THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

DEPARTMENT OF SURGERY

General Surgery Residency Program

HANDBOOK

2019– 2020

Revised 08.22.19

PROGRAM MISSION

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

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The University of Tennessee
General Surgery Residency Program
HANDBOOK

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Cory Evans, MD
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Trauma / Surgical Critical Care Continued

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Vascular Surgery
Michael Rohrer, MD
Professor & Division Chief

Cardiac Surgery
Chittoor "Sai" Sudhakar, MD
Professor & Division Chief

James W. Pate, MD
Distinguished University Professor

Yazhini Ravi, MD
Assistant Professor, Research

Ganpat Valaulikar, MD
Associate Professor

Darryl Weiman, MD, JD
Professor

GENERAL SURGERY RESIDENTS

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

PGY 5 Residents

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

PGY 4 Residents

Keith Champlin
Margaret Ferguson
Nathan Manley
Stefan Osborn
Zachary Stiles

PGY 3 Residents

Michael Bright
Domenic Craner
Justin Drake
Kristin Harmon
Stacey Kubovec
Kayln Mulhern
Benjamin Pettigrew
Benjamin Zambetti
Xu "Steve" Zhao
William Zickler

PGY 2 Residents

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

PGY 1 Residents

Jennifer Allison
Allison Falcon
Andrew Fleming
Emma Kelly
Benjamin Lehrman
Ashley Miller
Bradley St. John
Kaushik Varadarajan

PGY 1 Prelim Residents

Brittany Fraser
Jazmin Graff
Jeffrey Hudgens
Amit Jethanandani
Yusuf Yunis

Research Residents

Marcus Alvarez (PGY 2)
Leah Hendrick (PGY 2)
Denise Yeung (PGY 3)

PARTICIPATING INSTITUTIONS

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UTHSC General Surgery Residency Program
2019 – 2020 Rotation Block Diagram

PGY 1	July	August	September	October	November	December	January	February	March	April	May	June
Rotation	Trauma Surgery	SICU	Nutrition Endoscopy	Surgical Oncology	Transplant Surgery	Vascular Surgery	Night Float, ACS	ACS, Bariatrics, Surgical Oncology	Pediatric Surgery	General Surgery	Hepatobiliary	MIS, Bariatrics, Colorectal
Site	ROH	ROH	ROH	MLH - MUH	MLH - MUH	MLH - MUH	MLH - MUH	MLH - GT	LB	VAMC	BMH	BMH
% Clinic	10%	0%	10%	10%	10%	10%	10%	10%	10%	20%	10%	10%

PGY 2	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9
Rotation	Trauma Surgery	Night Float, ACS	ACS/GS	Pediatric Surgery	Trauma Surgery	General Surgery	CT Surgery	Surgical Endoscopy	Trauma Surgery
Site	ROH	MLH - MUH	MLH - MUH	LB	ROH	VAMC	VAMC	VAMC	ROH
% Clinic	10%	10%	10%	10%	10%	20%	10%	10%	10%

PGY 3	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10
Rotation	Trauma Surgery ICU	Surgical Oncology	MIS, Bariatrics, Colorectal	Vascular Surgery	Trauma Surgery ICU	Thoracic	ACS, Bariatrics, Surgical Oncology	MIS, Bariatrics, Colorectal	Transplant Surgery	Trauma Surgery ICU
Site	ROH	MLH - MUH	BMH	MLH – MUH	ROH	MLH – MUH	MLH - GT	BMH	MLH – MUH	ROH
% Clinic	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%

PGY 4	Block 1	Block 2	Block 3	Block 4	Block 5
Rotation	Trauma Surgery	ACS/MIS	Pediatric Surgery	General Surgery	MIS, Bariatrics, Colorectal
Site	ROH	MLH – MUH	LB	VAMC	BMH
% Clinic	10%	10%	10%	10%	10%

PGY 5	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8
Rotation	Trauma Surgery	Surgical Oncology	ACS, Bariatrics, Surgical Oncology	General Surgery	ACS/General Surgery	Trauma Surgery	General Surgery	ACS/General Surgery
Site	ROH	MLH – MUH	MLH - GT	BMH	MLH – North	ROH	VAMC	MLH - South
% Clinic	10%	10%	10%	10%	10%	10%	10%	10%

Application/Eligibility

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

We do accept applications from international medical graduates. We have a large number of highly qualified applicants and are only able to consider the top international graduates. The application deadline for the academic year 2020 – 2021 is November 16, 2019.

