SURGERY
Program Handbook
2020-2021

REV. 08.17.20
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Section 1. Program Information

General Information and Mission Statement

The Department of Surgery at the University of Tennessee Health Science Center (UTHSC) offers a five-year ACGME accredited Surgery residency program in Memphis, Tennessee.

Program Mission

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.
Department Chair, Program Director and Associate Program Directors

David Shibata, MD, FACS, FASCRS  
Department Chair  
(901) 448-5914  
dshibata@uthsc.edu

Alexander Feliz, MD  
Program Director  
(901) 448-7635  
afeliz@uthsc.edu

F. Elizabeth Pritchard, MD, FACS  
Program Director Emeritus  
(901) 516-6792  
fpritchard@uthsc.edu

Ankush Gosain, MD, PhD  
Associate Program Director ~ Research  
(901) 287-5316  
agosain@uthsc.edu

Alexander Mathew, MD  
Senior Associate Program Director  
Associate Program Director ~ Curriculum Design  
(901) 523-8990, ext. 2123  
amathew6@uthsc.edu

Benjamin Powell, MD  
Associate Program Director ~ Simulation  
(901) 272-7792  
bpowell@uthsc.edu

Regan Williams, MD  
Associate Program Director ~ Wellness  
(901) 287-6446  
rfwillia@uthsc.edu

Office Contact

Cynthia R. Tooley, BS  
Program Coordinator II  
University of Tennessee Health Science Center  
910 Madison Avenue, 2nd Floor  
Memphis, TN 38163  
(901) 448-7635 (p)  
(901) 448-7306 (f)  
tooley@uthsc.edu
Core Faculty

Danielle Barnard, MD  
General and Acute Care Surgery  
Methodist North Hospital  
(901) 272-7792  
dbarnar1@uthsc.edu

Tiffany Bee, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8370  
tbee@uthsc.edu

Nabajit Choudhury, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8370  
nchoudh2@uthsc.edu

Mathew Davis, MD  
Bariatric Surgery  
Methodist University Hospital  
(901) 758-7840  
mdavi169@uthsc.edu

Jeremiah Deneve, DO  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
jdeneve@uthsc.edu

Paxton Dickson, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
pdickso1@uthsc.edu

James Eason, MD  
Transplant Surgery  
Methodist University Hospital  
(901) 478-0588  
jeason1@uthsc.edu

James W. Eubanks, III, MD  
Pediatric Surgery  
Le Bonheur Children's Hospital  
(901) 287-6219  
jeubank1@uthsc.edu

Cory Evans, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8140  
cevans25@uthsc.edu

Corey Eymard, MD  
Transplant Surgery  
Methodist University Hospital  
(901) 478-0589  
ceymard@uthsc.edu

Alexander Feliz, MD  
Pediatric Surgery  
Le Bonheur Children's Hospital  
(901) 448-7635  
afeliz@uthsc.edu

Dina Filiberto, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8140  
dfiliber@uthsc.edu

Martin Fleming, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
mflemin6@uthsc.edu

Denis Foretia, MD  
General and Acute Care Surgery  
Methodist University Hospital  
(901) 758-7970  
dforetia@uthsc.edu
Evan Glazer, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
eglazer@uthsc.edu

Eunice Huang, MD  
Pediatric Surgery  
Le Bonheur Children's Hospital  
(901) 287-6300  
ehuang@uthsc.edu

Ankush Gosain, MD, PhD  
Pediatric Surgery  
Le Bonheur Children's Hospital  
(901) 287-5316  
agosain@uthsc.edu

Timothy Jancelewicz, MD  
Pediatric Surgery  
Le Bonheur Children's Hospital  
(901) 287-6446  
tjancele@uthsc.edu

Ryan Helmick, MD  
Transplant Surgery  
Methodist University Hospital  
(901) 478-0594  
rhelmick@uthsc.edu

Emily Lenart, DO  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8140  
elenart@uthsc.edu

Ashley Hendrix, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
ahendri1@uthsc.edu

Richard Lewis, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8140  
rlewis19@uthsc.edu

Nathan Hinkle, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
nhinkle@uthsc.edu

Louis Magnotti, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8140  
lmagnotti@uthsc.edu

Peter Horton, MD  
Transplant Surgery  
Methodist University Hospital  
(901) 478-0594  
phorton@uthsc.edu

Daniel Maluf, MD  
Transplant Surgery  
Methodist University Hospital  
(901) 478-0594  
dmaluf@uthsc.edu

Isaac Howley, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8140  
ihowley@uthsc.edu

Eugene Mangiante, MD  
General Surgery  
Veteran Administration Medical Center  
(901) 523-8990  
emangiante@uthsc.edu
Alexander Mathew, MD  
General & Colorectal Surgery  
Veteran Administration Medical Center  
(901) 523-8990, ext. 2123  
amathew6@uthsc.edu

Benjamin Powell, MD  
General and Acute Care Surgery  
Methodist University Hospital  
(901) 272-7792  
bpowell@uthsc.edu

Carter McDaniel, MD  
General & Colorectal Surgery  
Veteran Administration Medical Center  
(901) 523-8990  
cmcdan10@uthsc.edu

F. Elizabeth Pritchard, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
fpritchard@uthsc.edu

Justin Monroe, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
jmonroe1@uthsc.edu

