condition of employment or academic status;
- Repeated requests for dates after refusal;
- Inappropriate display of sexually suggestive or pornographic materials, including objects, pictures, videotapes, graffiti and/or visuals that are not germane to any business or academic purpose; in addition to displaying or transmitting sexually suggestive electronic content, including inappropriate emails or texts;
- Rape, attempted rape, or other sexual assault.

Whom should I contact?

If you witness harassment or believe that you have been harassed, please follow the instructions below.

1. If you have been harassed or are a witness to the sexual harassment of Students, Residents, Faculty, Staff, or patients/clients, please notify your Program Director, Faculty, and our local Equity and Diversity Officer for the UT College of Medicine Chattanooga, Jane Clay (Director of Finance and Administration).
2. If you receive a report of harassment from a Medical Student or witness the harassment of a Medical Student, please notify Ms. Clay.

Office of Finance and Administration

Jane Clay, Director of Finance and Administration, and Equity and Diversity Officer
 960 East Third St, Suite 100
 Chattanooga, TN 37403
 (423) 778-7840
Jane.Clay@erlangers.org

All complaints by Faculty, Residents, Students, or Staff at the UT College of Medicine Chattanooga should be directed to our Director of Finance and Administration, Jane Clay. She will coordinate with the UT Health Science Center Office of Equity and Diversity in Memphis:

Office of Equity and Diversity

Michael Alston, EdD, CCPD/AP
 Assistant Vice Chancellor for Equity and Diversity & Title IX Director
 920 Madison Avenue, Suite 825; Memphis, TN 38163; (901) 448-2112
oed@uthsc.edu

A prompt investigation will be conducted in an attempt to determine all of the facts concerning the alleged harassment. Retaliation against any employee or student who reports a claim of sexual harassment or against any employee or student who participates in the investigation of a complaint will not be tolerated by the University. If it is determined that sexual harassment has occurred, corrective action will be taken. Depending upon the circumstances, this corrective action may include a reprimand, demotion, discharge or other appropriate actions. A person bringing a frivolous allegation of sexual harassment may be subject to disciplinary action, which could include termination.

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

Respect for Persons

The University of Tennessee System Policy on Code of Conduct, HR0580 reads as follows: The University of Tennessee places a high value on human relations, human diversity and human rights. Consistent with these values, the University strives to maintain a work environment that is characterized by mutual respect for all individuals. Such an environment has no place for harassment or discrimination based on race, gender, religion, national origin, age, veteran status, or disability; such behavior will not be tolerated. As befitting the University's commitment to its public service mission, University Faculty and staff are expected to treat one another, students, and the general public in a cordial and respectful manner.

Respect for Others

People are the University of Tennessee's most important resource for accomplishing its teaching, research, and public service missions. Accordingly, employees are expected to be committed to creating an environment that promotes academic freedom, diversity, fair treatment, and respect for others. Employees are expected to treat one another, students, and the general public in an honest and respectful manner.

*The term, "Resident" refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 6/16/2020.

SOCIAL MEDIA GUIDELINES

All Residents* in the UT College of Medicine Chattanooga Graduate Medical Education (GME) Programs are considered student employees of the University of Tennessee. As such, University employees acting in an individual capacity should exercise caution to communicate clearly that they are not acting in a representative capacity or expressing the views of the University. They are responsible for adhering to all University policies, including the University's Code of Conduct – HR 05080. This policy states that:

“Each member of the university community is expected to exhibit a high degree of professionalism and personal integrity consistent with the pursuit of excellence in the conduct of his or her responsibilities.”

The Graduate Medical Education Department recommends that Residents* exercise caution in using social media sites such as Facebook, Twitter, Instagram, LinkedIn, YouTube, Blogs, Podcasts, etc. Items that represent unprofessional behavior posted by Residents on such social media sites are not in the best interest of the University of Tennessee and may result in disciplinary action up to and including termination.

The policy identifies certain commonly held values and associated behaviors by which the University as a community is measured and governed. Their University email address should never be used for personal views. Residents should use a personal email address as their primary means of identification on social media sites. University and hospital email addresses should never be used for identification on these social media sites or when expressing personal views. Residents must be aware of the critical importance of privatizing their webpages or posts so that only trustworthy sources have access to the posted information. Incorrect use of the University or hospital email addresses may result in disciplinary action up to and including termination.

In posting information on personal social media, Residents may not present themselves as an official representative or spokesperson for a Residency Program, hospital, or the University. Patient privacy must be maintained, and confidential or proprietary information about the University or hospitals must not be shared online. Patient information is protected under the Health Insurance Portability and Accountability Act (HIPAA). Residents have an ethical and legal obligation to safeguard protected health information. Posting, emailing, or texting patient information including photographs is a violation of the HIPAA statute. Posting of patient information on social media will result in disciplinary action up to and including termination.

Residents should post only content that is not threatening, obscene, a violation of copyright or other intellectual property rights or privacy laws, or otherwise injurious or illegal. If you are unsure whether certain content is protected by privacy or intellectual property laws, contact the UTHSC Institutional Compliance Office or the Office of the General Counsel.

Representation of your personal opinions as being endorsed by the University or any of its organizations is strictly prohibited. UTHSC's name or marks may not be used to endorse any opinion, product, private business, cause, or political candidate.

By posting content on any social media site, the Resident represents that he or she owns or otherwise has all of the rights necessary to lawfully use that content or that the use of the content is permitted by fair use. Residents also must agree that they will not knowingly provide misleading or false information, and that they will indemnify and hold the University harmless for any claims resulting from the content.

Each program will provide training to help Residents understand how University and program policies apply to social media and professionalism.

The UT College of Medicine Chattanooga and its GME Committee also agree to adhere to social media policies established by any hospital in which they rotate, specifically Erlanger Health System and its Policy on How to Use Social Media (Policy # 8316.1062).

Any social media site developed to promote the UT College of Medicine Chattanooga GME Programs must adhere to both University and Erlanger (or other affiliated hospital) guidelines and must be approved through the appropriate officials on the main UTHSC Campus.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/22/2020 to be consistent with the UTHSC GME Policy.

**REPORTING INCIDENTS & NEAR MISSES THROUGH THE ONLINE
ERLANGER OCCURRENCE REPORTING SYSTEM (E-SAFE)**

Objective: To appropriately identify complaints, medication errors, or other patient care incidents involving Medical Students and Residents* and confidentially route them to the Program Director.

1. Erlanger Administration and Clinical Quality Improvement have identified the Program Directors and the Director of Graduate and Medical Student Education as the first contacts, via the intranet and secure Occurrence Reporting System, for alerts regarding patient or staff complaints about care involving medication errors, near misses, inappropriate care, unprofessional behavior, or interpersonal and communication issues. Notification will not be sent to support staff.
2. The Program Directors and the Director of Graduate and Medical Student Education will receive an email alert that a case has been reported in the Erlanger Occurrence Reporting System, called “e-Safe.”
3. The Program Director will review the information and investigate via the secure online occurrence reporting system. It is the responsibility of the Program Director to investigate, address, resolve, and/or take appropriate action.
4. The Program Director should log into e-Safe that the matter has been addressed or refer it to another individual if appropriate.
5. The Director of Graduate and Medical Student Education should monitor and confirm that these problems have been addressed by the Program Director.
6. Due to the sensitive nature of many issues, reasonable confidentiality should be maintained. Information should not be discussed with individuals not directly involved in the situation or complaint. Efforts should be made to keep the information in a peer to peer environment if possible. Information should not be communicated via email.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

PROGRAM LETTERS OF AGREEMENT

In order to ensure Residents* receive appropriate educational experience under the appropriate level of supervision, programs should annually review Resident clinical assignments and update the Program Letter of Agreement (PLA) for each participating site providing a required program assignment (in another department or at a site other than the primary affiliated training site – Erlanger Health System).

A PLA must be signed by the Program Director, Site Director on behalf of the participating site), Associate Dean/DIO, Dean, and CEO/President of the Primary Clinical Training Site if the rotation occurs at an external hospital. Per ACGME requirements, PLA's should be updated and signed at least every 5 years (or when changes occur regarding the rotation, participating site, and/or Site Director).

The Program Director must monitor Resident supervision at all participating sites and should review Faculty supervision assignments to determine if they are of sufficient duration to assess the knowledge and skills of each Resident and delegate to each Resident the appropriate level of patient care authority and responsibility.

The PLA must include the following information:

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

A copy of the signed PLA will be provided to and maintained by the Director of GME.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

PROGRAM AND EDUCATIONAL GOALS AND OBJECTIVES

University of Tennessee College of Medicine Chattanooga Graduate Medical Education Programs are required to have goals and objectives for each rotation and training level. These goals and objectives, along with teaching and evaluation methodologies, are essential to a competency-based education. Programs must integrate the following Accreditation Council for Graduate Medical Education (ACGME) General Competency Domains into their curricula:

1. **Patient Care and Procedural Skills**
Residents* must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical Knowledge**
Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
3. **Practice-Based Learning and Improvement**
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
4. **Interpersonal and Communication Skills**
Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
5. **Professionalism**
Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. **Systems-Based Practice**
Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Goals and objectives will be distributed annually to Residents and Faculty and reviewed by Residents at the beginning of each rotation. Each program will evaluate the curriculum at least annually during the Annual Program Evaluation (APE).

*The term “Resident” refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 6/14/2020.

Resident Name:

GME POLICY #530

OFFSITE ROTATION APPROVAL PROCESS

Please Note: Due to the impact of the COVID-19 Pandemic, all offsite rotations for our Residents and Fellows have been suspended as of April 2020. We will post on our website and this policy when the suspension is lifted and requests for these external rotations may resume. Thank you for your understanding.

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 Resident* and Program Director must first receive approval from the Associate Dean/Designated Institutional Official (DIO).

The Program Director is ultimately responsible for the ability of his or 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 (GME):
 - (a) Request for Approval of Offsite Rotation Form
 - (b) Program Director Statement
 - (c) Waiver of Compensation (if appropriate)
 - (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) The Director of GME or a GME staff member will send notice of approval of request to the Program Director when all approvals have been secured. Likewise, the Graduate Medical Education (GME) Department will send notice of denial to the Program Director if the request is denied.
- 4) The Program Director is responsible for ensuring that the Resident has completed and submitted a malpractice insurance application to a valid company for all offsite rotations as necessary. The UT Office of Risk Management in Knoxville can assist in finding a company that will provide a malpractice insurance policy to the Resident.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits made by the GME Director 6/17/2020.

Resident Name:

GME POLICY #535

FORM - OFFSITE ROTATION APPROVAL

Please Note: *Due to the impact of the COVID-19 Pandemic, all offsite rotations for our Residents and Fellows have been suspended as of April 2020. We will post on our website, the policy, and this form when the suspension is lifted and requests for these external rotations may resume. Thank you for your understanding.*

Form – Offsite Rotation Approval

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. As with all Resident rotations, clear goals and objectives must be in place and Residents should receive mid-point performance feedback and a final written evaluation. Indicate if this request is for a rotation within the UT Statewide GME System.

If the offsite hospital is not able to reimburse for the Resident's salary and benefits, a decision will need to be made regarding whether or not the Resident will need to waive compensation for the period of the rotation. A Waiver of Compensation Form must be signed by the Resident. If the Resident is not being paid during the rotation, or if the rotation is outside Tennessee, the Resident cannot be covered for malpractice by the State Claims Commission. The Resident will be responsible for obtaining and paying for personal malpractice insurance. UT is not able to pay for this personal malpractice protection.

Submission of the following documentation to the Office of Graduate Medical Education is required before requests will be presented to the DIO: 1) Request for Approval of Offsite Rotation; 2) Program Director Statement; 3) Waiver of Compensation Form (if appropriate); and 4) written goals and objectives.

Resident Name: _____

Program: _____

PGY Level: _____

Check here if this rotation will take place at a UTCOM Campus: _____

Name/Specialty of External Rotation:

External Sponsoring Institution name and address including names of all sites where the Resident may have contact with patients (practice sites, hospitals, etc.) during the rotation:

Dates of Rotation: From _____ To _____

Describe the rationale for offering this rotation: _____

Description of Resident activities:

Estimate % of the entire rotation that will be spent in external hospital(s): _____

Estimate % of the entire rotation that will be spent in a physician office: _____

Resident Name:

Approval from both Program Directors

As Program Director of the University of Tennessee Residency Training Program in the Department of _____, I have reviewed this Offsite Resident Rotation Request with _____, Chair of the Department of _____ (relevant department). We are in agreement that the training goals and objectives of this rotation cannot be satisfied within University of Tennessee (UT) affiliated hospitals or clinical training sites.

As with all Resident rotations, clear goals and objectives are in place for this offsite rotation. Those goals and objectives have been discussed and reviewed with _____ who holds the _____ Faculty appointment rank of _____ at his or her institution and who will provide on-site supervision for this rotation. (Attach a copy of the rotation goals and objectives.)

UTCOCM Chattanooga Approvals:

UTCOCM Program Director Signature Date

Program: _____

UTCOCM Chair Signature Date

UTCOCM DIO Signature Date

UTCOCM Dean Signature Date

Erlanger CEO Signature Date

External Site Approvals:

External Program Director or Rotation Director Signature Date

Name of External Program Director or Rotation Director

Program/Institution

External DIO (if applicable) Signature Date

Resident Name: _____

Resident Waiver of Compensation (if applicable)

Name of Resident: _____

Starting Date of External Rotation: _____

Ending Date of External Rotation: _____

Name of Rotation: _____

Location of Rotation: _____

Acknowledgement of Resident:

I understand that since the external rotation takes place at another hospital/institution, Erlanger will not be able to count my time toward its CMS GME reimbursement. Therefore, I am agreeable to waiving compensation from the University during the dates of the rotation. I am responsible for obtaining and paying for separate malpractice insurance to cover me for my patient care activities during the rotation.

I also agree to reimburse the University for the cost of my health/disability/life insurance premiums (employee and employer portion) at the end of each month during the rotation.

Signature of Resident

Date

Resident Name:

Name of Malpractice Carrier: _____
(if applicable)

Policy #: _____

If the external site provides malpractice protection or if, in the case of some international and medical missions trip, is not required, please attach a statement from the external site or sponsoring organization regarding this issue.

Please attach a copy of the educational goals and objectives for this rotation and include approval noted by your Program Director.

:PDS

PROGRAM CLOSURE OR REDUCTION OF POSITIONS

In accordance with ACGME requirements, the University of Tennessee College of Medicine Chattanooga has approved a procedure to deal with the possibility of closing a Residency or Fellowship program or reducing the number of available positions within programs:

If the University of Tennessee intends to reduce the size of a Residency or Fellowship program or to close a Residency or Fellowship program, the University will inform Residents*. In the event of a reduction in positions or a program closure, the University will attempt to allow Residents already in the program to complete their education. If any Residents are displaced by the closure of a program or a reduction in the number of positions, the University will assist Residents in identifying a program in which they can continue their education.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

Nashville, and Jackson. If more than one program/institution is available for temporary or permanent transfer of a particular Resident, the transferee preferences of each Resident must be considered by the transferring program/institution. The UT College of Medicine Chattanooga GME Programs will make the keep/transfer decision expeditiously to maximize the likelihood that each Resident will timely complete the Resident year. This shall be accomplished through contacting:

ACGME/RRC Suite 2000, 515 North State Street, Chicago, IL 60610-4322
Fax 312-755-7498
www.acgme.org

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

4. Within ten days after the declaration of a disaster, the Designated Institutional Official (DIO), Director of GME, or a designee, will contact the ACGME to discuss due dates that the ACGME will establish for the programs (a) to submit program reconfigurations to ACGME and (b) to inform each program's residents of Resident transfer decisions. The due dates for submission are no later than 30 days after the disaster unless other dates are approved by ACGME.

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

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

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

5. Residents will continue to receive salary and benefits from UT during temporary relocations (through continued funding/reimbursement from the funding hospitals). For program closures/disruptions that are permanent, Residents will continue to receive salary and benefits until the trainee is placed and begins in another institution, or until the end of their contract.

Adherence to the following steps will expedite the process:

- Initial identification and verification of personal information will be completed by the Program Directors and Program Coordinators. By July 15th of each year, the Program Directors and Coordinators will confirm the contact information for each Resident.
- Searching and finding an accepting program for transfer: Using the ACGME resources, responsibility for identifying a program will be shared by the Resident, Department Chair, Program Director, and DIO.

- Transfer letters will be completed by the Program Directors.
- The receiving hospital will be responsible for requesting Resident complement increases from the ACGME.
- The DIO and Director of GME will work with their counterparts at a receiving institution to ensure that the process of transferring “capped” positions is implemented and GME funding is transferred.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

HEALTHCARE PRINCIPLES IN PRACTICE (HPP) SERIES

The University of Tennessee College of Medicine Chattanooga (UTCOCM Chattanooga), in order to meet institutional and program requirements of the Accreditation Council for Graduate Medical Education (ACGME), provides a series of conferences -- an Institutional Core Curriculum -- to augment Resident* education provided within each program's specialty curriculum and to provide Faculty Development.

HPP sessions target the ACGME *General Competency Domains*:

1. Medical Knowledge
2. Patient Care and Procedural Skills
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism and
6. Systems-Based Practice.

Topics covered within the HPP series include medical ethics, end-of-life care, organ donation, physician impairment, physician professionalism, communication skills with peers and patients, medico-legal issues, financial basics for Residents, patient safety, pain management, death certificate certification, accreditation issues, sleep deprivation and fatigue (Sleep and Fatigue Education in Residency - SAFER), and malpractice. Residents in the first three years of training at the UTCOCM Chattanooga must attend or view all recorded HPP presentations. All Residents, Faculty, and Medical Students are encouraged to attend. The sessions are usually held the second Tuesday of each month (at least eight times each year) from Noon – 1 PM in the Probasco Auditorium and are recorded for Residents and Faculty who are unable to attend due to outside conferences, vacation, illness, or patient care emergency. Attendance is tracked through sign-in sheets and reported to the Program Directors. DVD's and handout materials are maintained in the Office of GME. As Residents view the DVD's, records are updated to reflect their participation and shared back with the Program Directors.

We have incorporated at least four Resident Town Hall type sessions into the HPP series with topics identified by the Resident Advisory Board and the Assistant Dean for Medical Student Education and Well-Being.

Through guidance from the Assistant Dean for Faculty Development, we are also incorporating five to six sessions regarding Patient Safety and Quality Improvement topics into the HPP series each year.

The SAFER session as well as the Annual Resident Malpractice sessions are required to be attended or viewed later for all Residents, regardless of their training level. Core Faculty are also required to attend or view these annual sessions.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/14/2020.

CONFIDENTIAL EVALUATIONS FACULTY, ROTATIONS, AND THE PROGRAM

Confidential Resident* Evaluation of the Faculty, Rotations and Program

Residents must be given the opportunity to evaluation their teaching Faculty, Rotations, and Program at least once each year. This evaluation must be confidential, anonymous, and “in writing” or via computer. Online evaluations using the Evaluation Module in New Innovations can provide this anonymity and confidentiality for each Resident. In the case of small or on-person fellowships, the evaluations must be collated with the core program to ensure confidentiality. It is advised that they also be placed on hold to ensure at least three evaluations have been completed for a particular Rotation and/or Faculty member. The results of these Resident assessments should be included in the Annual Program Evaluation.

Residents are cautioned that they should think carefully before submitting negative comments regarding Faculty members. Also, Residents should be mindful that unsubstantiated allegations are very difficult to address. Residents are encouraged to give specific information and constructive feedback to a Faculty advisor or Program Director whenever possible so corrective actions can be made whenever possible. Egregious allegations (such as sexual harassment or illegal actions) should be reported immediately to the Program Director, Chair, or DIO. Anonymous allegations of this serious nature would be almost impossible to address.

Program Director Evaluation of Faculty

The program must have a process to evaluate each Faculty member’s performance as it relates to the educational program at least annually. This evaluation should include a review of their teaching skills, commitment to the educational program, clinical knowledge, and scholarly activities. Summary reports and comments will be considered by the Chair when he/she conducts annual faculty evaluations. Rotation and program evaluations should include quality of the curriculum and the extent to which educational goals and objectives have been met by the Residents. Summary reports will be shared periodically with the GMEC members. Results and comments from these evaluations should be considered by the program when it conducts its Annual Program Evaluation (APE) as well as by the GMEC during Special Focused Reviews.

Faculty Evaluation of the Program

Faculty must have the opportunity to annual evaluate the program confidentially and “in writing” or electronically. It is recommended that these are set up within the Evaluation Module in New Innovations. The results should be incorporated in the Annual Program Evaluation.

Logging into New Innovations

Residents access the New Innovations Website at: www.new-innov.com/login. The user is prompted for an institution name. The correct name for our institution is UTC (all caps). Enter UTC and click Enter. Next, the user is prompted for a user name (typically the Resident’s first initial and last name). Then hit the Tab Key. Finally, the user is prompted for a password. Initially that will be the same as the user name. Once the information has been entered, the user

can hit the Enter key on the keyboard or clinic login with the mouse. Each user should change the password via the menu on the left-hand screen once he/she has successfully logged in.

The User will see a Welcome Screen with his/her name denoting that he/she is now logged into the system. A notification or message will be displayed on the screen if the user has a pending evaluation or a delinquent one.

Once the Resident has completed the evaluation, the results are maintained and calculated into the system, but the Resident's name cannot be identified with his/her specific ratings or comments—even by New Innovations programming staff. This is to further ensure confidentiality and that Residents are able to evaluate in an atmosphere free from retaliation or intimidation.

Residents should contact the Coordinator/Departmental staff if they experience problems:

- Cardiovascular Disease: Tammy Elliott (423) 778-4465
- Emergency Medicine and EMS: Velvet Green (423) 778-7628
- Family Medicine: Robbin Williams (423) 778-2957
- Gastroenterology: Tammy Elliott (423) 778-4465
- Internal Medicine: Deborah Fuller (423) 778-7817 or (423) 778-2998
- OB/GYN: Paula Barnett and Jessica Howell, RN (423) 778-7515
- MIGS: Jessica Howell, RN
- Orthopaedic Surgery (including Orthopaedic Trauma): Donna Gibson (423) 778- 9202 and Renee Crouch (423) 778-9008
- Pediatrics: Ashley Thurston (423) 778-6217
- Plastic Surgery: Tara Lee (423) 778-3512
- Surgery (including Colon and Rectal Surgery, Surgical Critical Care, and Vascular Surgery): Cindy Rudolph and Maggie Hamblen (423) 778-7695
- Urology: Stacey Blanks (423) 778- 4691

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/20/2020.

RESIDENT EVALUATIONS, INCLUDING FINAL SUMMATIVE EVALUATIONS

POLICY OBJECTIVE: This Policy establishes and provides guidance for the following evaluations of residents:

- a) Clinical Competency and Residency Quality Improvement Committee CCC/QIC;
- b) Formative Evaluations;
- c) Summative Evaluation;
- d) State Medical Board requests;
- e) Employer/Credentialing Committee requests; and
- f) Personal recommendations.

It also provides guidance regarding resident participation in drug rehabilitation programs. Form letters are attached.

Each accredited program is responsible for utilizing appropriate methods of performance evaluation of residents consistent with ACGME common program requirements and the requirements of its Residency Review Committee (RRC). Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to residents and faculty either in writing or electronically and reviewed by the resident at the start of each rotation. Each residency program's evaluation policies and procedures must be in writing.

Residents will be evaluated based on the Competencies and the specialty-specific Milestones. Additionally, all residents are expected to be in compliance with GMEC and University of Tennessee Health Science Center policies which include but are not limited to the following:

University of Tennessee personnel policies¹, University of Tennessee Code of Conduct, sexual misconduct and Title IX, moonlighting, infection control, accurate and timely completion of medical records, professionalism, and federal health care program compliance policies.

A. Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. Each program's CCC/QIC should review all resident/fellow performance evaluations and assessments of progress at least semi-annually. The CCC/QIC will advise the Program Director regarding resident progress, including promotion, remediation, and dismissal. Under the Tennessee Patient Protection and Quality Improvement Act of 2014, the records of the activities of each CCC/QIC are designated as

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

confidential and privileged. Resident/fellow evaluation documentation and files that are reviewed by a program's CCC/QIC are protected from discovery, subpoena or admission in a judicial or administrative proceeding, and there is a presumption of good faith in order to provide immunity for evaluators.

1. Procedure

- a. A CCC/QIC must be appointed by the Program Director.
 - 1) At a minimum, the CCC/QIC must include 3 members of the program's faculty, at least one of whom is a core faculty member.
 - 2) Others eligible for appointment to the CCC/QIC include faculty from the same and other programs, or other health professionals who have extensive contact and experience with the program's residents.
 - 3) All members should work directly with the program's residents on a regular basis.
- b. Responsibilities of the CCC/QIC include:
 - 1) Members must meet, at a minimum, semi-annually. Ad hoc meetings may occur as necessary.
 - 2) The Committee will select a Committee Chair, which cannot be the Program Director.
 - 3) Review all resident evaluations at least semi-annually.
 - 4) Determine each resident's progress on achievement of the specialty-specific Milestones.
 - 5) Meet prior to the residents' semi-annual evaluation.
 - 6) Advise the Program Director regarding each resident's progress.
 - 7) Make recommendations to the Program Director for additional or revised formative evaluations needed to assess resident's performance in the Milestone sub-competency levels.

B. Formative Evaluation

1. Faculty members must directly observe, evaluate and frequently provide feedback on resident performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form. Faculty attending will complete this online evaluation to document resident performance at the end of each rotation/educational assignment.
 - a. For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
 - b. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
2. These evaluations should be reviewed for completeness by program leadership, with follow-up by the Program Director or coordinator to address inadequate documentation; e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.
3. Completed electronic evaluations are reviewed by the resident. Any evaluations that are marginal or unsatisfactory should be discussed with the resident in a timely manner and signed by the evaluator and resident.

4. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the resident's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.
5. The program must provide assessment information to the CCC/QIC for its synthesis of progressive resident performance and improvement toward unsupervised practice.
6. Using input from peer review of these multiple evaluation tools by the CCC/QIC, the Program Director (or designee) will prepare a written summary evaluation of the resident at least semi-annually. The Program Director or faculty designee will meet with and review each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement. The Program Director (or designee) and resident are required to sign the written summary that will then be placed in the resident's confidential file. The resident will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
7. If adequate progress is not being made, the resident should be advised and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
 - Competency-based deficiencies;
 - The improvements that must be made;
 - The length of time the resident has to correct the deficiencies; and
 - The consequences of not following the improvement plan.

Improvement plans must be in writing and signed by both the Program Director and resident.

8. If unacceptable or marginal performance continues and the resident is not meeting program expectations, another review should take place in time to provide a written notice of intent to the resident at least 30 days prior to the end of the resident's current if he or she must extend training at the current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs within the last 30 days of the contract period, the residency program must give the resident as much written notice as circumstances reasonably allow.

C. Summative Evaluation

1. At least annually, the Program Director will provide a summative evaluation for each resident documenting their readiness to progress to the next year of the program, if applicable. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program's CCC/QIC. The summative evaluation will be discussed with the resident and a copy signed by the Program Director and resident will be placed in the confidential resident file.
2. The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the

resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context, precluding the use of the Milestones in the context of physician licensure, or any other higher stakes use.

3. The Program Director will provide a final evaluation upon completion of the program (**Form 1**). This evaluation will become part of the resident's permanent record maintained in the GME office and will be accessible for review by the resident. The end-of-program final evaluation must:
 - Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
 - Consider recommendations from the CCC/QIC.
 - Should contain an affirmative statement of qualification to sit for a certifying board, if applicable.
 - The final evaluation, like formative and interim summative evaluations completed during the program for an individual resident, is an internal document. **It is not intended to be shared outside of the program or GME.** While Milestones assessments should be used in the determination of an individual resident's ability to practice autonomously, the achievement of specific milestones by an individual resident do not necessarily need to be documented in the final evaluation.
 - The final Summative Evaluation will only be provided to the Resident.
 - If the resident requests, in writing (email) (**Form 2**), GME will forward or provide the Summative evaluation to other programs, institutions, boards, credentialing committees, or prospective employers. GME will not process any such request unless the resident has signed the Form (attachment 1).
 - If a Resident does not follow this procedure and fails to sign the Form (attachment 1) and provides a copy of the final Summative Evaluation directly to a hiring committee etc., such an action does not waive or invalidate the confidentiality and privileges of UTHSC under the Patient Protection and Quality Improvement Act. GME will not validate a Summative Evaluation unless the resident has signed Form (attachment 1).

The term "signed" includes an electronic signature or physical signature, or a typed signature delivered via official UTHSC or Erlanger email.

