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THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

SURGERY RESIDENCY

PROGRAM HANDBOOK

2021-2022



*Revised 07.28.21*

# TABLE OF CONTENTS

<b>Section 1. Program Information</b>	4
General Information and Mission Statement	4
Department Chair, Program Director and Associate Program Directors	5
Office Contact	5
Core Faculty	6
2021-2022 Resident Contact Information	9
Resident Block Schedule 2021-2022	11
<b>Section 2. Site Information</b>	13
Site 1: Baptist Memorial Hospital {East}	13
Site 2: Baptist Memorial Hospital {Collierville}	13
Site 3: Le Bonheur Children’s Hospital	13
Site 4: Methodist Germantown Hospital	13
Site 5: Methodist North Hospital	13
Site 6: Methodist South Hospital	13
Site 7: Methodist University Hospital	13
Site 8: Regional One Health	13
Site 9: Veteran Administration Medical Center (VAMC)	13
<b>Section 3. Educational Activities</b>	14
Didactic Lectures, Conference Schedule, Program Meetings	14
Required Reading	15
Research and Scholarly Activity	15
<b>Section 4. Examinations</b>	16
Documenting Exam Results/USMLE	16
In-service Training Exam	16
Board Examination	16
<b>Section 5. Policies and Procedures</b>	17
Program-Specific Policies and Procedures	18
Wellbeing	18
Leave	18
Maternity and Bereavement	19
Moonlighting Procedure	19
Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy	19
Discrimination, Harassment, and Abuse Policy	19
Resident Eligibility and Selection Policy	19
Resident Supervision Policy	19
Process by which faculty receive resident feedback	20
Method for reporting improper behavior in a confidential manner	20
Assessment Instruments and Methods	20
<b>Section 6. Resident Benefits</b>	23
Salary	23
Health Insurance	23
Liability / Malpractice Insurance	23
Stipends	23
Travel	24
<b>Section 7. Curriculum</b>	26
ACGME Competencies	26
Milestones	26
Rotation Goals and Objectives	26
Supervision and Graduated Level of Responsibility	26
<b>Section 8. Resource Links</b>	28
<b>Section 9. Appendix</b>	28

GME Information and Dates.....	28
Agreement for Handbook of Surgery Program.....	30

## SECTION 1. PROGRAM INFORMATION

### GENERAL INFORMATION AND MISSION STATEMENT

#### MISSION STATEMENT:

Our mission is to prepare residents to become qualified practitioners of surgery at the highest level. It is expected that our residents become specialist certified by the American Board of Surgery and future leaders in their communities. Our goal is to educate residents to improve the health and well-being of our local, as well as, our national and global communities by fostering integrated, collaborative and inclusive education, research, clinical care and public service.

#### PROGRAM AIMS:

The program's aim is to train surgical residents with a well-rounded and broad-based knowledge necessary to practice General Surgery. We achieve these aims through a strong focus on medical knowledge, technical operative skill, professionalism, communication skills, and integrated healthcare team development. All aspects of training are designed to allow graduates to function in a highly effective way within the healthcare community after completion of residency.

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<b>Rotation</b>	Trauma Surgery A	General Surgery	Colorectal Surgery	Surgical Oncology	General Surgery	General Surgery	General Surgery Surgical Oncology	Surgical Oncology Colorectal	General Surgery	General Surgery
<b>Site</b>	ROH	ROH	ROH	ROH	MLH - MNH	MLH - MSH	MLH - GT	BMH	BCH	VAMC
<b>% Outpatient</b>	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
<b>% Scholarly Activities</b>	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5

