
THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

GENERAL SURGERY
PROGRAM HANDBOOK
2022-2023



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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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PGY 5	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9
Rotation	ROH Trauma Surgery A	ROH General Surgery	ROH Colorectal Surgery	ROH Surgical Oncology	MNH General Surgery	MSH General Surgery	MGH Surgical Oncology	BMH Surgical Oncology Colorectal	VAMC General Surgery
Site	1	1	1	1	3	4	5	7	8
% Outpatient	10%	10%	10%	10%	10%	10%	10%	10%	10%
% Scholarly Activities	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5

HOSPITAL PARTNERS:

1. Regional One Health: ROH
2. Methodist Le Bonheur Health Care – Methodist University Hospital: MLH – MUH
3. Methodist North Hospital: MLH – MNH
4. Methodist South Hospital: MLH – MSH
5. Methodist Germantown Hospital: MLH – GT
6. Baptist Memorial Hospital: BMH
7. Baptist Collierville Hospital: BCH
8. Veterans Administration Medical Center: VAMC
9. Le Bonheur Children’s Hospital: LB

ROTATION BLOCK DURATION IN MONTHS:

- PGY 1: 1
- PGY 2: 1.5
- PGY 3: 1.5
- PGY 4: 1.3
- PGY 5: 1.2

Vacations may be taken at any site during any rotation without restriction.

SECTION 2. SITE INFORMATION

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SECTION 3. EDUCATIONAL ACTIVITIES

DIDACTIC LECTURES

This Week in Score (TWIS)

Day/Time	Wednesday 9 am
Location	956 Court Avenue (Coleman South Auditorium)
Description	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
Attendance %	75%

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

Day/Time	Wednesday 7 am
Location	956 Court Avenue (Coleman South Auditorium)
Description	Case presentations of morbidity and mortality, and interesting cases
Attendance %	75%

Surgery Grand Rounds

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

ADDITIONAL CONFERENCES (ATTENDANCE IS ROTATION SPECIFIC)

- Vascular M&M (Tuesdays) Regional One Health
- Vascular Indications Conference (Fridays) Regional One Health)
- Vascular QI Conference alternating with Research Conference (Thursdays) Regional One Health
- 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 residency coordinator as soon as received for inclusion in Resident personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1 and 2 or COMLEX 1 and 2 – Prior to the start of their Residency, all Residents are expected to have taken and passed Step 1 and 2 or COMLEX Level 1 and 2. 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 14, 2022

Certifying Exam

November 9-11; 14-16, 2022 - Virtual

March 8-10; 13-15, 2023 - Virtual

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>

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

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 to 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) The resident may be required to make up any time missed in accordance with the Residency Program and Board eligibility requirements.

PARENTAL AND CAREGIVER LEAVE

Parental Leave (Maternity/Paternity) and Caregiver Leave effective July 1, 2022: Parental leave is available for the parent(s) for the birth or adoption of a child. Each resident will be eligible to have six weeks (42 calendar days) of paid parental leave one time during each ACGME training program. This paid leave is in addition to the above annual and sick leave. This leave will renew for a second period if a resident continues to another UTHSC training program but does not accumulate if unused. This benefit is available to non-ACGME programs one time during their non-standard training. Parental leave should be used prior to any remaining annual and sick leave. The leave should be used immediately following the birth or adoption of the child unless both parents are residents. Should both parents be residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training. Should another birth or adoption take place during the same training program after this benefit has been used, only the remaining annual and sick leave are available as paid time off, but all FMLA and other protected unpaid time are still available. The caregiver leave below is part of the same six-week benefit and not in addition to the parental leave. Caregiver leave is available for any resident that needs to take time off for the care of a parent, spouse, or child. This additional six-week (42 calendar days) leave is available one time during the ACGME training program. This leave will renew for a second period if a resident continues to a different UTHSC training program but does not accumulate if unused. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training. This caregiver leave is part of the same six-week benefit as the parental leave above and not in addition to. Tennessee State Law ~ 4-21-408 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 adoption, pregnancy, childbirth, and nursing an infant. 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.

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, residency 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, residency 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>

SURGERY SUPERVISION POLICY

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

Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. The attending physician is responsible for the overall care of each individual patient admitted to the surgical service and for the supervision of the resident(s) assigned to the patient. There is a clear chain of command centered on graded authority and clinical responsibility. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow, or senior resident physician, either on site or by means of telecommunication technology. The level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity.