4. Summative evaluations are also required even if a resident does not complete the residency training program due to dismissal, non-renewal, voluntary resignation, transfer, etc. Program Directors shall confer with the GME Office and Legal Counsel whenever there is derogatory information included in a summative evaluation.

D. STATE MEDICAL BOARD REQUESTS

1. It is the policy of GME to fully cooperate and provide any and all information requested by State Medical Boards, as is required by law and consistent with the signed waiver or release of information.
2. Communications with a State Medical Board are considered a protected communication between Quality Improvement Committees, as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272

(as amended 2014) (PPQIA). Under the PPQIA, healthcare providers, such as Program Directors, who act as part of a Clinical Competency and Residency Quality Improvement Committee (CCC/QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The PPQIA recognizes that a QIC includes state or local health professional association, such as a State Medical Board. Accordingly, submissions are sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule governing a State Medical Board, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*,

3. Although various states provide extensive and detailed forms for the Program Director to fill out, the only portions of a state form that should be filled out are:
 - a. the Program Director's or evaluator's identifying information,
 - b. the dates of post-graduate training, and
 - c. the form signature.
4. **Do not respond**, but mark "**N/A**", questions or sections requesting information as to "unusual circumstances", disciplinary issues, delays in promotion, or, personal judgments such as reliability or character, evaluations of abilities and skills, or criminal activity or professional liability issues.
5. Use **Form 3** for the typical "no derogatory information" submissions to a state medical board.
6. If there is derogatory information or if the resident was terminated or otherwise dismissed, the information will be provided in a narrative supplement based on the **Form 4**. Program Directors or evaluators **must** confer with the GME Office and University legal counsel whenever there is derogatory information about a resident and the best manner in which to provide the derogatory information to a State Medical Board.
7. The policy of the College of Medicine is to only provide a narrative supplement and to not respond to detailed requests for evaluations of prior residents or faculty, regardless of the individual.

NOTE AS TO A RESIDENT'S PARTICIPATION IN DRUG REHABILITATION PROGRAMS.

The law of the State of Tennessee is to protect from disclosure any resident's voluntary or involuntary participation in the Tennessee Medical Foundation/PHP for recovery from addictions. The resident must be under active advocacy (or be certified to have completed the program) of the TMF/PHP in order for such participation to remain undisclosed to a state medical board. However, for some State Boards, the resident may knowingly and voluntarily waive any such confidentiality rights. Program Directors and evaluators **shall** confer with the GME Office and University legal counsel prior to any disclosure of participation by a resident in a drug rehabilitation or addiction program, whether successful or unsuccessful.

E. EMPLOYER/CREDENTIALING COMMITTEE, ETC REQUESTS

1. It is the policy of The University of Tennessee College of Medicine Chattanooga to **not** respond to form requests for detailed evaluations of past residents or faculty from

prospective employers or hospital credentialing committees or other entities. This policy applies regardless of the former resident having signed a waiver or release of information.

2. All such requests should be responded to using **Form 5**, and only provide the dates of attendance, if the program was completed, and if the resident was recommended for the certifying examination of the applicable specialty board.
3. No derogatory information may be provided. Program Directors or evaluators **shall** confer with the GME Office and University legal counsel whenever there is a recommendation to provide derogatory information.

F. PERSONAL RECOMMENDATIONS BY FACULTY

Faculty are discouraged from providing personal recommendations. However, faculty have the academic freedom to provide their personal evaluations and recommendations. If faculty decide to provide such a recommendation, the policy is that the faculty member must follow these requirements.

Personal recommendations:

- May not be printed on official UT College of Medicine Chattanooga letterhead (or use any graphical representation or UTHSC/UTCOMC logos);
- Must state that the recommendation is provided in the faculty member's personal capacity and not as an employee of the University;
- May list any faculty positions in the body of the recommendation but not in the signature block;
- Must be signed in the personal capacity (e.g. John Smith, MD) with no university identifying information; and
- Must follow any rules of the physician's practice plan regarding personal recommendations.

Form 6 is provided as a convenient guide but should not be considered as legal advice by the University.

NOTICE: You should consult with your own, personal legal counsel before providing letters of recommendation.

FORM 1
RESIDENT'S REQUEST TO RELEASE VERIFICATION OF RESIDENCY TRAINING
AT THE UT COLLEGE OF MEDICINE CHATTANOOGA AND/OR TRANSMIT
FINAL SUMMATIVE EVALUATION

VIA: EMAIL FROM _____(UT Official) include email address

To: Entity to whom information is being sent

For: [Full name of Resident or Fellow]

Date: [Current Date]

RE: Request to transmit Verification of Training and/or Final Summative Evaluation

I, _____, direct that The UT College of Medicine Chattanooga GME office transmit a verified copy of a verification of my training and/or my Final Summative Evaluation to _____ at the following email address:
_____.

By my [electronic] signature below, I waive and release The UT College of Medicine Chattanooga, the GME Staff, and its faculty, from any and all claims and authorize this release of my residency verification and/or Final Summative Evaluation.

Typed or signed name of resident

FORM #2
FINAL SUMMATIVE EVALUATION

(Use Digital or Paper Official Department Letterhead)

Date _____

Re: CONFIDENTIAL Final Summative Evaluation of [Full Name] _____, MD

Dates of Training: from _____ until _____, for a total of _____ months of training.

Sponsoring Institution: The University of Tennessee College of Medicine Chattanooga

ACGME Sponsoring Institution #: 8004700424

Program:

ACGME Program #: Primary Clinical Training Site: Erlanger Health System, including Children's Hospital at Erlanger

To Whom It May Concern:

This letter is provided as the Final Summative Evaluation, pursuant to the Accreditation Council for Graduate Medical Education (ACGME) requirements, for Dr. _____, regarding training in the _____ Residency Program at our institution. This is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential and privileged and protected from direct or in-direct means of discovery, subpoena or admission into evidence. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.* This Summative Evaluation is for the limited purposes set forth in the ACGME Program Director's Guide effective on this date.

Dr. _____ satisfactorily completed residency training in _____ at The University of Tennessee College of Medicine Chattanooga. Based on a composite of multiple evaluations by supervisors in this resident's rotations and experiences during the residency training, the Program Director and the Clinical Competency and Residency Quality Improvement Committee of The University of Tennessee College of Medicine Chattanooga, attest that the training program has been successfully completed and the resident has demonstrated sufficient competence to engage in autonomous practice in the specialty of _____. The resident was recommended for the certifying examination administered by the Medical Specialty Board for _____.

The following is derived from a composite of multiple evaluations by supervisors in the rotations during Dr. _____'s residency training. The Final Summative Evaluation is based upon ACGME recognized General Competency Domains, which define the essential components of clinical competence.

ACGME General Competency Domains			
	Unsatisfactory	Satisfactory	No Knowledge
Medical Knowledge		√	
Patient Care		√	
Professionalism		√	
Communication and Interpersonal Skills		√	
Practice Based Learning and Improvement		√	
System Based Practice		√	

During the dates of training at our institution, this resident was not subject to any institutional disciplinary action.

Attested to by:

[Affix Seal of The University of Tennessee College of
Medicine Chattanooga]

Residency Program Director

Residency Program

Reviewed with the GME Trainee

Date:

Signature of the Resident/Fellow

FORM #3
[State Medical Board – Typical no derogatory information]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL & PRIVILEGED COMMUNICATION

DATE

State Board Medicine
State of
--address--

Via: FedEx

RE: [name of resident]

Dear Board Members and Staff:

I have received the “ Evaluation Form” of the State Board Medicine of _____.
This letter is my response to Sections x, x, x, and x of that Form.

1. This, and all other communications with the State Board of Medicine (“Medical Board”) is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC’s, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The statute recognizes that a QIC includes state or local health professional associations, such as the State Medical Board. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*,
2. I have prepared this submission in my official capacity as the _____ Residency Program Director and Assistant Professor, University of Tennessee College of Medicine Chattanooga.
3. Dr. _____ satisfactorily complete residency training in _____ at The University of Tennessee College of Medicine Chattanooga. Based on a composite of multiple evaluations by supervisors in this resident’s rotations and experiences during the residency, the Program Director and the Clinical Competency Committee of The University of Tennessee College of Medicine Chattanooga, attests that the training program has been successfully completed and the resident has demonstrated sufficient competence to engage in autonomous practice in the specialty of _____. The resident was recommended for the certifying

examination administered by the Medical Specialty Board for

4. _____.
4. As to Questions x, x, x, and x, I have no derogatory information to report.
5. As a matter of the UT College of Medicine Chattanooga policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents. Further, I cannot comment or respond to questions seeking my personal opinion or an opinion of the College regarding reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues.

Please call me if you have any questions.

Sincerely,

(name), MD
Program Director, (program _____
(faculty rank), Department of _____
University of Tennessee College of Medicine Chattanooga

FORM #4
[State Medical Board – Derogatory Information & Dismissal]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL & PRIVILEGED COMMUNICATION

DATE

State Board Medicine
State of

Via: FedEx

RE: [name of resident]

Dear Board Members and Staff:

I have received the “ Evaluation Form” of the State Board Medicine of _____.
This letter is my response to Sections x, x, x, and x of that Form.

1. This, and all other communications with the State Board Medicine (“Medical Board”) is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC’s, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The statute recognizes that a QIC includes state or local health professional associations, such as the State Medical Board. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*,
2. I have prepared this submission in my official capacity as the _____ Residency Program Director and Assistant Professor, The University of Tennessee College of Medicine Chattanooga.
3. In preparing this response I have relied upon the release and waiver signed by Dr. as part of the “ Evaluation Form” and make my submission in good faith reliance of that release and waiver.
4. Dr. _____ did not satisfactorily complete residency training in _____ at The University of Tennessee College of Medicine Chattanooga. The resident participated in the Residency Program from. ____ to ____, for a total of ____ months of training. Dr. [resigned][was dismissed] on [date], 2020.

5. The resident was not recommended for the certifying examination administered by the Medical Specialty Board for _____.
6. As to Questions x, x, x, and x, I am reporting the following derogatory information:
7. As a matter of The UT College of Medicine Chattanooga policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents. Further, I cannot comment or respond to questions seeking my personal opinion or an opinion of the College regarding reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues, other than provided herein.

Please call me if you have any questions.

Sincerely,

(Name), MD
Program Director, (Name of Program) _____
(Faculty Rank _____), Department of _____
The University of Tennessee College of Medicine Chattanooga

FORM #5
[Response to Employer, Credentialing Committee, & other Inquiries]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL AND PRIVILEGED

[Date]

RE: [name of resident]

To whom it may concern:

I have received the attached evaluation form from your organization.

1. This, and all other communications with your healthcare organization is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as a part of a Quality Improvement Committee (QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The PPQIA recognizes that a QIC includes state, local, group, individual and hospital healthcare professional associations. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*,
2. I have prepared this submission in my official capacity as the _____ Residency Program Director and Assistant Professor, The University of Tennessee College of Medicine Chattanooga.
3. In preparing this response I have relied upon the release and waiver signed by Dr. _____ as part of the evaluation form and make my submission in good faith reliance of that release and waiver.
4. Dr. _____ did [not] satisfactorily complete residency training in _____ at The University of Tennessee College of Medicine Chattanooga. The resident participated in the Residency Program from. ____ to ____, for a total of ____ months of training. [Dr. _____ [resigned][was dismissed] on [date], 2020.]
5. The resident was [not] recommended for the certifying examination administered by the Medical Specialty Board for _____.
6. As a matter of College policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents. Further, I cannot comment or respond to questions seeking my personal opinion or an opinion of the College regarding

reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues, other than provided herein.

Please call me if you have any questions.

Sincerely,

(Name), MD
Program Director, (name of program) _____
(faculty rank), Department of _____
The University of Tennessee College of Medicine Chattanooga

FORM #6

**[Personal Reference/Recommendation – Suggested by UT Associate General Counsel]
PERSONAL LETTERHEAD**

CONFIDENTIAL AND PRIVILEGED

[date]

RE: [name of resident]

To whom it may concern:

I have received a request to provide a personal reference/recommendation as to
_____, MD.

1. This, and all other communications between me and your healthcare organization is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The PPQIA recognizes that a QIC includes state, local, group, individual and hospital healthcare professional associations. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*,
2. I have prepared this submission in my personal capacity as a physician employed by [name of practice plan]. Although I am also an Assistant Professor at The University of Tennessee College of Medicine Chattanooga and hold the academic positions of x and y, this letter is not in my capacity as a state employee.
3. [Enter your personal reference/recommendation here.]

Please call me if you have any questions.

Sincerely,

name, MD

This policy will be presented for approval at the July 21, 2020 GMEC Meeting.

Revised and Approved by the GMEC 5/16/2017. Edits from the UTHSC Associate General Counsel 05/14/2020.

REAPPOINTMENT, PROMOTION, NON-REAPPOINTMENT, & TERMINATION

Appointments to each Residency or Fellowship program are made on an annual basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the Residency or Fellowship period.

Re-appointment and promotion to the subsequent year of training require satisfactory and cumulative evaluations by Faculty that document satisfactory progress in scholarship and professional growth. Individual programs must establish criteria for promotion and completion of the program that include fulfilling overall program requirements, rotation requirements, appropriate skills and responsibilities as outlined in the Resident Agreement of Appointment. Meeting these requirements includes demonstrated proficiency in:

1. Satisfactory progress in assessment from Faculty, colleagues, and the program's Clinical Competency and Residency Quality Improvement Committee regarding the ACGME specialty milestones and general competency domains appropriate for the level of training
 - a. Patient Care & Procedural Skills
 - b. Medical Knowledge
 - c. Practice-Based Learning & Improvement
 - d. Interpersonal & Communication Skills
 - e. Professionalism
 - f. Systems-Based Practice
2. Incremental increase in clinical competence including performing applicable procedures;
3. Appropriate increase in fund of knowledge; ability to teach others;
4. Clinical judgment;
5. Necessary technical skills;
6. Humanistic skills; communication with others;
7. Attendance, punctuality, availability and enthusiasm;
8. Adherence to institutional standards of conduct, rules and regulations, including program standards and hospital and clinic rules with respect to infection control policies, scheduling, charting, record-keeping, and delegations to medical staff;
9. Adherence to rules and regulations in effect at each health care entity to which assigned;
10. Other - *e.g.*, satisfactory scores on examinations if designated for that purpose by specialty, scholarly activity, including participation in patient safety, quality improvement, and research participation, etc. Note: In-training examination scores cannot be the sole factor in a decision not to reappoint a Resident.

USMLE Step 3 Requirement

The UT College of Medicine Chattanooga acknowledges that Residents* who complete GME training at this institution should be able to become licensed as a result of their training. The UT College of Medicine Chattanooga encourages each program to accept candidates who have passed both the United States Medical Licensing Examination (USMLE) Steps 1 and 2 [or Parts

1 and 2 of the Comprehensive Osteopathic Medical Licensing Examinations (COMLEX) for osteopathic candidates at the discretion of the individual departments]. Similarly, advanced Residents (PGY-3 or above) offered appointments must provide proof to the Program Director that they have already passed USMLE Step 3 (or COMLEX Part 3 if accepted by the Department).

All Residents are required to pass USMLE Step 3 (or COMLEX Part 3 if acceptable to the Department) before they can advance to the PGY-3 level of training and to eventually receive a certificate of completion of Residency training. All Residents who are appointed for a July – June academic year must register early enough during the second year of training in order to provide proof of passing the exam by June 30. The recommended deadline to register in order to meet this requirement is February 28. Failure to provide proof by the end of the academic year could result in non-reappointment to the program. In that case, the Resident will be terminated from the program. The only exception would be if the Residents has taken the exam and is awaiting results on June 30. At the discretion of the Program Director, the Resident may continue training but will not be promoted until proof is received. It is the responsibility of the Resident to provide the necessary proof to the Program Director and Director of Graduate Medical Education. Payment of any examination fees would be the responsibility of the Resident. At the discretion of the Chair and/or Program Director, professional development funds may be used to reimburse initial registration fees (up to the maximum available funds) paid during the PGY-1 or PGY-2 level of training at the Chattanooga Campus.

Continuation and Promotion

Residents judged by a program to have completed satisfactorily requirements for a specific level of training will be promoted to the next higher level of responsibility unless the Resident is specifically appointed to a training track of limited duration and not designed to achieve full certification (*e.g.*, a one-year preliminary position such as Preliminary Surgery). No Resident may remain at the same level of training for more than 24 months, exclusive of leave. A Resident whose performance is judged to be satisfactory will advance until the completion of training, having met all program requirements. Each year Residents must sign the Annual Resident Agreement of Appointment.

Non-Reappointment

Residents not demonstrating satisfactory performance and progress in accordance with the aforementioned items, as well as specific program requirements, may face non-reappointment to the program. In these situations, a Resident must be given written notice of the intent not to reappoint or promote. Every effort must be made to give a Resident at least four months' notice of the intent not to reappoint, or the possibility of non-reappointment based on remediation, prior to the end of the appointment period (March 1 if the Resident is in a typical academic year of July–June). If the primary reason for non-promotion or non-reappointment occurs within the last four months of the level of training, or if remediation has not been completed and the decision is still uncertain, the program must give as much written notice as circumstances reasonably allow.

Form for Promotion, Reappointment, Non-Reappointment, & Termination

Annually, usually by March 1, the Program Director must complete the Form for Promotion, Reappointment, Non-Reappointment, & Termination for each Resident. Supporting documentation must be provided for Non-Promotion, Non-Reappointment, or Termination unless the Resident is at the successful end of training.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/20/2020.

USMLE REQUIREMENTS

Steps 1 and 2 (CK and CS):

To ensure that all Residents* meet minimal standards and meet comparable policies at all University of Tennessee Graduate Medical Education (GME) campuses, the UT College of Medicine Chattanooga and its Graduate Medical Education Committee (GMEC) requires that **all** Residents entering any UT College of Medicine Chattanooga GME program must have passed the United States Licensing Examination (USMLE) Steps 1 and 2 (Clinical Knowledge and Clinical Sciences) or examinations judged equivalent by individual license (COMLEX –USA or MCCQCE). This means that departments have the discretion of accepting the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) Parts 1 and 2 for osteopathic medical school graduates.

Any Agreement of Appointment Letter or Initial Letter of Commitment will be contingent upon the physician's passing Steps 1 and 2 (or equivalent exams). Each Resident is responsible for providing copies of passage of these exams to the Program Director and to the Director of Graduate Medical Education and will not be permitted to begin training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof of passing Steps 1 and 2 (CK and CS) for international medical school graduates since the ECFMG confirms this information before issuing the ECFMG certificate.

Accepted or matched Residents who have not passed Steps 1 and 2 (or equivalent exams) by July 1 (or the official training start date) will be judged as not having met requirements for appointments and will be released from their appointment. Per National Resident Matching Program (NRMP) Policies, any program that releases a Resident who matched through the NRMP will be required to obtain a release form from the NRMP before offering the position to another applicant.

Step 3:

All Residents are required to pass USMLE Step 3 before they can advance to the PGY-3 level (or comparable exam). **All PGY-2 level Residents must register for Step 3 no later than February 28 of the PGY-2 level.** Failure to register will result in the Resident being placed on leave without pay until proof of registration is provided to the Program Director and the Director of Graduate Medical Education. For Residents on a standard cycle, they must provide proof of passing Step 3 by June 30 in order to be promoted to the PGY-3 level. Failure to provide proof of passing by June 30 may result in non-reappointment to the program, and the Resident may be terminated. It is the Resident's responsibility to provide the necessary proof to the Program Director and Director of Graduate Medical Education.

Residents who are off cycle must register for the exam no later than the end of the 8th month of training during the PGY-2 level or be placed on leave without pay until registered. Proof of passing must be provided no later than the last day of the PGY-2 level or the Resident may not be reappointed to the program, and the Resident may be terminated.

Applicants for advanced Residency or Fellowship positions (PGY-3 or greater) must have passed USMLE Step 3 (or equivalent exam such as COMLEX Part 3) before entering the UT College of Medicine Chattanooga program.

Any Agreement of Appointment or Letter of Commitment to begin training at the PGY-3 level or higher will be contingent upon the physician having passed Step 3 (or equivalent exam) before the start date. Accepted or matched Residents who have not passed Step 3 (or equivalent exam) prior to their scheduled start date will not meet eligibility requirements for entering those programs and will be released from their commitment. Any program that releases a Resident who has matched through the NRMP will be required to obtain a waiver from the NRMP before offering the position to another applicant.

Exceptions

Any Resident who passed USMLE Step 2 prior to 2004 will not be required to take Step 2 Clinical Skills. Any Resident who passed Steps 1 and 2 prior to June 1994 will not need to take Step 3. Any entering Resident who already holds an unrestricted Tennessee medical license already meets the USMLE requirement and does not have to provide additional documentation.

Individual programs may have earlier examination deadlines or specific score requirements. The Resident will be responsible for meeting individual program requirements if the program's requirements exceed the Graduate Medical Education requirements.

Any exception to this policy may be brought to the GMEC by the Program Director. Only the Program Director may submit the written request and present it formally at the GMEC meeting. If an exception is granted by the GMEC, the Resident will be placed on leave without pay on their original advancement date and take USMLE Step 3 at the next available test date. The Resident will bring proof of passing to the Program Director and to the Director of Graduate Medical Education. Only when the documentation has been received can the Resident be removed from leave without pay and advanced to the next level of training. The Resident may be required to extend training to make up any time and experience missed in accordance with the Residency Review Committee and board eligibility requirements. Failure to pass will result in immediate termination. The decision of the GMEC is final.

Resident Responsibilities

Each Resident is responsible for contacting the appropriate licensing authority to register for the examination. All examination fees are the responsibility of the Resident, although some departments may permit the Resident to be reimbursed from professional development funds at the discretion of the Chair and Program Director. Each Resident should carefully review the exam dates and policies to ensure that results will be available by the required deadlines. Information on Step 3 is available in the **USMLE Bulletin of Information** at www.usmle.org/bulletin.

In addition, some states have restrictions regarding time intervals between the three steps, so Residents should familiarize themselves with these requirements. In Tennessee, all USMLE steps must be taken and passed within seven years. General information regarding state-specific

requirements for initial license can be obtained from the Federal of State Medical Boards
http://library.fsmb.org/usmle_elinitial.html.

*The term “Resident” refers to both Resident and Faculty trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

CLINICAL COMPETENCY & RESIDENCY QUALITY IMPROVEMENT COMMITTEE**Background**

Under the Next Accreditation System (NAS), the Accreditation Council for Graduate Medical Education (ACGME) requires that all programs must form a Clinical Competency Committee (CCC) and begin to develop its members before the specialty transitions into NAS. For Phase I specialties, this began before July 2013, and for Phase 2 specialties, before July 2014. CCCs are designed to bring insight and perspectives of a group of Faculty members to the Resident* evaluation process. CCCs also serve as an early warning system if a Resident fails to progress in the educational program, and assist in his or her early identification and move toward improvement and remediation.

In accordance with direction from the University of Tennessee Office of the General Counsel, the Graduate Medical Education Committee (GMEC) of the University of Tennessee College of Medicine Chattanooga requires that these committees should be called “Clinical Competency and Residency Quality Improvement Committee” (CCC for short) in order that discussion and documentation from the CCC meetings will fall under peer review protection.

Policy

The Program Director must appoint a CCC, and develop and maintain a written description of the CCC’s responsibilities, including charge, membership and procedures [*Common Program Requirements V.A.1. & V.A.1.b*]. Each program policy must be provided to the Graduate Medical Education Department.

Membership

The CCC must be composed of at least three core Faculty members who have the opportunity to observe and evaluate Residents [*Common Program Requirement V.A.1.a*]. Faculty members should represent all major training sites and should include both junior and senior Faculty. Other members, such as Faculty from other programs, non-physician members of the health care team, the program administrator, a medical director or service chief, nursing staff, and assessment specialists, may also be appointed to the committee [*Common Program Requirement V.A.1.a)(1)*]. The chair of the CCC will be either the Program Director or a core Faculty member appointed by the Program Director or voted on by the CCC, depending on the program’s Review Committee requirements. Residents may not serve as members of the CCC.

Charge and Responsibilities

The members of the CCC are expected to provide honest, thoughtful evaluations of the competency level of Residents. They are responsible for reviewing all assessments of each Resident at least semiannually, and for determining each Resident’s current performance level by group consensus [*Common Program Requirement V.A.1.b).(1).(a)*]. Larger programs may schedule meetings more frequently. The CCC consensus decision will initially be based on existing, multi-source assessment data and Faculty member observations. As programs enter the NAS, the CCC will use the milestone assessments to inform this process.

The CCC must prepare and assure the reporting of milestones evaluations of each Resident to the ACGME semiannually in December and June [*Common Program Requirement V.A.1.b).(1).(b)*]. Reporting shall be submitted by the Program Director or designee(s) using de-identified milestones reports via the Accreditation Data System (ADS) website.

The CCC is responsible for making recommendations to the Program Director on promotion, remediation and dismissal based on the committee's consensus decision of Residents' performance [*Common Program Requirement V.A.1.b).(1).(c)*]. All academic actions, including remediation and dismissal, must be reported to the Graduation Medical Education Department. However, the Program Director has final responsibility for final decisions regarding the evaluation and promotion of Residents.

The CCC should inform, where appropriate, the Program Education Committee (PEC) of any potential gaps in curriculum or other program deficiencies that appear to result in a poor opportunity for Residents to progress in each of the milestones.

The Program Director or designee(s) must provide feedback to each Resident regarding his or her progress in each of the milestones. This feedback must be documented in the Resident's file.

The CCC is also responsible for providing feedback to the Program Director on the timeliness and quality (e.g., rating consistency and accuracy) of Faculty's documented evaluations of Residents, in order to identify opportunities for Faculty training and development.

Finally, the CCC is responsible for giving feedback to the Program Director to ensure that the assessment tools and methods are useful in distinguishing the developmental levels of behaviors in each of the milestones.

Guidelines

The following guidelines are recommended for conducting the CCC review process:

1. The CCC must meet at least semiannually, and may meet more often for larger programs.
2. Meetings should be kept to two hours or less when possible.
3. The Chair serves to guide the committee in its work to provide a consensus recommendation for reporting milestones.
4. CCC members must be oriented to each assessment tool and its relationship to the reporting milestones.
5. All CCC members should be required to participate in committee deliberations regularly (at least 75% of all meetings).
6. Depending on the size of the program, review of each Resident's evaluations should be assigned to specific CCC members. For small programs, all members may be assigned to review all Residents. For larger programs, two or three CCC members who have worked with the Resident may be assigned to prepare a recommendation to the CCC. Members of the CCC should be responsible for:

- a. Reviewing all evaluations (e.g., Faculty evaluations, multisource assessments, case/clinical experience logs, in-service exam scores) and performance data for the last six months of training in advance of the meeting, and
 - b. Completing a milestones report worksheet for each Resident ahead of meeting.
7. Reviews should be presented by training year.
8. The CCC must form a consensus report based on member reviews and the CCC's discussion.

Resources:

ACGME Implementing the Next Accreditation System (Jan 2013):

<https://www.acgme.org/Portals/0/PFAssets/ACGMEImplementingNASwebinar.pdf?ver=2015-11-06-120611-323>

ACGME *Clinical Competency Committee Guidebook* (Sep 23, 2017)

<https://www.acgme.org/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf?ver=2017-10-18-141733-920>

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/7/2019.

**PROGRAM EVALUATION COMMITTEES [PECs] AND
ANNUAL PROGRAM EVALUATIONS [APEs]**

The Graduate Medical Education Committee (GMEC) of the University of Tennessee College of Medicine Chattanooga acknowledges that the quality of the Faculty's teaching and clinical care is a determinant of the quality of the program and the quality of the Residents' future clinical care. Therefore, the program has the responsibility to evaluate and improve the program Faculty members' teaching, scholarship, professionalism, and quality care. The program is mandated to review its program Faculty and to use the information as input into the Annual Program Evaluation (APE). The

In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in an Annual Program Evaluation (APE). Performance of Residents and Faculty is a reflection of program quality, and can use metrics that reflect the goals that a program has set for itself.

The Program Director must appoint a Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation (APE) as part of the program's continuous improvement process. The Program Evaluation Committee (PEC) utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims. The actual Annual Program Evaluation is developed and distributed by the GME Office, based on Institutional Requirements, Common Program Requirements, and CLER Focus Areas, via the APE Module under Administration within New Innovations.

The Program Evaluation Committee (PEC) must be composed of at least two program Faculty members and should include at least one Resident* (unless there are no Residents enrolled in the program).