Confidentiality/HIPAA

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

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

Curriculum

Conferences

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

- *Mortality and Morbidity Conference: 7 a.m.*
  - Case presentations of morbidity, mortality and interesting cases
- *Surgery Grand Rounds: 8:00 a.m.*
  - Topics of interest by faculty, including visiting faculty, and senior residents
- *This Week in SCORE (TWIS) Conference: 9:00 a.m.*
  - Based on the SCORE curriculum
  - A comprehensive two-year curriculum designed to educate surgical residents in a six ACGME Competencies.
- *Simulation Lab: 10:30 a.m.*
  - Based on specific schedule per class
  - 75% attendance required

Additional Conferences (attendance is rotation specific)

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

Reading Assignments

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

Rotation Goals and Objectives: GME Policy #420 (http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/program-goals-and-objectives.pdf**)**

The rotation goals and objectives were developed and approved by the SEC, appropriate site directors and division chiefs and implemented by the program director. These objectives are used for the evaluation of residents and are located on the surgery web page, (https://www.uthsc.edu/surgery/residency/rotations.php). Goals and objectives are emailed to residents the day before a new rotation begins, and they should be reviewed before the rotation.

Simulation Labs/ Virtual Reality Trainer

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

Exams

ABSITE

All residents are required to take the annual American Board of Surgery in Training Exam (ABSITE) each year. This examination is most helpful in the resident's and the faculty's assessment of clinical and basic science fund of information. Although performance on this exam is not the sole determinant in promotion and progression in the residency, it is used as part of the global evaluation. It is a helpful tool in assuring that the resident will be able the

pass the Qualifying Exam of the American Board of Surgery (QE). Performance below the **25th** percentile on this exam will result in a performance improvement plan. Failure to abide by performance improvement terms and continued poor performance on the exam may result in termination.

If poor performance on this exam is thought to be based upon learning disabilities, the program director may refer the resident to the Learning Resource Center for evaluation.

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

Exam Schedule
ABSITE: January
Mock Orals: April

Resident Clinical and Educational Work Hours: GME Policy #310

(http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/clinical-and-educational-work-hours.pdf)

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

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

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

Mandatory Time Free of Clinical Work and Education

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

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

Maximum Clinical Work and Education Period Length

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

Clinical and Educational Work Hour Exceptions

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

Resident Evaluation: GME Policy #510 (http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-evaluation.pdf)

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

Department of Surgery Milestones:
https://www.acgme.org/Portals/0/PDFs/Milestones/SurgeryMilestones.pdf?ver=2015-11-06-120519-653

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

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

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

Practice Based Learning and Improvement
- M&M preparation
- Skills lab participation
- SCORE curriculum completion
- Conference attendance

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

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

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

Rotation specific evaluations are done through the New Innovations© system. The evaluation process is based on the ACGME Milestones of progress. The Clinical Competency Committee

(CCC), which includes nine (9) faculty and the program director, is responsible for determining residents' progression based on the educational milestones, making recommendations on promotion and graduation decisions, and recommending performance improvement or disciplinary actions to the program director.