**HOSPITAL PARTNERS:**

Regional One Health: ROH

Methodist Le Bonheur Health Care – Methodist University Hospital: MLH – MUH

Methodist North Hospital: MLH – MNH

Methodist South Hospital: MLH – MSH

Methodist Germantown Hospital: MLH – GT

Baptist Memorial Hospital: BMH

Baptist Collierville Hospital: BCH

Veterans Administration Medical Center: VAMC

Le Bonheur Children’s Hospital: LB

**ROTATION DURATION IN WEEKS:**

PGY 1: 1 calendar month

PGY 2: 6.5 weeks

PGY 3: 6.5 weeks

PGY 4: 5.8 weeks

PGY 5: 5.2 weeks

## SECTION 2. SITE INFORMATION

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## SECTION 3. EDUCATIONAL ACTIVITIES

### DIDACTIC LECTURES

This Week in Score (TWIS)	
<b>Day/Time</b>	Wednesday   9 am
<b>Location</b>	956 Court Avenue (Coleman South Auditorium)
<b>Description</b>	TWIS is based on the SCORE curriculum, and it has a comprehensive two-year curriculum designed to educate surgical residents in the six ACGME Competencies
<b>Attendance %</b>	75%

Simulation Lab	
<b>Day/Time</b>	Wednesday   10:30 am
<b>Location</b>	CHIPS & Coleman Building Ground Floor
<b>Description</b>	Based on specific schedule per class
<b>Attendance %</b>	75%?

### CONFERENCE SCHEDULE:

Residents are required to attend 75% of all conferences, which 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 & Morbidity Conference	
<b>Day/Time</b>	Wednesday   7 am
<b>Location</b>	956 Court Avenue (Coleman South Auditorium)
<b>Description</b>	Case presentations of morbidity and mortality, and interesting cases
<b>Attendance %</b>	75%

Surgery Grand Rounds	
<b>Day/Time</b>	Wednesday   8 am
<b>Location</b>	956 Court Avenue (Coleman South Auditorium)
<b>Description</b>	Topics of interest by faculty, including visiting faculty, and senior residents
<b>Attendance %</b>	75%

### ADDITIONAL CONFERENCES (ATTENDANCE IS ROTATION SPECIFIC)

Vascular Conference ROH Vascular Surgery Conference & Morbidity and Mortality: Tuesdays @ 7-8am, Vascular Surgery Journal Club: 3rd Thursday of the month @ 630pm.

Trauma Conference/PI (Monday mornings following Turnover) Trauma Training Center, Regional One Health [ROH]

Pediatric Surgery educational schedule: M&M, Pathology conference, Radiology Conference, Grand Rounds

Program Meetings (requires residents' attendance):

Annual Program Evaluation Meeting

May (Administrative chiefs & resident representatives)

Education Leadership Meeting

Monthly ~ First Wednesday (Administrative chiefs & resident representatives)

Monthly PSQI ~ Methodist University (Chief residents on MUH service)

## REQUIRED READING

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.

## RESEARCH AND 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.

## SECTION 4. EXAMINATIONS

### DOCUMENTING EXAM RESULTS

Documentation of exam results should be forwarded to the Program Coordinator as soon as received for inclusion in Resident personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3 or COMLEX 1, 2 and 3 – Prior to the start of their Residency, all Residents are expected to have taken and passed Step 1, 2 and 3 or COMLEX Level 1, 2 and 3. For more information on UTHSC USMLE requirements, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf>

### IN-SERVICE TRAINING EXAM

American Board of Surgery In-Training Exam (ABSITE)

### BOARD EXAMINATION

Qualifying Exam

July 15, 2021

Certifying Exam

TBD



## SECTION 5. POLICIES AND PROCEDURES

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website:  
<https://www.uthsc.edu/GME/documents/policies>