The Program Evaluation Committee (PEC) responsibilities must include:

1. Acting as an advisor to the Program Director through program oversight;
2. Review of the program's self-determined goals and progress toward meeting them;
3. Guiding on-going program improvement, including development of new goals, based upon outcomes; and
4. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The Program Evaluation Committee (PEC) should consider the following elements in its assessment of the program:

1. Curriculum including educational goals and objectives for each rotation at each level within the program, didactic conferences, and clear and measurable criteria for advancement identified for each level and for completion of training;
2. Outcomes from prior Annual Program Evaluation(s) [APEs];

3. ACGME letters of notification, including citations, Areas for Improvement, and comments, as well as the current status of addressing each of these;
4. Compliance with Institutional, Common Program, and Specialty Requirements established by the ACGME;
5. Quality and safety of patient care;
6. Initiatives to engage Residents and Faculty in the six CLER focus areas –
 - a. Patient Safety;
 - b. Health Care Quality and Disparities;
 - c. Teaming;
 - d. Supervision;
 - e. Well-Being; and
 - f. Professionalism
7. Aggregate Resident and Faculty:
 - a. Well-Being;
 - b. Recruitment and retention including attrition other than graduation;
 - c. Workforce diversity;
 - d. Engagement in quality improvement and patient safety including presentations and publications;
 - e. Scholarly activity including research, presentations, and publications;
 - f. ACGME Annual Resident and Faculty Surveys including Well-Being; and,
 - g. Written evaluations of the program.
8. Aggregate Resident:
 - a. Achievement of Milestones;
 - b. Case log target status for trainees (if applicable);
 - c. Patient and diagnoses logs for trainees (if applicable);
 - d. In-training Examinations (if applicable);
 - e. USMLE Step 3 pass rate for all residents before promoting to the PGY-3 level or above;
 - f. Board pass and certification rates; and,
 - g. Graduate performance.
9. Aggregate Faculty:
 - a. Evaluation; and,
 - b. Professional development.
10. Action Items for Program Improvement

The Program Evaluation Committee (PEC) must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

The Annual Program Evaluation (APE), including the action plan, must:

1. Be distributed to and discussed with the members of the teaching Faculty and Residents; and,
2. Be submitted to the DIO via the APE Module in New Innovations.

The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit. Outcomes of the documented Annual Program Evaluation can be integrated into the 10-year Self-Study process.

The Associate Dean/DIO for the Chattanooga Campus has determined that the PEC should conduct the Annual Program Evaluation (APE) between May and September each year to be prepared for the Annual WebAds Update required by the ACGME. The APE is actually completed using the Administrative APE Module in New Innovations (revised and published annually by the Associate Dean/DIO and the Director of Graduate and Medical Student Education prior to May when the reports may be prepared). Some of the information tracked is pre-populated based on the administrative configuration of the program in New Innovations as well as the previous year's APE responses, citations, action plan items, etc.

Beginning in September of each year, the Associate Dean/DIO requires that each Program Director present a 10 minute oral summary of the APE at monthly GMEC meetings, including progress on the prior year's action plan items as well as the action plans for the coming year. These are utilized as the Associate Dean/DIO and the Director of Graduate Medical Education to compare the outcomes from each program and develop an executive summary for the Annual Institutional Review required by the AGME Institutional Requirements.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 6/20/2020.

**SPECIAL FOCUSED PROGRAM REVIEW AND
QUALITY IMPROVEMENT PROTOCOL****Purpose**

The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation, and oversight of a process for a Special Focused Program Review (SFPR) for accredited UT College of Medicine Chattanooga Graduate Medical Education (GME) Programs.

INITIATING A SPECIAL FOCUSED REVIEW**Internal Criteria**

- Request from the Sponsoring Institution, a participating hospital, department or program administration
- Concerns identified by the DIO, GMEC, or Program Director on internal surveys
- Concerns identified and communicated to the Graduate Medical Education Department by Residents* or Faculty in a particular program
- Failure to submit GMEC required data on or before identified deadlines
- Program-specific issues identified by the GMEC or DIO

External Criteria

- Concerns identified related to the annual WebADS information submitted by programs:
 - Board pass rate below the minimum required by the supervising RRC
 - A pattern of Resident and/or Faculty attrition
 - Case log data from the ACGME of recent graduates indicating that minimum requirements are not being met
- Concerns identified on the annual ACGME Resident survey
 - Mean score less than three in two or more of the seven categories
 - Two responses with less than 50% compliance in any of the seven categories
 - A pattern of significant downward trends since the last survey
 - Survey completion rate below the 70% required by the ACGME
- Concerns identified on the ACGME Faculty survey
 - Mean score less than three in two or more of the seven categories
 - Two responses with less than 50% compliance any of the seven categories
 - A pattern of significant downward trends since the last survey
 - Survey completion rate below the 60% required by the ACGME
- ACGME request for progress report related to concerns identified on the Resident or Faculty Survey
- Failure to submit ACGME required data on or before identified deadlines

Process

Each SFPR is conducted by a committee designated by the DIO and GMEC, acting under the direction of the GMEC, to review an ACGME-accredited program in order to assess program compliance with the *Common Program Requirements*; specialty-specific *Program Requirements*; and the *ACGME Institutional Requirements*.

Each SFPR committee must include at least one Faculty and one Resident, and may include non-physicians. The review must follow the written protocol as approved by the GMEC. The start date, closure date and pertinent findings of a SFPR must be documented in the GMEC minutes.

While assessing the residency program's compliance with relevant ACGME program requirements, the SFPR committee must appraise:

- Relevant educational objectives of the program
- Effectiveness of the program in meeting these objectives
- Any identified challenges or obstacles to the program's ability to meet these educational objectives
- Effectiveness of the program in addressing areas of concern noted in previous ACGME communications and/or accreditation letters, previous Annual Program Evaluations, and any previous SFPRs (if applicable)
- Effectiveness of the program in implementing processes that link relevant educational outcomes with program improvement.

Materials and data to be used in the review process must include those program documents specified in the SFPR and any other data and/or documents the SFPR committee considers of assistance in meeting its charge. The committee is expected to interview the Program Director, the program coordinator, a representative sample of Faculty and Residents from each level of training in the program. Other staff within the clinical setting and other individuals from outside the program may also be deemed appropriate for interview by the committee.

The SFPR in conjunction with the Graduate Medical Education Department may direct Program Directors to resources to address identified issues or offer potential solutions to remedy noncompliance.

PROTOCOL

Staffing

The GMEC designates the Graduate Medical Education Department (GME) to coordinate the conduct of SFPRs of our Residency and Fellowship programs to assess compliance with ACGME institutional requirements and program requirements, to evaluate how effectively the programs are fulfilling their educational missions, and to report to the GMEC findings of the SFPR.

SFPRs will be conducted under the general oversight and supervision of the Associate Dean for Academic Affairs/DIO. The Coordinator for the program under review will serve as staff for that committee.

Review Committee Membership

Each SFPR Committee will be chaired by the DIO, and the Director of Graduate and Medical Student Education (GME) will serve on each SFPR Committee. Other SFPR Committee members must be drawn from outside the department wherein the program under review resides. Minimum committee membership includes the DIO, Director of GME, one Program Director or

external member or one Core Faculty, one external Resident, and a hospital administration representative. The committee may include non-physician administrators of staff as deemed appropriate. An appropriate balance of Faculty, Residents, and any administrators must be maintained.

Review Committee Responsibilities

Specific duties for SFPR committee members include participating in a meeting to kick-off the process; reviewing program materials and data; interviewing Faculty and Residents; preparation of a written summary of the interviews for inclusion in the final review report; and providing feedback on the draft report. The DIO and Director of GME will be responsible for providing committee leadership, reviewing the final wording in the draft report and participation in the closure meeting. The DIO will present the final report to the GMEC.

Program Information

As part of the SFPR process, the Program Director and Coordinator will collaboratively prepare a set of materials to document various aspects and elements of the training program. Materials will be electronically archived by the Graduate Medical Education Department and made available to committee members for their review. Documentation will include the following and any other materials that the SFPR committee deems necessary to meet its charge:

- SFPR Committee Roster
- Previous SFPR Reports and Work Plans
- Electronic Surveys – current Residents, Faculty (and sample of recent graduates if deemed appropriate)
- Interview guidelines
- ACGME Resident Survey results for past two academic years
- ACGME Faculty Survey results for past two academic years
- Current Resident and Faculty rosters with contact information
- RRC Accreditation Requirements
- Relevant RRC correspondence
- Relevant program policies
- Annual Program Evaluations (APEs) for the past two academic years
- A Resident supplied list of the top 5 program strengths, as well as the top 5 areas for program improvement which will be created by the Residents as part of the SFPR

File Audit

The DIO and Director of GME will conduct an audit of program files to ensure they meet standards when deemed appropriate. Findings will be included in the final review report.

Special Focused Program Review Report

For all SFPRs there must be a written report that contains, at a minimum, the following:

- Name of the program reviewed, the dates of the review, closure date, and date of review and approval of the report by the GMEC
- Names and titles of the review committee members including identification of Residents and indication of PGY level

- Brief description of the Special Focused Review Process including who was interviewed (specific names may not be included in the final report to protect confidentiality, but will be maintained in the Graduate Medical Education Department for verification purposes) and the documents reviewed
- List of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter and last site visit and/or SFPR with a summary of how the program and/or institution addressed each one
- Sufficient documentation to demonstrate that a focused review was conducted and was based on the GMEC's SFPR protocol
- Identification of any areas of non-compliance or concerns identified as action items for internal follow-up and review by the GMEC

Closure

Graduate Medical Education Department staff and the chair of the review committee will meet with the Program Director to share findings of the draft report and discuss next steps including presentation to, and approval by, the GMEC and any action item follow-up that may be indicated. The final report will be sent to the Program Director and Department Chair by the DIO and Graduate Medical Education Department within 48 hours of the SFPR report's approval by the GMEC.

Continuous Quality Improvement

A work plan addressing corrective measures to any action items identified in the SFPR report must be submitted by the Program Director to the DIO and Graduate Medical Education Department within 30 days of the GMEC's review and action. In order to monitor progress towards resolving an action item, interim progress reports may be required from the Program Director to the GMEC. The Graduate Medical Education Department will provide work plan completion status reports to the GMEC. The GMEC can decide upon any additional action if a program is noncompliant with submitting progress reports.

Presentation to the GMEC

The DIO and Program Director will report regularly to the GMEC on the progress of programs in following their action plans and submitting progress reports; areas of significant concern and recommendations requiring immediate action; and examples of exemplary practices. Minutes of the GMEC must reflect action taken on each SFPR report.

Documentation for RRC

Upon GMEC acceptance of a program's SFPR report, the Graduate Medical Education Department will provide the program with a letter confirming completion of the SFPR process for verification by site visitors. The confirmation letter will not contain information from or conclusions drawn in the report other than the names and credentials of committee members.

Confidentiality

The SFPR process protected under peer review. The GMEC supports confidentiality and accepts responsibility to keep secure and confidential the information collected about a program during and after the review process. SFPR reports are confidential and must not be shared with RRC site visitors. To confirm compliance with this protocol and relevant institutional requirements, a

summary SFPR reports may be included in the institutional review document and may be reviewed by the Institutional Review Committee at the time of institutional accreditation review to verify that we are following our SFPR policy and protocol.

Sharing SFPR Report Results with Faculty and Residents

In order to complete the review process, the Program Director should share the results of the review with all Residents and Faculty in the program. Discussion of the report and any action items should take place as part of the Annual Program Evaluation (APE) process.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

DISCIPLINARY AND ADVERSE ACTIONS, INCLUDING DISMISSAL**Disciplinary actions are typically utilized for serious acts requiring immediate action.**

These actions include suspension, probation (including remediation), and dismissal. The residency program, the University of Tennessee College of Medicine Chattanooga (UT College of Medicine Chattanooga) Graduate Medical Education (GME) Programs, and 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 (GME) Academic Appeals process. All disciplinary actions will become a permanent part of the Resident* training record.

Adverse actions may result when continued remediation actions have been unsuccessful.

These actions may include probation, denial of Certificate of Completion, or non-renewal of agreement and will become a permanent part of the Resident training record. All significant adverse actions are subject to the University of Tennessee Graduate Medical Education (GME) Academic Appeal Process.

Suspension

A Resident may be suspended from all program activities and duties by his or her Program Director, Department Chair, the Director of GME, the Associate Dean /DIO, or the UT College of Medicine Chattanooga Dean. 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, or conduct threatening to the well-being of patients, the Resident, other Residents, Faculty, or staff. All suspensions must be reported to the Director of GME and the Associate Dean/DIO.

A decision involving program suspension of a Resident must be reviewed within three (3) working week 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. This suspension review by the Chair is unrelated to an official appeal of an adverse decision. Additional action following suspension may include, but is not limited to counseling, fitness for duty evaluation, referral to the Aid for Impaired Residents Program (See GME Policy #320), probation, drug testing, non-reappointment to the program, or dismissal. Suspension may be with or without pay at the discretion of institutional officials. At the discretion of the Program Director, suspension may include loss of up to one week of the three total weeks leave provided to all Residents or may include unpaid leave days as determined appropriate by the Program Director with the approval of the Associate Dean/DIO.

Performance Difficulties and Probation

Probation is a serious disciplinary action that constitutes notification to the Resident that dismissal from the program can occur at any time during or at the conclusion of probationary period. In most cases, remedial actions including but not limited to Academic Performance Improvement (see GME Policy #705) are utilized prior to placement on probation; however, a

Resident may be placed on probation without prior remediation actions based upon individual program policies. A copy of the probation notification, signed by the Program Director and Resident, must be sent to the Associate Dean/DIO.

Probation is typically the last opportunity to correct deficiencies and 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. Also, 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 a Performance Improvement Plan (PIP)
- not performing at an adequate level of competence
- unprofessional or unethical behavior
- misconduct
- disruptive behavior, including excessive tardiness or absenteeism which effectively disrupts training.
- failure to fulfill the responsibilities and requirements of the program in which the Resident is enrolled

Non-Reappointment

A decision of intent not to reappoint a Resident to the program should be communicated to the Resident in writing by the program as soon as possible but hopefully no less than four months prior to the end of the academic year (March 1 for Residents on a regular July 1 academic cycle). If the primary reason for non-reappointment occurs during the last four months of the academic year, the program will provide the Resident with as much written notice as circumstances reasonably permit. A copy of the notification, signed by the Program Director and the Resident, must be sent to the Director of GME and the Associate Dean/DIO.

Note: A Resident can be immediately dismissed without prior written notification at any time during the contract year due to the occurrence of a serious act as described below under “Dismissal.”

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. Each residency program is responsible for establishing specific written criteria for denial of certificate of completion. Residents denied a certificate of completion must be notified in writing of unsatisfactory performance by the Program Director at least four (4) months prior to scheduled completion of program. In most situations, the Resident should be notified of this pending action as soon as possible. A copy of notification, signed by the Resident, Program Director, and Associate Dean/DIO, should be sent to the Director of GME and will be maintained by the Associate Dean/DIO. In certain situations, given available

funding, a Resident denied a certificate of completion may be offered the option of repeating the final academic year or period but only at the discretion of the Program Director and Associate Dean/DIO.

Dismissal

Residents may be dismissed for a variety of serious acts. The Director of GME and the Associate Dean/DIO must review all dismissals. Prior written notice will not be provided to the Resident when it is determined that the seriousness of the act requires immediate dismissal. The Resident does not need to be on suspension or probation for this action to be taken. Note: Residents who are dismissed from the program are not eligible for a certificate of completion.

These acts may include but are not limited to the following:

- serious acts of incompetence
- impairment
- unprofessional behavior
- job abandonment
- falsifying information or lying
- noncompliance
- behavior that undermines patient safety

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"
- General Services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"
- 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)

*The term Resident refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

ACADEMIC PERFORMANCE IMPROVEMENT ACTIONS

Academic Performance Improvement actions are designed to define and correct areas of marginal and/or unsatisfactory performance by a Resident* in order to close an identified learning gap. These actions include structured feedback, developing a Performance Improvement Plan (PIP), repeating rotation(s) and repeating an academic year. Each of these actions is designed to correct a deficiency. If an academic performance improvement action results in non-promotion of a Resident to the next level of training, non-renewal of contract, dismissal or other adverse academic action, then it is subject to the University of Tennessee Graduate Medical Education (GME) Academic Appeal process. All disciplinary actions including probation, suspension and dismissal will become a permanent part of the Resident training record.

Structured Feedback

Structured Feedback regarding Resident performance in the six core competencies can occur in multiple ways including routine verbal discussions during training, written evaluations, semi-annual evaluation meetings, etc. Some poor performance may require Program Directors to provide some corrective action but not a formal intervention e.g. PIP. In this case, Program Directors may choose to utilize the “single incident” form to document the poor performance and discussion with the Resident.

Performance Improvement Plan (PIP)

PIP is an individualized academic improvement strategy that may be used by Program Directors in situations where a Resident fails to comply with the academic requirements established by the residency training program, University of Tennessee GME, and/or participating institutions. Placement on a PIP may serve as an official notice to the Resident of unsatisfactory performance and expectations for academic improvement. Typically, the deficiencies are associated with a significant lapse in one or more of the six ACGME competencies.

Each residency program should establish written criteria and thresholds for placing Residents on a PIP. Although program-level criteria are not required for every specialty, examples include but are not limited to the following: poor academic performance as documented by unsatisfactory Faculty evaluations; poor performance on program examinations and /or written in-service examinations; failure to attend scheduled monthly departmental activities; clinical performance or surgical skills which are below those expected for the level of training as documented by written evaluations by the Faculty; unprofessional or inappropriate actions; disruptive behavior; failure to complete medical records in a timely manner; and failure to maintain procedure or surgical logs in a timely manner. Residency programs requiring their Residents to achieve minimum standards, i.e. in-training scores, conference attendance, etc. must publish these requirements.

If the Program Director implements a PIP, he or she is required to provide the Resident with the GME PIP letter advising him or her of PIP status and the area(s) of unsatisfactory performance, measures to improve performance, time frame for completion, and

consequences of not addressing the issues outlined in the PIP. A copy of the notification letter, signed by the Program Director and Resident, must be sent to the DIO within 3 days of signature. The PIP checklist can assist the Program Director in documenting the elements necessary for successful performance improvement but is not a substitute for the GME PIP letter. If a Resident fails to satisfactorily meet the expectations documented in the PIP, additional improvement plans, repeating the academic year, disciplinary, or adverse actions may be implemented (see GME Policy #700 – Disciplinary Actions and Dismissal). All disciplinary actions including probation, suspension and dismissal will become a permanent part of the Resident training record.

Program Director Quick Guide for a PIP

1. Identifies a trend in poor performance or an egregious behavior
2. Reads Academic Performance Improvement Actions Policy and PIP Checklist
3. Completes GME PIP Letter; consults PIP Checklist
4. Contact DIO to review draft of the GME PIP letter
5. Meets with Resident to discuss GME PIP letter
6. Monitor Resident Progress throughout Improvement Time Period
7. Completes PIP Outcome Letter at the end of Improvement Time Period

If a Performance Improvement Plan includes an adverse academic action such as an extension of or repeating an academic year, the Resident has the right to appeal the action based on the GME Academic Appeals process (see GME Policy #720). If a Resident chooses to appeal the adverse academic action, the Performance Improvement Plan will be placed on hold until the appeal process is complete.

Repeat Academic Year

Repeating an academic year is an improvement action that may be used in limited situations such as: overall unsatisfactory performance 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. At least four (4) months prior to the end of the academic year, the Resident will receive written notice of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs within the last four (4) months of the contract year, the program will provide the Resident with as much written notice of non-promotion as circumstances reasonably allow. A copy of the notification, signed by the Program Director and Resident, will be sent to the DIO. Residents receiving notice of non-promotion to the next level of training may implement the GME Academic Appeal process.

UT GME ACADEMIC IMPROVEMENT PLAN PROCESS

STRUCTURED FEEDBACK

Routine feedback consistent with educational programs:
Verbal feedback, Rotational and Semi-annual Evaluations
Single Incident needing some corrective action but not a formal intervention --
Use “single incident” form

Identify a Trend in Poor Performance

PERFORMANCE IMPROVEMENT PLAN (PIP)

Issued when there is an identified trend in poor performance or egregious behavior
Triggers PD consultation with DIO
Provides resident with formal notice and opportunity to cure
Must be signed by Resident, Program Director, and DIO
Signed Copy sent to DIO

Fails to Meet the PIP

Successfully Completes the PIP

Complete the PIP Outcome Letter and
determine next action which may include

DISCIPLINARY ACTIONS

(Appealable actions)

Extend or Repeat academic year
Non-reappointment Non-promotion
Suspension Probation
Termination

Triggers a second consultation with DIO

Complete the PIP Outcome Letter

ACADEMIC APPEALS PROCESS

Review meeting to ensure the process leading up to
the action was fair and reasonable

Requested by Resident

Levels:

Departmental (waiver is available)

GME – Associate Dean/DIO

Executive Dean College of Medicine

*The term “Resident” refers to both Resident and Fellow trainees.

Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

ACADEMIC PERFORMANCE IMPROVEMENT PLAN (PIP)

Resident:* _____ **Date:** _____

This is to notify you of deficiencies in complying with the academic requirements of your residency training program and inform you of expectations for improvement. Information is detailed below regarding the reasons for this official notice of Performance Improvement status, measures to improve performance, timeframe for meeting expectations, and consequences of not addressing these issues.

Reason(s) for PIP:

--

These deficiencies include (check all that apply):

___ **PATIENT CARE AND PROCEDURAL SKILLS:** *Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health and to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.*

Residents are also expected to [include any additional Patient Care and Procedural Skills as further specified by the appropriate RRC]:

Describe deficiency in detail:

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

Residents are also expected to [include any additional Medical Knowledge requirements as further specified by the appropriate RRC]:

Describe deficiency in detail:

___ **PRACTICE-BASED LEARNING AND IMPROVEMENT:** *Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning*

Residents are expected to develop skills and habits to be able to:

- ___ identify strengths, deficiencies, and limits in their knowledge and expertise;
- ___ set learning and improvement goals;
- ___ identify and perform appropriate learning activities;
- ___ systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

- ___ incorporate formative evaluation feedback into daily practice;
- ___ locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- ___ use information technology to optimize learning; and,
- ___ participate in the education of patients, families, students, residents, and other health professionals.
- ___ [include any additional Practice-Based Learning and Improvement requirements as further specified by the appropriate RRC]:

Describe deficiency in detail:

___ **INTERPERSONAL AND COMMUNICATION SKILLS:** *Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals*

Residents are expected to:

- ___ communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- ___ communicate effectively with physicians, other health professionals, and health related agencies;
- ___ work effectively as a member or leader of a health care team or other professional group;
- ___ act in a consultative role to other physicians and health professionals; and,
- ___ maintain comprehensive, timely, and legible medical records, if applicable.
- ___ [include any additional Interpersonal and Communication Skills requirements as further specified by the appropriate RRC]:

Describe deficiency in detail:

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

Residents are expected to demonstrate:

- ___ compassion, integrity, and respect for others;
- ___ responsiveness to patient needs that supersedes self-interest;
- ___ respect for patient privacy and autonomy;
- ___ accountability to patients, society, and the profession; and,
- ___ sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- ___ [include any additional Professionalism requirements as further specified by the appropriate RRC]:

Describe deficiency in detail:

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

Residents are expected to:

- ___ work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- ___ coordinate patient care within the health care system relevant to their clinical specialty;
- ___ incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- ___ advocate for quality patient care and optimal patient care systems;
- ___ work in interprofessional teams to enhance patient safety and improve patient care quality; and
- ___ participate in identifying system errors and implementing potential systems solutions.
- ___ [include any additional Systems-Based Practice requirements as further specified by the appropriate RRC]:

Describe deficiency in detail:

Plan for Improvement and Evaluation Criteria

(Description of what the resident must do or cease doing to show that the problem(s) have been corrected. Program Director should give the Resident very clear cut activities and assessment expectations. This will make the decision easier for the Program Director.

Deficiencies selected from above	Improvement Activities	Assessment Method
<i>Example: Identify strengths, deficiencies and limits in one's knowledge and expertise</i>	<i>Write a reflection paper that: reflects on your underlying motives/reasons for lapse in professionalism, describe the impact on relationship with other healthcare professionals, identify ideal professional behavior, outline corrective actions and summarize any insight you gained through this self-reflective activity.</i>	<i>Submission of reflection paper</i>

Timeframe for Performance Improvement (include the amount of time that the Resident has to demonstrate the ability to satisfy the plan's requirements.

Consequences

- Failure to successfully meet all of the requirements for performance improvement will result in one of the following actions:
 - 2nd PIP
 - Delay in taking boards
 - Repeat an identified set of rotations
 - Repeat entire year/non-promotion
 - Probation
 - Suspension
 - Non-Reappointment
 - Dismissal/Termination

Resident & Program Director Acknowledgement:

On this date, I have met with the Program Director to discuss my performance in the residency training program. I have read this Academic Performance Improvement Plan and the expectations for improvement listed above. I understand that needed improvement must be achieved and maintained and failure to correct areas of marginal/unsatisfactory performance or behavior will result in the consequences listed above: a 2nd PIP; possible delay in taking boards; repeating a rotation or identified sets of rotations; repeating an entire year of training/ non-promotion; probation; suspension; non-reappointment for the next academic year; or dismissal, immediate termination from the program.

_____ Resident Signature	_____ Date
_____ Program Director Signature	_____ Date
_____ Associate Dean and DIO	_____ Date

*The term, "Resident," refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

PERFORMANCE IMPROVEMENT – SINGLE INCIDENT DOCUMENTATION**Resident:*** _____**Date:** _____

This single incident performance deficiency has been discussed with the Resident and has informed the Resident of expectations for improvement. The Program Director has identified the General Competency Domains that have been identified as having less than satisfactory performance.

Reason(s) for PI Single Incident Documentation:

These deficiencies include (check all that apply):

___ **PATIENT CARE AND PROCEDURAL SKILLS:** *Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health and to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.*

Describe the single incident deficiency:

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

Describe the single incident deficiency:

___ **PRACTICE-BASED LEARNING AND IMPROVEMENT:** *Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning*

Describe the single incident deficiency:

___ **INTERPERSONAL AND COMMUNICATION SKILLS:** *Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals*

Describe the single incident deficiency:

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

Describe the single incident deficiency:

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

Describe the single incident deficiency:

Plan for Improvement

Describe the Plan for Improvement and date correction must be achieved in the box below.

Plan for Improvement and correction date:

Resident & Program Director Acknowledgement:

On this date, I have met with the Program Director to discuss a single incident deficiency which must be addressed. I understand the problem and the corrections I must achieve by the date indicated.

Resident's Signature

Date

Program Director's Signature

Date

*The term Resident refers to both Resident and Fellow trainees.

Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

GME POLICY #715 PERFORMANCE IMPROVEMENT PLAN (PIP) -- PD CHECKLIST

PERFORMANCE IMPROVEMENT PLAN (PIP) PROGRAM DIRECTOR CHECKLIST

Resident:* _____

Program: _____

This checklist is a guide to assist the Program Director in implementing a successful PIP to correct performance problems and/or deficiencies of a Resident by increasing knowledge, improving skills, or changing behaviors and is not a substitute for the GME PIP notification. Steps 1-4 must be completed to satisfy the requirements for documentation of the PIP.

BE SPECIFIC: Spell out exactly at what the Resident is failing, describe how the Resident can fix the problem, and provide a timeline and list of reassessment methods.

DOCUMENT CAREFULLY: If it isn't written; it didn't happen.

BE CLEAR about what is expected and consequences if expectations are not met.

Step 1: Prior to Meeting with Resident:

Action	Check when Completed
1. Identify a negative trend in performance and/or an egregious behavior.	
2. Read the Academic Performance Improvement Actions Policy.	
3. Complete GME PIP Letter including the following required elements: <ul style="list-style-type: none">a. Identify and document in the letter the evaluations used to determine the need for PIP status.b. Link deficiency/deficiencies to ACGME competency domains; check all the areas that apply, write in any areas of deficiency not listed, and provide a description of the specific marginal or unsatisfactory performance/behavior.c. Specify methods for improvement/learning activities that provide the resident an opportunity to correct mistakes and/or deficiencies (see list of possible activities at the end of this document). <u>Give the Resident very clear cut activities.</u>d. Define time period for remediation; e.g., one block rotation (1, 2, 3, months), six months (until next mid-year or yearend summative evaluation meeting), until anticipated date of program completion. Note: If action may result in non-promotion or termination, Resident should receive written notification.e. Identify monitoring and assessment methods (see list of possible methods at the end of this document), this includes specifying the frequency of progress review meetings with program director or advisor (at least monthly). <u>Give the Resident very clear cut assessment expectations.</u>	
4. Contact Associate Dean/DIO to review a draft of the GME PIP notification.	
5. Schedule formal meeting with Resident.	