Michael Rohrer, MD  
Vascular Surgery  
Methodist University Hospital  
(901) 448-4100  
mrohrer@uthsc.edu

John Nelson, MD  
General and Acute Care Surgery  
Methodist South Hospital  
(901) 272-7792  
jenelso17@uthsc.edu

Catherine Seger, MD  
Trauma and Surgical Critical Care  
Regional One Health  
(901) 448-8140  
cseger@uthsc.edu

Nosratollah Nezakatgoo, MD  
Transplant Surgery  
Methodist University Hospital  
(901) 478-0594  
nnezakat@uthsc.edu

David Shibata, MD, FACS, FASCRS  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 448-5914  
dshibata@uthsc.edu

Thomas Ng, MD  
Methodist University Hospital  
Thoracic Surgery  
(901) 448-2918  
tng4@uthsc.edu

Nathaniel Stoikes, MD  
General Surgery  
Baptist Memorial Hospital  
(901) 866-8530  
nstoikes@uthsc.edu

Brinson Owens, MD  
General and Acute Care Surgery  
Methodist University Hospital  
(901) 758-7970  
bowens16@uthsc.edu

Miriam Tsao, MD  
Surgical Oncology  
Methodist Germantown Hospital  
(901) 516-6792  
mtsao@uthsc.edu
Ganpat Valaulikar, MD
Cardiac Surgery
Veteran Administration Medical Center
(901) 523-8990
gvalauli@uthsc.edu

Ying Weatherall, MD
Pediatric Surgery
Le Bonheur Children’s Hospital
(901) 287-5316
yzhuge@uthsc.edu

Virginia Weaver, MD
Bariatric Surgery
Methodist University Hospital
(901) 758-7840
vmcgrath@uthsc.edu

David Webb, MD
General Surgery
Baptist Memorial Hospital
(901) 866-8530
dwebb6@uthsc.edu

Carissa Webster-Lake, MD
Vascular Surgery
Methodist University Hospital
(901) 448-4100
cwebst20@uthsc.edu

Regan Williams, MD
Pediatric Surgery
Le Bonheur Children’s Hospital
(901) 287-6446
rfwillia@uthsc.edu

Danny Yakoub, MD
Surgical Oncology
Methodist Germantown Hospital
(901) 516-6792
dyakoub@uthsc.edu

Nia Zalamea, MD
General and Acute Care Surgery
Methodist University Hospital
(901) 758-7970
nzalamea@uthsc.edu
2020-2021 Resident Contact Information

PGY1
Megan Gross, MD
mgross9@uthsc.edu
Aubrey Schachter, MD
aschach2@uthsc.edu
Maddison Kane, MD
mkane14@uthsc.edu
Joseph Slaughter, MD
jslaugh4@uthsc.edu
Seyed “Soroosh” Noorbakhsh, MD
snoorbak@uthsc.edu
Nikia Toomey, MD
ntoomey1@uthsc.edu
Devanshi Patel, MD
dpatel60@uthsc.edu
Michael Wright, MD
mwrigh86@uthsc.edu

PGY1 Preliminary
Edmond Benedetti, MD
ebenede1@uthsc.edu
Lauren Littlefield, MD
llittlef@uthsc.edu
Diana Cardero, MD
dcardero@uthsc.edu
Zachary Sherman, MD
zsherma1@uthsc.edu
Justin Clay, MD
jclay16@uthsc.edu
Athena Zhang, MD
azhang9@uthsc.edu

PGY2
Jennifer Allison, MD
jallis12@uthsc.edu
Benjamin Lehrman, MD
blehrman@uthsc.edu
Allison Falcon, MD
afalcon2@uthsc.edu
Ashley Miller, MD
amill203@uthsc.edu
Andrew Fleming, MD
aflemin8@uthsc.edu
Bradley St. John, MD
bstjohn1@uthsc.edu
Emma Kelly, MD
ekelly16@uthsc.edu
Kaushik Varadarajan, MD
kvaradar@uthsc.edu
PGY3
Marcus Alvarez, MD
malvare2@mail.tennessee.edu
Nathan Judge, MD
njudge@uthsc.edu
Shravan Chintalapani, MD
schinta4@uthsc.edu
Michael Keirsey, MD
mkeirsey@uthsc.edu
Nidhi Desai, MD
ndesai4@uthsc.edu
Clarisse Muenyi, MD
cmuenyi1@uthsc.edu
Leah Hendrick, MD
lhendri8@uthsc.edu
Jacqueline Stuber, MD
jstuber1@uthsc.edu

PGY4
Michael Bright, MD
mbright8@uthsc.edu
Stacey Kubovec, MD
skubovec@uthsc.edu
Domenic Craner, MD
dcraner@uthsc.edu
Benjamin Pettigrew, DO
bpettig1@uthsc.edu
Cherie Colbert, MD
kmulhern@uthsc.edu
Benjamin Zambetti, MD
bzambett@uthsc.edu
Justin Drake, MD
jdrake12@uthsc.edu
Xu “Steve” Zhao, MD
xzhao16@uthsc.edu
Kristin Harmon, MD
kharmon@uthsc.edu
William Zickler, MD
wzickler@uthsc.edu