<a href="#">Academic Appeal Process</a>	<a href="#">Observership</a>
<a href="#">Academic Performance Improvement Policy</a>	<a href="#">Offsite Rotation Approval- In Tennessee</a>
<a href="#">Accommodation for Disabilities</a>	<a href="#">Offsite Rotation Approval-Out of State</a>
<a href="#">ACLS</a>	<a href="#">Offsite Rotation Approval-International</a>
<a href="#">HeartCode ACLS &amp; BLS Instructions</a>	<a href="#">Outside Match Appointments</a>
<a href="#">Affirmative Action</a>	<a href="#">Pre-Employment Drug Testing</a>
<a href="#">Agreement of Appointment</a>	<a href="#">Program Closure/Reduction</a>
<a href="#">Aid for Impaired Residents</a>	<a href="#">Program and Faculty Evaluation</a>
<a href="#">Background Checks</a>	<a href="#">Program Goals and Objectives</a>
<a href="#">Certificate</a>	<a href="#">Resident Evaluation Policy</a>
<a href="#">Clinical and Educational Work Hours</a>	<a href="#">Resident Non-Compete</a>
<a href="#">Logging and Monitoring Procedures</a>	<a href="#">Resident Reappointment and Promotion</a>
<a href="#">Code of Conduct</a>	<a href="#">Resident Selection Guidelines</a>
<a href="#">Disaster</a>	<a href="#">Resident Supervision</a>
<a href="#">Disciplinary and Adverse Actions</a>	<a href="#">Resident Transfers</a>
<a href="#">Drug and Alcohol Use</a>	<a href="#">Resident Wellbeing</a>
<a href="#">Drug Free Campus and Workplace</a>	<a href="#">Salary</a>
<a href="#">Fatigue Management</a>	<a href="#">Sexual Harassment</a>
<a href="#">Fit for Practice</a>	<a href="#">Social Media</a>
<a href="#">Authorization to Release Information of Mental Health Evaluation Drug/Alcohol Testing</a>	<a href="#">Stipend Level</a>
<a href="#">Reasonable Suspicion Drug/Alcohol Testing Checklist</a>	<a href="#">Student Mistreatment</a>
	<a href="#">Support Services</a>
<a href="#">Fit Testing</a>	<a href="#">UT Travel</a>
<a href="#">Grievances</a>	<a href="#">Vendor Relationships</a>
<a href="#">Handoffs and Transition of Care</a>	<a href="#">Baptist</a>
<a href="#">Hospital Procedures for Handling Resident Disciplinary Issues</a>	<a href="#">Methodist/Le Bonheur</a>
	<a href="#">Methodist/Le Bonheur FAQ</a>
<a href="#">Infection Control</a>	<a href="#">Regional One Medical Center</a>
<a href="#">Infection Control Tuberculosis</a>	<a href="#">VA</a>
<a href="#">Insurance Benefits</a>	<a href="#">Visas</a>
<a href="#">Internal Rotation Agreement for ACGME Programs</a>	<a href="#">Visiting Resident Approval</a>
<a href="#">Leave and Time Off</a>	<b>Workers' Compensation Claims Process: Supervisor</b>
<a href="#">Licensure Exemption and Prescribing Information</a>	Supervisor may call in First Notice of Loss (FNOL) within 3 days when resident is receiving medical treatment.
<a href="#">Malpractice Coverage</a>	Contact the CorVel nurse triage line: 1-866-245-8588 option #2
<a href="#">Medical Licensing Examination Requirements USMLE</a>	A departmental fine of \$1,000 will be charged each time a claim report is not completed by a supervisor. Complete the <a href="#">Incident Report Form</a> and return to the campus Workers Compensation representative at 910 Madison Ste. 764.
<a href="#">Moonlighting</a>	
<a href="#">New Innovations Protocols</a>	

Program-Specific Policies and Procedures:

## WELLBEING

The Wellness committee hosts social events quarterly or more. Residents are 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 are approved.

The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident for fatigue and ensure that necessary relief or mitigation actions are taken when necessary.

The program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available.

All new residents are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

## LEAVE

YEARLY VACATION SCHEDULE – 3 weeks per resident, schedule set in July of each academic year. **There should be NO vacations in the month of June to allow for residents in transition to leave and patient care not be sacrificed.**

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.)

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.

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](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.

## MATERNITY AND BEREAVEMENT

All UTHSC programs follow UTHSC/GME policies for Maternity and Bereavement.