Step 2: Meeting with Resident:

Action	Check when Completed
1. Meet with Resident to formally discuss PIP notification details.	
2. Resident, Program Director, and the Associate Dean/DIO must sign PIP notification. Give copy to Resident at conclusion of meeting.	
3. Provide the Director of GME and Associate Dean/ DIO a completed and signed PIP (within 3 days of signatures).	
4. File original PIP letter in Resident training file and upload into his New Innovations Personnel Record.	

Step 3: Monitoring PIP Progress:

Action	Date when Completed
1. Schedule all progress review meetings with Resident and inform Resident in writing (meetings should occur at least monthly until end of time period specified in PIP notification).	
2. Meet for progress reviews at least monthly. <ul style="list-style-type: none"> a) Document summary of 1st progress review meeting. b) Resident signs and receives copy of written progress report. c) Original to Resident training record including New Innovations. 	
3. Meet for 2 nd progress review. <ul style="list-style-type: none"> a) Document summary of progress review meeting. b) Resident signs and receives copy of written progress report. c) Original to Resident training record including New Innovations. 	
4. Meet for 3 rd progress review. <ul style="list-style-type: none"> a) Document summary of 3rd progress review meeting. b) Resident signs and receives copy of written progress report. c) Original to Resident training record including New Innovations. 	
5. Meet for additional progress reviews as needed until conclusion of PIP period (add rows if necessary).	

Step 4: Conclusion/Outcome of PIP period:

Action	Date when Completed
1. Review assessment information and determine whether the Resident satisfactorily met all expectations listed in the PIP	
2. Schedule meeting with Resident to discuss the outcome	
3. Prepare a PIP outcome letter documenting decision based upon the following options: <ul style="list-style-type: none"> a. PIP satisfactorily completed, Resident returned to regular status. No further follow planned unless further concerns arise. b. PIP satisfactorily completed, resident returned to regular status. Continuing surveillance of this issue will continue through the remainder of training, with future concern leading to a repeat PIP. 	

<ul style="list-style-type: none"> c. Improvement noted but concern remains. PIP is extended for another ____ month(s). d. Unsatisfactory achievement in the PIP. The Resident will be placed on Probation or Suspension, and a Probation or Suspension Plan is attached. Probation and Suspension if enacted will become part of the Resident's permanent file. e. Unsatisfactory achievement in the PIP. The Resident will be permitted to complete the academic year but will not be reappointed to the program for the next academic year. f. The Resident has resigned from the program. g. Unsatisfactory achievement in the PIP. The Resident has been terminated from the program (prior approval from DIO is needed). 	
4. Resident and Program Director sign and date outcome letter, as well as the Associate Dean/DIO.	
5. Copy of signed outcome letter is given to the Resident.	
6. Copy of signed outcome letter is sent to the Director of GME and Associate Dean/DIO (within 3 days of meeting).	
7. Original letter placed in Resident training record and uploaded into New Innovations.	

Improvement Activities by Competency	Assessment Methods
Patient Care <ul style="list-style-type: none"> • Faculty/Chief provide one-on-one teaching and close supervision of Resident performance • Review demonstration videos • All patient records reviewed by faculty • Simulation center activities (H &P, standardized patients, etc.) • Additional time on rotation to develop skills • Repeat rotation • Shadow rotation • Shared call or supervised call • Observed sign-outs • Meetings with Mentor and/or PD 	<ul style="list-style-type: none"> • Must receive particular score on end of rotation evaluations, procedural based evaluations, multisource evaluations, etc. (PD sets the minimum) • No further reports of concern in this area during the period of improvement • Demonstrate ability to the program director's satisfaction • Score above a pre-set minimum on exam/quizzes/ITE • Chart reviews • Successfully complete all assigned activities
Medical Knowledge <ul style="list-style-type: none"> • Review literature regarding deficient area • Review demonstration videos • Review textbook • Board Review Course • Multiple Choice Quizzes • Research paper • Give didactic presentation to Residents regarding deficient area • Assigned, structured reading plan with scheduled one-on-one discussions 	Consequences <ul style="list-style-type: none"> • 2nd PIP • Delay in taking boards • Repeat a rotation or an identified set of rotations • Repeat entire year/non-promotion • Probation • Suspension • Non-Reappointment • Dismissal/Termination

<ul style="list-style-type: none"> • Meetings with Mentor and/or PD <p>Practice-based Learning and Improvement</p> <ul style="list-style-type: none"> • Chart reviews of own cases • Weekly log of self-questioning and evidence based answers to each question • Log of potential errors, lessons learned, practice improvements • Review old M&M cases • Research paper • Give didactic presentation to Residents regarding deficient area • Meetings with Mentor and/or PD <p>Interpersonal and Communication Skills</p> <ul style="list-style-type: none"> • Communication counseling • Online modules (examples include Duke Life Curriculum, UT Blackboard Courses, etc.) • Journaling • Work with mentor • Meetings with Mentor and/or PD <p>Professionalism</p> <ul style="list-style-type: none"> • Reflection paper • Online modules (examples include Duke Life Curriculum, UT Blackboard Courses, etc) • Stringent guidelines for attendance at conferences • Utilize the Student Assistance Program (SAP) or Aid for Impaired Residents (AIR) • Journaling • Work with mentor • Meetings with Mentor and/or PD <p>Systems-based Practice</p> <ul style="list-style-type: none"> • Give didactic presentation to Residents regarding deficient area • Work with mentor • Meetings with Mentor and/or PD 	
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

*The term, “Resident” refers to both Resident and Fellow trainees.

Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

Performance Improvement Plan (PIP) Outcome

Resident's* Name:

Date of Original PIP:

Date of Follow-up:

Narrative Summary of PIP completed by the Program Director:

Outcome of PIP:

___ PIP satisfactorily completed, Resident returned to regular status. No further follow planned unless further concerns arise.

___ PIP satisfactorily completed, Resident returned to regular status. Continuing surveillance of this issue will continue through the remainder of training, with future concern leading to a repeat PIP.

___ Improvement noted but concern remains. PIP is extended for ___ month(s).

___ Unsatisfactory achievement in the PIP. The Resident will be placed on Probation or Suspension and a Probation or Suspension Plan is attached. Probation and Suspension, if enacted, will become part of the Resident's permanent record.

___ Resident has resigned from the program.

___ Unsatisfactory achievement in the PIP and one of the following option will occur:

- The Resident is being terminated from the program as of this date: _____.
- The Resident will be permitted to remain in the program through the end of the academic year but will not be reappointed to the next level of training and will not continue in the program as of this date: _____.

*The term, "Resident," refers to both a Resident and Fellow trainees.

Resident's Signature_____
Date_____
Program Director's Signature_____
Date_____
Associate Dean/DIO's Signature_____
Date

Approved by the GMEC on 5/16/2017. Administrative edits 5/8/2019.

ACADEMIC APPEALS AND DUE PROCESS**Review Process for Disciplinary or Adverse Academic Actions**

The University of Tennessee College of Medicine Chattanooga assures the Resident* the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-reappointment, non-promotion to the next level of training, refusal to recommend a Resident to sit for boards, or other actions that could significantly threaten a Resident's intended career development. Disciplinary actions may include suspension, remediation, probation, and dismissal. All disciplinary actions are subject to the University of Tennessee GME Academic Appeal and Due Process, and all disciplinary actions will become a permanent part of the Resident training record.

The Academic Appeal and Due Process is intended to provide a formal, structured review to determine if the policies and procedures leading up to the disciplinary or adverse academic action were followed in a fair and reasonable manner. Performance improvement actions initiated by a Performance Improvement Plan (PIP) are not appealable unless the action results in an adverse action (see GME policy #700 Disciplinary and Adverse Actions). All appeals must be processed according to the following policies and procedures.

The University of Tennessee assures a Resident the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-renewal of a Resident's agreement (non-reappointment to the program), non-promotion of a Resident to the next level of training, refusal to recommend the Resident to sit for the boards, or other actions that could significantly threaten a Resident's intended career development.

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. The University cannot compel participation in the Academic Appeal process by peers, Medical Staff, patients, or other witnesses, even if such is requested by the Resident seeking review. Residents who have been dismissed will receive no remuneration during the review.

Departmental Review

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

1. A written request for review must be submitted to the Department Chair within ten (10) business days.

Or the Resident may waive this departmental-level review and begin the review process at the Associate Dean/DIO level (See Waiver of Departmental Review at the end of this policy). The signed Waiver of Departmental Review and a written request for review

must be submitted to the Associate Dean/DIO within ten (10) business days of notice of dismissal or adverse academic action.

2. The initial review request must include: (a) all information, documents and materials the Resident wants considered, and (b) the reason the Resident believes dismissal is not warranted. The Resident may submit 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 request a review on the record at the GME Review Level.

GME Review

5. If the Resident desires further review, a written request must be submitted to the UTCOMC Associate Dean/DIO within ten (10) business days of notice of the departmental decision. The written request for review must be sent to the Associate Dean/DIO, 960 East Third Street, Suite 100, Chattanooga, TN 37403. The request must include:
 - a. any information the Resident wants considered, and
 - b. any reason the Resident feels the academic or adverse action is not warranted.

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

6. At the discretion of the Associate Dean/DIO, a hearing may be permitted if requested by the Resident. The Associate Dean/DIO 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/DIO.
7. Upon reaching a decision, the Associate Dean/DIO will notify the Resident in writing and advise the Resident of the right to further review at the next level of institutional review.

Institutional Review

8. If the Resident desires additional review by the Executive Dean of the College of Medicine (Memphis), a written request must be submitted with ten (10) business days after being advised of the outcome of the GME level of review. The request should be sent the Executive Dean, College of Medicine Memphis, 910 Madison Avenue, Suite 1002, Memphis, TN 38163. The request must include:
 - a. any information the Resident wants considered, and
 - b. any reason the Resident feels dismissal is not warranted.

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

9. The Resident and Associate Dean/DIO will receive written notification of the final review decision.

*The term Resident refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

S A M P L E

Waiver of Departmental Review Statement

I, _____, MD (or DO), hereby waive the first level of review (Department-level) of the disciplinary or adverse academic action(s) taken by my residency (or fellowship) program or other University of Tennessee Health Science Center officials.

I elect to waive departmental-level academic review and commence the process with review at the GME level by the Associate Dean/DIO of the UT College of Medicine Chattanooga.

Resident Signature _____

Date Signed and Submitted: _____

Resident's Name: _____

Residency Program: _____

Level in the Program: _____

GRIEVANCES AND COMPLAINTS
(Non-Academic Issues & Non-Discrimination)

Residents* may raise and resolve issues without fear of intimidation or retaliation. The Associate Dean and Designated Institutional Official (DIO) -- who serves as Chair of the Graduate Medical Education Committee (GMEC) -- and the Director for Graduate Medical Education (GME) maintain open door policies so concerns can be addressed at any time. Additional mechanisms for communicating and resolving issues include the following:

- Grievances regarding academic or other disciplinary actions are processed according to the GME Academic Appeal policy. This includes dismissal from the program.
- Grievances related to the work environment or issues concerning the program or Faculty that are not related to disciplinary or academic adverse actions can be addressed by discussing problems with a Chief Resident, Program Director, Departmental Chair, individual Program Evaluation Committees (PEC's), or Resident members of the GME Committee (GMEC)..
- The House Staff Association and its officers have full access to GME institutional leadership. Residents are encouraged to contact House Staff Association Officers to express concerns or to provide input regarding educational issues, the work environment, or other areas of concern. The names of House Staff Association Officers are available on the New Innovation Intranet.
- Another mechanism for dealing with Resident problems and complaints is via the Graduate Medical Education Committee (GMEC). This committee oversees GME at the UTCOM Chattanooga. Membership includes all Program Directors, Chairs, the Dean, DIO, Director of Finance and Administration, Director for Graduate Medical Education, the UT Attorney, the House Staff Association President, and peer-selected Resident representatives from each program. The GMEC meets monthly, the third Tuesday of each month (except December and June) at 5 PM. Residents can ask the House Staff President or their specific program resident representatives to bring up problems/issues at these monthly meetings.
- Residents may also submit comments or concerns anonymously through the Confidential Resident Comments: <http://www.comchattanooga.uthsc.edu/subpage.php?pageId=1075>.
- Any complaints of illegal discrimination including sexual harassment are processed in accordance with the University's EEO/Affirmative Action policies and should be directed to the UT College of Medicine Chattanooga Director of Finance and Administration since she serves as the local Equity & Diversity Officer for our campus (423-778-7840, 960 East Third Street, Suite 100, Chattanooga, TN 37403). She will coordinate with the UT Health Science Center Office of Equity & Diversity (901-228-2112, 920 Madison Avenue, Memphis, TN 38163). Complaints must be put in writing and filed within 300 calendar days of the alleged discriminatory action. In certain circumstances, at the discretion of OED, complaints filed outside of this time limit or that are not submitted in writing may still be investigated.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

PRE-EMPLOYMENT DRUG TESTING

UT College of Medicine Chattanooga Residents* will be subject to pre-employment drug screening since their involvement in patient care can affect public safety. This means that incoming Residents will be required to undergo and pass a pre-employment drug screen before being placed on payroll and employed by the University as a Resident.. As part of the Incoming Resident Procedures, Residents must complete and sign a form to “Consent for Drug Screening.” Testing will be performed at Erlanger Work Force. Failure to cooperate or pass the drug screen will void the Match agreement or Letter of Commitment and the individual will not be employed as a UT Resident. Failure to comply with a drug screen request or a positive confirmed result for the illegal use of drugs and/or alcohol, will void the Match agreement or Letter of Commitment. This will be grounds for non-appointment to the GME Programs and not being placed on payroll.

The 10 panel drug screen administered by Work Force includes the following:

- Amphetamine
- Cocaine
- Marijuana
- Opiate (e.g., Hydrocodone and Codeine)
- Phencyclidine (PCP)
- Barbiturate (e.g., Seconal and Fiorcet)
- Benzodiazepine (e.g., Valium and Xanax)
- Methadone
- Propoxyphene (Darvocet)
- Methaqualone (Qualude)

Results of the screen will be reported to the GME Office and the appropriate Program Director.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by GMEC 5/16/2017. Administrative edits 6/16/2020.

**Resident/Fellow Certificate of Consent
Drug Free Workplace and Pre-Employment Drug Screening
University of Tennessee College of Medicine Chattanooga and
Erlanger Health System**

I do hereby certify that I have received and read the University's policies on drug and alcohol use and understand that both the University of Tennessee and Erlanger Health System are drug-free work environments. UT Policy prohibits the unlawful use, manufacture, possession, distribution or dispensing of drugs ("controlled substances" as defined in the Controlled Substances Act, 21 U.S.C. 812), or alcohol on UT or hospital property. My digital signature on this form is evidence of my understanding and consent for pre-employment drug screening.

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

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

I understand that as a condition of appointment into the Graduate Medical Education Programs, I must submit to a pre-employment drug screen. I must disclose any prescription drugs or over-the-counter drugs and herbs/supplements taken within seven days of the screening. The University of Tennessee has authorized Work Force Corporate Health at Erlanger and its agents to conduct the drug screen. Residents and Fellows will not be charged for the pre-employment drug screen. I also understand that failure to comply with a drug screen request or a positive confirmed result for the illegal use of drugs and/or alcohol, will be grounds for non-appointment to the GME Programs and not being placed on payroll.

The 10 panel drug screen administered by Work Force includes the following:

- Amphetamine
- Cocaine
- Marijuana
- Opiate (e.g., Hydrocodone and Codeine)
- Phencyclidine (PCP)
- Barbiturate (e.g., Seconal and Fiorcet)
- Benzodiazepine (e.g., Valium and Xanax)
- Methadone
- Propoxyphene (Darvocet)
- Methaqualone (Qualude)

Certificate of Consent

Name of Resident/Fellow:

Results of the screen will be reported to the GME Office and the appropriate Program Director. I may request a copy of the results when they are available.

Employer: University of Tennessee College of Medicine Chattanooga GME Programs

Primary Clinical Training Site: Erlanger Health System (including Children's Hospital at Erlanger)

Resident's/Fellow's Digital Signature
Signed

Date

To Be Completed by Work Force Corporate Health

Date of Drug Screen _____

Date Results sent to the GME Office _____

**Work Force Corporate Health at Erlanger
1100 E. 3rd St, Suite 102
Chattanooga, TN 37403**

Revised 6/16/2020

GME POLICY #745**FITNESS FOR PRACTICE AND DRUG TESTING****Fitness for Practice and Drug Testing for Cause****I. Introduction**

The University is committed to maintaining a safe and productive academic and clinical workplace, and it therefore requires that every Resident¹ report to work fit to perform his or her job duties. For purpose of this policy, “fitness for practice” (or “FFP”) refers to the readiness of a Resident to perform the essential functions of the job and professional responsibilities, as well as reasonable suspicion drug/alcohol testing.

This policy does not limit the University’s right to take employment action, and application of this policy is not a substitute for discipline. In circumstances where a Resident has engaged in misconduct or failed to perform his/her duties, disciplinary action up to and including termination of employment may be imposed notwithstanding a referral for a fitness for practice examination.

The University is committed to equal employment opportunity, and it prohibits discrimination against qualified individuals with disabilities. This policy is to be construed consistent with that commitment and in compliance with applicable law, including the Americans with Disabilities Act and Section 504 of the Rehab Act.

II. Resident Responsibilities

All Residents are required to report to work fitness for practice and to be able to perform their job duties in a safe, professional, and effective manner.

The University encourages Residents to voluntarily seek assistance for emotional and/or personal problems, physical and/or mental health conditions, including controlled substance, drug and alcohol abuse/addictions, before their work performance is adversely affected. The Aid for Impaired Residents Program (GME Policy # 260) offers assistance to Residents on a confidential basis.

III. Work Rules for Residents:

- No Resident shall report to the work site impaired for any reason including but not limited to personal stress, medical condition, use of alcohol or controlled substances, including drugs prescribed by a physician, or by use of over the counter medication.
- No Resident shall use, sell, possess, distribute, dispense, divert alcohol, controlled substances or prescription drugs without a valid prescription on campus or training sites. Such conduct is also prohibited during non-working time to the extent that it impairs the Resident’s ability to perform their job upon arrival at work.

- Residents who consume alcohol or controlled substances under any circumstances and return to work during that work day/shift are subject to evaluation under this policy.
- Residents shall not consume alcohol while officially on call including at-home call.
- A Resident arrested or convicted of any alcohol related or criminal drug offense must immediately notify their Program Director and Associate Dean/DIO no later than first business day after the arrest/conviction.
- The GME Office will support the responsible action of a Resident seeking help for an alcohol or controlled substance problem. See GME Policy #260 Aid for Impaired Residents.

All Residents, faculty, and staff have a duty to report observed and suspected violations of this policy to their Program Director, the Associate Dean/DIO, or the GME Office.

IV. Fitness for Practice Examinations

A. Introduction

A fitness for practice examination constitutes a medical examination and therefore, in keeping with the Americans with Disabilities Act and University policy, any such examination is strictly limited to job-related inquiries and must be consistent with business necessity. When a condition constitutes a disability and the Resident asks for an accommodation, the accommodation determination process of GME Policy #340 should be implemented through the Office of Equity and Diversity. It may be necessary to collect additional documentation from the Resident and his/her own healthcare provider to support the accommodation request.

B. Grounds for Seeking a Fitness for Practice Examination

The referring Program Director or supervisor may request a medical fitness for practice evaluation when (1) a Resident's conduct creates a reasonable belief that a threat to the health or safety of the Resident or others, or to University property, exists; or (2) there is objective evidence that the Resident cannot perform the essential job functions. Program Directors should consult, if practical, with the Associate Dean/DIO (GME Office) prior to making a referral for an examination.

The grounds for seeking a fitness for practice evaluation may become evident from a supervisor's observations and/or receipt of a reliable report of a Resident's possible lack of fitness for practice. Observations or a Resident's self-report may include, but are not limited to difficulties with manual dexterity, memory, coordination, alertness, speech, vision acuity, concentration, response to criticism, interactions with co-workers and supervisors, outbursts, hostility, violent behavior, suicidal or threatening statements, change in personal hygiene, and/or reasonable suspicion (via odor

or observation) of drug or alcohol use.

A Resident's medical fitness may also be evaluated in other contexts, including as a result of any required post-offer, pre-employment medical screen or as required after a leave of absence or return from leave of absence.

C. **Medical Evaluation**

Fitness for practice evaluations are performed by or at the direction of GME, and may include, without limitation, a health history, physical and/or psychological examination, alcohol and drug testing and any medically indicated diagnostic studies. The purpose of the evaluation is to determine if the Resident can perform the essential functions in a safe manner and if there is a need for restrictions. As circumstances warrant, GME will arrange for an evaluation by a qualified clinician to determine whether there is a psychological or other impairment. In addition, if it appears that the condition is a disability, GME will refer the Resident to disability services to address any requested accommodations and/or modifications and whether there is likelihood that the Resident can perform the job with or without reasonable accommodations. Any determination of reasonable accommodation is also subject to the rules and requirements of the clinical site.

D. **Confidentiality**

Patient information obtained by GME is maintained on a confidential basis in accordance with applicable law. When conducting a mandated fitness for practice evaluation, GME will require the Resident to sign an ***Authorization to Release Information*** (Attachment "B") that permits reporting by the examining healthcare provider as to the Resident's fitness, recommendations with respect to fitness, and any limitations and restrictions placed on the Resident arising from the Resident's health condition. **There is no confidential relationship between the examining healthcare provider and the Resident.** GME will act to safeguard medical or psychological information of the Resident and will not release that information without the consent of the employee, except as necessary in the judgment of GME or as may be required by law.

V. **GME Fitness for Practice Procedures**

- The Program Director will discuss the identified issues with the Associate Dean/DIO and the Director of GME..
- If it is agreed that a fitness for practice evaluation is needed, the Resident will be placed on paid administrative leave until the evaluation is complete.
- During business hours the fitness for practice evaluation will be conducted by an appropriate provider identified by GME. For afterhours care the evaluation may be conducted by another facility.

- **This is a not a confidential session between the Resident and a counselor or physician**, in that this is considered an academic referral and therefore, will not be subject to the same privacy rules as occurs in a therapeutic relationship.
- A report shall be generated by the evaluator to inform the Program Director and Associate Dean/DIO if a Resident is fit return to practice.
- If the evaluator determines that the Resident is fit to return to practice they will notify the Associate Dean/DIO in writing who will notify the Program Director and Resident.
- If the evaluator determines that the Resident is ***not*** fit to return to practice they will notify the Associate Dean/DIO in writing who will notify the Program Director, Resident, and Director of GME.
 - Once the written report is received the Associate Dean/DIO and Program Director will determine the status of the Resident.
 - This could result in medical leave of absence, personal leave of absence, discipline up to and including termination.
 - In order for reinstatement into a program, a fitness for practice report must be submitted to the Associate Dean/DIO and Program Director.
 - A Resident that continues to be not fitness for practice after 90 days is in jeopardy of losing their position as provided in the Agreement of Appointment.
- A Resident who refuses to undergo a fitness for practice evaluation (as well as a drug or alcohol test) will be terminated from the program.
- Cost of the Evaluation
 - All costs for these fitness for practice evaluations will be paid by GME.
 - Treatment plans are the personal responsibility of the Resident.
- A Resident that tests positive for alcohol or controlled substance(s) shall be subject to immediate termination.
- At all times, patient safety is paramount and nothing in these procedures or policy shall prevent the University from requiring Residents at all times to meet the essential eligibility requirements and technical standards. The University is the final decision maker as to the reasonableness of an accommodation and is not required to make changes to the underlying fundamental academic program.

VI. Reasonable Suspicion Drug Testing

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

- Unusual behavior such as slurred speech or unusual energy levels for which an explanation is not apparent.
- Drastic changes in performance or behavior.

- Unusual drug administration procedures or documentation, including those as noted by a review from the pharmacy staff of any of our teaching hospitals.
- Reports by faculty, peers or other co-workers of unauthorized drug and/or alcohol use or being under the influence on the job.
- Any behavior that poses a threat to patients or co-workers.

A Program Director or supervisor (such as a responsible faculty member) should fill out Attachment A, the **Reasonable Suspicion Drug Testing Checklist** to document the facts that support a conclusion that there is ‘reasonable suspicion’ for a drug test.

If a Resident appears to be unfit for duty due to suspected influence of alcohol or other drugs, the Program Director or other responsible faculty member will immediately relieve the Resident of assigned clinical responsibilities and notify the GME office. If a determination is made that immediate drug testing is necessary, the GME office may refer the Resident to University Health Services for urinalysis, breathalyzer or blood tests to assess fitness for duty. If the GME Office is not available or the incident is ‘after hours’, the Program Director may direct immediate drug testing. The Resident should then execute Attachment B, **Authorization to Release Information**. The supervisor should keep a copy of the executed Attachment B as well as provide a copy to the testing facility.

A Resident’s refusal to be escorted from the hospital or to be tested shall result in termination of employment. If necessary, the Program Director or attending should arrange safe transportation for the Resident.

The GME office may also arrange drug or alcohol testing through the Physicians Health Program of the Tennessee Medical Foundation (TMF) (see GME Policy #320 – Aid for Impaired Residents). Based upon test results, the TMF will work with GME administration to develop an appropriate treatment or intervention program for the Resident unless it is determined that the Resident will not be able to continue training. The UTHSC Drug Free Campus and Workplace Policy (HR0720) supports this GME Policy. Erlanger Work Force or Erlanger North Emergency Department for after hours and weekends, with the GME Office, will supervise any reasonable suspicion testing.

The term “Resident” refers to a Resident or Fellow.

Attachment A: ***Reasonable Suspicion Drug/Alcohol Testing Checklist***
Attachment B: ***Authorization to Release Information***

This policy, drafted with input by the UTHSC Associate General Counsel, will be presented to the GMEC at its July 2020 meeting for approval.

REASONABLE SUSPICION DRUG/ALCOHOL TESTING CHECKLIST

Applies to: RESIDENTS of UTCOM Chattanooga

This checklist and consent form is used to determine and document reasonable suspicion of a potential violation of the FITNESS FOR PRACTICE AND DRUG TESTING POLICY and may be used to implement the UTHSC Drug-Free Workplace policy. In such instances, the supervisor or manager observing the behavior with another supervisor/manager as witness, must each complete the checklist. It must be completed prior to testing and must be used to notify the individual that they are being asked to submit to drug and alcohol testing.

Date: _____

Time: _____ a.m. / p.m.