LEVELS OF SUPERVISION

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

Direct Supervision:

the supervising physician is physically present with the resident during the key portions of the patient interaction.

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.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

ADMISSIONS

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

SURGERY

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

The attending surgeon is expected to:

- Confirm (or change) the diagnosis.

- Approve the operative procedure and procedure timing.

- Be immediately available or physically present (as dictated by his/her judgment) during the operative procedure and assure that it is properly carried out. Exceptions are only allowed for life/limb threatening emergencies.

- Supervise the postoperative care.

- Assure continuing care after the patient leaves the hospital.

PROCEDURES OUTSIDE THE OPERATING ROOM

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

PGY 1 RESIDENTS

- Must initially be supervised directly.

- Must complete the procedure log to be competent to perform the listed procedures with indirect supervision, with direct supervision available.

TRANSFER

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

END OF LIFE DECISIONS

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

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 an 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, residency 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.

Clinical Competency Committee (CCC)	
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.	
NOTE: 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	Regan Williams, MD
Ryan Helmick, MD	
Alexander Mathew, MD	

Program Evaluation Committee (PEC)	
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	Regan Williams, MD
Jeremiah Deneve, DO	Leah Hendrick, MD ~ Resident Rep
Diana Filiberto, MD	Denise Wong, MD ~ Resident Rep
Peter Fischer, MD	Emma Kelly, MD
Ryan Helmick, MD	Megan Gross, MD
Alexander Mathew, MD	Linnea Cripe, MD
F. Elizabeth Pritchard, MD	PGY-1 Rep
David Shibata, MD	
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.

2022-2023 RESIDENT AND RESIDENT COMPENSATION RATES FOR ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits	Monthly
PGY 1	56,592.00	57,252.00	4,771.00
PGY 2	58,704.00	59,364.00	4,947.00
PGY 3	60,600.00	61,260.00	5,105.00
PGY 4	63,120.00	63,780.00	5,315.00
PGY 5	65,700.00	66,360.00	5,530.00

For additional information on UTHSC resident salary, please visit the GME website:

www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/salary.pdf

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 up to \$200 for book stipend; however, electronics cannot be purchased. **The book stipend will expire April 1, 2023. Receipts must be submitted for reimbursement within 30 days of purchased receipt date.** The receipt must show resident name, address, method of payment, zero balance, and item must be shipped.

TRAVEL GUIDELINES:

Residents are eligible to attend meetings for presentation (oral or poster) of their research. The Department of Surgery will fund (at the University rates) the meeting registration, airline ticket (**economy fare only ~ NO business or first-class fares will be reimbursed**), ground transportation, meals, and hotel fees (hotel must be at conference or conus rate). The maximum total reimbursement is up to \$2,000.

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 before making any arrangements. The TR form is located at <https://www.uthsc.edu/graduate-medical-education/administration/documents/resident-travel-request-form.pdf>

After the program director approves the TR, the residency coordinator will inform the resident 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. This educational leave does not count as vacation.

The traveler must also add a delegate in Concur: <https://www.uthsc.edu/surgery/education-training/residency.php> {Policies (mid-section of page to left) | Under Travel Request | Add a Delegate in Concur}.

If the Department sponsored resident travel to conferences throughout the year, the residents are required to present at the Harwell Wilson Surgical Society (HWSS) Annual Research Symposium in June.

UT Travel Policy must be followed at all times – with **NO EXCEPTIONS**. 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:

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.**

All receipts should be submitted for reimbursement to the residency coordinator **within 30 days following travel**. The itemized detailed receipts 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 (economy fare) or designated letter in order to receive reimbursement.

International Travel (Educational purposes only): International Travel Registration: <https://uthsc.edu/international/travel/itrp.php>

How to Register:

1. To register, prospective travelers should complete an online form available at <http://www.uthsc.edu/international/> providing all relevant information about the trip. This begins the process, alerting both the UTHSC Business Office and the Office of International Affairs of the impending travel. Student travelers must also receive prior approval from their

college/program director if the anticipated travel is for academic credit or for participation in a college-sponsored noncredit activity.