**FAMILY AND MEDICAL LEAVE: (FML)** Residents who have been employed for at least 12 months and have worked at least 1,250 hours during the previous 12-month period are eligible for qualified family and medical leave under provisions of the federal Family Medical Leave Act (FMLA). FMLA provides eligible employees up to 12 weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child, or parent. Residents are required to use all available sick and annual leave days to be paid during FML leave. The UTHSC College of Medicine Graduate Medical Education Office recognizes the importance of the early development of a relationship between parent and child and supports the use of time off for Resident leave related to the recent birth or adoption of a child. Under Tennessee law, a regular full-time employee who has been employed by the university for at least 12 consecutive months is eligible for up to a maximum of four months leave (paid or unpaid) for pregnancy and adoption. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay. Maternity, parental, or adoptive leave will be granted in conjunction with Family Medical Leave and Tennessee law. Except in case of emergency, all maternity, parental, or adoptive leave should be requested at least three months in advance of the expected date of birth or adoption in order to ensure adequate coverage in the program. The Program Director and Resident should verify whether the length of leave will require extending training in order to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Coordinator or Director should notify HR when it appears a Resident may qualify for FML leave. HR will coordinate with GME and the Program Coordinator or Director to approve or disapprove a Resident's request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

**BEREAVEMENT LEAVE:** Residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

## MOONLIGHTING PROCEDURE

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

UT/GME Policy #320- Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

## DISCRIMINATION, INTIMIDATION, FEAR OF RETALIATION, PROFESSIONALISM AND DUE PROCESS POLICY

Residents are advised that there are multiple channels for any confidential discussions they may have. These channels include the Program Director, Associate Program Director, Program Coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Concerns and issues can also be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

## DISCRIMINATION, HARASSMENT, AND ABUSE POLICY

Residents are encouraged to report complaints of discrimination, harassment and abuse to the Program Director, Associate Program Director, program coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Residents may also contact the Office of Equity and Diversity (OED). Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum. The UTHSC Discrimination Complaint Procedure is located at: <https://uthsc.edu/oed/documents/uthsc-complaint-procedure.pdf>

## RESIDENT ELIGIBILITY AND SELECTION POLICY

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Resident Selection. For more information on the UT Resident Selection Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/ResidentSelection.pdf>

## RESIDENT SUPERVISION POLICY

Residents have daily team rounds and rapid reliable oversight for patient care via the surgery attending faculty. Residents are educated to the clinical scenarios which require immediate communication to a supervising physician. Faculty are expected to be available for immediate assistance 24/7. Any procedures or operations performed are to be performed with supervision of a surgery faculty. The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Resident Supervision.

For more information on the UT Resident Supervision Policy, please visit the GME website: [http://www.uthsc.edu/GME/policies/supervision\\_pla2011.pdf](http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf)

## SUPERVISION OF HAND-OFFS

Residents discuss all patients who have been admitted or consultations with the surgery faculty. The process includes updating the formal shared rounding list kept on a secure share-drive. Sign-out includes anticipated problems or concerns, laboratory tests and imaging studies that require follow-up and plans for operations. The on-call attending faculty will discuss any concerns with the on-call resident and prepare a communication plan for the on-call night.

The UTHSC General Surgery Residency Program follows the UTHSC institution policy on Patient Handoffs and Transition of Care. For more information on the UT Handoffs and Transitions of Care Policy, please visit the GME website:

<http://www.uthsc.edu/GME/policies/handoffs2011.pdf>

## GAPS IN SUPERVISION

Junior residents should contact the senior resident on the service. If not available the supervising or on call attending surgeon should be called. If for any reason, a resident is unable to contact his or her supervising physician, they are to notify the Division Chief of the service or the Site Director. If these individuals are not reachable then the Program Director, then Chair of the Department should be notified immediately. The program director or Chair will then activate the faculty-specific chain of command to ameliorate the gap in supervision

## PROCESS BY WHICH FACULTY RECEIVE RESIDENT FEEDBACK

The residents evaluate faculty annually via New Innovations. The evaluations are completely anonymous.