Name of observed individual (Print): _____ Employee ID#: _____

OBSERVED INDICATORS CHECKLIST:**Physical Indicators:**

WALKING <input type="checkbox"/> Holding on <input type="checkbox"/> Stumbling <input type="checkbox"/> Unable to walk <input type="checkbox"/> Unsteady <input type="checkbox"/> Staggering <input type="checkbox"/> Swaying <input type="checkbox"/> Falling <input type="checkbox"/> Other _____	FACE <input type="checkbox"/> Red/flushed <input type="checkbox"/> Pale <input type="checkbox"/> Sweaty <input type="checkbox"/> Appears normal <input type="checkbox"/> Slobbering <input type="checkbox"/> Grinding teeth <input type="checkbox"/> Dry mouth <input type="checkbox"/> Runny nose <input type="checkbox"/> Other _____	SPEECH <input type="checkbox"/> Whispering <input type="checkbox"/> Slurred <input type="checkbox"/> Shouting <input type="checkbox"/> Incoherent <input type="checkbox"/> Silent <input type="checkbox"/> Rambling <input type="checkbox"/> Slow <input type="checkbox"/> Other _____	BREATH/ODOR <input type="checkbox"/> No alcohol odor <input type="checkbox"/> Faint alcohol odor <input type="checkbox"/> Strong alcohol odor <input type="checkbox"/> Sweet/pungent tobacco odor <input type="checkbox"/> Chemical odor <input type="checkbox"/> Marijuana odor <input type="checkbox"/> Breath spray/mouthwash <input type="checkbox"/> None Gum <input type="checkbox"/> Mints Candy <input type="checkbox"/> Other _____
STANDING <input type="checkbox"/> Swaying <input type="checkbox"/> Feet wide apart <input type="checkbox"/> Rigid <input type="checkbox"/> Staggering <input type="checkbox"/> Sagging at knees <input type="checkbox"/> Other _____	EYES <input type="checkbox"/> Watery <input type="checkbox"/> Bloodshot <input type="checkbox"/> Glassy <input type="checkbox"/> Dilated <input type="checkbox"/> Closed <input type="checkbox"/> Droopy eye lids <input type="checkbox"/> Appear normal	MOVEMENTS <input type="checkbox"/> Fumbling <input type="checkbox"/> Jerky <input type="checkbox"/> Nervous <input type="checkbox"/> Slow <input type="checkbox"/> Hyperactive <input type="checkbox"/> Other _____	APPEARANCE <input type="checkbox"/> Messy <input type="checkbox"/> Dirty/stained clothing <input type="checkbox"/> Burns on person/clothing <input type="checkbox"/> Ripped/torn clothing <input type="checkbox"/> Partially dressed <input type="checkbox"/> Puncture marks/needle tracks <input type="checkbox"/> Appears normal

Behavioral Indicators:

DEMEANOR <input type="checkbox"/> Cooperative <input type="checkbox"/> Talkative <input type="checkbox"/> Sarcastic <input type="checkbox"/> Anxious <input type="checkbox"/> Disoriented <input type="checkbox"/> Sleepy	<input type="checkbox"/> Polite <input type="checkbox"/> Silent <input type="checkbox"/> Belligerent <input type="checkbox"/> Excited <input type="checkbox"/> Inattentive <input type="checkbox"/> Drowsy	<input type="checkbox"/> Calm <input type="checkbox"/> Resisting communication <input type="checkbox"/> Tearful/crying <input type="checkbox"/> Mood changes <input type="checkbox"/> Appears normal <input type="checkbox"/> Other _____	ACTIONS <input type="checkbox"/> Fighting <input type="checkbox"/> Erratic <input type="checkbox"/> Threatening <input type="checkbox"/> Non-communicative <input type="checkbox"/> Argumentative	<input type="checkbox"/> Profanity <input type="checkbox"/> Hostile <input type="checkbox"/> Hyperactive <input type="checkbox"/> Sleeping on job <input type="checkbox"/> Other _____
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Comments and other observations: _____

Additional facts:☐ Presence of alcohol and/or drugs in individual's possession or vicinity☐ On the job misconduct by individual (specify) _____☐ Individual admission concerning alcohol use and/or drug use or possession☐ List other witnesses to individual's conduct and summarize what they say they witnessed below☐ Individual declined to comment, or Individual's explanation for behavior _____

Completed by (signature): _____ Date: _____ Time: _____ a.m./p.m.

(Printed name): _____ Title: _____

Authorization to Release Information of Mental Health Evaluation Drug/Alcohol Testing

I, _____ (Name of Resident), whose Date of Birth is _____,

hereby authorize ☐ [Erlanger Work Force] ☐ [specify other:] _____
_____, to disclose to The University of Tennessee, Graduate Medical Education and its
administrators, including the Associate Dean/DIO, Director of GME, Program Director, as well
as _____ (Name of Person or Title of Person or Organization)

Description of Information to be Disclosed

☒ Assessment ☒ Diagnosis ☒ Psychosocial Evaluation ☒ Treatment Plan or Summary

☒ Drug/alcohol test results

☒ Current Treatment Update ☒ Presence/Participation in Treatment

☒ Collateral Interview for Evaluation ☒ Discharge Summary ☒ Continuing Care Plan

☒ Progress in Treatment ☒ Demographic Information

☒ Psychotherapy Notes* (*Cannot be combined with any other disclosure)

☒ Other _____ ☒ Other _____

Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to the UT College of Medicine GME. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization. I further understand that if I revoke this Authorization that I will be subject to the discipline under GME Policy #740, Fitness for Practice.

Expiration

Unless sooner revoked the authorization expires six months from this date on: N/A or as otherwise indicated: _____.

Form of Disclosure

The disclosure may be made in any manner appropriate and consistent with applicable law, including but not limited to, verbal, in paper format or electronically.

Redisclosure

I understand that there is the potential that the protected health information that is disclosed pursuant to this authorization may be re-disclosed by the recipient and the protected health information will no longer be protected by the HIPAA privacy regulations, unless a State law applies that is more strict than HIPAA and provides additional privacy protections.

Signature of Resident

Date

____ Check here if Resident refuses to sign this Authorization

Signature of Staff Witness

Date

Please note that for 2020, due to the COVID-19 Pandemic, travel to and for educational conferences was suspended as of April 2020. When educational travel is officially reinstated, we will post on our website and remove this notation from this policy.

Thank you for your understanding.

**RESIDENT TRAVEL, PROFESSIONAL DEVELOPMENT
EXPENSES, AND REIMBURSEMENT (2020 - 2021)**

The UT College of Medicine Chattanooga provides each department with professional development funds to support Resident* education during training in our Graduate Medical Education (GME) Programs. These funds are intended to educationally benefit Residents during our GME Programs and not something to be purchased in the final months of training for use at another institution or in your next practice.

The UT College of Medicine Chattanooga encourages Residents to attend national or regional educational conferences (including board reviews) each year. Given available funding, each department is provided funds to be used to support Resident professional development; however, the amount available for each Resident is left to the discretion of each Department Chair and Program Director. **It is the responsibility of each Department to communicate amounts available to each trainee and monitor that department totals are not exceeded.**

Reimbursement must be within the University fiscal policies, including Travel Policy and Guidelines. Departments should provide a list of amounts allocated for each Resident at each level to the Director of Finance and Administration and the GME Financial Specialist before July 1 of each year.

In order to be reimbursed for any professional development expenses approved by the department, it is the Resident's ultimate responsibility to adhere to the University fiscal policies. Residents must submit original receipts to the Residency Coordinator for processing. It is the responsibility of each Residency Coordinator to assist Residents in securing pre-approval for educational travel and for preparing travel expense reports and with receipts to the UT College of Medicine Chattanooga GME Financial Specialist for reimbursement.

Depending upon each program's guidelines and decision about the amount of funds available for Residents and which PGY levels may receive reimbursement, listed below are educational items and expenses considered appropriate professional development expenses:

Approved reimbursable expenses if funds are available:

- 1) Travel expenses to approved CME conferences **planned by ACCME accredited providers**. Conferences should be in a specialty related to the Resident's training and career plans and must be in the continental US or the national meeting of a specialty society or organization. Prior travel authorization and review of the conference brochure or website details must be documented by the department. **It is recommended that**

travel be arranged through the University of Tennessee recognized travel agency, World Travel, to ensure that all University policies are followed.

- 2) Electronic or web-based educational materials
- 3) Video course registration
- 4) Hard copy medical-related books
- 5) Board Reviews (hard copy, CD-ROM, online, etc.)
- 6) USMLE Step 3 Prep Course or materials
- 7) Membership fee for specialty organizations
- 8) USMLE Step 3 registration fee*
- 9) Smart phone
- 10) iPad or similar tablet
- 11) Laptop computer
- 12) Small medical equipment such as a stethoscope, surgical loupes, or neural reflex hammer

Non-approved expenses (may include but are not limited to the following):

- 1) Certification board exam fees
- 2) Medical license fees
- 3) Printers, including palmtops
- 4) Digital cameras
- 5) Smart watches
- 6) Travel not related to approved educational conferences

Purchase and reimbursement for these educational and professional development expenses must be approved by the Chair and/or Program Director, accompanied by original receipts, and an appropriate expense form must be provided by the Resident and Residency Program Coordinator. Once receipts and expenses have been approved and submitted within the University financial system (IRIS), reimbursement will be processed and payment will be issued via direct deposit into your primary bank account on file.

Receipts and expenses should be submitted **within 30 days of purchase of items or travel** during the year.

The deadline for submitting all Resident reimbursement receipts, explanations, and travel expense reports to the Business Office each academic year is April 1, with the exception of travel that has been pre-approved but has not yet occurred by April 1.

Books and Other Educational Materials Reimbursement

For books or other items purchased, receipts must indicate that the order is complete and that payment has been made – not just that the item has been ordered. **A copy of a bank statement is not proof of a book purchase or travel expense and is not acceptable by the University as an original receipt.**

It is the responsibility of the traveler to review and follow all UT travel policies before making arrangements and traveling.

UT Travel and Reimbursement Guidelines – Click on the link to view the University of Tennessee Travel Policies and Guidelines: http://policy.tennessee.edu/fiscal_policy/fi0705/

Interactive forms that must be completed online at the above policy link are:

- **Travel Authorization Form (T-18)**
- **Travel Expense Worksheet (T3)**

Again, it is advisable that travel arrangements be made through World Travel, out of Knoxville, since it is recognized by the University and helps ensure adherence to the University of Tennessee Travel Policies.

To access World Travel information:

- <http://www.worldtrav.com/client-portal-login>
- Use the following information to log in –
 - Username: ut
 - Password: govols
- Or call World Travel in Knoxville (856.777.1680)

University of Tennessee travel and reimbursement guidelines must be followed. A foundation will not be reimbursed for payment made on behalf of the Resident. Receipts must be in the Resident's.

Conference and Travel Approval

Prior to attending a conference or traveling on behalf of the University, the Resident must have the conference and travel pre-approved by the Department Chair or Program Director, and the Associate Dean/DIO for the UT College of Medicine Chattanooga. A copy of the conference brochure must be submitted with the **UT Travel Authorization Form (T-18)**. Travel should be approved at least one month prior to traveling so the Resident may obtain the best airfare or hotel rates. The form will be returned to the Residency Program Coordinator after the DIO signs it. Once the Resident has returned from the conference, he/she must submit **original receipts** to the Residency Program Coordinator as soon as possible but no later than 2 weeks from his/her return. The Coordinator will prepare a **UT Travel Expense Report (T-3)**, signed by the Resident and the Program Director or Chair to the GME Financial Specialist of the UT College of Medicine Chattanooga. All documentation should be submitted within 30 days of the ending date of the conference or the Resident and the Coordinator will be required to submit a written explanation as to why this requirement was not followed.

The University of Tennessee System Accounting Office, not the Graduate Medical Education Department or the local Office of Finance and Administration, makes the final determination as to interpretation of the UT Travel Policy and what is acceptable.

Travel Package Deals (such as Expedia, Hotwire, etc.)

The UT College of Medicine Chattanooga has determined that Residents may not use a travel package deal for travel arrangements (airfare, lodging, etc.). Examples include bundled airfare, lodging, and rental car since appropriate receipts and breakdown of expenses cannot be identified in the documentation for these packages.

Hotel Reimbursement

A hotel receipt when a Resident has attended a conference must show a \$zero balance. If you stay at the Conference Hotel, you may be reimbursed up to the conference rate plus taxes, given you have available funds, but you must include the brochure or web page that details the conference hotel rate. If the room block at the conference rate is full or if you waited until after the deadline to reserve your room, you will not be reimbursed more than the conference rate to stay at an alternative location. The hotel receipt must be in your name. If you split the charges with another Resident, you must get the hotel to give each of you a receipt in our own name to be reimbursed. If you do not stay at the conference hotel, you will be reimbursed for up to the federal per diem plus taxes for that city and state (US GSA Federal Conus Rates at www.gsa.gov/perdiem). The UT Travel agency, World Travel, can assist you with finding alternative hotels.

Airfare

You must attach a copy of your receipt that includes your itinerary, the cost of the ticket with a \$zero balance, and the designation or code for coach fare. An original receipt is required for baggage fee reimbursement. If arrangements and approvals are submitted far enough in advance, the University may be able to arrange direct billing for coach fare flights.

Rental Car

Residents will not be reimbursed for car rental unless they receive prior approval from the UT College of Medicine Chattanooga Director of Finance and Administration and can document that the cost of taxis or airport shuttle would exceed car rental during the conference. If the Director of Finance and Administration approves a rental car prior to the trip, then when submitting receipts, the Resident and Coordinator must attach a paid rental car receipt with the travel expense form. The University will not reimburse for insurance or other extra charges such as GPS. The original gas receipts for reimbursement must be attached if claiming that expense. Going through World Travel for these arrangements will ensure that you get the lowest rates possible, but should only be arranged if the Director of Finance and Administration has given her approval.

Mileage

If you drive your personal car to a conference, you may be reimbursed the current mileage rate (currently \$.47 per mile). You must attach a Good Maps or comparable document to show mileage from your home address to the hotel.

Taxis or Toll

Taxis or tolls that are under \$50 do not require a receipt. Any amount \$50 or more must have an original receipt attached. You must state where you went; e.g., airport to hotel or conference center.

Food

You do not need to attach receipts for food. The University reimburses a per diem amount based on the city and state to which you traveled for the conference (www.gsa.gov/perdiem).

Other

You must attach original receipts and an explanation for any other individual expenses related to the travel that you feel should be reimbursed.

*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 3/20/2018. Administrative edits 5/8/2019 and 6/16/2020.

SEVERE WEATHER**Medical Students**

In the event of severe weather or hazardous road conditions, Medical Students rotating at the University of Tennessee College of Medicine Chattanooga follow the decision of the nearby University of Tennessee Chattanooga (UTC) undergraduate campus. Typically, UTC administration announces a closure or delay for its students either the night before or morning of severe weather. Since Medical Students do not live on or near the Erlanger campus, we do not want them risking their safety if roads are closed or hazardous and schools, including the local undergraduate UTC campus, are closed.

Medical Students should listen to local news stations [ABC, CBS, and NBC] -- Comcast Cable channels 4, 10, or 13, and EPB channels 3, 9, and 12 -- the evening before and morning of severe weather regarding a decision by the UTC administration. Information about closings is also available on the news websites: www.newschannel9.com, www.wrcbtv.com, and www.wdef.com. The information is also posted on the UTC website at www.utc.edu.

If UTC is not in session at the time of severe weather, Medical Students should follow the Hamilton County Department of Education closing or delayed opening announcements from the local news channels. The Hamilton County Department of Education website is www.hcde.org. If the decision is made that Medical Students do not report on a Friday due to severe weather, then they will not be scheduled to report back until Monday at their usual time.

Administrative Staff

Administrative staff in the Dean's Office of the UT College of Medicine Chattanooga will also follow UTC decisions regarding delays or closure (or Hamilton County Department of Education decisions if UTC is not in session). Individual UT College of Medicine Chattanooga Department Chairs have the discretion of closing or delaying opening for their own UT administrative staff. Communication within each department is also key. Use good judgment regarding road conditions and safety.

Faculty and Residents*

Due to the importance of continuity of care for patients in the primary teaching hospitals, Faculty and Residents should try to report for duty if they can safely do so. In the event that Residents cannot report for duty due to road conditions, they should coordinate coverage with supervising Faculty and Chief Residents. Residents who cannot get into the hospital should also communicate each day with their Program Directors, supervising Faculty, and other Residents. Communication and cooperation are key.

Note: Clinics, practices, and offices owned by Erlanger can only be closed or delayed by Erlanger administrative representatives. For Graduate Medical Education (GME) staff paid by Erlanger, decisions about closings and delays must be made by Erlanger.

*The term "Resident" refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

Professionalism Policy

It is the policy of the University of Tennessee College of Medicine Chattanooga to treat all individuals within the Erlanger Health System or any other facility in which patient care and/or training is being conducted, with courtesy, respect, and dignity. To that end, the UTCOMC requires that all individuals (faculty, residents, fellows, medical students and staff) conduct themselves in a professional and cooperative manner. It is also the policy of UTCOMC to be sensitive to a practitioner's health or condition that may adversely affect that individual's ability to provide safe, competent care to his/her patients. The concern is for high-quality patient care always, but it is accompanied by compassion for the practitioner whose abilities may be diminished in some way due to age, medical illness, substance abuse, impairment, or disruptive behavior. It is the responsibility of the UTCOMC to investigate and respond to unprofessional, impaired or disruptive behaviors.

Definitions:

Impairment – A change in the health status of an individual that jeopardizes the practitioner's ability to carry out his/her delineated privileges with good quality. Examples may include but not be limited to:

- Stress
- Burnout
- Deterioration through the aging process
- Loss of motor skills

Acute Impairment – May be derived from substance abuse/dependence, physiological, emotional, or psychological difficulty and may be evidenced by a variety of behaviors or other observations not limited to a single event or episode.

Disruptive Behavior – Exhibitions of a pattern of behavior characterized by one or more of the following actions:

- Use of threatening or abusive language directed at nurses, hospital personnel or other physicians.
- Use of degrading or demeaning comments regarding patients, families, nurses, physicians, hospital Personnel, or the hospital.
- Use of profanity or other grossly offensive language while in a professional setting.
- Use of threatening or intimidating physical contact.
- Making public derogatory comments about the quality of care being provided by other physicians, nursing personnel, or the hospital, rather than working through the peer review process or other avenues to address these issues.
- Writing inappropriate medical records entries concerning the quality of care provided by the hospital or any individual.

- Imposing personal requirements on ancillary staff which have nothing to do with better patient care and serve only to burden staff with “special” techniques and procedures.
- Creating a hostile environment which can increase risk management problems and decrease morale.

Procedure:

Impairment/Illness/Treatment

If an individual has a reasonable suspicion that a faculty member, resident, or fellow (hereafter referred to as “physician”) is impaired or his/her health is such that his/her patient care activities could be compromised, the following steps should be taken:

1. The individual who suspects the physician of being ill or impaired must contact the Associate Dean/DIO of the UTCOMC, or his designee, and give an oral report. A written report must follow as soon as possible, preferably within 24 hours. The report must be factual and shall include a description of the incident(s) that led to the belief that the physician might be ill/impaired. The individual making the report does not need to have proof of the illness/impairment, but must state the facts that led to the suspicions.
2. The report will be promptly reviewed by the Associate Dean/DIO who shall determine if there is sufficient information to warrant further investigation.
3. If the subsequent investigation produces sufficient evidence that the physician is ill/impaired, the Associate Dean/DIO shall meet with the physician or designate another appropriate individual to do so. The physician shall be told of the results of an investigation or the self-reported change in health status indicating that he/she suffers from an illness/impairment that affects his/her practice. The physician will not be told who filed the report, and may not be told the specific incident(s) contained in the report.
4. Depending on the severity of the problem and the nature of the illness/impairment, the Associate Dean/DIO may exercise any of the following:
 - a. Allow physician to voluntarily take a leave of absence to seek treatment/rehabilitation.
 - b. Impose appropriate restrictions on the physician’s privileges and sign an agreement to abide by these expectations. Breach of this agreement becomes grounds for suspension or termination. Failure to sign an agreement will result in an automatic suspension or termination.
 - c. Immediately suspend privileges and require the physician to undertake a rehabilitation program (including but not limited to a referral to the TMF or AIRS) as a condition of continued employment/training. If the physician agrees to undertake a rehabilitation program, he/she will be placed on a leave of absence and the University of Tennessee College of Medicine guidelines for a leave of absence will be followed.
5. If the investigation reveals that there may be some merit to the report, but not enough to warrant immediate action, the Associate Dean/DIO will monitor the physician’s activities until he/she can establish whether there is an illness/impairment problem. All documentation of this investigation and ongoing monitoring will be secured in the Office of the Associate Dean/DIO and Graduate Medical Education (GME) Department.

6. The Associate Dean/DIO shall inform the individual who filed the report that follow-up action has been taken, but shall not disclose details of the investigation or the action, if any, taken.

Disruptive Behavior

The discovery process for disruptive behavior will be the same procedure as described in numbers 1 and 2 above for the impaired or ill physician.

1. For rare, isolated or minor events a collegial counseling session will be undertaken to inform the disruptive physician of the unacceptable behavior and the need to refrain from such behavior in the future. The Associate Dean/DIO may do the initial evaluation and counseling or designate another appropriate individual to do so.
2. For repeated or moderately egregious disruptions the Associate Dean/DIO and a panel consisting of whomever else the Associate Dean/DIO feels is appropriate will meet formally with the disruptive physician. A written and specific agreement should be signed outlining continued expectations and monitoring of behavior and consequences if agreement is breached.
3. For severe infractions, especially when the safety of others is jeopardized, the physician may be summarily suspended pending a thorough investigation.
4. Depending on the severity of the behavior under investigation and the physician's response to initial counseling, behavior modification evaluation and treatment may or may not be recommended or required by the Associate Dean/DIO.
5. If it is unclear whether the conduct was actually disruptive, the Associate Dean/DIO may seek the expert opinion of an impartial individual experienced in such matters.

Policy Approved and Revised 1/28/2015. Administrative edits 5/8/2019.

UT WORK RULES

The general work rules listed below prohibit certain actions on the part of employees, including Residents*, which, if committed, may be reason for disciplinary action, including termination.

1. Falsification of University documents and records.
2. Repeated tardiness or unauthorized absence.
3. Absence of three consecutive days without notification to the superior without satisfactory reason will be considered a voluntary resignation.
4. Loafing or carelessness on the job.
5. Smoking in areas designated "No Smoking" or in unauthorized areas on University premises.
6. Soliciting, collecting money, circulating petitions on University property at any time without the expressed permission of the University.
7. Engaging in labor union activities on University premises; soliciting participation from fellow employees during work time; engaging in work stoppage, strike, or concerted job action; engaging in picketing on University premises.
8. Reporting for duty under the influence of intoxicants.
9. Use or possession of alcoholic beverages on University property.
10. The illegal use, manufacture, possession, distribution, or dispensing of controlled substances on University premises.
11. Abuse of University equipment or materials.
12. Willful or negligent damage to University property.
13. Violating safety rules or common safety practices on the job.
14. Violation of University parking or traffic regulations.
15. Unauthorized possession of firearms, explosive materials or other lethal materials on University premises.
16. Horseplay, disorderly conduct, or use of abusive language on University premises.
17. Fighting, provoking a fight, attempting to do bodily harm or injury to another employee on University premises.
18. Insubordination or refusal of an employee to follow instructions or to perform designated work where such instructions or work normally and properly may be required of an employee.
19. Interfering with another employee's work.
20. Theft or dishonesty.
21. Immoral behavior affecting ability to perform assigned work.
22. Leaving work without permission; failure to inform supervisor when leaving workstation or area.
23. Failure of employees to report to the assigned work place at the beginning of the work period.
24. Visiting other departments or having visitors during working hours without permission.
25. Excessive use of University telephone for personal calls, charging personal telephone calls to the University.
26. Unauthorized release of confidential information.

27. Refusal to obey security officials, fire and police authorities, or other proper authorities in emergencies.
28. Sleeping on the job.
29. Failure to report an on-the-job-accident, injury, or theft of or damage to University property.
30. Any violation of state or federal law which affects ability to perform assigned work.
31. Tampering with or wantonly destroying University data, records or other information, gaining unauthorized access to such information, disclosing confidential information and other misuse of University information.
32. Failure to notify Personnel Services within five (5) days after conviction of any criminal drug statute for a violation occurring in the workplace.

*The term “Resident” refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

**VENDOR REPRESENTATIVES, INDUSTRY, AND PROMOTIONAL ACTIVITIES
GUIDELINES FOR RESIDENTS AND FACULTY****Definition of terms**

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

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

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

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

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

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

Representatives (i.e., “commercial interest representative”): Industry officials, vendors, sales, and marketing professionals.

Principles

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

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

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

Detailing should not inappropriately bias physician practice.

Guidelines

Faculty

1. Faculty should model behavior consistent with ethical guidelines developed by responsible professional organizations (American Medical Association, Accreditation Council for Continuing Medical Education) regarding relationships between physicians and commercial entities.
2. Regardless of venue or sponsorship, Faculty must present only objective, balanced materials consistent with established norms of the ACCME and AMA.
3. Faculty may not receive honoraria for activities involving medical education of Trainees and house staff given on campus or at UT College of Medicine Chattanooga-affiliated ambulatory sites during usual working hours or in the course of usual working responsibilities.
4. Faculty may serve as consultants to commercial entities for clearly defined professional services.
5. Faculty are required to disclose significant financial interests, including but not limited to:
 - a. Salary for services from a single source when aggregated over 12 months expected to exceed \$5,000.
 - b. Equity interests including gifted stock in Faculty/staff/student owned companies or a company proposing to sponsor research at UTHSC.
 - c. Intellectual property rights (patents, copyrights, and royalties).

Physicians in Training (Residents)

1. Residents may not organize or promote, either on campus or off campus, non-CME approved, commercially-driven educational activities without Program Director/Chair approval.
2. Residents may not attend detailing meals off campus or at ambulatory sites during work hours unless a Faculty physician is present during the program.
3. Residents may not engage in any detailing activities (including computer-based detailing), either on campus or off campus, for which they receive gifts or payments.
4. Residents may not receive honoraria for participation in lectures or detailing programs including those described as peer groups, advisory boards, dinner lectures, etc.
5. Residents may attend social events associated with educational activities only if:
 - a. The dollar amount spent on the attendee is modest.
 - b. The educational portion of the conference accounts for a substantial majority of the total time accounted for by the educational activities and social events together.
 - c. A Faculty member is present.

Commercial Interest Representatives in the Hospital Setting

1. Commercial interest representatives are not permitted access to Faculty in any patient care areas except to provide in-service training and then only by appointment. (Erlanger Policy requires each representative to register with the appropriate hospital department and to obtain a visitor

badge each time he/she visits or checks in with the Surgical Resource Coordinator prior to entering a surgical area).

2. Commercial interest representatives are permitted to speak with Residents only between 8:00 am and 4:00 pm by making appointments with a Chief Resident, Program Director, or Department Chair.
3. Commercial interest representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as: 1) in-service training for research, clinical equipment, or devices already purchased, or 2) evaluation of new purchases of equipment, devices, or related items.
4. Appointments to obtain information about new drugs in the formulary will normally be issued by the hospital pharmacy.
5. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time at the discretion of the Faculty member, his or her department or program, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.

Commercial Support of CME Approved Educational Activities

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

Presentations by Commercial Interest Representatives in Outpatient Settings

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

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

Educational Programs on Marketing and Promotion

The Healthcare Principles in Practice series presented by the Dean's Office of the UT College of Medicine Chattanooga will include education about commercial industry sales and promotion. Content may address:

1. An overview of the commercial interest industry: financials, participation in research and CME, lobbying size compared with other industries, marketing techniques and evaluation of promotional literature.
2. Techniques utilized to influence physician prescribing: review of research studies analyzing the results of vendor/sales/MD interactions.
3. Recognition of clinically relevant and irrelevant drug information, value of commercial industry presentations compared with other sources of information, and identification of omitted information.
4. Ethical issues/conflicts of interest raised by interactions with industry.

Gifts and Compensation

1. Soliciting or accepting personal gifts or the use of gifts, gratuities, and favors from industry representatives is not allowed, as it creates the possibility of (or appearance of) favored treatment or an unfair influence for the outside entity.
2. UTHSC personnel may not accept gifts or compensation for listening to sales talks by industry representatives or prescribing medications.
3. UTHSC personnel may not accept meals or other gratuities supplied directly by industry.
4. Grants and gifts provided to the University to support education and development activities are permissible. However, industry officials cannot exhibit industry products, service, devices, or promotional materials directly within the education or development activity site. Such displays are permitted, however, at general vendor designated areas.
5. Consulting agreements which provide remuneration without associated duties are prohibited.
6. A Faculty member/staff/student may not participate in a sponsored program if he, she, or a family member has a significant interest in the sponsoring organization. Note: This prohibition applies to any family member (not just spouse, dependent children, parents, and non-dependent children).
7. UTHSC may not participate in a sponsored program if the Dean, Department Chair, or other supervisor has a significant financial interest in the sponsoring organization.

Product Samples

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

1. It may be acceptable to distribute a specific branded medication sample to treat a condition provided 1) the quality of care to the patient is no way compromised by selection of medication (e.g., efficacy, risk profile, compliance, or cost) and 2) no acceptable generic alternatives exist.
2. Physicians should not accept from pharmaceutical detailers conditions of face-to-face interaction in order to procure product samples.
3. The physician (or designee) responsible for a clinical department or Faculty practice determines the specific medication or product samples to be accepted for distribution.