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

Graduating residents: The program director will also provide a summative evaluation to graduating residents upon completion of the program. The end-of-program summative evaluation will include documentation of the resident's performance during the final period of education and verification that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Disciplinary and Adverse Actions: GME Policy #620 (http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/disciplinary-actions.pdf)

Disciplinary actions are typically utilized for serious acts requiring immediate action. These actions include suspension, probation, and dismissal. The residency program, University of Tennessee Graduate Medical Education, or the University of Tennessee Health Science Center are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the University of Tennessee Graduate Medical Education Academic Appeal process. All disciplinary actions will become a permanent part of the resident training record. 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 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 or Associate Dean for Graduate Medical Education, or the Dean of the College of Medicine. Program suspension may be imposed for program-related conduct that is deemed 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, other residents, faculty, staff, or the resident. All suspensions must be reported to the DIO. A decision involving program suspension of a resident must be reviewed within three (3) working days by the department chair (or designee) to determine if the resident may return to some or all program activities and

duties and/or whether further action is warranted. Additional action may include, but is not limited to counseling, fitness for duty evaluation, referral to the Aid for Impaired Residents program (see GME Policy #260), probation, non-renewal of contract, or dismissal. Suspension may be with or without pay at the discretion of institutional officials.

- **Probation:** Probation is a disciplinary or adverse action that constitutes notification to the resident that dismissal from the program can occur at any time during or at the conclusion of a probationary period. In most cases, remedial actions including but not limited to Academic Performance Improvement (see GME Policy #610) 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 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. Additionally, dismissal prior to the end of the probationary period may occur if grounds for immediate 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, or failure to fulfill the responsibilities of the program in which he/she is enrolled, including excessive tardiness or absenteeism, which effectively disrupts training.

- **Non-renewal of Agreement:** A decision of intent not renew a resident's contract should be communicated to the resident in writing by the program director at least 30 days prior to the end of the contract year. If the primary reason for non-renewal occurs during the last 30 days of the contract year, the program will provide the resident with as much written notice as circumstances reasonably allow. A copy of the notification, signed by the program director and resident, must be sent to the 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.

- **Denial of Certificate of Completion:** A resident may be denied a certificate of completion of training because of overall unsatisfactory performance during the final academic year of residency training. This may include the entire year or overall unsatisfactory performance for at least 50% of rotations during final academic year. Additionally, some programs may deny a certificate of completion to a resident who fails to pass the annual written in-service

examination during the final year of training. Each residency program is responsible for establishing specific written criteria for denial of certificate of completion. Residents denied a certificate of completion must be notified in writing of unsatisfactory performance by the program director at least 30 days 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 the notification, signed by the program director and resident, must be sent to the DIO. In certain situations, a resident denied a certificate of completion may be offered the option of repeating the academic year but only at the discretion of the program director.(See Academic Performance Improvement Actions, GME Policy #610)

- **Dismissal**: Residents may be dismissed for a variety of serious acts. The DIO or Associate Dean 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. 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;
  •or 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."

Grievance and Due Process: GME Policy #350 (http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/grievances.pdf)

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

Academic Appeal Policy: GME Policy #630 (http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/academic-appeal.pdf)

The University of Tennessee College of Medicine 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-renewal of a resident's agreement, 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 Academic Appeal 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. Appeal reviews may proceed within the Department, GME, and/or Institutional level.

Resident Reappointment and Promotion: GME Policy #520 (http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/reappointment-and-promotion.pdf)

Appointment to the surgical residency program is made on a year-to-year basis and is dependent upon satisfactory performance by the resident. There is an implied responsibility by the Department of Surgery and the resident surgeon to renew this appointment on a yearly basis as long as work is satisfactory, the resident desires the position and the needs of the department and the institution are met.

Reappointment and promotion of a resident to the subsequent year of training requires satisfactory cumulative evaluations by faculty that indicate satisfactory progress in scholarship and professional growth. Individual programs must establish criteria for promotion and completion of the program. This includes demonstrated proficiency in:

Each of the ACGME competencies:

- Patient Care
- Medical Knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

Ability to teach others;
Attendance, punctuality, and availability;
Adherence to rules and regulations in effect at the University of Tennessee Health Science Center and each health care entity to which assigned;
Other examples include satisfactory scores on examinations if designated for that purpose by specialty, research participation, etc.