## METHOD BY WHICH FACULTY PERFORMANCE IS EVALUATED BY DEPARTMENT CHAIR

Each division chief is responsible for evaluating their faculty members. After the division chief completes the evaluations of faculty, a meeting is scheduled with the division chief and chair. The chair evaluates the division chief, and they review the faculty division evaluations.

## METHOD FOR REPORTING IMPROPER BEHAVIOR IN A CONFIDENTIAL MANNER

Residents are encouraged to report experiencing or witnessing of improper behavior or abuse. These complaints can be taken to trusted senior residents, faculty, Associate Program Directors, Program Director, Department Chair, Program Coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

## ASSESSMENT INSTRUMENTS AND METHODS

### RESIDENT EVALUATION OF PROGRAM AND FACULTY

Residents are given the opportunity to evaluate their program and teaching faculty at least once a year via New Innovations. This evaluation is confidential and in writing.

### 360 EVALUATIONS

Residents are evaluated after each rotation via New Innovations by hospital staff. The evaluations are total anonymity.

### PEER TO PEER EVALUATIONS

Residents are evaluated after each rotation via New Innovations. The senior level residents evaluate the junior level residents.

### PROGRAM DIRECTOR'S EVALUATION OF FACULTY

Each program director must evaluate the teaching faculty on an annual basis. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from resident evaluation of rotations.

### FACULTY EVALUATION OF PROGRAM AND RESIDENTS

Faculty evaluate the program confidentially in writing annually. The results will be included in the annual program evaluation.

### ANNUAL PROGRAM EVALUATION

Each ACGME-accredited residency program must establish a Program Evaluation Committee (PEC) to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

### PROCEDURE:

- 1) The Program Director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.

2) The PEC will be composed of at least 2 members of the residency program's faculty, and one of who is a core faculty member, and include at least one resident (unless there are no residents enrolled in the program). The PEC will function in accordance with the written description of its responsibilities, as specified in item 3, below.

3) The PEC's responsibilities include:

Acting as an advisor to the program director, through program oversight.

Review of the program's self-determined goals and progress toward meeting them.

Guiding ongoing program improvement, including development of new goals, based upon outcomes.

Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The PEC should consider the following elements in its assessment of the program:

Curriculum

Outcomes from prior Annual Program Evaluations

ACGME letters of notification, including citations, areas for improvement, and comments

Quality and safety of patient care

Aggregate resident and faculty: well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Resident and Faculty Surveys; and written evaluations of the program.

Aggregate resident: achievement of the Milestones; in-training examinations (where applicable); Board pass and certification rates; and graduate performance.

Aggregate faculty: evaluation and professional development

A copy of the annual program evaluation must be sent to the DIO. If deficiencies are identified, the written plan for improvement should be distributed and discussed with teaching faculty and residents.

<b>Clinical Competency Committee (CCC)</b>	
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident's program on achievement; of Surgery Milestones; meet prior to resident's semi-annual evaluation meetings; and advise Program Director regarding resident's progress.	
<b>NOTE:</b> Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
Jeremiah Deneve, DO ~ Chair	Frances Elizabeth Pritchard, MD
Dina Filiberto, MD	Ying Weatherall, MD
Peter Fischer, MD	David Webb, MD
Ryan Helmick, MD	Regan Williams, MD
Alexander Mathew, MD	

<b>Program Evaluation Committee (PEC)</b>	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; reviews the program's self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.	
Alexander Feliz, MD ~ Program Director	David Webb, MD
Jeremiah Deneve, DO	Regan Williams, MD
Diana Filiberto, MD	Cherie Colbert, MD ~ Resident Rep
Peter Fischer, MD	Justin Drake, MD ~ Resident Rep
Ryan Helmick, MD	Shravan Chintalapani, MD
Alexander Mathew, MD	Emma Kelly
F. Elizabeth Pritchard, MD	Megan Gross
David Shibata, MD	PGY 1 Resident
Ying Weatherall, MD	