PGY5
Keith Champlin, MD
kchampli@uthsc.edu
Stefan Osborn, MD
sosborn15@uthsc.edu
Margaret Ferguson, MD
mdelozzi1@uthsc.edu
Zachary Stiles, MD
zstiles1@uthsc.edu
Nathan Manley, MD
nmanley1@uthsc.edu
Research Residents
Maria Knaus, MD
PGY 2
Nationwide Children’s Hospital
mknaus@uthsc.edu

Denise Wong, MD
PGY 3
UTHSC Cancer Research
dyeung1@uthsc.edu

UTHSC Surgery Residency Block Schedule 2020 – 2021

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Section 2. Site Information

1. Baptist Memorial Hospital Memphis
   David Webb, MD – Site Director
   6019 Walnut Grove Road, Suite 106
   Memphis, TN 38120
   Phone: (901) 866-8530
   Fax: (901) 227-6170
   dwebb6@uthsc.edu

2. Le Bonheur Children’s Medical Center
   James W. Eubanks, MD – Site Director
   49 N. Dunlap
   2nd Floor FOB, Pediatric Surgery
   Memphis, TN 38103
   Phone: (901) 287-6219
   Fax: (901) 287-4434
   jeubank1@uthsc.edu

3. Methodist Germantown Hospital
   Paxton Dickson, MD – Site Director
   7705 Poplar Avenue, Suite 220
   Germantown, TN 38138
   Phone: (901) 516-6792
   Fax: (901) 266-6459
   pdickso1@uthsc.edu

4. Methodist North Hospital
   Danielle Barnard, MD – Site Director
   3960 New Covington Pike, Suite 390
   Memphis, TN 38128
   Phone: (901) 516-5495
   Fax: (901) 266-6425
   dbarnar1@uthsc.edu

5. Methodist South Hospital
   John Nelson, MD – Site Director
   1251 Wesley Drive, Suite 151
   Memphis, TN 38116
   Phone: (901) 758-7970
   Fax: (901) 266-6425
   jnelso17@uthsc.edu

6. Methodist University Hospital
   Benjamin Powell, MD, – Site Director
   7655 Poplar Avenue, Suite 240
   Germantown, TN 38138
   Phone: (901) 758-7970
   Fax: (901) 266-6425
   bpowell@uthsc.edu

7. Regional One Health
   F. Elizabeth Pritchard, MD, FACS – Site Director
   880 Madison Avenue, 4th Floor
   Memphis, TN 38104
   Phone: (901) 545-7486
   Fax: (901) 266-6458
   fpritchard@uthsc.edu

8. VA Medical Center
   Alexander Mathew, MD – Site Director
   1030 Jefferson Avenue, 112
   Memphis, TN 38104
   Phone: (901) 523-8990, ext. 2123
   Fax: (901) 577-7435
   amathew6@uthsc.edu
Section 3. Educational Activities

Didactic Lectures

Mandatory Conferences are held on *Wednesday morning* in the Coleman Building, South Auditorium, 956 Court Avenue, Memphis, TN.

Attendance:
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.

Conference Schedule

07:00 am  Mortality and Morbidity Conference  
Case presentations of morbidity and mortality, and interesting cases

08:00 am  Surgery Grand Rounds  
Topics of interest by faculty, including visiting faculty, and senior residents

09:00 am  This Week in SCORE (TWIS) Conference  
Based on the SCORE curriculum  
A comprehensive two-year curriculum designed to educate surgical residents in a six ACGME Competencies

10:30 am  Simulation Lab  
Based on specific schedule per class

Additional Conferences (attendance is rotation specific)

- Vascular Conference (held weekly at Baptist East Hospital and Methodist University Hospital)
- Trauma Conference/PI (Thursday 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

Program Meetings

Annual Program Evaluation Meeting  
Clinical Competency Committee Meeting  
Division Meeting  
Education Meeting  
Faculty Meeting  
Semi-annual Evaluation Meeting
**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.

<table>
<thead>
<tr>
<th>Exam</th>
<th>Time Frame</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>USMLE 1 and 2 or COMLEX 1 and 2</td>
<td>Prior to residency</td>
<td>Residents are expected to have taken and passed both Step 1 and 2 prior to residency.</td>
</tr>
<tr>
<td>USMLE 3 or COMLEX 3</td>
<td>By March of PGY2 year</td>
<td>Per UT policy, all UT residents must pass USMLE Step 3 or COMLEX 3 by March 1st of their PGY2 level year. Failure to meet this requirement will result in non-renewal of the resident’s appointment. For more information on UT USMLE requirements, please visit the GME website: <a href="https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf">https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf</a></td>
</tr>
</tbody>
</table>
Board Examinations
American Board of Surgery In-Training Exam (ABSITE) Jan. 29 – 31, 2021
Location: TBD
Qualifying Exam July 16, 2020
Certifying Exam TBD

Section 5. Policies and Procedures

I. Academic Appeal Process

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Academic Appeals. For more information on the UT Academic Appeals Policy, please visit the GME website: https://www.uthsc.edu/GME/documents/policies/academic-appeal.pdf

II. Clinical and Educational Work Hours

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Clinical and Educational Work Hours. For more information on the UT Resident Clinical and Educational Work Hours Policy, please visit the GME website: https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/clinical-and-educational-work-hours.pdf