USMLE Step 3 Requirement

All residents are required to pass USMLE Step 3 before they can advance to the PGY 3 level. All residents on the standard cycle must register for Step 3 no later than December 31st of the PGY 2 year. Failure to register for the exam by February 28th will result in the resident

being placed on leave without pay until proof of registration is provided to the Program Director and GME Office. Residents must provide proof of passage by June 30th to be promoted to the PGY 3 level. Failure to provide proof of passage by June 30th will result in non-renewal of the resident's contract and the resident will be terminated from the program. It is the responsibility of the resident to provide the necessary proof to the Program Director and GME Office.

Residents that are off cycle must register for the exam no later than the end of the 8th month of training during the PGY 2 year or be placed on leave without pay until registered. Proof of passage must be provided no later than the last day of the PGY 2 year or the resident contract will not be renewed, and the resident will be terminated from the program.

Any Agreement of Appointment or offer letter to begin training at the PGY 3 or higher level will be contingent upon passing Step 3 (or equivalent exam). Accepted or matched residents and fellows who have not passed Step 3 (or equivalent exam) prior to their scheduled start date do not meet eligibility requirements for entering programs at the PGY3 or high level and will be released from their appointment. Any program that releases a resident or fellow who matched through the NRMP will be required to obtain a waiver from NRMP. The waiver must be granted before offering the position to another applicant.

Program and Faculty Evaluation: GME Policy #421 (http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/program-evaluation.pdf)

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

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

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

Handoffs and Transitions of Care: GME Policy #312

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

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

Transitions may occur:

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

Information transferred must include:

- Patient name
- Account number
- Room number
- Responsible attending and resident contact information
- Patient age
- Diagnosis and surgeries performed or pending
- Allergies
- Resuscitation status
- Antibiotics
- Pending tests
- "To do" list

All information must be transmitted in compliance with HIPPAA

Alertness and Fatigue Mitigation

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

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

Leave Policy

UT GME Leave policy #220
http://www.uthsc.edu/GME/documents/policies/leave.pdf

All residents are allowed three (3) weeks, consisting of 21 days (Monday – Sunday) of paid annual (vacation) leave per year, plus leave as noted in the institutional requirements for family, maternity, and paternity leave. The deadline to submit vacation requests to the program director is **June 7, 2019** via the website. Schedules will be maintained and published in an online scheduling program (medrez.net). The scheduling Administrative Chief Resident will submit vacation requests through the system for approval.

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

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

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

Priority for requested leave
1. Yearly vacation schedule – 3 weeks per resident, schedule set in July of each academic year.
2. Leave for presentation at regional or national conferences – time for requested leave to present at a conference must be submitted to the scheduling administrative chief resident in writing as soon as the requesting resident receives notification of acceptance to present. (Note – you must submit time away to the admin chief and request for funding to the program office, two part process.)
3. Leave to interview for fellowship programs – residents may take leave to interview for fellowship programs if no other resident is away from the service during the requested

leave. If another resident has scheduled leave from the above categories, it is the responsibility of the resident interviewing to find coverage for his/her time away.

4. Wellness Day – Does **not** have priority over the above scheduled leave.

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

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

Legal Inquiries

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

Medical Records

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

All records must be timed and dated and signed, and include block letter of your name after the signature and a pager number (or other contact number). A preop note should be entered on all patients. A History and Physical must be performed within 30 days prior to admission and updated within 24 hours of admission or before transport to the operating room. All operative reports must be dictated within 24 hours of surgery. Discharge summaries should be dictated at the time of discharge.

Residents who are delinquent with medical record completion are subject to the same penalties as the faculty – suspension of operative and/or admitting privileges. Suspension of privileges may result in loss of vacation days.

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

Travel/Meetings

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

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

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

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

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

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

Moonlighting

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

Operative Log

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

Professionalism

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

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

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

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

Collegiality and respect for other members of the health care team is essential to good patient care. The residents' response should always be professional and courteous when called for a consult or called by a nurse for a question.