## SECTION 6. RESIDENT BENEFITS

### SALARY

Residents in all UTHSC Programs are student employees of the University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

### 2021-2022 RESIDENT AND RESIDENT COMPENSATION RATES FOR ACGME-ACCREDITED PROGRAMS

<b>PGY LEVEL</b>	<b>BASE ANNUAL</b>	<b>with Disability Life Benefits</b>	<b>Monthly</b>
<b>PGY 1</b>	<b>\$ 54,996.00</b>	<b>\$ 55,656.00</b>	<b>\$ 4,638.00</b>
<b>PGY 2</b>	<b>\$ 57,000.00</b>	<b>\$ 57,660.00</b>	<b>\$ 4,805.00</b>
<b>PGY 3</b>	<b>\$ 59,004.00</b>	<b>\$ 59,664.00</b>	<b>\$ 4,972.00</b>
<b>PGY 4</b>	<b>\$ 61,320.00</b>	<b>\$ 61,980.00</b>	<b>\$ 5,165.00</b>
<b>PGY 5</b>	<b>\$ 63,780.00</b>	<b>\$ 64,440.00</b>	<b>\$ 5,370.00</b>
<b>PGY 6</b>	<b>\$ 66,000.00</b>	<b>\$ 66,660.00</b>	<b>\$ 5,555.00</b>
<b>PGY 7</b>	<b>\$ 68,400.00</b>	<b>\$ 69,060.00</b>	<b>\$ 5,755.00</b>

For information on the UT Salary and Insurance please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures>

### HEALTH INSURANCE

For information on UTHSC resident insurance benefits, please visit the GME website: <https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

### LIABILITY INSURANCE

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website:

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

### STIPENDS

Residents will receive a \$200 book stipend; however, electronics cannot be purchased with book stipends.



## TRAVEL

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Resident Travel. For more information on the UT Resident Travel Policy, please visit the University of Tennessee policy website:

<https://finance.tennessee.edu/travel/>

### TRAVEL REIMBURSEMENT FORM:

<https://www.uthsc.edu/graduate-medical-education/administration/documents/resident-travel-request-form.pdf>

### IMPORTANT GUIDELINES:

Travel requests should be discussed with and approved by the Program Director before making any arrangements.

UT Travel Policy must be followed at all times – with no exceptions.

You must add a delegate in Concur: <https://www.uthsc.edu/surgery/education-training/residency.php> (Policies (mid-section of page to left)| Forms | Add a Delegate in Concur)

A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.

The UT Resident Travel form must be completed for reimbursement.

Conference travel will require prior approval from UT and the Program Director. Please see the GME travel policy for further information.

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 up to \$2,000. This educational leave does not count as vacation.

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

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 (<https://www.uthsc.edu/graduate-medical-education/administration/documents/travel-reimbursement.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.**

**International Travel (Educational purposes only)**

International Travel Registration: <https://uthsc.edu/international/travel/itrp.php>

Complete the online **Travel Information Registration** to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.

As the last step in this process, purchase **ISIC/ITIC travel insurance card**:

Residents/Fellows must purchase the International Student Identity Card (ISIC).

Faculty/Staff must purchase the International Teacher Identity Card (ITIC).

This card provides basic travel insurance and is valid for one year from date of issue. Myisic.com describes the travel, medical evacuation, and repatriation insurance (Basic plan) covered through the card.

Purchase your card online or call 1-800-781-4040.

All travelers to U.S. territories are also required to register. These territories include Puerto Rico, Guan, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to neighboring countries such as Canada is also considered "international travel" and requires compliance with this registration program.