ACGME Resident Clinical and Educational Work Hours

- Limit of 80 hours/week (averaged over 4 weeks), inclusive of all in-house call activities and all moonlighting.
- 1 day free every 7 days (averaged over 4 weeks), at-home call cannot be assigned on these free days.
- 8 hours off between scheduled clinical work and education periods.
- Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period-of-time must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- 14 hours off free of clinical work and education after 24 hours of in-house call.
- In-house call must be scheduled no more frequently than every third night.
- All clinical work from home and time called into the hospital during home-call must be counted in the 80-hour weekly limit.
Clinical and Educational Work Hours Logging and Monitoring Procedures

Residents must log clinical and educational work hours including annual, sick and educational leave on a weekly basis in New Innovations. When residents have not logged any hours for 5 days, they will receive an automatic email reminder from New Innovations. Program Coordinators must check every Monday to ensure that all residents have logged their hours for the previous week using either the “Weekly Usage” or “Hours Logged” report in New Innovations. The Program Coordinator will send email reminders to those residents who have not logged their hours for the previous week. The Program Director should be copied on the email. If the resident has not updated his/her hours in New Innovations to be current by the following Monday, he or she will receive a written leave without pay notice. For each violation, the Program Director or Coordinator must enter a comment into New Innovations that describes the action taken to remedy the violation. A Clinical and Educational work hours Subcommittee will review the hours on a regular basis and look for any problem areas. On a quarterly basis, the Chair of this Subcommittee will present a report that outlines any problem areas and makes recommendations for GMEC action. The GME office also monitors hours through the New Innovations Dashboard.

III. Disciplinary and Adverse Actions

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Disciplinary and Adverse Actions. For more information on the UT Disciplinary and Adverse Action Policy, please visit the GME website:
https://www.uthsc.edu/GME/documents/policies/disciplinary.pdf

IV. Duties and Responsibilities

All PGY1 General Surgery residents are supervised either directly or indirectly with the supervisor available to provide direct supervision.

PGY 2, 3, 4, or 5 General Surgery trainees can perform the procedures listed below with indirect supervision:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>PGY2</th>
<th>PGY3</th>
<th>PGY4</th>
<th>PGY5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Cardiac Life Support</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Advanced Trauma Life Support</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central Line Placement</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>History and Physical Examination</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Interpretation of Laboratory studies</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Basic Cardiopulmonary Resuscitation</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Closure of Lacerations</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Debridement/closure of wounds under local anesthesia (Non-OR)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Debridement of pressure ulcers (Non-OR)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Procedure</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>-----------------------------------------------</td>
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<tr>
<td>Drainage of superficial abscess (Non-OR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Venipuncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Excision of skin lesion (Non-OR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Arterial Puncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nasotracheal or Orotracheal intubation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interpretation of Basic Radiologic exams</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Emergency Drug therapy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Write admission, preoperative or postoperative orders</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bronchoscopy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Pulmonary Artery Catheterization</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Peritoneal Lavage</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Tube Thoracostomy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central Venous Pressure Line</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Venous Cutdown</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

All other procedures are performed under direct supervision of a faculty member.

**Required Documentation for each Rotation**

In order to satisfy residency review requirements for General Surgery Residency training, the following documentation must be completed during or at the completion of each rotation and submitted to the residency coordinator or submitted in New Innovations in a timely manner:

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](https://www.uthsc.edu/surgery/residency/rotations.php) (Left side of page “Rotation Goals and Objectives.”)

**V. Faculty Evaluation Plan**

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Program and Faculty Evaluation. For more information on the UT Faculty Evaluation Policy, please visit the GME website: [http://www.uthsc.edu/GME/policies/program-evaluation.pdf](http://www.uthsc.edu/GME/policies/program-evaluation.pdf)

**VI. Fatigue Management**

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Fatigue Management. For more information on the UT Fatigue Management Policy, please visit the GME website: [http://www.uthsc.edu/GME/policies/fatigue2011.pdf](http://www.uthsc.edu/GME/policies/fatigue2011.pdf)

All new residents are required to complete the on-line training module on fatigue. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.
The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in patient care due to fatigue or impairment, he or she must transition his/her patient care to other healthcare 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 UT Pathology Residency Program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue to care for his or her patient, relief back-up call systems with transition of care to other providers is available.

VII. Grievances
The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Grievances. For more information on the UT Grievances Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/grievances2010.pdf

VIII. HIPAA
The Health Insurance and Portability and Accountability Act (HIPAA) necessitated updating and standardizing our privacy and security practices to comply with the federal regulations. The HIPAA Privacy Rule came into effect in April 2003 and the Security Rule came into effect in April 2005.

The Privacy Rule regulates the use and disclosure of certain information held by “Covered Entities” and establishes regulations for the use and disclosure of Protected Health Information (PHI). The Security rule complements the Privacy Rule. While the Privacy Rule pertains to all PHI including paper and electronic, the Security Rule deals specifically with Electronic Protected Health Information (E PHI). The general Security Rule is defined by three types of security safeguards required for compliance: administrative, physical, and technical.

IX. Immunization Requirements
The UTHS General Surgery Residency Program follows the UTHSC institutional policy on Immunization Requirements. For more information on the UT Immunization Requirements, visit the GME website: http://www.uthsc.edu/GME/policies/infectioncontrol.pdf and http://www.uthsc.edu/GME/policies/ic-tuberculosis.pdf

X. Aid to Impaired Residents (AIR) Program
The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Aid for the Impaired Physician. For more information on the AIRS program, please visit the GME website: http://www.uthsc.edu/GME/policies/airs2012.pdf The AIRS Program is a confidential program, which functions in coordination with the nationally recognized Aid for Impaired Medical Student Program (AIMS) developed at the University of Tennessee. The program is a cooperative effort
with the Tennessee Medical Foundation is Physicians Health Program and is designed to assess any psychological or substance abuse problem that may be affecting a resident’s health or academic performance.