Research/Scholarly Activity

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

All residents with a residency training completion date of 2022 or later are required to participate in at least one research project. At a minimum, each resident will be required to submit one abstract to the Tennessee Chapter of the American College of Surgeons annual meeting once during residency.

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

Supervision Policy

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

The attending physician is responsible for the overall care of each individual patient admitted to the surgical service and for the supervision of the resident(s) assigned to the patient. **There is a clear chain of command centered on graded authority and clinical responsibility.**

Levels of Supervision

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

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

Indirect Supervision:

- with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

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

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

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

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

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

Admissions

The attending surgeon must be notified of each admission. Each patient is admitted under the name of an attending.

Surgery

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

The attending surgeon is expected to:

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

Procedures outside the OR

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

PGY 1 Residents

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

Supervising Physicians

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

Transfer

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

End of Life Decisions

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

USMLE Requirements

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

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

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

HOSPITAL CONTACTS

BAPTIST MEMORIAL HOSPITAL

Graduate Medical Education
Zach McBroom
Team Member – GME
6025 Walnut Grove Road, Suite 417
901-226- 1350 (Office)
901-226-1351 (Fax)
Zachary.McBroom@bmhcc.org

Nikki Swan
GME Assistant
901-226-1356
Nikki.swan@bmhcc.org

Medical Records
Therese Paige
901-226-5157 or 901-226-5088

LEBONHEUR CHILDREN'S HOSPITAL

Dictation
287-5100

Meal Allotments
Cheryl Wilkinson
c/o Physician and Referral Services
850 Poplar Avenue, Bldg. 2
Memphis, TN, 38105
Cheryl.wilkinson@lebonheur.org
901-287-5158 (Office)/901-287-4790 (Fax)

Medical Records
901-287-6076

Security (Badge and Parking)
901-287-4456

METHODIST UNIVERSITY HOSPITAL

Meal Allotments
Blake Williford
Assistant CFO
1265 Union Avenue
Memphis, TN 38104
901-516-0577 (Office)
Blake.Williford@mlh.org

METHODIST UNIVERSITY HOSPITAL CONTINUES

Medical Records
P.J. Hayes
901-516-8493

Pagers
Glynis Sandefur
Telecom Analyst
5865 Shelby Oaks Circle
Memphis, TN 38134
901-516-3305
Glynis.Sandefur@mlh.org

Medical Education
Judy Watts
251 S Claybrook, 2nd Floor
Memphis, TN 38104
901- 516-2362
Judy.watts@mlh.org

REGIONAL ONE HEALTH

Help Desk (IT)
901-545-7480

Meal Allotments
Roxane Willis Gardner
Medical Staff Services
Administrative Coordinator
rwillis@regionalonehealth.org
901-545-7825 (Office)
901-515-9569 (Fax)

Medical Records
Buffy Bell
901-545-6319

Medical Staff Services
Sheri Wahl Yendrek, BPS-HA
Director, Medical Staff Services & Resident Liaison
901-545-8336 (Office)
901-515-9486 (Fax)
swahl@regionalonehealth.org

REGIONAL ONE HEALTH CONTINUES

Pagers (Material Management)
Sonya Jones
Basement (Across from Jefferson Elevators)
901-545-6971

Scrubs Access
Brenda Wells
Supervisor, Laundry Services
877 Jefferson Avenue
Memphis, TN 38103
901-545-7990 (Office)
901-545-7169 (Fax)
901-304-7145 (Cell)
BMcFarland@regionalonehealth.org

VA MEDICAL CENTER

Elston Howard
Management & Program Analyst |GME
1030 Jefferson Avenue | Education 11A
Memphis, TN 38104
Voice: (901) 577-7395 | Fax: (901) 577-7575
Email: elston.howard@va.gov
Onboarding Team Email: vhamemtraineeonboarding@va.gov

VA MEDICAL CENTER CONTINUES

Medical Records
Rebecca England
1030 Jefferson Avenue, 136F
Memphis, TN 38104
(Room 6018, Ground Floor)
901-523-8990, ext. 7859
rebecca.england@va.gov

