

RESIDENT EVALUATION

POLICY OBJECTIVE: This Policy establishes and provides guidance for the following evaluations of residents: a) QIC/CCC; 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 ACGME program-specific requirements. Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to residents and faculty either in writing or electronically and reviewed by the resident at the start of each rotation. 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 QIC/CCC should review all resident/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC 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 QIC/CCC are designated as confidential and privileged. Resident/fellow evaluation documentation and files that are reviewed by a program's QIC/CCC 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 QIC/CCC must be appointed by the program director.

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

- i. At a minimum, the QIC/CCC must include 3 members of the program's faculty, at least one of whom is a core faculty member.
 - ii. Others eligible for appointment to the QIC/CCC include faculty from the same and other programs, or other health professionals who have extensive contact and experience with the program's residents.
 - iii. All members should work directly with the program's residents on a regular basis.
 - iv. Coordinators may not serve as voting members of the QIC/CCC.
 - v. If Program Directors sit on the QIC/CCC, then GME advises that Program Directors be non-voting members.
- b. Responsibilities of the QIC/CCC include:
- i. Members must meet, at a minimum, semi-annually. Ad hoc meetings may occur as necessary.
 - ii. The Committee will select a Committee Chair, which cannot be the program director.
 - iii. Review all resident evaluations at least semi-annually.
 - iv. Determine each resident's progress on achievement of the specialty-specific Milestones.
 - v. Meet prior to the residents' semi-annual evaluation.
 - vi. Advise the Program Director regarding each resident's progress.
 - vii. 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. Feedback and 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 evaluation system in New Innovations to distribute a global assessment evaluation form. Faculty will complete this online evaluation to document resident performance at the end of each rotation/educational assignment. Faculty are expected to complete the evaluation directly in New Innovations rather than completing a paper evaluation and having the coordinator key the evaluation into New Innovations.
 - 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.
 - c. A group evaluation may be used for certain rotations, but this should not be the standard for the majority or all of the evaluations of the trainee.
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 QIC/CCC 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 QIC/CCC, 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 with 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. In the event that the resident refuses to sign the improvement plan, the program director will document resident refusal to sign, ideally in the presence of a witness. The improvement plan remains in effect regardless of whether or not a resident sign the improvement plan.

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 PGY level 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.
9. A program director must not release trainee QI documents (milestones, in-training exam scores, evaluations, Performance Improvement Plans) to faculty, unless the faculty serve in a mentor/advisor role to trainees or sit on the QIC/CCC.

C. End-of-Year and Final Evaluations

1. At least annually, the program director will provide an end-of-year 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 QIC/CCC. The end-of-year 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 (i.e., hiring committees, certification, and credentialing requests).

3. The program director will provide a final evaluation upon completion of the program (**Form 2**). 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 (if resident is graduating from program).
- Consider recommendations from the QIC/CCC.
- Should contain an affirmative statement of qualification to sit for a certifying board, if applicable.
- Must be provided only to the resident, unless otherwise requested in writing by the resident. The program or the central GME office will forward or provide the final evaluation to other programs, institutions, boards, credentialing committees, or prospective employers only if the resident requests in writing to transmit the final evaluation (**Form 1**). If a resident does not follow this procedure and fails to sign ("wet-ink") the request to transmit a final evaluation and then subsequently provides a copy of the final 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.

4. A final evaluation is 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 final evaluation.

5. Non-standard programs are also required to complete a final evaluation upon a trainee leaving the program.
6. GME discourages specification of Milestone achievement in verification of completion of training.

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 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 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 signature line.
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 UTHSC College of Medicine 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 have the academic freedom to provide their personal evaluations and recommendations. If faculty decide to provide such a recommendation, the following guidelines should be observed:

- Must disclose any conflicts of interest if they exist;
- Must state that the recommendation is provided in the faculty member's personal capacity and not as an employee of the University.

Form 6 is provided as a convenient guide but should not be considered as legal advice by the University.

