

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Pediatric Urology Fellowship
Program Handbook
2024-2025**

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Section 1. Program Information

I. General Information and Mission Statement

The Department of Pediatrics at the University of Tennessee Health Science Center (UTHSC) offers a two-year ACGME accredited Pediatric Urology Fellowship program in Memphis, Tennessee.

Mission Statement:

The program's mission is to train fellows with a well-rounded and broad-based knowledge necessary to practice Pediatric Urology, whether the fellow chooses to enter a private practice or academic teaching program. Fellows are expected to expand and cultivate skills and knowledge learned during previous training and should exhibit an increasing level of responsibility and independence as he/she progresses throughout the training program. We aim to educate and train fellows from an academic/scientific standpoint, in order to critically evaluate current literature to improve his/her patient care, and to be able to contribute scientifically to the field of pediatric urology. Fellows should build upon previous training and should exhibit an increasing level of responsibility and independence as he/she progresses throughout the training program.

Program Aims:

The program's aims are to graduate residents trained in all aspects of pediatric urology: both medical and surgical, from simple to complex issues, encompassing acquired and congenital conditions. The length of training is two continuous years in which clinical training is provided along with opportunities for teaching and research. Training occurs at Le Bonheur Children's Hospital, a free-standing children's hospital that has consistently been ranked as a US News and World Report Best Children's Hospital, as well as St. Jude Children's Research Hospital, a world class pediatric oncologic center. Surgical experience is ongoing and is coupled together with outpatient and inpatient care experiences. The fellow has a choice of which cases to participate, with active faculty oversight in order to ensure that ACGME case minimums are met or exceeded. Ambulatory care in the Urology Clinic, ED and inpatient consultation service provides the opportunity to develop non-surgical and diagnostic skills including but not limited to imaging modality selection and interpretation, urodynamic performance and interpretation, urologic oncology, genetics, endocrinology, infectious disease, newborn ICU care, and the management of urologic emergencies and trauma. Opportunities for education (e.g. Master's of Epidemiology) and research are also provided.

II. Department Chair, Program Director and Associate Program Directors

Robert W. Wake, M.D.

Department Chair

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Dana W. Giel, M.D.

Program Director

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Mary Elaine Killian, M.D

Associate Program Director

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III. Office Contact

Matthew Isaacs, PhD

Program Manager

University of Tennessee Health Science Center (UTHSC)

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IV. Core Faculty (alpha order)

Dana W. Giel, M.D.

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Gerald Jerkins, M.D.

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Mary Elaine Killian, M.D.

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V. 2024-2025 Fellow Contact Information

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PGY7

Mohammed Alfawzan, MD

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Mohamed Soltan, MD (off-cycle-Sept. 30, 2024, Graduation)

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University of Tennessee

Pediatric Urology

Block Diagram

Year-1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2
Rotation Name	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO
% Operative	70%	70%	70%	65%	65%	65%	65%	65%	65%	65%	65%	65%
% Non-Operative	30%	30%	30%	25%	25%	25%	25%	25%	25%	25%	25%	25%
% Research	0%	0%	0%	10%	10%	10%	10%	10%	10%	10%	10%	10%

**time at site 2 is variable with in each month, comprising 0-10% of the overall time, split between operative and non-operative activities (for both year 1 and 2).*

Year-2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2
Rotation Name	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO	Peds. URO
% Operative	30%	30%	30%	30%	30%	30%	30%	30%	20%	20%	20%	20%
% Non-Operative	20%	20%	20%	20%	20%	20%	20%	20%	10%	10%	10%	10%
% Research	50%	50%	50%	50%	50%	50%	50%	50%	70%	70%	70%	70%

Notes:

Site 1 = Le Bonheur Children's Hospital

Site 2 = St. Jude Children's Hospital

Oncology & Minimally Invasive Surgery = Experience in this area is interspersed within weekly operative exposure throughout the year.

Vacation/Leave = Fellows are given 15 days of vacation/leave time throughout the year with exception of first 2 weeks in July and last 2 weeks in June.