**NOTE:** Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

**UTHSC officially discourages** international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.

## SECTION 7. CURRICULUM

### ACGME COMPETENCIES

The core curriculum of the UTHSC programs is based on the 6 ACGME Core Competencies:

**Patient Care:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Medical Knowledge:** Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

**Practice-Based Learning and Improvement:** Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

**Interpersonal and Communication Skills:** Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

**Professionalism:** Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

**Systems-Based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### MILESTONES

The Milestones are designed only for use in evaluation of Resident physicians in the context of their participation in ACGME accredited Residency 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. ACGME Milestones are located at: <https://apps.acgme.org/ads/Program/Milestone/Milestone>

### ROTATION GOALS AND OBJECTIVES

The goals and objectives are emailed to residents the day before a new rotation begins, and they should be reviewed before the rotation. They are also located on the Surgery website: <https://www.uthsc.edu/surgery/residency/rotations.php> (Left side of page "Rotation Goals and Objectives.")

### SUPERVISION AND GRADUATED LEVEL OF RESPONSIBILITY

There are three levels of supervision to ensure oversight of resident supervision and graded authority and responsibility:

Levels of Supervision – To promote appropriate 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 during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

**Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

**Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Resident Supervision by Program information (supervision chart below) can be found at: <https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php>

	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
<b>Procedures</b>							
<b>All other procedures are performed under direct supervision of a faculty member.</b>							

## SECTION 8. RESOURCE LINKS

Site	Link
New Innovations	<a href="https://www.new-innov.com/Login/">https://www.new-innov.com/Login/</a>
UTHSC GME	<a href="http://www.uthsc.edu/GME/">http://www.uthsc.edu/GME/</a>
UTHSC GME Policies	<a href="http://www.uthsc.edu/GME/policies.php">http://www.uthsc.edu/GME/policies.php</a>
UTHSC Library	<a href="http://library.uthsc.edu/">http://library.uthsc.edu/</a>
GME Wellness Resources	<a href="https://uthsc.edu/graduate-medical-education/wellness/index.php">https://uthsc.edu/graduate-medical-education/wellness/index.php</a>
ACGME Residents Resources	<a href="https://www.acgme.org/residents-and-Residents/Welcome">https://www.acgme.org/residents-and-Residents/Welcome</a>
GME Confidential Comment Form	<a href="https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF">https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF</a>
ACGME Program Specific Requirements	<a href="https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/440_GeneralSurgery_2020.pdf?ver=2020-06-22-085958-260">https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/440_GeneralSurgery_2020.pdf?ver=2020-06-22-085958-260</a>

## SECTION 9. APPENDIX

GME Information and Dates

Moonlight Approval Form

Handbook Agreement

### GME INFORMATION AND DATES

Graduate Medical Education  
920 Madison Avenue, Suite 447  
Memphis, TN 38163

Natascha Thompson, MD  
Associate Dean  
ACGME Designated Institutional Official  
Phone: 901.448.5364  
Fax: 901.448.6182

### RESIDENT ORIENTATION SCHEDULE

New Resident Orientation for 2021 will be held on the following dates:

June 21st 10:00-12:00 ~ SAC

**Methodist University Hospital**

June 21st 1:00-5:00 ~ VAMC

**VA Hospital**

June 22nd 8:00-5:00 ~ SAC

**UT GME PGY 1 Orientation Day 1**

June 23rd 8:00-1:00 ~ SAC

**UT GME PGY 1 Orientation Day 2**

June 24th 1:00-5:00 ~ Baptist Campus

**Baptist Memorial Hospital**

July 1st 7:30-5:00 ~ SAC

**UT GME PGY 2-7 Orientation**

**Other Important Dates:**

July 30-Deadline for incoming residents to provide documentation of ACLS or PALS

September-SVMIC

# AGREEMENT FOR HANDBOOK OF GENERAL SURGERY

I have received the 2021-2022 Handbook for the UTHSC General Surgery Residency Program.

I have been informed of the following requirements for house staff:

1. Requirements for each rotation and conference attendance
2. Formal teaching responsibilities
3. Reporting of duty hours and case logging
4. Safety policies and procedures
5. On call procedures
6. Vacation requests

I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\* Please submit this signature page to Cynthia Tooley, program coordinator no later than July 7, 2021.**