Tennessee Medical Foundation (TMF)
5141 Virginia Way, Ste. 110
Brentwood, TN 37027
(615) 467-6411 P
www.e-tmf.org

XI. Leave - 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. 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.

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

XII. Medical Licensure/Prescribing (DEA, NPI)
The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Licensure Exemption and Prescribing Policies. Resident DEA numbers will be assigned by the GME office and must be documented on every prescription along with the hospital’s DEA number. For more information on the UT Licensure Exemption and Prescribing Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/Lic_Exempt_Prescrip2008.pdf

XIII. Mentorship / Advisors
The UTHSC General Surgery Residency Program aims to foster an environment of life-long career development and values faculty mentorship of residents. A mentorship program will assign residents to a faculty member for regular meetings. Development of other mentor-mentee relationships are also encouraged, outside of the formal program.

XIV. Moonlighting
Moonlighting is NOT permitted; violation of this policy may result in dismissal.
XV. Patient Handoffs/Transition of Care
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

XVI. Professional Conduct
The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Professional Conduct. For more information on the UT Code of Conduct Policy, please visit the GME website: http://policy.tennessee.edu/hr_policy/hr0580/

XVII. Resident Academic Performance Improvement
The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on remediation and performance improvement. For more information on the UT Remediation policy, please visit the GME website: http://www.uthsc.edu/GME/documents/policies/academic-performance-improvement-policy.pdf

XVIII. Resident Candidate Eligibility and Selection
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

Application Process and Interviews:
• All applications will be processed through the Electronic Residency Application Service (ERAS) except in those programs in specialty matches or those fellowship programs which handle their own application process.
• Opportunities for interviews will be extended to applicants based on their qualifications as determined by USMLE scores, medical school performance, and letters of recommendation.

The UTHSC General Surgery Residency Program engages in recruitment and retention practices of a diverse workforce (Black, Hispanic, Pacific Islander, Native American, Women) of residents and faculty. The final decision is made by the Program Director in consultation with the Associate Program Directors and core faculty.

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 2021–2022 is November 20, 2020.

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.
XIX. Resident Reappointment and Promotion
The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Resident Evaluation and Promotion. For more information on the UT Resident Evaluation and Promotion Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/resident-evaluation.pdf and http://www.uthsc.edu/GME/policies/reappointment2011.pdf

Appointments are made on a yearly basis with the expectation of continuation within the one-year appointment and of reappointment yearly throughout the duration of the residency period. Reappointment and promotion of a resident to the subsequent year of training requires satisfactory cumulative evaluations by faculty that indicates 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 UTHSC 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 PGY3 level. All residents on the standard cycle must register for Step 3 no later than February 28 of the PGY2 year. Failure to pass the exam prior to June 30 at the end of the PGY2 year will result in the resident being placed on leave without pay until proof of passage is provided to the Program Director and GME office. Failure to do so will result in non-renewal of the resident’s contract and the resident will be terminated from the program.

Residents that are off cycle must register for the exam no later than the end of the eighth month of training during the PGY2 year or be placed on leave without pay until registered proof of passage must be provided no later than the last day of the PGY2 year or the resident contract will not be renewed and the resident will be terminated from the program.

XX. Resident Supervision
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
**Resident and Faculty Policy Awareness**

Residents and faculty will be educated on supervision policies and procedures, including the ACGME requirement that residents and faculty members should inform patients of their respective roles in each patient’s care. The program will annually review faculty supervision assignments and the adequacy of supervision levels.

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for the patient’s care. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient’s care. The program will provide the appropriate level of supervision for the residents who care for patients. The clinical responsibilities for each resident and level of supervision will be based on patient safety, severity and complexity of patient illness/condition, available support services and resident education and experiences.

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

1. **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.

2. **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.

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

**XXI. Safety Policies and Procedures**

**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 Workers’ Compensation vendor CorVel to report your injury prior to seeking treatment. All on-the-job injuries must be reported within 3 days to the CorVel nurse triage line at 866-245-8588, option 1. It is staffed 24/7 by a nurse. The nurse 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, but you must get authorization from CorVel prior to seeking treatment. We prefer that you go to University Health if it is during business hours as GME can intervene if you run into issues. You must coordinate with your CorVel adjuster if there
is any required 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: https://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. (SUPERVISOR/DESIGNEE CALL IN TO COMPLETE FNOL IS NO LONGER A STATE REQUIREMENT). 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.

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.

Fatigue
There are circumstances in which residents may be unable to provide clinical work due to fatigue. In this instance, the most senior resident on the service will designate the remaining responsibilities to available residents as necessary to 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. The Graduate Medical Education provides money for taxi in cases of extreme fatigue.

XXII. 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: http://policy.tennessee.edu/fiscal_policy/fi0705/
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.
- 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, 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 (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.**
Section 6. Resident Benefits

XXIII. Salary

Residents in the UTHSC General Surgery Residency Program 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.