FORM 1: RESIDENT'S REQUEST TO TRANSMIT FINAL EVALUATION

To: GME

From: [Insert name of resident/fellow]

[Insert Date]

Re: Request to transmit Final Evaluation

I, [insert name of resident/fellow], understand, agree, and consent to the release of my Final Evaluation by UTHSC GME, in its sole discretion, to any accreditation, credentialing, Medical Staff appointment, transfer of residency, residency/fellowship, or quality committee or organization, institution of higher education, or healthcare regulatory boards, upon proper request as determined in the discretion of GME, 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. By my signature below, I waive and release UTHSC, its faculty and staff, from any and all claims and authorize this release of my Final Evaluation.

Resident/Fellow signature

FORM #2: FINAL EVALUATION*OFFICIAL DEPARTMENT LETTERHEAD*

[Insert Date]

Re: CONFIDENTIAL Final Evaluation of [Insert name of resident/fellow], (M.D. or D.O.)

Dates of Training: from [Insert date] until [Insert date], for a total of [Insert 1-72] months of training.**Sponsoring Institution:** University of Tennessee Health Science Center College of Medicine; Memphis, Tennessee**ACGME # [Insert Program's ACGME number]**

To whom it may concern:

This letter is provided as the final evaluation, pursuant to the Accreditation Council for Graduate Medical Education (ACGME) requirements, for Dr. [insert name of resident/fellow], regarding training in the [insert specialty name] Residency/Fellowship 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 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 Final Evaluation is for the limited purposes set forth in the ACGME Program Director's Guide effective on this date.

Dr. [insert name of resident/fellow] satisfactorily completed residency/fellowship training in [insert specialty name] at the University of Tennessee Health Science Center. Based on a composite of multiple evaluations by supervisors in this resident's/fellow's rotations and experiences during the residency/fellowship training, the Program Director attests that the training program has been successfully completed and the resident/fellow has demonstrated the knowledge, skills and behaviors necessary to enter autonomous practice in the specialty of [insert specialty name]. In providing this attestation, the Program Director has considered recommendations from the Clinical Competency Committee. The resident/fellow was recommended for the certifying examination administered by the Medical Specialty Board for [insert specialty name].

The following is derived from a composite of multiple evaluations by supervisors in the rotations during Dr. [insert name of resident/fellow]'s residency/fellowship training. The evaluation is based upon ACGME recognized General Competencies, which define the essential components of clinical competence.

	Satisfactory	Marginal	Unsatisfactory
Medical Knowledge	Make fillable	Make fillable	Make fillable
Patient Care	Make fillable	Make fillable	Make fillable
Professionalism	Make fillable	Make fillable	Make fillable
Communication and Interpersonal Skills	Make fillable	Make fillable	Make fillable
Practice Based Learning and Improvement	Make fillable	Make fillable	Make fillable
System Based Practice	Make fillable	Make fillable	Make fillable

During the dates of training at this institution, the resident/fellow was not subject to any institutional disciplinary action.

Attested to by:

[Insert name of program director], Program Director, Associate/Assistant Professor
 Department of [Insert specialty name]
 University of Tennessee Health Science Center

 Resident/Fellow signature

FORM #3 [State Medical Board – Typical no derogatory information]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL & PRIVILEGED COMMUNICATION

[Insert Date]

Board of Medical Examiners
State of [Insert name of requesting state]
[Insert street address]
[Insert City, State, Zip Code]

Via: [Insert carrier]

RE: [Insert name of resident/fellow]

Dates of Training: from [Insert date] until [Insert date], for a total of [Insert 1-72] months of training.

Dear Board Members and Staff:

I have received the “[insert name of form] Evaluation Form” of the [insert name of requesting state] Board of Medical Examiners. This letter is my response to Sections [insert section numbers or letters] of that Form.

1. This, and all other communications with the State Board of Medical Examiners (“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 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 [insert specialty name] Residency/Fellowship Program Director and [insert specialty name] Assistant/Associate Professor, University of Tennessee Health Science Center.