*The term "Resident" refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

**GUIDELINES FOR EVALUATING PHARMACEUTICAL SALES AND
PROMOTIONAL ACTIVITIES WITH RESIDENTS:
AN OUTLINE FOR FACULTY PRECEPTORS**

1. **Promotional material must be provided well in advance of the meeting with the pharmaceutical representative to ensure an informed and critical review:**
 - a. Assign Residents* to perform a literature search for additional studies related to the claims made in the promotional materials.
 - b. For studies provided by pharmaceutical representatives, note the peer review standard/repute of the journal in which the students are published.
 - c. Note the source of funding of the study.
 - d. Note whether results include intermediate outcomes and whether graphs contain “numeric distortion.”
 - e. Also note any extemporaneous claims made by the representatives during his/her presentation regarding absolute and relative efficacy, safety, tolerability, and ask for data to support these claims.
2. **During and after the presentation, identify commonly used sales techniques:**
 - a. **Attention:** Get the attention of the prospect (physician) through some advertising or prospecting method (LUNCH, pens, etc.).
 - b. **Interest:** Build the prospect’s interest by using various appeals and arguments.
 - APPEAL TO POPULARITY—both personal popularity or “friendship,” and external popularity—“all the GI docs at St. Elsewhere use it.”
 - APPEAL TO AUTHORITY—“The Chief of Cardiology at St. Elsewhere has had great success with this drug.”
 - APPEAL TO EMOTION—Gratitude, obligation, friendship, etc.
 - THE NON SEQUITUR—fallacy of irrelevant conclusions, or fallacy of ignoring the issue—“ACE inhibitors improve survival in CHF ... our ACE inhibitor [not FDA approved for CHF] is more effective in controlling blood pressure than X’s drug.”
 - c. **Desire:** Build the prospect’s desire for the product by describing its features and letting them sample it (free samples).
 - d. **Conviction:** Increase the prospect’s desire for the product by statistically proving the worth of the product. (See comments above regarding literature/studies.) Use testimonials from happy customers.
 - e. **Action:** Encourage the prospect to act. This is the **closing**—asking for the prospect’s commitment to try or prescribe it.

*The term “Resident” refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

RELEASE OF INFORMATION TO THE PUBLIC & INQUIRIES FROM THE MEDIA

Inquiries from various news media about a patient's condition should not be answered by any Resident.*

The only Erlanger personnel who are authorized to release information to the media or public about a patient's condition or treatment are: Public Relations Specialists or the Vice President of Public Relations, Nursing supervisors, Director of Nursing Services, Chief Nursing Executive, and Erlanger Administrative Representatives.

If a Resident is asked about a patient's treatment or condition by someone other than the family, the individual should be referred to the Erlanger Public Relations Office at (423) 778-7427. To contact Public Relations after hours, on weekends or holidays, call the Erlanger Administrative Representatives (A-1's) at (423) 778-6169 to request assistance.

Requests for photographs of patients by the media should also be referred to the Public Relations Department or the A-1's after hours. Written permission is always required from the patient prior to any photograph or video being made on the hospital's premises. If the patient is a minor, written permission from the parent or guardian is required.

*The term "Resident" refers to both Resident and Fellow trainees.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.



THE UNIVERSITY OF TENNESSEE BOARD OF TRUSTEES

AGENDA ITEM SUMMARY

Meeting Date:	March 1, 2019
Committee:	Education, Research, and Service
Item:	<u>Revisions to the UTHSC Faculty Handbook on Relationships with Students</u>
Type:	Action
Presenter:	Lori Gonzalez, Vice Chancellor for Academic, Faculty and Student Affairs, UT Health Science Center

8

BACKGROUND

1. The current UTHSC Faculty Handbook addresses faculty-student relationships in a general way, but does not contain any detail regarding the propriety of amorous or sexual relationships between faculty members and students.
2. Recognizing the trust and respect essential to the faculty-student relationship and UTHSC's educational mission, and the potential for an amorous or sexual relationship between a faculty member and a student to result in an abuse of power by the faculty member because of the inherently unequal status of the persons involved in the relationship, the UTHSC administration and faculty have worked together to clarify the faculty-student relationship in order to optimize the learning environment for students.
3. The proposed UTHSC Faculty Handbook provisions regarding faculty members' relationships with students are modeled on similar provisions in the UTIA/UTK Faculty Handbook that have been approved by the Board of Trustees.

SUMMARY

UTHSC proposes to add provisions to the UTHSC Faculty Handbook governing faculty members' amorous or sexual relationships with students. The proposed revisions are included in the meeting materials and key points are summarized below:

- Specific prohibited relationships are identified and described.
- Reporting requirements regarding prohibited relationships are imposed.



THE UNIVERSITY OF TENNESSEE BOARD OF TRUSTEES

- Disciplinary sanctions and/or administrative actions that can be imposed on a faculty member for engaging in a prohibited relationship are identified.

The President recommends approval of the proposed UTHSC Faculty Handbook revisions on relationships with students.

Motion: I move that the Education, Research, and Service Committee recommend adoption of the Resolution in the meeting materials to approve the proposed revisions to the UTHSC Faculty Handbook on relationships with students.



The University of Tennessee
Board of Trustees

Resolution 00_-2019*

Revisions to the UTHSC Faculty Handbook on Relationships with Students

Resolved: The Board of Trustees approves the proposed revisions to the UTHSC Faculty Handbook on relationships with students as presented in the meeting materials, which shall be attached to this Resolution after adoption.

Adopted this 1st day of March, 2019.

* Number will be inserted after adoption.



Office of the Chancellor
 62 South Dunlap Street
 Memphis, TN 38163
 T (901) 448-4796
 F (901) 448-7750

Memphis
 Knoxville
 Chattanooga
 Nashville

MEMORANDUM

TO: Linda C. Martin, Vice President for Academic Affairs and Student Success

FR: Steve J. Schwab, Chancellor

A handwritten signature in black ink, appearing to be 'S. Schwab'.

DATE: January 17, 2019

RE: UTHSC Faculty Handbook Revision for the February/March 2019 Board of Trustees Meeting

The UTHSC Faculty Handbook addressed faculty-student relationships in a general way, but omitted a more complete discussion of prohibited relationships between a faculty member and a student, requirements for reporting violations of prohibited relationships, and the disciplinary sanctions and/or administrative actions that could be imposed if prohibited relationships occurred. The UTHSC faculty and administration have developed a document to address this omission: *3.8.7 Relationships with Students*.

Our work benefited from that done by the UT Knoxville faculty and administration. As we developed the document for UTHSC, we drew from the narrative on pp. 12-14 of the 2016 UTK Faculty Handbook at <http://provost.utk.edu/wp-content/uploads/sites/10/2016/10/Faculty-Handbook-2016.pdf>.

The UTHSC Faculty Senate voted to approve this document at their January 8, 2019 meeting.

Enclosed is a copy of the document. We propose that this be inserted into the UTHSC Faculty Handbook as Section 3.8.7.

I recommend that the proposed document be submitted to the Board of Trustees for their review and approval.

Additional Policy to be added to the 2019 Faculty Handbook

For Faculty Handbook

Approved by UTHSC Faculty Senate 1/8/2019

Approved and immediately adopted by the UT Board of Trustees 3/1/2019.

3.8.7 Relationships with Students

3.8.7.1 Definitions

This policy applies to all faculty as defined in Section 6 of the *Faculty Handbook*, whether employed full-time or part-time, whether paid or unpaid. For the purpose of this policy, "relationship" includes any amorous or sexual conduct, whether occurring one time, occasionally, or regularly. Colleges, departments, offices, or other units may impose more restrictive policies governing relationships with students, which shall take precedence over this policy except to the extent such policies violate any Board of Trustees policy or conflict with law. The term "student" is broadly defined to include undergraduate, graduate and professional students, as well as other trainees.

3.8.7.2 Purpose

The purpose of this policy is to preserve the trust and respect that are essential to the faculty-student relationship and the instructional mission of the University of Tennessee Health Science Center. Trust and respect are diminished when a person in a position of authority abuses - or appears to abuse - his or her power. Faculty members are in positions of authority and exercise power over students in many ways, whether in giving praise or criticism, evaluating academic or clinical work, evaluating research, making recommendations for further studies or future employment, or in many other subtle expressions of authority over students. An amorous or sexual relationship with a student greatly increases the potential for a faculty member's abuse of power because of the inherently unequal status of the persons involved in the relationship. Even in cases where such a relationship begins with the mutual consent of the participating persons, it can result in exploitation of the student or the creation of a hostile learning or work environment for the student. Other students and employees may also be adversely affected by the amorous or sexual relationship because the faculty member is positioned to favor or advance one student's interest at the expense of others. In all such cases, the trust and respect essential to the university's instructional mission are diminished.

3.8.7.3 Prohibited Relationships

Amorous or sexual relationships between a faculty member and a student are prohibited when the faculty member has professional authority over, or responsibility for, the student. This professional authority or responsibility encompasses both instructional and non-instructional contexts as defined below:

1. *Relationships in the Instructional Context.* A faculty member shall not have an amorous or sexual relationship (consensual or otherwise) with a student who is simultaneously enrolled in a course being taught by the faculty member or whose academic or work performance is subject to supervision or evaluation by the faculty member. The instructional context includes but is not limited to teaching in the classroom, direct instruction in didactic, experiential and laboratory settings, as well as academic advising, mentoring, tutoring, or participating in student committees.

For Faculty Handbook

Approved by UTHSC Faculty Senate 1/8/2019

2. *Relationships outside the Instructional Context.* Outside the instructional context, a faculty member shall not take any action or make any decision that may reward or penalize a student with whom he or she has, or has had, an amorous or sexual relationship. Faculty members must be especially cautious to avoid taking any action that rewards or penalizes the student, or influences others responsible for taking such action.

A faculty member violates this policy by engaging in an amorous or sexual relationship with a student over whom he or she has authority or professional responsibility, even when both parties have consented (or appear to have consented) to the relationship or conduct. Relationships that do not fall under the prohibition in 3.8.7.3, above, even if they appear to be consensual, are strongly discouraged. Voluntary consent by a student to an amorous or sexual relationship with a faculty member is inherently suspect, given the fundamentally asymmetrical nature of the relationship. Furthermore, conduct that begins as consensual can become non-consensual at any time. Even when both parties initially consent to particular conduct, past consent does not preclude a finding of sexual harassment if the conduct was unwelcome or if later conduct was unwelcome. Moreover, conduct that is *consensual* for purposes of criminal statutes, may be nonetheless *unwelcome* and therefore may constitute a violation of the University's policy prohibiting Sexual Harassment and Other Discriminatory Harassment (HR0280), Equal Employment Opportunity (HR0220) or UTHSC's Policy on Sexual Misconduct, Relationship Violence, Stalking, and Retaliation.

3.8.7.4 Reporting Violations of the Policy

Faculty members who have knowledge of a possible violation of this policy are encouraged to report that concern to the Office of Equity and Diversity (OED) for review or investigation. Certain conduct described in this policy may also trigger a mandatory reporting obligation: (a) if the involved student is a minor; (b) if the conduct appears to violate UTHSC's Policy on Sexual Misconduct, Relationship Violence, Stalking, and Retaliation; or (c) if reporting is otherwise required by law or University policy. In the case of uncertainty about the reporting obligation, OED officials may be consulted without providing personally identifiable information (only if they are a confidential resource) in order to clarify the reporting obligation, or to get more information about how OED might handle a possible violation of this policy. Otherwise, all mandatory reporters/responsible employees are required to disclose all details with the Title IX Coordinator or Deputy Title IX Coordinators as required by University policy. If a report is found to have been intentionally false or made maliciously without regard for truth, the reporter may be subject to disciplinary action, in keeping with UTHSC's Policy on Sexual Misconduct, Relationship Violence, Stalking, and Retaliation. This does not apply to reports made in Good Faith (as defined by UTHSC's Policy on Sexual Misconduct, Relationship Violence, Stalking, and Retaliation).

3.8.7.5 Disciplinary Sanctions

When a faculty member is found to have violated this policy, an appropriate sanction, up to and including termination, may be imposed pursuant to the disciplinary procedures applicable to

*For Faculty Handbook**Approved by UTHSC Faculty Senate 1/8/2019*

faculty (Board policies, this Faculty Handbook, and HR policies). Disciplinary sanctions may be appealed through any applicable appeal procedures (e.g., Faculty Handbook, Section 7 and Section 8.4).

3.8.7.6 Administrative Actions

Before - or in addition to - any disciplinary sanctions, University officials may take administrative actions (in consultation with the Chief Academic Officer) for any of the following or similar reasons: to ensure the safety of any person; to protect the integrity of an academic course or other program; to end or prevent a hostile learning or work environment; to end or prevent retaliatory conduct; or for any other reason required to comply with state or federal law. Administrative actions may include (but are not limited to): temporary administrative leave pending investigation of an alleged violation of this policy; temporary reassignment of courses; temporary reassignment of research projects; or temporary removal from campus. If there is an appeal process for an administrative action, the faculty member may appeal the action, but the administrative action will not be held in abeyance during the appeal.

3.8.7.7 Retaliation Prohibited

Retaliation is prohibited against any person who reports possible violation of this policy or related policies. Retaliation is also prohibited against any person who participates in an OED investigation. Faculty members who have reason to suspect that the prohibition against retaliation has been violated or are the objects of retaliation themselves are directed to contact the OED.

COM MEDICAL EDUCATION COM108 – Student Mistreatment

The most recent version of this policy is housed at: <https://uthsc.policymedical.net/>

No./Title: COM108 Student Mistreatment	Resp. Office: Medical Education Approval Body: CUME	Effective Date: 05/20/19
Category: COM/UME	Last Review: N/A	Next Review: 05/19/22
Contact: Michael Whitt, Ph.D. Assoc. Dean for Medical Education	Phone: 901-448-4634	Email: mwhitt@uthsc.edu
Related Policy: SA105 – Preventing Student Mistreatment AA110 – Grading Policy COM107 – Grading Policy for MD Curriculum		

POLICY

It is the policy of the University of Tennessee Health Science Center (UTHSC) College of Medicine (COM) to promote an environment in which all medical professionals can work and learn in an atmosphere of dignity, respect and freedom from discrimination. The COM will follow the below procedures in implementing the relevant UTHSC policy ([SA105 -- Preventing Student Mistreatment](#)).

RATIONALE AND PROCEDURE

1. Process for dissemination of UTHSC policy
 - a) The COM provides ongoing education to students, residents, fellows, faculty and other staff, focusing on reinforcing standards of professional and collegial behavior, and informing the community of procedures for managing real or perceived mistreatment. Specific groups are targeted as follows:
 - i. Medical students: The CenterScope student handbook includes a section on mistreatment. This topic is on the agenda for all student orientations, and is referenced in the policies for each preclinical course and clinical rotation.
 - ii. Faculty, residents, fellows, nurses, and other staff: The mistreatment policy is shared along with other policies and resources central to the educational mission.
2. Process for addressing mistreatment
 - a) The first course of action in an instance of perceived mistreatment is for the involved parties to attempt to resolve the issue themselves, with the goal of addressing potential sources of misunderstanding.
 - b) If attempts at personal resolution are not successful the student should engage the teaching or clinical team hierarchy. The purpose of this involvement is to provide a further opportunity for communication, and to identify the nature of the alleged mistreatment.
 - i. Pre-clinical years (M1/M2)
 1. An incidence of mistreatment should be reported to the course director.
 2. If the issue involves the Course Director, the student should contact the Assistant Dean of Basic Science Curriculum or the Associate Dean of Student Affairs, whomever the student feels more comfortable approaching or considers more appropriate.

- ii. Clinical years (M3/M4)
 - 1. If the concern involves an intern or junior resident on the team, the student should discuss the situation with the supervising resident.
 - 2. If the issue involves ancillary personnel or the supervising resident, the student should discuss the problem with the team attending physician.
 - 3. If the issue involves the attending physician, or if the student is uncomfortable discussing the situation with any member of the team, or if he/she is simply unsure about whom to approach, the student should contact the Clerkship Director.
 - 4. If the issue involves the Clerkship Director, the student should contact the department Chair, the Assistant Dean of Clinical Curriculum or the Associate Dean of Student Affairs, whomever the student feels more comfortable approaching or considers more appropriate.
- 3. Procedures to address specific categories of alleged mistreatment
 - a) Complaints relating to grades are handled as outlined in the Academic Catalog (e.g. the Bulletin) and UTHSC [Grading Policy, AA110](#). Grade appeals are made according to the procedure outlined in the [Grading Policy for the MD Curriculum, COM107](#).
 - b) Issues of racial or gender discrimination or harassment are directed to the UTHSC Office of Equity and Diversity. An alternative to the University hearing process may be afforded according to the “contested cases” section of the State of Tennessee Uniform Administrative Procedures Act.
 - c) If warranted, college officials may request further investigation by the Student Conduct Officer, who will interview all parties and make a recommendation to the college as to possible resolution.
- 4. Protection from retaliation
 - a) Individuals alleging mistreatment are to be protected from retaliation.
 - b) Those accused of mistreatment are reminded that retaliation is itself regarded as a form of mistreatment, to be addressed according to the procedures described above.

APPROVAL HISTORY

Effective: 5/20/2019

Revised: N/A

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

HR0580 – Code of Conduct

Topics:

Introduction	Responsible use and Protection of Confidential Information
General Principles And Statements Of Ethical And Responsible Conduct	Additional Information
Ethical And Responsible Conduct	Specific Examples of Prohibited Conduct
Responsible Reporting Of Suspected Violations And University Response	Respect for Persons
Respect for Others	Respect for Property
Avoiding Conflicts of Interests	Standards of Safety
Responsible use of University Resources	Compliance with Laws and University Policies
Responsible Conduct in Research	Work Performance
Commitment to Environmental Health and Safety	Standards of Attendance

Objective:

To provide employees of the University of Tennessee with guidance on how to conduct themselves in an ethical and responsible manner.

Policy:

Introduction

The Code of Conduct was developed to supplement and clarify existing university policies, procedures, and rules. It does not replace, limit, or otherwise alter any existing policies. Employees are expected to familiarize themselves with the Code and to abide by it. Employees who violate the Code will be subject to appropriate disciplinary action. Employees should direct specific ethical or compliance questions to their supervisor or

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

the university's [director of compliance](#). The university's Code of Conduct is comprised of 1) general principles and statements of ethical and responsible conduct and 2) specific examples of prohibited conduct.

General Principles and Statements of Ethical and Responsible Conduct

1. **Ethical and Responsible Conduct:** In carrying out its educational, research, and public service missions, the university relies on the ethical and responsible conduct of all employees. Even the appearance of unethical or irresponsible conduct can be damaging to the public's trust in the university. Employees are expected to conduct themselves fairly, honestly, in good faith, and in accordance with the highest ethical and professional standards and to comply with applicable laws, regulations, contractual obligations, and university policies.
2. **Responsible Reporting of Suspected Violations and University Response:**
 - a. General Statement of Reporting Obligation.
 - Employees are expected to report any good-faith concern that compliance violations might have occurred, including, but not limited to, the following: violations of state or federal law or regulations; fraud in the operations of government programs; misappropriation of state or federal resources; acts that endanger the health or safety of the public or employees; and mismanagement of programs, funds, and/or abuses of authority.
 - Employees are expected to report compliance concerns at the earliest possible opportunity by contacting their immediate supervisor, the next level of supervision, the appropriate campus/institute compliance officer, [Office of Audit and Compliance](#), or the [Institutional Compliance](#) office.
 - Employees wishing to remain anonymous should report their concerns online or by phone to the UT Compliance Hotline (<http://www.tennessee.edu/hotline> or 1-865-461-2771). Employees may also report concerns anonymously to the [State Comptroller's Fraud Hotline](#) (1-800-232-5454).

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

- Employees may also report sexual misconduct, relationship violence, and stalking directly to the campus/institute Title IX coordinator or through any other reporting channels outlined in the campus/institute policies on sexual misconduct, relationship violence, and stalking.
 - Employees are expected to cooperate fully in investigations. As required by [FI0130 - Fraud, Waste and Abuse](#) department heads and other management officials must report suspected fraud, waste, and abuse of university resources, and all allegations of such activity made to them, immediately to the [Office of Audit and Compliance](#).
- b. Mandatory Reporting of Child Abuse and Child Sexual Abuse. Employees must comply with Tennessee laws on mandatory reporting of child abuse and child sexual abuse. Tennessee laws mandate reporting by any person who has knowledge of physical or mental harm to a child if: 1) the nature of the harm reasonably indicates it was caused by brutality, abuse, or neglect; or 2) on the basis of available information, the harm reasonably appears to have been caused by brutality, abuse, or neglect. Tennessee law also mandates reporting by any person who knows or has reasonable cause to suspect that a child has been sexually abused, regardless of whether it appears the child has sustained an injury as a result of the abuse. A report of child abuse or child sexual abuse must be made immediately to one of the following authorities:
- The Tennessee Department of Children's Services (call the Central Intake Child Abuse Hotline at 1-877-542-2873 or 1-877-237-0004).
 - The sheriff of the county where the child resides.
 - The chief law enforcement official of the city where the child resides.
 - A judge having juvenile jurisdiction over the child.

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

University police departments are not included in the list of authorities. Reporting to university police, a supervisor, or any other university official or employee does not satisfy an individual's duty to report child abuse or child sexual abuse to one of the authorities listed above.

- c. **Protection from Retaliatory Discharge.** Employees are protected from retaliatory discharge if in good faith they report or attempt to report illegal activities, or if they refuse to participate in illegal activities. For purposes of this policy, illegal activities are violations of the civil or criminal code of this state or the United States or any regulation intended to protect the public health, safety, or welfare. Employees are also protected from other forms of retaliation for reporting or seeking guidance regarding potential or actual criminal conduct.
3. **Respect for Others:** People are the University of Tennessee's most important resource for accomplishing its teaching, research, and public service missions. Accordingly, employees are expected to be committed to creating an environment that promotes academic freedom, diversity, fair treatment, and respect for others. Employees are expected to treat one another, students, and the general public in an honest and respectful manner.
4. **Avoiding Conflicts of Interests:** Objectivity and integrity are essential qualities for employees of a public institution such as the University of Tennessee. For the university to carry out its missions with unquestioned credibility, employees are expected to maintain the highest levels of integrity and objectivity as they perform their duties. Employees are expected to take all reasonable precautions and seek appropriate guidance to ensure that their outside interests do not place them in conflict with carrying out their duties and responsibilities as UT employees. Employees must disclose outside interests in accordance with university policies so that they can be reviewed and managed or eliminated, as appropriate.
5. **Responsible Use of University Resources:** Employees must use university property, funds, technology, time, and other resources for legitimate business

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

purposes. Employees must not use university resources for personal gain or to benefit third parties, unless a specific exception has been granted in accordance with policies. Employees are expected to be responsible stewards when using university funds for business travel or entertainment.

6. **Responsible Conduct in Research:** As members of a research university, employees must conduct research with the highest integrity and in compliance with federal, state, and local laws and regulations and university policies. Employees must recognize that failure to do so can result in significant penalties or criminal prosecution for both employees and the university. Employees involved in conducting research are expected to become familiar with applicable laws, regulations, and policies and to consult with their campus/institute research or compliance office whenever they have concerns or questions. Employees are expected to submit accurate, timely, and complete reports and documents related to research.
7. **Commitment to Environmental Health and Safety:** Employees are expected to be committed to protecting the health and safety of all university students, faculty, staff, volunteers, patients, and visitors. To accomplish this, the university provides information and training to employees about health and safety hazards and safeguards. Employees are expected to exercise good health and safety practices and to comply with all health and safety laws and regulations.
8. **Responsible Use and Protection of Confidential Information:** Employees are entrusted with a variety of confidential information about students, faculty, staff, alumni, donors, research sponsors, licensing partners, patients, and others. Employees must access, use, protect, disclose, preserve, and dispose of confidential information in compliance with applicable laws, regulations, contracts, and university policies.
9. **Additional Information:** For university policies, statements, guidelines, and available training related to each of the principles of the Code of Conduct, visit the [Office of Institutional Compliance](#) website.

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

Specific Examples of Prohibited Conduct

No Code of Conduct can list all prohibited conduct. The following information, which is not all-inclusive, illustrates some examples of specifically prohibited conduct that may lead to disciplinary action, up to and including, termination, as either unsatisfactory work performance or work-related behavior, or gross misconduct, under university policy.

10. Respect for Persons:

- a. Disorderly conduct, including, but not limited to, using discriminatory, abusive, or threatening language; fighting, provoking a fight, or attempting bodily harm or injury to another employee or to any other individual or threatening physical action or injury on university property or during university activities; or other conduct that threatens or endangers the health, safety, or well-being of any person.
- b. Violation of any university policy or law prohibiting harassment, discrimination, or retaliation against students or employees.

11. Respect for Property:

- a. Willful or negligent damage to university property.
- b. Theft or dishonesty.
- c. Tampering with or wantonly destroying university data, records, or other information; gaining unauthorized access to such information; disclosing confidential information; or otherwise misusing university data or information.
- d. Unauthorized use of university vehicles, mail services, identification and credit cards, telephones, computers, computer equipment, or other university equipment or materials. Computers and computer accounts are provided to employees to assist them in the performance of their jobs. Employees do not have a right to privacy in anything they create, send, or receive on a university computer. The university has the right to monitor, for business reasons, any and all aspects of any university computer system, including employee e-mail.

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

- e. Soliciting, collecting money, or circulating petitions on university property at any time without permission of the chief business officer or designee.

12. Standards of Safety:

- a. Possessing or carrying a firearm in violation of [SA0875 - Firearms](#).
- b. Possessing explosives or other dangerous materials on university property or during university activities, unless the employee is authorized either by university policy or law to carry such materials and it is also necessary to do so in the course of employment (police officers, R.O.T.C. personnel, etc.).
- c. The unlawful manufacture, distribution, dispensation, possession, or use of alcohol, illegal drugs, intoxicants, or controlled substances; abuse of prescription drugs while on duty; use of alcohol in a university vehicle on or off university property; possession or use of alcohol while on duty (except at university-sponsored events and other events an employee is expected to attend as part of his or her duties); or reporting to work under the influence of illegal drugs or alcohol or while unlawfully using controlled substances.
- d. Refusal to obey security officials, Emergency Management personnel, or other proper authorities in emergencies.
- e. Failure to comply with safety rules, regulations, or common safety practices.
- f. Failure to report an accident involving on-the-job injury or damage to university property.
- g. Smoking in violation of university policy.

13. Compliance with Laws and University Policies:

- a. Falsification of university records.
- b. Misrepresentation of academic credentials, which is defined by Tennessee law as follows: "A person commits the offense of misrepresentation of academic credentials who, knowing that the statement is false and with the intent to secure employment at or

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

admission to an institution of higher education in Tennessee, represents, orally or in writing, that such person1) has successfully completed the required course work for and has been awarded one or more degrees or diplomas from an accredited institution of higher education; 2) has successfully completed the required course work for and has been awarded one or more degrees or diplomas from a particular institution of higher education; or 3) has successfully completed the required course work for and has been awarded one or more degrees or diplomas in a particular field or specialty from an accredited institution of higher education.” Misrepresentation of academic credential is a Class A misdemeanor.

- c. Behavior or conduct unacceptable to the university or the community at large.
- d. Violation of federal government security regulations as outlined in contracts.
- e. Any violation of any law in the performance of duties or that affects the ability to perform duties satisfactorily.
- f. Failure to comply with Tennessee laws on mandatory reporting of child abuse and child sexual abuse.
- g. Failure to comply with laws regarding mandatory reporting requirements applicable to health care professionals’ interactions with patients while acting within the scope of university employment.
- h. Failure to comply with the university’s conflict of interests policy.
- i. Fabrication, falsification, plagiarism, or other serious unethical or illegal deviations from accepted practices in proposing, conducting, reporting the results of or reviewing research of service activities, in violation of university policy or state or federal law or regulations.
- j. The access, use, or disclosure of a person’s financial, personal, protected health information, or other confidential information without authorization or legal justification, in violation of university policies or law, e.g., privacy provisions of the Health Insurance Portability and Accountability Act of

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

1996 (HIPAA) and the Federal Educational Rights and Privacy Act (FERPA).

- k. Gambling on university property or during university activities.
- l. Flagrant violation or failure to observe traffic or parking regulations.
- m. The University will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant.

14. Work Performance:

- a. Insubordination or refusal of an employee to follow instructions or to perform designated work or to comply with directives of authorized university officials.
- b. Failure to wear proper uniform or identification in the prescribed manner as may be required by the university.
- c. Sleeping on the job.
- d. Failure or refusal to maintain or obtain required licensure, certification, or registration.
- e. Instigating or participating in deliberate low productivity and/or interfering with another employee's work.

15. Standards of Attendance:

- a. Unexcused Absence. An absence without proper notification or satisfactory reason is unexcused. An absence of three consecutive days without notification or satisfactory reason is considered a voluntary termination.
- b. Repeated Tardiness. Tardiness is defined as arriving at work past the appointed starting time without supervisory approval.
- c. Other Absences. Such absences include the failure of employees to report to their work place at the beginning of the work period, leaving work

System-wide Policy: HR0580 - Code of Conduct	
Version: 10	Effective Date: 10/01/2017

before the end of the work period, and failure to inform the supervisor when leaving the work area.