2020-2021 RESIDENT COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

<table>
<thead>
<tr>
<th>PGY LEVEL</th>
<th>BASE ANNUAL</th>
<th>with Disability Life Benefits</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 1</td>
<td>$54,024.00</td>
<td>$54,684.00</td>
<td>$4,557.00</td>
</tr>
<tr>
<td>PGY 2</td>
<td>$55,860.00</td>
<td>$56,520.00</td>
<td>$4,710.00</td>
</tr>
<tr>
<td>PGY 3</td>
<td>$57,600.00</td>
<td>$58,260.00</td>
<td>$4,855.00</td>
</tr>
<tr>
<td>PGY 4</td>
<td>$60,120.00</td>
<td>$60,780.00</td>
<td>$5,065.00</td>
</tr>
<tr>
<td>PGY 5</td>
<td>$62,400.00</td>
<td>$63,060.00</td>
<td>$5,255.00</td>
</tr>
<tr>
<td>PGY 6</td>
<td>$64,800.00</td>
<td>$65,460.00</td>
<td>$5,455.00</td>
</tr>
<tr>
<td>PGY 7</td>
<td>$67,200.00</td>
<td>$67,860.00</td>
<td>$5,655.00</td>
</tr>
</tbody>
</table>

For information on the UT Salary Policy, please visit the GME website: https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/salary.pdf

XXIV. Health Insurance

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Resident Insurance Benefits. Health insurance is mandatory. Health, dental, and vision coverage is provided by Cigna Health care for residents and eligible dependents. Coverage is effective on the resident’s first recognized day of the residency program. Residents are responsible for approximately 20% of the premium. Residents with existing coverage may decline UT health insurance by completing the declination form.

Life and Disability Insurance are also available through UT GME.

For more information on the UT Resident Insurance Benefits, please visit the GME website: https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf
XXV. Liability/Malpractice 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

XXVI. Stipends
Categorical residents will receive a $200 book stipend. Residents cannot use the book stipend to purchase electronics.

Section 7. Curriculum

ACGME Competencies

The core curriculum of the UTHSC General Surgery Residency program 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 or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are
they designed to be relevant in any other context. 2020 ACGME Milestones for General Surgery Residency are located at: https://apps.acgme.org/ads/Program/Milestone/Milestone

**Competency Based Goals** – The UTHSC General Surgery Residency Program follows the mandate of ACGME competency-based education and training. Residents will be evaluated during their training in the six general competencies as defined by the ACGME guidelines.

**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. This evaluation is confidential and in writing.

**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:
   a. Acting as an advisor to the program director, through program oversight.
   b. Review of the program’s self-determined goals and progress toward meeting them.
   c. Guiding ongoing program improvement, including development of new goals, based upon outcomes.
   d. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.

4) The PEC should consider the following elements in its assessment of the program:
   a. Curriculum
   b. Outcomes from prior Annual Program Evaluations
   c. ACGME letters of notification, including citations, areas for improvement, and comments
   d. Quality and safety of patient care
   e. 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.
   f. Aggregate resident: achievement of the Milestones; in-training examinations (where applicable); Board pass and certification rates; and graduate performance.
   g. 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.

**Program Education Committee (PEC) members and their role in the program**

- Alexander Feliz MD, Associate Professor - Program Director
- Ankush Gosain MD, Associate Professor – Division of Pediatrics Surgery
- Alexander Mathew MD, Assistant Professor – Program Evaluation Committee Chair | Division of Surgical Oncology
- Frances E. Pritchard MD, Associate Professor – Division of Surgical Oncology
- Benjamin Powell MD, Associate Professor – Division of General Surgery
- Regan Williams MD, Associate Professor – Division of Pediatrics Surgery
- Margaret Ferguson, MD, Administrative Chief Resident – General Surgery Residency Program
- Zachary Stiles, DO, Administrative Chief Resident – General Surgery Residency Program
- Cynthia Tooley, Residency Coordinator, II – General Surgery Residency Program
Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. The CCC will review all resident/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC will advise the Program Director regarding resident progress, including promotion, remediation, and dismissal. Under the Tennessee Patient Safety and Quality Improvement Act of 2011, the records of the activities of each QIC/CCC are designated as confidential and privileged. Resident/fellow evaluation documentation and files that are reviewed by a program’s QIC/CCC are protected from discovery, subpoena or admission in a judicial or administrative proceeding.

**Procedure**

1. A Clinical Competency Committee must be appointed by the program director.
   a. At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member.
   b. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s residents.

2. The Clinical Competency Committee must:
   a. Review all resident evaluations at least semi-annually.
   b. Determine each resident’s progress on achievement of the specialty-specific Milestones.
   c. Meet prior to the residents’ semi-annual evaluations and advise the Program Director regarding each resident’s progress.

**Clinical Competency Committee (CCC) members and their role in the program**

- Jeremiah Deneve DO, Associate Professor – Division of Surgical Oncology, Committee Chair
- Dina Filiberto MD, Assistant Professor – Division of Trauma
- Peter Fischer MD, Associate Professor – Division of Trauma
- Ryan Helmick MD, Assistant Professor – Division of Transplantation
- Alexander Mathew MD, Assistant Professor – Division of Surgical Oncology
- Frances E. Pritchard MD, Associate Professor – Division of Surgical Oncology
- David Webb MD, Assistant Professor – Division of General Surgery
- Regan Williams MD, Associate Professor – Division of Pediatrics Surgery
- Ying Weatherall MD, Assistant Professor – Division of Pediatrics Surgery
- Alexander Feliz MD, Associate Professor - Program Director
- Cynthia Tooley, Residency Coordinator, II
**Resident Evaluation**

The program utilizes the following methods for resident evaluation:

1. Competency-based formative evaluation for each rotation, including competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

2. All residents are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

**Formative Evaluation**

1. Faculty must directly observe, evaluate and frequently provide feedback on resident performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form.

2. Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.

3. These evaluations should be reviewed for completeness by program leadership, with follow-up by the program director or coordinator to address inadequate documentation; e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.

4. Completed electronic evaluations are reviewed by the resident. Any evaluations that are marginal or unsatisfactory should be discussed with the resident in a timely manner and signed by the evaluator and resident.

5. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the resident’s competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.

6. The program must provide assessment information to the QIC/CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.

7. Using input from peer review of these multiple evaluation tools by the QIC/CCC, the program director (or designee) will prepare a written summary evaluation of the resident at least semi-annually. The program director or faculty designee will meet with and review each resident their documented semi-annual evaluation of performance, including progress along the
specialty-specific Milestones and strengths as well as plans for improvement. The program director (or designee) and resident are required to sign the written summary that will then be placed in the resident's confidential file. The resident will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.

8. If adequate progress is not being made, the resident should be advised and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
   - Competency-based deficiencies;
   - The improvements that must be made;
   - The length of time the resident has to correct the deficiencies; and
   - The consequences of not following the improvement plan.

9. Improvement plans must be in writing and signed by both the program director and resident.

10. If unacceptable or marginal performance continues and the resident is not meeting program expectations, another review should take place in time to provide a written notice of intent to the resident at least 30 days prior to the end of the resident’s current if he or she must extend training at the current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs within the last 30 days of the contract period, the residency program must give the resident as much written notice as circumstances reasonably allow.

**Summative Evaluation**

1. At least annually, the program director will provide a summative evaluation for each resident documenting their readiness to progress to the next year of the program, if applicable. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program’s QIC/CCC. The summative evaluation will be discussed with the resident and a copy signed by the program director and resident will be placed in the confidential resident file.

2. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the resident’s permanent record maintained in the GME office and will be accessible for review by the resident. The end-of-program final evaluation must:
   - Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure residents are able to engage in autonomous practice upon completion of the program.
   - Verify that the resident has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
   - Consider recommendations from the CCC.
Rotation Goals and Objectives

Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to residents and faculty either in writing or electronically and reviewed by the resident at the start of each rotation. For more information on Program and Faculty Evaluation requirements, please visit the GME website: https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/program-evaluation.pdf

The 2020-2021 rotation block schedule is given below, followed by a brief description of the rotations.

**PGY1 Rotations**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Surgery</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>SICU</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>Nutrition</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>Transplant Surgery</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>ACS/GS</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>ACS</td>
<td>Bariatrics</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1.0 Month</td>
</tr>
<tr>
<td>General Surgery</td>
<td>MIS</td>
</tr>
</tbody>
</table>

**PGY2 Rotations**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Surgery</td>
<td>1.5 Months</td>
</tr>
<tr>
<td>Trauma Surgery</td>
<td>1.5 Months</td>
</tr>
<tr>
<td>Trauma Surgery</td>
<td>1.5 Months</td>
</tr>
<tr>
<td>ACS</td>
<td>GS Night Float</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>1.5 Months</td>
</tr>
<tr>
<td>General Surgery</td>
<td>1.5 Months</td>
</tr>
<tr>
<td>CT Surgery</td>
<td>1.5 Months</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>QI</td>
</tr>
</tbody>
</table>

**PGY3 Rotations**

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma Surgery ICU</td>
<td>1.3 Months</td>
</tr>
<tr>
<td>Surgery ICU</td>
<td>1.3 Months</td>
</tr>
<tr>
<td>Surgery ICU</td>
<td>1.3 Months</td>
</tr>
<tr>
<td>Acute Care Surgery</td>
<td>1.3 Months</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>1.3 Months</td>
</tr>
<tr>
<td>Transplant Surgery</td>
<td>1.3 Months</td>
</tr>
</tbody>
</table>
Vascular Surgery 1.3 Months
Thoracic Surgery 1.3 Months
ACS | Bariatrics | Surgical Oncology 1.3 Months

PGY4 Rotations 1.2 of Months
Trauma Surgery 1.2 Months
Trauma Surgery 1.2 Months
General Surgery 1.2 Months
Acute Care Surgery 1.2 Months
General Surgery 1.2 Months
General Surgery 1.2 Months
Vascular Surgery 1.2 Months
ACS | Bariatrics | Surgical Oncology 1.2 Months
MIS | Bariatrics | Colorectal 1.2 Months
MIS | Bariatrics | Colorectal 1.2 Months

PGY5 Rotations
Trauma Surgery 2.4 Months
Surgical Oncology 2.4 Months
ACS | General Surgery 2.4 Months
ACS | General Surgery 2.4 Months
ACS | Bariatrics | Surgical Oncology 2.4 Months

Core Rotations in General Surgery

Rotation Name
The rotation names and Goals and Objectives are located at:
https://www.uthsc.edu/surgery/education-training/residency.php

PGY-Specific Educational Experience Showing Level of Progression
Definition
ACGME Common Program Requirements IV.A.2 states the following: “Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually in either written or electronic form. These should be reviewed by the resident at the start of each rotation.”