2. Once the UTHSC forms are completed, the traveler will receive an email from the Office of International Affairs containing a pdf version of the International SOS wallet-sized insurance card that can be printed (a hard copy of the card can be picked up from the Office if time permits prior to departure). This International SOS card provides contact information to reach International SOS in an emergency. This card also provides a copy of the QR code that can be used to download a free Assistance app (useful only if phone coverage is available abroad). For other details, the traveler may peruse their website at www.internationalsos.com.

3. The final step in the process is the purchase of travel insurance through MYISIC - <http://www.myisic.com/Travel/Insurance.html>. Student travelers must sign up for a student identification card (ISIC); faculty and staff must purchase the International Teacher Identity Card (ITIC). The card is valid for one year from date of issue. MYISIC.com describes the travel, medical evacuation and repatriation insurance covered through the card. [Please note: the website will only refer to ISIC (the student card), but the benefits are the same]. Travelers will receive a hard copy of their identity card in 5-15 days but should be able to download an electronic pdf with personal member number immediately. Once this card has been purchased, the traveler should email a scanned copy or a photo of the ISIC or ITIC card to the Office of International Affairs (ويا@uthsc.edu). HAVING THIS INFORMATION WILL ALLOW UTHSC TO HELP COORDINATE SERVICES IN AN EMERGENCY.

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>

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

	PGY2	PGY3	PGY4	PGY5
Advanced Cardiac Life Support	X	X	X	X
Advanced Trauma Life Support	X	X	X	X
Central Line Placement	X	X	X	X
History and Physical Examination	X	X	X	X
Interpretation of Laboratory studies	X	X	X	X
Basic Cardiopulmonary Resuscitation	X	X	X	X
Closure of Lacerations	X	X	X	X
Debridement/closure of wounds under local anesthesia (Non-OR)	X	X	X	X

Debridement of pressure ulcers (Non-OR)	X	X	X	X
Drainage of superficial abscess (Non-OR)	X	X	X	X
Venipuncture	X	X	X	X
Excision of skin lesion (Non-OR)	X	X	X	X
Arterial Puncture	X	X	X	X
Nasotracheal or Orotracheal intubation	X	X	X	X
Interpretation of Basic Radiologic exams	X	X	X	X
Emergency Drug therapy	X	X	X	X
Write admission, preoperative or postoperative orders	X	X	X	X
Bronchoscopy	X	X	X	X
Pulmonary Artery Catheterization	X	X	X	X
Peritoneal Lavage	X	X	X	X
Thoracentesis	X	X	X	X
Tube Thoracostomy	X	X	X	X
Central Venous Pressure Line	X	X	X	X
Venous Cutdown	X	X	X	X

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

SECTION 8. RESOURCE LINKS

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

SECTION 9. APPENDIX

- I. GME Information and Dates
- II. 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 2022 will be held on the following dates:

June 20th

1 – 5P

Baptist Hospital EPIC Training (Microsoft Teams)

June 21st

10:30A – 1:30P

General Surgery New Resident Orientation (956 Court Ave., South Auditorium)

June 22nd – 23rd

8A – 5P

UT GME PGY 1 Residents Orientations (Student Alumni Center {SAC})
(June 23rd ~ Headshots with lab coat)

June 24 th 8A – 12P 1 – 5P	Methodist University Hospital (MUH) Orientation (Student Alumni Center {SAC}) Baptist Memorial Hospital Orientation (6025 Walnut Grove Road Garrett Auditorium)
June 25 th 11:30A – 2:30P	Welcome Party (Location ~ TBD)
June 27 th 8A – 12P 1 – 5P	Regional One Health Orientation (Student Alumni Center {SAC}) VA Hospital Orientation (Student Alumni Center {SAC})
June 28 7:30A – 5P	ATLS Day 1 (Categorical Residents ONLY) ~ Location TBD
June 29 th 7:30A – 5P	ATLS Day 2 (Categorical Residents ONLY) ~ CHIPS Center ~ 1 st Floor 26 S. Dunlap Street (next to the General Education Building)
June 30 th 9 – 11A	Airways & Central Line ~ CHIPS Center ~ 1 st Floor 26 S. Dunlap Street (next to the General Education Building)

Other Important Dates:

July 29-Deadline for incoming residents to provide documentation of ACLS

June 30 ~ Deadline for PGY2 residents to provide USMLE Step 3 passage results

September ~ SVMIC

AGREEMENT for HANDBOOK OF GENERAL SURGERY

- I. I have received the 2022-2023 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 Cynthia Tooley no later than July 8, 2022.**