PROCEDURES:

To view links to campus policies and procedures, click here:

<https://policy.tennessee.edu/campus-policies-procedures>

EMPLOYEE RELATIONS PROCEDURE

720 – Drug Free Campus and Workplace

No./Title: 720 – DRUG FREE CAMPUS AND WORKPLACE	Resp. Office: HUMAN RESOURCES	Effective Date: 01/01/1991
Category: Employee Relations	Last Review: 02/28/2020	Next Review: 02/28/2023
Contact: Chandra Alston	☎ 901.448.1955	✉ calston@uthsc.edu
Related Policies: HR0720 – Drug Free Campus and Workplace		

PROCEDURE

Personnel Policy 720 *Drug Free Campus and Workplace* sets forth the University’s commitment to maintaining a safe and healthy environment for students and employees, and its compliance with the U.S. and Tennessee statutes relating to unlawful use of controlled substances. See also UTHSC Administrative Policy 2.090 *Controlled Substances*.

Any suspicion of alcohol or substance impairment should be reported to UTHSC Campus Police. If the reported behavior gives rise to work performance concerns, a drug and/or alcohol screening will proceed. At University of Tennessee Health Science Center, screening is required for employees filling positions that utilize commercial driver’s license. Human Resources maintains the Drug Screening Procedures.

Reasonably suspicious signs and symptoms of drug and alcohol abuse may include, but are not limited to, the following: *odor of alcohol; odor of marijuana; slurred speech; flushed, swollen face; red eyes; dilated or constricted pupils; unusual eye movement; lack of coordination; tremors or sweats; weariness; exhaustion and sleepiness.*

Health Risks of Drug and Alcohol Abuse

The use of alcohol can lead to serious health risk:

- loss of muscle control, poor coordination, slurred speech
- fatigue, nausea, headache
- increased likelihood of accidents
- impaired judgment
- possible respiratory paralysis and death
- birth defects/fetal impairment

Heavy drinking can lead to:

- alcoholism
- damage to brain cells

- increased risk of cirrhosis, ulcers, heart disease, heart attack, and cancers of liver, mouth, throat, and stomach
- hallucinations
- personality disorders

Health risks associated with the use of illegal drugs include:

- increased susceptibility to disease due to a less efficient immune system
- increased likelihood of accidents
- personality disorders
- addiction
- death by overdose
- anemia
- poor concentration
- fetal impairment and addiction

Resources for Assistance

The UTHSC is focused on helping individuals address obstacles that prevent them from achieving academic goals and developing as a person. If individuals have a problem with alcohol or other drugs, the following are resources for assistance:

- Employee Assistance Program (EAP) – 1-855-437-3486
- Student Assistance Program (SAP) – 1-800-327-2255
- University Health Services (UHS) – 901-448-7255

UTHSC Procedures for Employees

Employee Assistance

UTHSC will assist and support employees who voluntarily seek help for drug or alcohol problems before becoming subject to discipline or termination under this or other UTHSC policies. Such employees will be allowed to use accrued paid time off, placed on leave of absence, referred to treatment providers and otherwise accommodated, as required by law. Employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving, or if they have violated this policy previously. Once a drug test has been initiated under this policy, unless otherwise required by the Family and Medical Leave Act or the Americans with Disabilities Act, the employee will have forfeited the opportunity to be granted a leave of absence for treatment and will face possible discipline, up to and including discharge.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must consult with their doctors about the medications' effect on their fitness for duty and ability to work safely. They must promptly disclose any work restrictions to their supervisor.

Work Rules

1. Whenever employees are working, operating any UTHSC vehicle, present on UTHSC premises, or conducting company-related work offsite, they are prohibited from:
 - a. Using, possessing, buying, selling, manufacturing, or dispensing an illegal drug. This includes possession of drug paraphernalia.
 - b. Being under the influence of alcohol or an illegal drug, as defined in this policy.
 - c. Possessing or consuming alcohol.
2. The presence of any detectable amount of any illegal drug, illegal controlled substance, or alcohol in an employee's body system, while performing company business or while in a company facility, is prohibited.
3. UTHSC will also not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container, if asked.
4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

Required Testing

Pre-employment

Applicants being considered for certain positions must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.

Post-accident

Employees are subject to testing when they cause or contribute to accidents that seriously damage a UTHSC vehicle, machinery, equipment or property, or that results in an injury to themselves or another employee requiring offsite medical attention. A circumstance that constitutes probable belief will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle (including a UTHSC forklift, pickup truck, overhead crane or aerial/man-lift) is found to be responsible for causing the accident. In any of these instances, the investigation and subsequent testing must take place within two hours of the accident. Refusal by an employee will be treated as a positive drug test result and will result in immediate termination of employment.

Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of management must transport the employee or arrange for a cab and arrange for the employee to be transported home.

Collection and Testing Procedures

Employees subject to alcohol testing will be transported to a UTHSC-designated facility and directed to provide breath specimens. Alcohol tests may consist of a breath, blood, or saliva test, at the company's discretion. For purposes of this policy, test results generated by law enforcement or medical providers may be considered by the company as work rule violations.

Applicants and employees subject to drug testing will be transported to a UTHSC-designated testing facility and directed to provide urine specimens. The laboratory will screen all specimens and confirm all positive screens. There must be a chain of custody from the time specimens are collected through testing and storage.

UTHSC Sanctions for Employees

Consequences

Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to reapply/retest in the future.

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture, or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested, yet the company believes he or she is impaired, under no circumstances will the employee be allowed to drive himself or herself home.

Employees who test positive or otherwise violate this policy, will be subject to discipline, up to and including termination.

Employees will be paid for time spent in alcohol or drug testing and then suspended pending the results of the drug or alcohol test. After the results of the test are received, a date and time will be scheduled to discuss the results of the test; this meeting will include a member of management, a union representative (if requested), and HR. If the test results are negative, the employee will receive back pay for the times/days of suspension.

Inspections

UTHSC reserves the right to inspect all portions of its premises for drugs, alcohol, or other contraband; affected employees may have union representation involved in this process. All employees, contract employees, and visitors may be asked to cooperate in inspections of their persons, work areas, and property that might conceal a drug, alcohol, or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including discharge.

Crimes Involving Drugs

UTHSC prohibits all employees, including employees performing work under government contracts, from manufacturing, distributing, dispensing, possessing, or using an illegal drug in or on company premises or while conducting company business. UTHSC employees are prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Law enforcement personnel may be notified, as appropriate, when criminal activity is suspected.

All employees are required to notify the University of any criminal drug statute conviction for a violation occurring in the workplace or affiliated activity within five (5) days after such conviction. Failure to report a criminal conviction may result in termination once the conviction is discovered.

UTHSC Sanctions for Students

See the *UTHSC Student Handbook* ([Centerscope](#)).

State of Tennessee Sanctions

[This document contains a summary of state and federal sanctions for the unlawful use of controlled substances and alcohol. Portions of the summary were provided by the federal government, and while the summary is a good faith effort to provide information, UTHSC does not guarantee its accuracy.] Under state law, it is unlawful for any person under the age of twenty-one (21) to buy, possess, transport (unless in the course of their employment and over the age of 18), or consume alcoholic beverages, including wine or beer. It is also unlawful for any adult to buy alcoholic beverages for or furnish them for any purpose to anyone under twenty-one years of age. These offenses are classified Class A Misdemeanors punishable by imprisonment for not more than eleven months and twenty-nine days, or a fine of not more than \$2,500, or both. (T.C.A. §§ 1-3-113, 39-15-404, 57-5-301.) The offense of public intoxication is a Class C Misdemeanor punishable by 11 hours of community service, possible revocation of driver's license, imprisonment of not more than thirty days or a fine of not more than \$50, or both. (T.C.A. § 39-17-310.) Under Tennessee law, the offense of possession or casual exchange of a controlled substance (such as marijuana) is punishable as a Class A Misdemeanor (eleven months twenty-nine days and/or a fine of \$2,500). For the third and subsequent offense of possession of 1/2 oz. or less of marijuana, punishment is one to six years of imprisonment and a \$3,000 fine. If there is an exchange from a person over twenty-one years of age to a person under twenty-one, and the older person is at least two years older than the younger, and the older person knows that the younger is under twenty-one years of age, then the offense is classified as a felony. Possession of more than 1/2 oz. of marijuana under circumstances where intent to resell may be implicit is punishable by one to six years of imprisonment and a \$5,000 fine for the first offense. (T.C.A. §§ 39-17-417, 39-17-418; 21 U.S.C. § 801, et seq.)

State penalties for possession of substantial quantities of a controlled substance or for manufacturing or distribution range up to a maximum of fifteen to sixty years of imprisonment and a \$500,000 fine. (Title 39, T.C.A., Chapter 17.) For example, possession of more than

twenty-six grams of cocaine is punishable by eight to thirty years of imprisonment and a \$200,000 fine for the first offense.

The state may, under certain circumstances, impound a vehicle used to transport or conceal controlled substances.

State penalties for possession of substantial quantities of a controlled substance or for manufacturing or distribution range up to a maximum of fifteen to sixty years of imprisonment and a \$500,000 fine. (Title 39, T.C.A., Chapter 17.) For example, possession of more than twenty-six grams of cocaine is punishable by eight to thirty years of imprisonment and a \$200,000 fine for the first offense.

The state may, under certain circumstances, impound a vehicle used to transport or conceal controlled substances.

United States Penalties and Sanctions for Illegal Possession of a Controlled Substance:

21 U.S.C. 844(a)

- *First conviction:* Up to one year imprisonment and fine of at least \$1,000.
- *After one prior drug conviction:* At least fifteen days in prison, not to exceed two years, and fine of at least \$2,500.
- *After two or more prior drug convictions:* At least ninety days in prison, not to exceed three years, and fine of at least \$5,000.

21 U.S.C. §§ 853(a)(2) and 881(a)(7)

- Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than one year imprisonment.

21 U.S.C. § 881(a)(4)

- Forfeiture of vehicles, boats, aircraft, or any other conveyance used to transport or conceal a controlled substance. [An automobile may be impounded in cases involving any controlled substance in any amount.]

21 U.S.C. § 844a

- Any individual who knowingly possesses a controlled substance in a personal use amount shall be liable to the United States for a civil penalty in an amount not to exceed \$10,000 for each such violation.

21 U.S.C. § 862

- Denial of federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to one year for first offense, up to five years for second and subsequent offenses.

18 U.S.C. 922(g)

- Ineligibility to receive or purchase a firearm or ammunition.



POLICY

Policy Name:	Disclosure Guideline				
Policy #:	8316.1184	Policy Dept.:	Administrative		
Approval Authority:	MEC	Effective:	12/2015	Reviewed:	1/4/2016, 7/30/2019
Responsible Executive:	C.M.O.	Revised:	7/30/2019, 11/18/2019		
Responsible Office:	Medical Executive Committee	Contact:	Jackie Bishop 423-778-2055		

Policy statement:

This policy outlines the process for disclosing unanticipated events and outcomes to patients and their family members or authorized representatives, when appropriate. This guideline should not prevent or delay communication with families, but provide support for the Disclosure process¹.

Scope: Erlanger Health System (EHS)

I. DEFINITIONS:

1. Adverse Drug Reactions (ADR) - Any response to a drug which is noxious and unintended and which occurs at doses used in human beings for prophylaxis, diagnosis or treatment (World Health Organization). Report ADRs to pharmacy and the patient's Attending Physician.
2. Attending Physician- The physician primarily responsible for the care and treatment of a patient. Ordinarily this is the admitting physician or the covering attending physician on call.
3. Communication Plan- The plan established by the Responding Physician, Risk Management, other caregivers and administration to disclose an unintended outcome or Event to the family and patient.
4. Disclosure- Letting a patient/family/authorized representative know an unintended outcome of treatment or event occurred.
5. Adverse Event- Any unexpected incident, occurrence or circumstance that is not consistent with the routine patient care or operations of the facility that either did or could directly result in injury or has potential to cause harm or injury.
6. Disclosable Event- An Adverse Event reaching the patient.

¹ Please see attached flow charts as quick reference visual aids broadly outlining the Disclosure process.

7. Occurrence- Any unplanned instance or event that has caused, or has the potential to cause, harm or loss.
8. Responding Physician- The physician covering care of the patient at the time of identification of the Disclosable Event.
9. Disclosing Physician – The physician who discloses the Adverse Event to the patient/patient representative/family.
10. eSafe- Erlanger's electronic safety event reporting system.

II. WHEN TO DISCLOSE ADVERSE EVENT: Based upon Level of Harm per Safety Event Reporting Policy
8316.074

1. **Levels A, B** - *The event has not reached the patient. No requirement to disclose.*
The Attending Physician decides whether to disclose; however there is no requirement to do so. Patient's Nurse and the Disclosing Physician should collaborate prior to Disclosure.
2. **Levels C, D** – *An event occurred that reached the patient but did not cause harm. Disclosure is required.* The Attending Physician decides when to disclose. Nurse and the Disclosing Physician should collaborate prior to Disclosure.
3. **Level E** – *An event occurred that resulted in temporary harm and required treatment and/or intervention. Disclosure is required.*
4. **Levels F-I** – *An event occurred that resulted in initial or prolonged hospitalization causing temporary patient harm, permanent patient harm, or a near death event requiring intervention to sustain life. Disclosure is required.*

III. IMMEDIATE RESPONSE TO ADVERSE EVENT

These recommended actions should occur in an order most appropriate to the circumstances:

1. Ensure immediate patient care needs are met.
2. EHS Patient Flow Manager or designee ("PFM") will immediately act to ensure the protection of patient, staff and other patients from imminent harm.
3. PFM will assess situation and involved caregiver(s). If necessary, he/she will remove the caregiver(s) from the situation.
4. If Responding Physician is a Resident or Fellow, the Supervising Attending or Attending On-Call Physician should be notified.
5. PFM will call Risk Management and/or the Administrator on Call, if necessary.
6. PFM will ensure reporting of event in Erlanger's electronic incident reporting system (eSafe).
7. If needed, PFM will assist with the Disclosure process.

IV. TIMING OF DISCLOSURE

The optimal timing for disclosing Adverse Events varies with the specific circumstances of the event.

1. If patient needs urgent treatment to minimize injuries resulting from an Adverse Event, clinical Disclosure must occur quickly and as soon as possible.
2. If immediate corrective action is not required, Disclosure may be delayed, but only long enough to give staff members' time to collect preliminary information and plan the best way to disclose.
3. Disclosure of an Adverse Event should occur as soon as reasonably possible and within 24-48 hours of a practitioner's discovery of the Adverse Event if adequate information is available. When patients who are aware of or suspect an Adverse Event, more time before Disclosure may increase the patient's anxiety and decrease their trust in the Erlanger providers and management.

V. WHERE TO DISCLOSE

When possible meetings should be:

- In person
- At a location and time of the patient's preference
- In a private area to maintain confidentiality, and
- In a space free from interruptions.

VI. HOW TO DISCLOSE AN ADVERSE EVENT

Disclosure Process:

It is essential during any Disclosure discussion that speculation, opinion, or attributing blame does not occur.

Initial Disclosure:

1. Nurse Manager/ Designee notifies the Responding Physician of the Adverse Event (if the physician is not aware of the Adverse Event).
2. Responding Physician notifies the Attending Physician as soon as possible. If the Attending Physician is not available, the Responding Physician should notify the most senior physician available.
 - If notification to the Attending Physician occurs prior to Disclosure, the Attending Physician will be involved in determining who should make the Disclosure.
3. *If the family is aware of the event* (i.e. they discover the event) the involved staff person should:
 - Acknowledge the event and
 - Assure the family the appropriate Physician is being notified and will discuss the event with them.

4. Patient Representatives, Patient Flow Managers, Supervisors or Patient Family Support resources may support the family while awaiting arrival of the Responding Physician.
5. *If the family is not aware of the Adverse Event*, the Disclosing Physician uses his/her judgment about the timing of Disclosure and coordinates timing of Disclosure with the care team.
 - The Disclosing Physician may also involve the administrator on-call or patient flow manager.
 - If the Disclosing Physician, patient flow manager or other employee needs help deciding the proper course of action, they should call Risk Management for guidance and support.
6. The Responding or Attending Physician discloses the event to the family. He/she answers questions and addresses the family's concerns. Refer to "Stage 1—Initial Disclosure Section" AND REMEMBER
 - Disclosure will not include speculation on cause or blame or discussions/opinions regarding liability.
7. If the Event or unanticipated outcome is a known complication of the procedure or treatment, a mention of the patient informed consent process may be included in the discussion.

8. The physician(s) participating in the Disclosure will document the Disclosure in the patient's health record, as described below.

Post Analysis Disclosure:

1. If the Adverse Event review reveals additional pertinent facts, or results in process improvement, or if the Patient/Family requests follow-up discussion, a subsequent meeting is scheduled by someone in leadership/administration.
2. The meeting may include providers, depending on the circumstances.
3. Refer to "Stage 2—Post Analysis Disclosure Section".

Stages of Disclosure:

Disclosure is often a dialogue over time; generally occurring in two broad stages:

1. Stage 1 -- Initial Disclosure
 - Initial discussion with the patient should occur *as soon as reasonably possible* after the event.
 - The Disclosing Physician leads the discussion except when the Disclosing Physician and an EHS representative decide that it is more appropriate for an administrative designee to disclose.
 - Focuses on the patient's current medical condition.
 - It is primarily the responsibility of the providers, although Erlanger administration may provide advice or assistance as needed.
 - The minimum number of EHS participants will attend. Who to include will be decided on a case-by-case basis. The patient and/or family may have input regarding who attends the meeting.

- Risk Management and Legal Services will not be included in the Disclosure meeting.
 - Tape recording of the meeting is not permitted.
- a. Explain the *facts* of the event and/or harm known at the time.
 - b. Explain the steps taken and the recommended options and decisions in the ongoing care of the patient (e.g. changes to care plan as applicable).
 - c. Apologize by expressing sympathy or regret for what occurred ("I am sorry this happened").
 - d. Give a brief overview of the investigative process that follows
 - e. An offer of future meetings, including key contact information.
 - f. Time for questions and answers
 - g. Avoid speculation, opinion, or attributing blame.
 - h. Provide emotional/ practical support for the patient.
2. Stage 2 – Post Analysis Disclosure – Ensure event is entered into Erlanger's electronic incident reporting system (eSafe) so event is analyzed through proper channels.
- The eSafe report generated results in a quality review and analysis of the Occurrence. The analysis may identify additional facts and reasons for the event.
 - Erlanger administration, in consultation with providers, determines what additional information to disclose to the patient/patient representative.
 - Legal/Risk provides advice on how much additional information to provide the patient/patient representative, considering applicable law.
- a. Continue providing practical/emotional support, if needed.
 - b. Reinforce or correct information provided in previous discussions.
 - c. Provide additional facts are they are available.
 - d. If applicable, and when all facts are established, a further expression of regret that may include an apology, as appropriate.
 - e. Describe system improvements made due to internal analysis of the Adverse Event, if applicable.
 - f. Avoid speculation, opinion, or attributing blame

VII. Communication Plan:

1. When indicated, Case Management will work with Risk Management to coordinate a Communication Plan meeting.
2. The Disclosing Physician, administrator on-call, Patient Flow Manager, administrative physician on-call, Risk Management and, if necessary, legal counsel will discuss and create the appropriate Communication Plan ("Plan") to be used with the patient and/or family member(s).
3. The Plan should contain the following key points:
 - an objective statement of the medically relevant facts currently known about the outcome, results, or event
 - the patient's current condition

- the physician's recommendations for treatment, follow-up testing, and/or procedures and any other facts the patient/family may need in order to make informed decisions both in the near future and long term
 - what is known about the anticipated long-term prognosis
 - that EHS will fully investigate the processes surrounding the outcome or event
 - that the patient/family will be provided with additional information if and when it becomes available
 - an offer of a specifically designated individual to be available for further questions
4. All members of the group creating the Communication Plan will agree that the information is confidential, and will not discuss it outside of the Disclosure to the family or other related peer review protected meetings.

VIII. Documentation:

1. The Disclosing Physician(s) will document each discussion including Disclosure of an unanticipated outcome or Event.

2. Documentation in the medical record should include:
- Time, place and date of the meetings
 - Identity of all attendees
 - The medically significant facts disclosed
 - Next steps or changes in treatment that were discussed

Committee	Approval/Date
<u>Quality Oversight Committee</u>	<u>12/03/15</u>
<u>Medical Executive Committee</u>	<u>01/04/16</u>
_____	_____

Medical Director	Approval/Date
References: Occurrence Reporting Policy 8316.074	
_____	_____



Introducing EHS ALERT

9/13/2019

EHS Alert is Erlanger's emergency notification system. It allows Erlanger officials to send critical information to employees, medical staff, and other associates (e.g., Residents, Fellows, and UT Staff) through the use of text messages, voice messages, and email. Erlanger urges all associates, medical staff, and onsite vendors to register and maintain up-to-date contact information in the EHS Alert System. Please share this information with any co-workers. This information is available via the Erlanger Intranet.

Follow this link to join EHS Alert powered by Rave Mobile Safety.

<https://www.getrave.com/login/erlanger>

You must register using your Erlanger email address, Erlanger computer user name (what you use to log into eChart EPIC), and your Erlanger password. Then you may add additional email addresses, telephone numbers, and mobile devices.

Rave does not charge subscribers to send or receive SMS messages. Standard or other messaging charges apply depending upon your wireless carrier plan and subscription details. Once registered, you can opt out of the SMS messages at any time by texting STOP to 226787.

If you need help with EHS Alert, you can visit the link below for assistance:

<https://www.getrave.com/help/unauthenticatedHelp.action>

Thank you for registering with Rave to utilize EHS Alert.

Pulled from the Erlanger Intranet on 06/19/2020.

ACLS

2019 Guideline Update

- ***Wait until after the 2nd Shock***
 - to administer Epinephrine for Pulseless VT or V Fib
- ***Rationale***
 - If the patient's rhythm converts after the first shock administering Epinephrine at that point could convert the patient back into V Fib. Epinephrine should be administered if the patient requires a second shock.



Bitglass for Apple iOS Devices

Purpose

This document will guide you in activating Bitglass on your Apple iOS mobile devices. Bitglass is a data security solution designed to prevent unauthorized access to Erlanger email on mobile devices.

Overview

There are five (5) steps to activate Bitglass on your Apple iOS mobile device to access your Erlanger email:.

1. Delete your existing Erlanger email account on your device.
2. Make sure you have an appropriate PIN/ password on your device as defined under the Prerequisites section below.
3. Configure your mobile device to access your Erlanger email account with Bitglass security.
4. Wait for your Erlanger email, calendar and contacts to synchronize to your device.
5. Send a test message to verify Bitglass is working properly on your device.

For most Apple mobile device users these steps should take 10 minutes or less per device.

Prerequisites



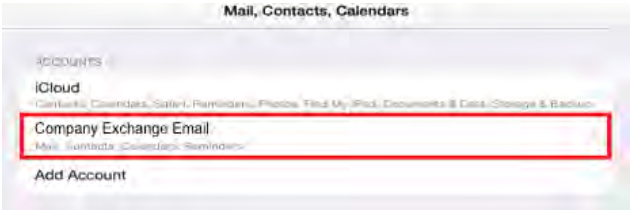
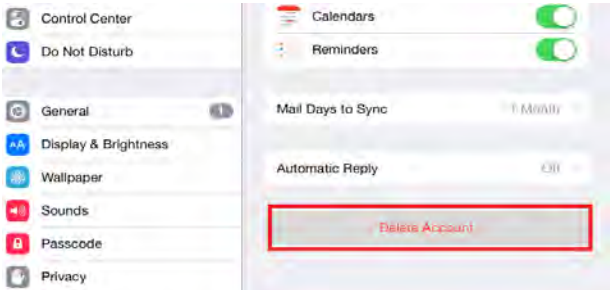
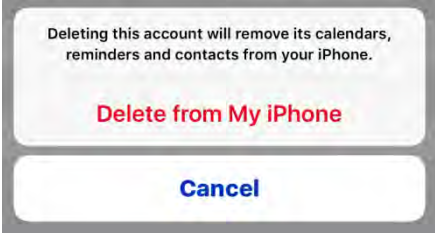
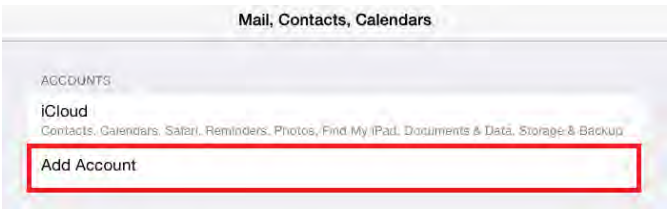

- A. Your device must have a PIN/password that meets the following complexity requirements:
 1. A minimum of four (4) numbers.
 2. No sequential numbers. (i.e 1234 or 6543 or 4545 or 7678)
 3. No repeated numbers for the entire length of the PIN/password (i.e 1111 or 7777 or 1212)
 4. If your PIN/password does not meet these requirements, you will be prompted at the end of the activation process to change your device PIN/password.
- B. A screen inactivity timeout must be set on your device.
- C. Bitglass works with the default email, calendar and contacts app installed by your mobile device manufacturer. All other, less secure third party apps downloaded from mobile app stores on the Internet or other locations are not compatible with Bitglass.
- D. You must complete these steps on each mobile device you use to access your Erlanger email.
- E. There are separate instructions on the EHS intranet for activating Bitglass on Apple iOS, Android as well as Windows mobile devices. On the right side of the Erlanger intranet under Quick Links, select It Forms and Guides. Select the "How to – Bitglass" guide for your device type.

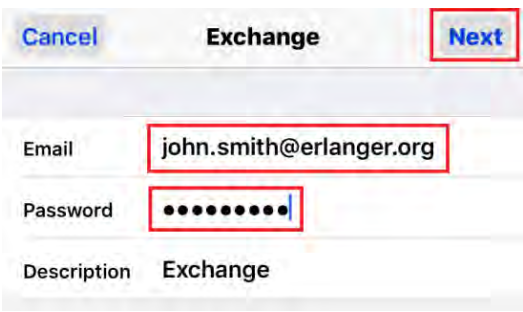

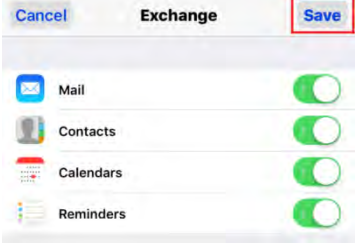
NOTE:

- **These instructions apply to mobile devices only. They do not apply to email on your desktop.**
- Only one corporate Exchange account should be configured on a mobile device at a time. Multiple Exchange accounts (one account going through Bitglass and another one going directly to Exchange server) will result in sync issues on the device.
- Your personal email, calendar and contacts on your device will not be affected by this process.

Steps to Activate Bitglass on your Mobile Device to Access your Erlanger Email

#	Actions	Example
1.	To refresh your mobile device, restart it.	
2.	Make sure your device has Internet access.	Make sure you can access a news site or something similar before starting this process.
3.	Make sure your device has at least a 4 digit numeric PIN/password.	Create a PIN/password that meets the requirements stated in the Prerequisites section. Your device may require a longer PIN/password than four (4) digits.

#	Actions	Example
4.	Select the Settings application icon on the home screen of your mobile device.	
5.	Select the Mail, Contacts and Calendars tab on the navigation bar.	
6.	Select your Company Exchange Email account to enter the details section.	
7.	Select Delete Account at the bottom of the screen.	
8.	Confirm the deletion of the account by selecting " Delete ".	
1.	Select Add Account .	
2.	Select Exchange as your account type.	

#	Actions	Example
3.	<p>Enter your Email Address and Password</p> <p>The example given below is for the erlanger.org email domain, user John Robert Smith.</p> <p><i>Example:</i></p> <p>Email: john.smith@erlanger.org</p> <p>Password: Your personal Erlanger network password</p>	
4.	<p>In the account settings enter Server, Domain, and Username.</p> <p>NOTE: The server, domain and username are notcase sensitive.</p> <p>Server: ehsmail-erlanger-org.btglss.net</p> <p>Domain: ehs-nt</p> <p>Username: Your Erlanger network username (e.g. smithjr)</p>	
5.	Select "Next" or "Done" in the top right corner.	
6.	Select Save in the top right corner.	
7.	Please be patient. It may take a few minutes to over an hour to synchronize your Erlanger email, calendar and contacts to your device.	
8.	<p>Go to your iOS mail app and send an email to yourself with your Erlanger email account. Verify you can send and receive the email.</p> <p>For assistance, please contact the Anthelio National Service Desk at 423.778.8324 or send an email to servicedesk@antheliohealth.com.</p>	

Bitglass for Android Devices

Purpose

This document will guide you in activating Bitglass on your Android mobile device. Bitglass is a data security solution designed to prevent unauthorized access to Erlanger email on mobile devices.