Purpose
Each rotation has specific competency-based goals and objectives. In addition, the following list of year-specific goals defines specific goals either in skills, knowledge, or professionalism that are appropriate for each year of training. Residents must strive to achieve these goals, as well as the
overall educational goals described in the previous pages. Goals may vary somewhat between levels depending on individual rotation schedules.

Please click on or copy and paste the following URL for Goals and Objectives: https://www.uthsc.edu/surgery/education-training/residency.php

**PGY1 Goals:**
BMH – GS/MIS
MLH
LE BONHUYER
ROH
VAMC

**PGY2 Goals:**
BMH:
MLH:
LE BONHUYER:
ROH:
VAMC:

**PGY3 Goals:**
BMH:
MLH:
LE BONHUYER:
ROH:
VAMC:

**PGY4 Goals:**
BMH:
MLH:
LE BONHUYER:
ROH:
VAMC:
PGY5 Goals:
BMH:
MLH:
LE BONHUER:
ROH:
VAMC:

Supervision and Graded Responsibility of General Surgery Residents

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

1. **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.

2. **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.

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

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

The program director must evaluate 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 server 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.
Supervision / Competencies Level Chart:

All PGY1 General Surgery residents are supervised either directly or indirectly with the supervisor available to provide direct supervision.

PGY 2, 3, 4, or 5 General Surgery trainees can perform the procedures listed below with indirect supervision:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>PGY2</th>
<th>PGY3</th>
<th>PGY4</th>
<th>PGY5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Cardiac Life Support</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Advanced Trauma Life Support</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central Line Placement</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>History and Physical Examination</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interpretation of Laboratory studies</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Basic Cardiopulmonary Resuscitation</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Closure of Lacerations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Debridement/closure of wounds under local anesthesia (Non-OR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Debridement of pressure ulcers (Non-OR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Drainage of superficial abscess (Non-OR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Venipuncture</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Excision of skin lesion (Non-OR)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Arterial Puncture</td>
<td>X</td>
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<tr>
<td>Nasotracheal or Orotracheal intubation</td>
<td>X</td>
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</tr>
<tr>
<td>Interpretation of Basic Radiologic exams</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Emergency Drug therapy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Write admission, preoperative or postoperative orders</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Bronchoscopy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Pulmonary Artery Catheterization
Peritoneal Lavage
Thoracentesis
Tube Thoracostomy
Central Venous Pressure Line
Venous Cutdown

All other procedures are performed under direct supervision of a faculty member.

Section 8. Resource Links

<table>
<thead>
<tr>
<th>Site</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Innovations</td>
<td><a href="https://www.new-innov.com/Login/">https://www.new-innov.com/Login/</a></td>
</tr>
<tr>
<td>UTHSC GME</td>
<td><a href="http://www.uthsc.edu/GME/">http://www.uthsc.edu/GME/</a></td>
</tr>
<tr>
<td>UTHSC GME Policies</td>
<td><a href="http://www.uthsc.edu/GME/policies.php">http://www.uthsc.edu/GME/policies.php</a></td>
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<tr>
<td>UTHSC Library</td>
<td><a href="http://library.uthsc.edu/">http://library.uthsc.edu/</a></td>
</tr>
<tr>
<td>GME Wellness Resources</td>
<td><a href="https://uthsc.edu/graduate-medical-education/wellness/index.php">https://uthsc.edu/graduate-medical-education/wellness/index.php</a></td>
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<tr>
<td>ACGME Residents and Fellows Resources</td>
<td><a href="https://www.acgme.org/Residents-and-Fellows/Welcome">https://www.acgme.org/Residents-and-Fellows/Welcome</a></td>
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<tr>
<td>GME Confidential Comment Form</td>
<td><a href="https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF">https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF</a></td>
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<tr>
<td>Score Curriculum</td>
<td><a href="http://www.surgicalcore.org">http://www.surgicalcore.org</a></td>
</tr>
<tr>
<td>University Health Services</td>
<td><a href="http://www.uthsc.edu/univheal/">http://www.uthsc.edu/univheal/</a></td>
</tr>
</tbody>
</table>
Resident Travel Request Form

Resident Name: ________________________________

Personnel Number: ____________________________

Program: General Surgery ______________________

Name of Conference: ____________________________

Location of Conference: _________________________

Dates of Travel: ________________________________

Attending _______ or Presenting __________

If presenting has it been entered into NI ________ (required)

Account Number to Charge: ______________________

Maximum Reimbursement: $2,000 ____________
(Put none if no UT funds are used and put unlimited if there is no cap)

_____________________________________________
Coordinator or Program Director Signature

Complete this form and submit to Cynthia Tooley, residency coordinator.

The following documents must accompany the travel request form:
- Original presentation submission with ALL authors listed
- Presentation acceptance letter

Resident Travel Reimbursement Processing Form:
https://www.uthsc.edu/graduate-medical-education/administration/documents/travel-reimbursement.pdf
AGREEMENT for HANDBOOK OF GENERAL SURGERY RESIDENCY PROGRAM

I. I have received the 2020-2021 Handbook for the UTHSC General Surgery Residency Program.

II. 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

III. 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 the Residency Coordinator no later than July 10, 2020.