Surgical Service – Administration
Linda Ellis
1030 Jefferson Ave., 112
Memphis, TN 38104
(Room CW424A-1, Third floor)
(901) 523-8990, ext. 2774)

Reginald Lomax
1030 Jefferson Ave., 112
Memphis, TN 38104
(Room CW353-1, Third Floor)
(901) 523-8990, ext. 2123)

RESOURCE LINKS

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

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

Additional GME Policies

www.uthsc.edu/graduate-medical-education/policies-and-procedures/index.php

Program Eligibility and Selection Criteria

We will ensure the value of diversity is upheld in everything that we do for our faculty, residents, staff, patients, families, the broader community, and all who contribute to achievement of our mission. We will maintain a culturally humble work force and a healing environment that demonstrates respect for the individuality of all its members. The Department of Surgery will actively recruit and strive to retain women and underrepresented Black, Hispanic, Pacific Islander and Native American minority residents. We will provide diversity education and training to all.

All application information should be submitted to the Department of Surgery through the Electronic Residency Application System (ERAS): https://www.aamc.org/students/medstudents/eras/. All eligible applications are accepted. The application deadline for the academic year 2020– 2021 is November 16, 2019.

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

Visa Status – Visa status for international Medical Graduates must fall within the following categories:

- Eligible to seek J-1 Visa
- Permanent resident or Alien status (i.e. "Green Card")
- In accordance with UT GME guidelines, this program does not sponsor residents for "H" type visas.

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

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

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

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

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

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

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

Policy

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

Resident Transfers: GME Policy #160

(http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-transfers.pdf)
If a fully funded residency position is available, program directors may accept a resident in transfer from another University of Tennessee College of Medicine program or from another ACGME accredited institution's approved program. Prior to acceptance of a transferring resident, the program director must obtain verification of all previous educational experiences (including evaluations, rotations completed, and procedural/operative experience)and a summative competency-based performance evaluation, and Milestones evaluations upon matriculation. The DIO must be informed of all transfers. Any transfer of residents from one accredited program to another within the University of Tennessee College of Medicine must be reviewed and approved by the program directors of both affected programs. Additional information is located on GME website: http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-transfers.pdf

Travel Policy

UT Travel Policy FI0705
http://treasurer.tennessee.edu/travel/policy-and-forms.htm

Diversity Policy

The Department of Surgery at UTHSC is committed to building a residency program that explicitly recognizes the value of human diversity. We strive to ensure that our residency reflects the population we serve and that our leadership mirrors our community. We aim to constantly demonstrate our fundamental, steadfast value of and respect for the rich spectrum of human differences in race, ethnicity, gender, age, socio-economic status, national origin, sexual orientation, gender identity or expression, genetic information, veteran status, disability and religion.

Well-being Policy

There are circumstances in which Residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. The Department of Surgery has policies and procedures in place to ensure coverage of patient care in the event that a Resident may be unable to perform their patient care responsibilities. These polices will be implemented without fear of negative consequences for the Resident whom is unable to provide the clinical work. The most senior resident on the service, who will designate the remaining responsibilities to available residents as necessary, will relieve a resident suffering from fatigue. Residents who are unable to arrange relief shall contact an Administrative Chief Resident or the Program Director for assistance.

Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours during Wellness days. Residents must follow the program's procedures for scheduling and notification of these appointments.

Residents are encouraged to alert the Program Director, a faculty mentor or Chief Resident when they have concern for themselves, a Resident colleague or a faculty member displaying signs of Burnout, depression, substance abuse, suicidal ideation or potential for violence.

Health and Wellness

University Health offers a number of services to support all employees including house staff. UH is committed to providing a healthy and safe work environment for employees and students through education, prevention and treatment programs.
Some of the services of UT include:

- Immunizations and other preventative services to protect against work-related exposures.
- Routine screening for exposure to work place hazards.
- Evaluation and treatment of work-related illness or injury.
- Facilitation of proper reporting and documentation of work-related injury or injury.