Overview

There are six (6) steps to enable Bitglass on your Android device:

1. Delete your existing Erlanger email account on your device.
2. Make sure you have an appropriate PIN/ password on your device as defined under the Prerequisites section below.
3. Encrypt your device and external memory cards (if present) in your device.
4. Configure your mobile device to access your Erlanger email account with Bitglass security.
5. Wait for your Erlanger email, calendar and contacts to synchronize to your device.
6. Send a test message to verify Bitglass is working properly on your device.

For most Android mobile device users these steps should take 30 minutes or less per device. Any device with an external memory card will require more steps and time to encrypt.


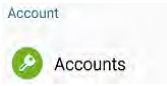
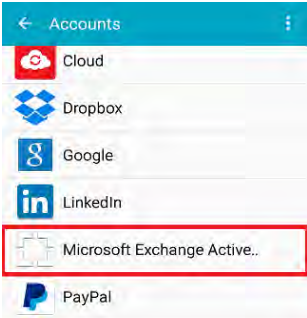
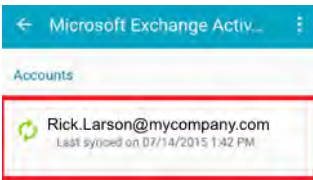
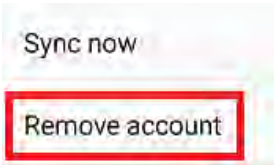
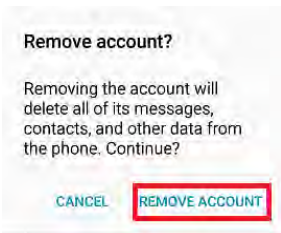
Prerequisites

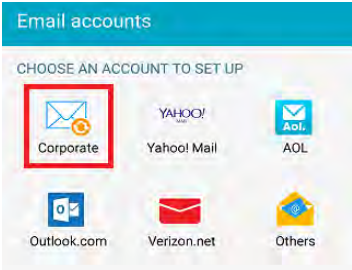
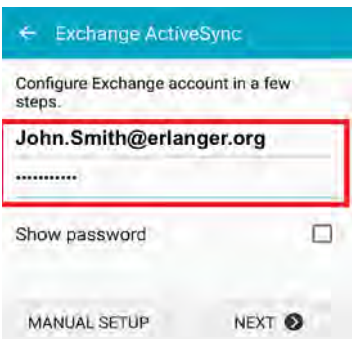
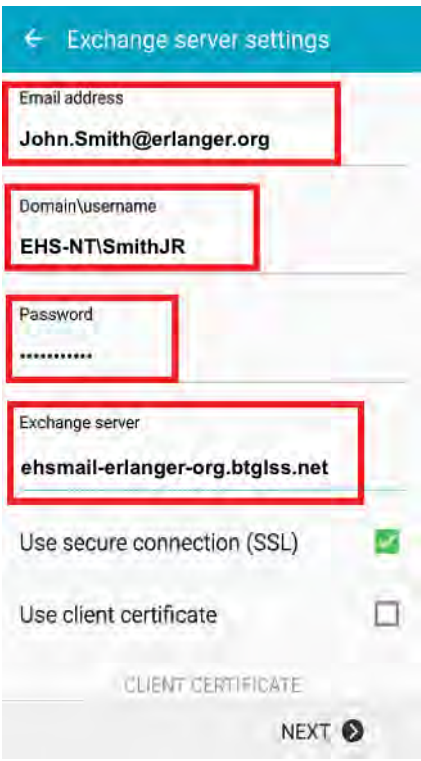
- A. Your device must have a PIN/password that meets the following complexity requirements:
 1. A minimum of four (4) numbers
 2. No sequential numbers (i.e 1234 or 6543 or 4545 or 7678)
 3. No repeated numbers for the entire length of the PIN/password (i.e 1111 or 7777 or 1212)
 4. If your PIN/password does not meet these requirements, you will be prompted at the end of the activation process to change your device PIN/password.
- B. Your device and external memory cards in your device must be encrypted.
- C. A screen inactivity timeout must be set.
- D. PIN, password and fingerprint authentication are the only Android user authentication methods compatible with Bitglass.
- E. Pattern swipe, Smart Lock and other less secure Android user authentication methods are not compatible with Bitglass.
- F. Bitglass works with the default email, calendar and contacts app installed by your mobile device manufacturer. Other, less secure third party apps downloaded from mobile device app stores on the Internet or other locations are not compatible with Bitglass.
- G. You must complete these steps on each mobile device you use to access your Erlanger email.
- H. There are separate instructions on the EHS intranet for activating Bitglass on Apple iOS, Android as well as Windows Mobile Devices. On the right side of the Erlanger intranet under Quick Links, select It Forms and Guides. Select the "How to - Bitglass" guide for your device type.

NOTE:

- **These instructions apply to mobile devices only. They do not apply to email on your desktop.**
- Icons may have a different appearance based on your type of Android device. Also, menus and options may be named differently.
- Only one corporate Exchange account should be configured on a mobile device at a time. Multiple Exchange accounts (one account going through Bitglass and another one going directly to Exchange server) will result in sync issues on the device.
- Your personal email, calendar and contacts on your device will not be affected by this process.

Steps to Activate Bitglass on your Mobile Device to Access your Erlanger Email

#	Actions	Example
1.	Make sure the battery in your device is charged to at least 80%. Also, the device must be connected to a power cable and charging during the whole activation process.	
2.	To refresh your mobile device, restart it. Hold down the power button and select Restart or Power off . If your device powers off, press the power button again to turn it back on.	
3.	Make sure your device has Internet access.	Make sure you can access a news site or something similar before starting this process.
4.	Select the Settings application icon on your home screen of your device.	
5.	Select the Accounts tab.	
6.	Select the Microsoft Exchange ActiveSync , Corporate Email , Exchange or Exchange ActiveSync tab. The entry here may vary depending on your device type.	
7.	Select your Erlanger email account.	
8.	Select the symbol with three dots (at top right of the screen), and then select Remove Account	
9.	Select Remove Account on the pop up screen. <i>Note: Your corporate emails, contacts, and calendar will be available again on your phone after you complete the next set of steps. Your personal mail, contacts and calendar will not be affected.</i>	

#	Actions	Example
10.	After you have deleted the account, select Add account	
11.	Select the Corporate or Exchange icon.	
12.	<p>Enter your Email Address and Password.</p> <p>The example given below is for the erlanger.org email domain, user John Robert Smith.</p> <p><i>Example:</i></p> <p>Email: john.smith@erlanger.org</p> <p>Password: Your personal Erlanger network password</p> <p>Select NEXT at the bottom right of the screen.</p>	
13.	<p>Enter your Domain\username, Password and Exchange Server.</p> <p>If the first item on this screen is username, enter ehs-nt\username</p> <p>Username is your Erlanger network username.</p> <p>NOTE: Domain and username are not case sensitive.</p> <p>Password: Your personal Erlanger network password</p> <p>NOTE: Your password is case sensitive.</p> <p>Exchange Server:</p> <p>ehsmail-erlanger-org.btglss.net</p>	
14.	Select Next , Ok (default setting), Ok (default setting), Next .	You must accept the Remote security administration message.
15.	On the Activate device administrator? screen, select Activate in the lower right corner.	

#	Actions	Example
16.	Depending on your device type, your next steps may vary.	<p>If you are taken to an Encrypt phone/device screen:</p> <ol style="list-style-type: none"> Select ENCRYPT PHONE/DEVICE at the bottom on the screen. Enter your device PIN or password to confirm. Depending on the complexity of your device PIN or password, you may be required to create a new, more complex password. Select ENCRYPT PHONE/DEVICE again at the bottom of the screen. Your device will reboot and the encryption process will begin. The device encryption process should take 30 minutes or less to complete. You may change the more complex device PIN/password to at least a 4 digit PIN that meets the complexity requirements noted at the beginning of this document. <p>If you are taken back to your home screen or you get a Security update required pop-up window:</p> <ul style="list-style-type: none"> Select the pop-up window and follow the encryption steps as noted above in steps A through F in this section. Or, swipe down from the top of your screen to open your notifications Select the Security update required notification. You should be taken to the Encrypt phone screen or to the Security section in Settings. If you are taken to the Security section, go to Encryption. Under that, select Encrypt phone. Follow the encryption steps as noted above in steps A through F.
17.	After the encryption process completes and your phone reboots, enter your device PIN or password to access your device.	<p>If you have an external memory card, also known as an SD card, in your device, you may receive another Security update required notification.</p> <p>NOTE: If the data on your SD card is important, make sure you backup that data to another device before encrypting the card.</p> <p>Swipe down from the top of the screen and select the notification. Follow the prompts to encrypt your SD card. Make sure the SD card is configured as Internal storage.</p> <p>After the SD card is encrypted, it will not be readable in any device other than the one in which it was encrypted.</p> <p>The external memory card encryption process can take two (2) hours or more to complete.</p> <p>Also, if you change SD cards at some point in the future, after that time you may no longer be able to receive Erlanger email on your device. You will need to encrypt that SD card as well in order to continue to receive Erlanger email on your device.</p>

#	Actions	Example
18.	Please be patient. It may take a few minutes to over an hour to sync all of your Erlanger email, calendar, contacts to your device.	
19.	<p>Proceed to your Android mail app and send an email to yourself with your Erlanger email account. Please verify the email is able to be sent and received.</p> <p>For assistance, please contact the Anthelio National Service Desk at 423-778-8324 or send an email to servicedesk@antheliohealth.com</p>	

Bitglass for Windows Mobile Devices

Purpose

This document will guide you in activating Bitglass on your Windows mobile devices. Bitglass is a data security solution designed to prevent unauthorized access to Erlanger email on mobile devices.

Overview

There are five (5) steps to activate Bitglass on your Windows mobile device to access your Erlanger email:

1. Delete your existing Erlanger email account on your device.
2. Make sure you have an appropriate PIN/ password on your device as defined under the Prerequisites section below.
3. Configure your mobile device to access your Erlanger email account with Bitglass security.
4. Wait for your Erlanger email, calendar and contacts to synchronize to your device.
5. Send a test message to verify Bitglass is working properly on your device.

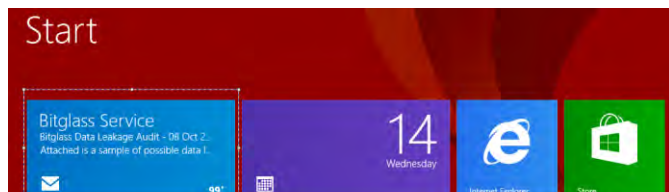
Prerequisites

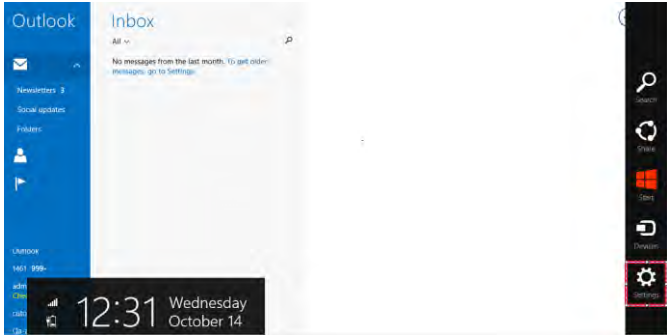
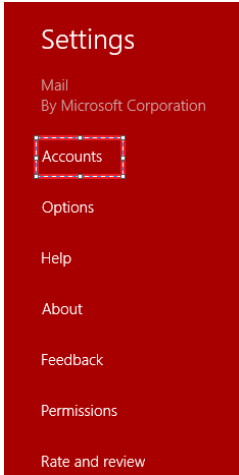
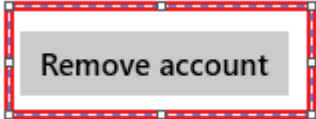
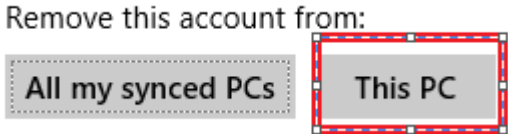

- A. Your device must have a PIN/password that meets the following complexity requirements:
 1. A minimum of four (4) numbers.
 2. No sequential numbers. (i.e 1234 or 6543 or 4545 or 7678)
 3. No repeated numbers for the entire length of the PIN/password (i.e 1111 or 7777 or 1212)
 4. If your PIN/password does not meet these requirements, you will be prompted at the end of the activation process to change your device PIN/password.
- B. A screen inactivity timeout must be set on your device.
- C. Bitglass works with the default email, calendar and contacts app installed by your mobile device manufacturer. All other, less secure third party apps downloaded from mobile app stores on the Internet or other locations are not compatible with Bitglass.
- D. You must complete these steps on each mobile device you use to access your Erlanger email.
- E. There are separate instructions on the EHS intranet for activating Bitglass on Apple iOS, Android as well as Windows mobile devices. On the right side of the Erlanger intranet under Quick Links, select It Forms and Guides. Select the "How to - Bitglass" guide for your device type.

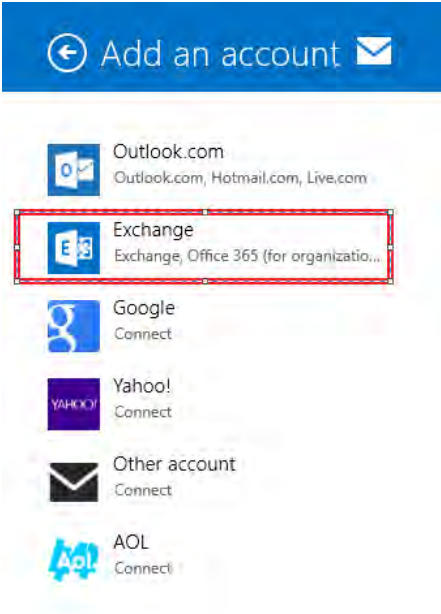
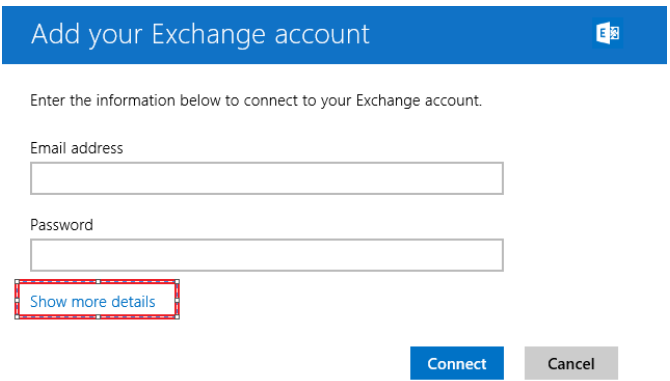
NOTE:

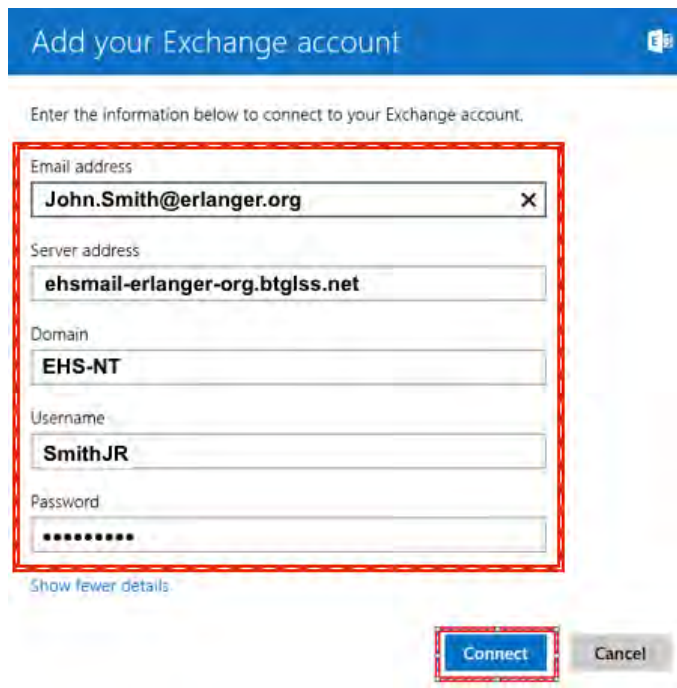
- **These instructions apply to mobile devices only. They do not apply to email on your desktop.**
- Only one corporate Exchange account should be configured on a mobile device at a time. Multiple Exchange accounts (one account going through Bitglass and another one going directly to Exchange server) will result in sync issues on the device.
- Your personal email, calendar and contacts on your device will not be affected by this process.

Steps to Activate Bitglass on your Mobile Device to Access your Erlanger Email

#	Actions	Example
1.	Restart your device to refresh it.	
2.	Select the Mail icon on the Windows home page.	

#	Actions	Example
3.	Swipe the right side of the screen to the left and select Settings	
4.	Select Accounts	
5.	Select your Erlanger account and then scroll down on the right navigation pane. Select Remove Account .	
6.	Select This PC	
7. 1	Once the account is deleted, select Add an account on the bottom of the right navigation pane.	

#	Actions	Example
8.	Select Exchange .	 <p>The screenshot shows the 'Add an account' window with a blue header bar containing a back arrow and the text 'Add an account' with an envelope icon. Below the header, there is a list of account types: Outlook.com (with subtext 'Outlook.com, Hotmail.com, Live.com'), Exchange (with subtext 'Exchange, Office 365 (for organization...)' and highlighted by a red dashed box), Google (with subtext 'Connect'), Yahoo! (with subtext 'Connect'), Other account (with subtext 'Connect'), and AOL (with subtext 'Connect').</p>
9.	Select Show more details .	 <p>The screenshot shows the 'Add your Exchange account' window with a blue header bar containing the text 'Add your Exchange account' and an Exchange icon. Below the header, there is a text prompt 'Enter the information below to connect to your Exchange account.' followed by two input fields: 'Email address' and 'Password'. Below the 'Password' field, there is a link 'Show more details' highlighted by a red dashed box. At the bottom right, there are two buttons: 'Connect' (blue) and 'Cancel' (gray).</p>

#	Actions	Example
10.	<p>Enter your Email Address, Server address, Domain, Username and Password.</p> <p>NOTE: The server name, domain and username are not case sensitive. Your password is case sensitive.</p> <p>Email: John.Smith@erlanger.org</p> <p>Server: ehsmail-erlanger-org.btglss.net</p> <p>Domain: ehs-nt</p> <p>Username: Your Erlanger network username (e.g. smithjr)</p> <p>Password: Your personal Erlanger network password</p> <p>Select Connect.</p>	
11.	<p>Please be patient. It may take a few minutes to over an hour to synchronize your Erlanger email, calendar and contacts to your device.</p>	
12.	<p>Go to your Windows mail app and send an email to yourself with your Erlanger email account. Verify you can send and receive the email.</p> <p>For assistance, please contact the Anthelio National Service Desk at 423.778.8324 or send an email to servicedesk@antheliohealth.com.</p>	

Individual Epocrates Plus and Epocrates Online Premium Access for UT College of Medicine Chattanooga Graduate Medical Education Programs

To All Residents:

As one of your benefits and a recognized educational and enhanced evidence-based clinical resource, Erlanger has agreements with Epocrates Plus and Epocrates Online Premium. Not only do you have access online access through our local UT Medical Library Intranet site to Epocrates, Residents are able to create individual accounts without charge to each Resident and then access the mobile versions of Epocrates for Android, iPod, iPhone, and iPad (within and outside the hospital).

The key is that a Resident must first:

- Be logged into an Erlanger computer onsite at Erlanger (using your Erlanger Network Login and Password);
- Create an individual account; and
- Install the correct application from the Play Store (Android Market) or the App Store (iPod Touch, iPhone, or iPad).

For incoming Residents, this means that you won't be able to create your individual account until you have attended the required Erlanger computer training and have received your Erlanger computer user names and passwords.

Users must login to your Epocrates once each year (July 1 or after) in order to active and update the annual subscription.

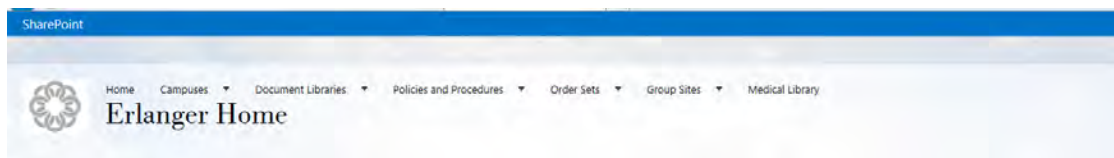
Please take advantage of this outstanding resource that is provided by Erlanger and the University of Tennessee.

The term "Resident" refers to both Resident and Fellow trainees.

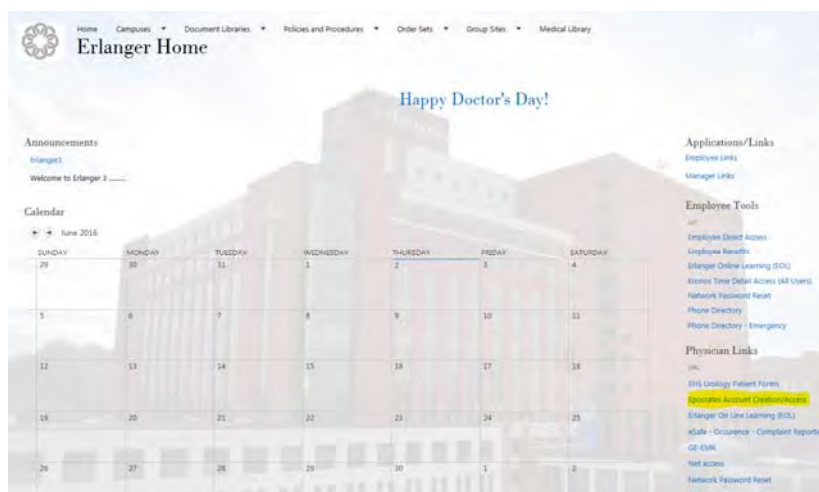
Revised 6/2/2019.

Instructions for setting up an Epocrates Account

- Log into a computer on the Erlanger network with your personal network login and password. Open Internet Explorer to the Erlanger intranet page:



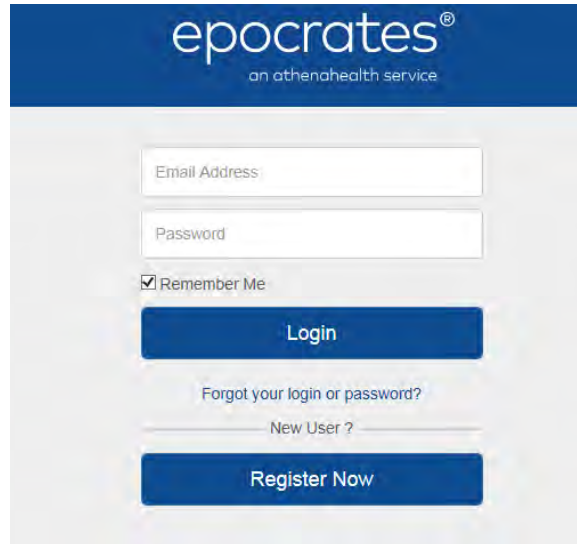
- On the Home page, right side, under “Physician Links” select “Epocrates Account Creation/Access”



- o If this link is not available to you, make sure you are signed on the computer with your personal network login and password
- o If you still do not see the link, open a request with the Anthelio Service Desk (423.778.8324) to be added to the Epocrates' group

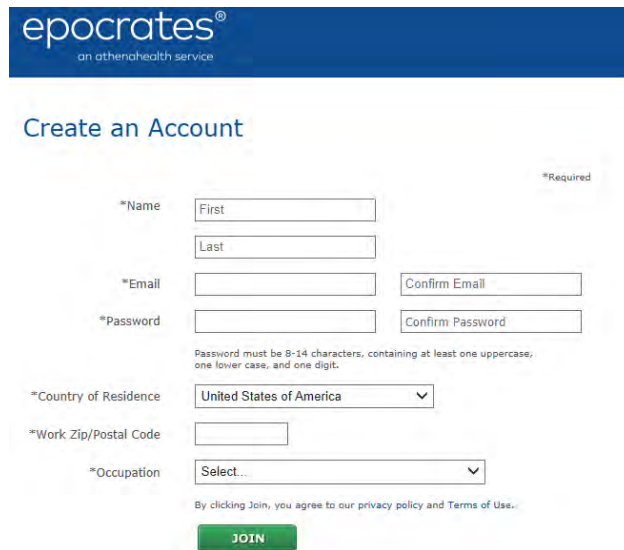
Instructions for setting up an Epocrates Account

- Click the link “Epocrates Account Creation/Access” and then complete the Epocrates account creation process.



The image shows the Epocrates login interface. At the top is the Epocrates logo with the tagline "an athenahealth service". Below the logo are two input fields: "Email Address" and "Password". Under the password field is a checkbox labeled "Remember Me". Below these fields is a blue "Login" button. Under the button is a link "Forgot your login or password?". Below that is a link "New User ?" and a blue "Register Now" button.

- Complete the Epocrates registration screen:



The image shows the Epocrates registration screen. At the top is the Epocrates logo with the tagline "an athenahealth service". Below the logo is the heading "Create an Account". The registration form includes several fields: "*Name" with "First" and "Last" sub-fields; "*Email" with a "Confirm Email" field; "*Password" with a "Confirm Password" field. A note states: "Password must be 8-14 characters, containing at least one uppercase, one lower case, and one digit." Below the password fields are "*Country of Residence" (a dropdown menu showing "United States of America"), "*Work Zip/Postal Code", and "*Occupation" (a dropdown menu showing "Select..."). At the bottom, there is a link "By clicking Join, you agree to our privacy policy and Terms of Use.." and a green "JOIN" button.

- Once you have created your account, “Log In” to your account!
- Complete the required information and confirm....the account will have a \$0 balance!!

To report a computer issue or request technical assistance, please contact the Physician Support Team at 423-582-9977 or after hours/weekends at 1-844-ITDOCTOR (1.844.483.6286).

To get started with your Epocrates subscription, please click this link: https://www.epocrates.com/referral.do?p_r_name=ERLANGER

If you do not have an Epocrates account

Click on 'Register Now' and follow instructions to create your **free account**

If you already have an Epocrates account

- Login to your Epocrates account.
- The product will be added to the shopping cart automatically. Your total should be \$0.00 (if your total is not \$0.00, please reenter the license code and hit apply). Click the 'Check Out' button.
- Click 'Confirm' and click 'Continue' on the following screen.
- When complete, follow the on screen instructions to download and install.



(ANDROID)

First Time Installation of Epocrates on your Android:

Step 1: On your Android device, select the Play Store (Android Market) icon and search for Epocrates.

Step 2: Select Epocrates and tap on Install. Tap on Accept & Download on the Permissions screen.

Step 3: When the application is installed, tap on Epocrates and follow the on-screen instructions.

Step 4: Once Epocrates launches, you will see a welcome page. Tap on Sign-In, enter your email address and Epocrates password, then tap Sign-In again to confirm.

Upgrading your current Android Epocrates app:

Step 1: On your Android device, select the Play Store (Android Market) icon.

Step 2: Go to the Downloads area.

Step 3: Locate Epocrates in the list of installed applications. If an update is available, click Update Now. If no update is available skip to step 7.

Step 4: At end of the update, locate the Epocrates icon and tap to open the program.

Step 5: Sign in with your Epocrates username and password. Paid features transfer during this process.

Step 6: The upgrade may take up to 20 minutes depending on the program you are installing and your connection type/speed.

Step 7: If you have the most recent version of the program, open Epocrates and tap on Updates. Perform an update. Paid features will transfer during this update.



Before you install Epocrates to your iPhone, iPod touch, or iPad, you'll need both an Epocrates account and an Apple ID. iPod touch users, please make sure your device is connected to an open Wi-Fi network. To check your Wi-Fi settings tap on "Settings", then "Wi-Fi".

To install Epocrates to your iPhone, iPod touch, or iPad:

Step 1: Launch the App Store.

Step 2: Tap the search box and type in "Epocrates."

Step 3: Tap to select Epocrates.

Step 4: Tap "Free," then tap "Install."

Please note that from the App Store, you will download the Epocrates free application. Once you enter your Epocrates username and password (step 7, below), your premium subscription will automatically be downloaded to your device.

Step 5: Enter your Apple ID and password.

Step 6: Return to your device's home screen and tap on the Epocrates icon.

Step 7: Enter your Epocrates username and password. (Note: they are CASE SENSITIVE).

Step 8: Tap "Submit."

Step 9: Allow the update to complete.