3. Dr. [insert name of resident/fellow] satisfactorily completed residency/fellowship training in [insert specialty name] at the University of Tennessee Health Science Center. Based on a composite of multiple evaluations by supervisors in this resident’s/fellow’s rotations and experiences during the residency/fellowship as well as recommendations from the Clinical Competency Committee, the Program Director attests that the training program has been successfully completed and the resident/fellow has demonstrated the knowledge, skills, and

behavior to engage in autonomous practice in the specialty of [insert specialty name]. The resident/fellow was recommended for the certifying examination administered by the Medical Specialty Board for [insert specialty name].

4. As to Questions [insert questions numbers or letters], I have no derogatory information to report.

5. 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.

Sincerely,

[Insert name of program director], Program Director, Associate/Assistant Professor
Department of [Insert specialty name]
University of Tennessee Health Science Center

FORM #4 [State Medical Board – Derogatory Information & Dismissal]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL & PRIVILEGED COMMUNICATION

[Insert Date]

Board of Medical Examiners
State of [Insert name of requesting state]
[Insert street address]
[Insert City, State, Zip Code]

Via: [Insert carrier]

RE: [Insert name of resident/fellow]

Dear Board Members and Staff:

I have received the “[insert name of form] Evaluation Form” of the [insert name of requesting state] Board of Medical Examiners. This letter is my response to Sections [insert section numbers or letters] of that Form.

1. This, and all other communications with the State Board of Medical Examiners (“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 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 [insert specialty name] Residency/Fellowship Program Director and Assistant/Associate Professor, University of Tennessee Health Science Center.

3. In preparing this response I have relied upon the release and waiver signed by Dr. [insert name of resident/fellow] as part of the “[insert name of form] Evaluation Form” and make my submission in good faith reliance of that release and waiver.

4. Dr. [insert name of resident/fellow] did not satisfactorily complete residency/fellowship training in [insert specialty name] at the University of Tennessee Health Science Center. The resident participated in the [Residency/Fellowship] Program from [insert date] to [insert date], for a total of [Insert 1-72] months of training. Dr. [insert name of resident/fellow] resigned/was dismissed on [insert date – MM/DD/YYYY].

5. The resident was not recommended for the certifying examination administered by the Medical Specialty Board for [insert specialty name] .

6. As to Questions [insert questions numbers or letters], I am reporting the following derogatory information:

7. 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/fellows. 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.

Sincerely,

[Insert name of program director], Program Director, Associate/Assistant Professor
Department of [Insert specialty name]
University of Tennessee Health Science Center

FORM #5 [Response to Employer, Credentialing Committee, & other Inquiries]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL AND PRIVILEGED

[Insert Date]

RE: [Insert name of resident/fellow]

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 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 [insert specialty name] Residency/Fellowship Program Director and Associate/Assistant Professor, University of Tennessee Health Science Center.

3. In preparing this response I have relied upon the release and waiver signed by Dr. [insert name of resident/fellow] as part of the evaluation form and make my submission in good faith reliance of that release and waiver.

4. Dr. [insert name of resident/fellow] did/did not satisfactorily complete residency/fellowship training in [insert specialty name] at the University of Tennessee Health Science Center. The resident participated in the Residency/Fellowship Program from. [insert Date] to [insert Date], for a total of [Insert 1-72] months of training. Dr. [insert name of resident/fellow] resigned/was dismissed on [insert date – MM/DD/YYYY].

5. The resident was/was not recommended for the certifying examination administered by the Medical Specialty Board for [insert specialty name].

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/fellows. 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.

Sincerely,

[Insert name of program director], Program Director, Associate/Assistant Professor
Department of [Insert specialty name]
University of Tennessee Health Science Center

FORM #6 [Personal Reference/Recommendation - suggested]**PERSONAL LETTERHEAD**

CONFIDENTIAL AND PRIVILEGED

[Insert date]

RE: [Insert name of resident/fellow]

To whom it may concern:

I have received a request to provide a personal reference/recommendation as to [Insert name of resident/fellow], MD/DO.

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 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]. Although I am also an Assistant/Associate Professor at the University of Tennessee Health Science Center and hold the academic positions of [insert physician title], this letter is not in my capacity as a state employee.

Please call me if you have any questions.

Sincerely,