Location: 910 Madison Avenue, 9th Floor
Phone: 448-5630
Emergency Phone: 448-4444 (Campus Security)
Website: www.uthsc.edu/univheal

Workers' Compensation Claims Process

If you have a workers comp issue (i.e. needle stick, cut yourself with a scalpel, fall down the stairs) you must notify your supervisor and then call the Worker's Compensation vendor CorVel to report your injury. New claims should be reported to the CorVel nurse triage line at 866-245-8588. It is staffed 24/7 by a nurse. Once that is done, they will instruct you where to go to get your treatment. Most all of our hospitals are in-network with them as well as University Health. Generally, you will be referred to the same hospital you are current at but you can request to have it done at University Health or another location. We prefer that you go

to University Health if it is during business hours as GME can intervene if you run into issues. Wherever you get your initial treatment is where you will be required to get your Follow-up care. After you call your claim in and get your initial treatment, you must complete the Workers' Comp Instructions/Procedures and Workers' Compensation Injury Report:
http://www.uthsc.edu/hr/employee-relations/documents/wc-reporting-procedures-2018.pdf
http://www.uthsc.edu/hr/employee-relations/documents/wc-injury-report-2018.pdf
Return the forms to the Residency Coordinator, Cynthia Tooley, ctooley@uthsc.edu.

Your supervisor (can be your attending or your coordinator) must call CorVel to verify and complete the initial medical checklist report within 5 days. It is important that you follow this process so that the State will pick up the cost of the treatment and you are not billed for it. If there is any problem calling the number, you can get your initial treatment at the hospital, call it in the next day, and say it was an emergency treatment. This should be the exception, as the number should always be staffed.

As of July 1, 2019, the State Division of Risk Management will assess the following:

- **$500 for each claim that is not reported within 3 business days after the injury occurs**
- **$500 for each instance in which an injured worker seeks medical treatment prior to calling CorVel 24/7 (unless the injury is life-threatening or constitutes a serious bodily injury)**

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

Off-Site Rotations

University of Tennessee
Graduate Medical Education Program
Offsite Rotation Approval Process

The purpose of offsite rotations is to meet training requirements that cannot be satisfied within University of Tennessee (UT) affiliated hospitals or clinical training sites. In order to avail itself of an offsite rotation opportunity, the requesting program must first receive approval from the Designated Institutional Official (DIO)/Program Administrator.
The program director is ultimately responsible for the ability of his/her program to meet ACGME and RRC requirements within UT facilities whenever possible. In the event that training requirements cannot be satisfied within facilities, completion of the following procedure is required before an offsite rotation may begin:
1) At least three months prior to the start of the requested offsite rotation, the program director will submit the following documentation to the Office of Graduate Medical Education:
(a) Request for Approval of Offsite Rotation Form

(b) Program Director Statement
(c) Offsite Affiliation Agreement including Acceptance / Waiver of Compensation
(d) Goals and Objectives for the rotation

2) Upon receipt of completed Request for Approval of Offsite Rotation Form and accompanying documentation, GME staff will present the request to the Offsite and DIO for approval.

3) GME staff will send notice of approval of request to the program director when the DIO gives final approval. Likewise, the GME Office will send notice of denial to the program director if the request is denied.

4) Unless the resident's department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the offsite rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion). The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs.

5) The resident and program director are jointly responsible for determining that the resident has obtained professional liability coverage for the off -site rotation. Under the provision of the Tennessee Claims Commission Act, the University of Tennessee cannot provide medical liability coverage for out-of-state rotations or for unpaid in-state rotations. In -state institutions may also require commercial coverage with pre-determined limits in lieu of Claims Commission coverage.

Additional information on Off-site rotations are located at:
http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/off-site-rotation-in-state.pdf (In State off-Site Rotation)

http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/off-site-rotation-out-of-state.pdf (Out of State off-Site Rotation)

http://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/off-site-rotation-international.pdf (International Off-Site Rotation)