The trainee will receive the following educational at the indicated location(s):

Site 1 & Site 2:

- Multidisciplinary management of myelomeningocele and other neuropathic bladder entities.
- Multidisciplinary management of patients with urologic tumors.
- Management of genitourinary infections.
- Inpatient and outpatient consultations requiring management of pediatric urologic disease, with graded responsibility for patient care.
- Inpatient and outpatient consultations requiring management of pediatric urologic disease, with graded responsibility for patient care.
- Clinical education must consist of 12 consecutive months of pediatric urology.

Site 1:

- Multidisciplinary management of nephrological and endocrinologic (adrenal) disease.

- Multidisciplinary management of patients with urologic trauma.
- Multidisciplinary management of patients with problems relating to sexual development and medical aspects of disorders of sex development (DSD) states.
- Performance of prenatal and postnatal genetic counseling for genitourinary tract anomalies.
- Performance and evaluation of urodynamic studies and pre- and post-operative management and treatment of severely ill neonates, children, pre-adolescents, and adolescents with genitourinary problems who require intensive medical care (i.e., neonatal or pediatric intensive care unit management).

Other Requirements:

- Fellows should attend a minimum of four clinic sessions per month.
- Time at site 2 is variable within each month, comprising of 0-10% of the overall time, split between operative and non-operative activities.

PEDIATRIC UROLOGY RESIDENT CALL SCHEDULE

The pediatric resident will be on call in rotation with the faculty. They will provide a more supervisory role and allow the rotating general urology residents to take first call which is from home. A faculty member is always on call backing up the pediatric resident who is to discuss all calls with that faculty member at the appropriate time. The pediatric resident will cover no more than two weekends per month and two nights per week which will allow the proper number of duty hours to be logged.

PEDIATRIC UROLOGY FACULTY CALL SCHEDULE

The pediatric faculty rotate call on a regular basis. A schedule is produced monthly, and the pediatric resident is included in that schedule with one faculty member always providing back-up. Cases and calls are discussed appropriately.

PATIENT COVERAGE

Attendings ensure patient coverage whenever the fellow is out on leave or not scheduled to work. Residents from Urology continue working alongside the attending while the fellow is out.

Section 2. Site Information

1. Le Bonheur Children's Hospital

Dana W. Giel, M.D. – Site Director
51 North Dunlap
Memphis, TN 38105
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2. St. Jude Children's Research Hospital

Andrew Davidoff, MD / Dana W. Giel, M.D. – Site Director
51 North Dunlap
Memphis, TN 38105
Phone: (901) 287-4030
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Email: danagiel@uthsc.edu

Section 3. Educational Activities

I. Didactic Lectures & Conference Schedule: (currently held over Zoom & in person)

Surgical Indications Conference	
Day/Time	2 hour Long, Bi-Weekly Conference at 8:00am
Location	LB OPC East Location, 100 N. Humphreys Blvd. (First-Floor Conference Room)
Description	This conference is held biweekly to review the scheduled cases, the indications for surgery, the type of surgical approach to be used, and pertinent labs and x-rays. The patients are individually presented by the general urology residents rotating on the pediatric urology service, supervised by the Pediatric Urology Resident. Following each patient presentation, the residents are given the opportunity to systematically review diagnoses, as well as the appropriate work-up and management of various pediatric urologic problems. This conference is designed to increase the pediatric urology resident's understanding of pediatric urology and surgical approaches/decision-making. The conference is led by the pediatric urology staff on an alternating basis.
Attendance	100%

Morbidity & Mortality Conference	
Day/Time	Held quarterly at 12:30pm
Location	LB OPC East Location, 100 N. Humphreys Blvd. (First-Floor Conference Room)
Description	This conference is held monthly (on the fourth Friday of each month) and is attended by the pediatric urology staff, the pediatric urology resident, and the general urology residents rotating on the pediatric urology service. Complications are reviewed in detail and discussed with a constructive emphasis. Any deficiencies in patient care are noted, and appropriate corrections are made. The residents are expected to turn in a list of appropriate cases for discussion monthly, along with a narrative explanation of the complication, resolution, and description of what has been learned by the resident because of the complication.
Attendance	100%

Topic in Pediatric Urology Conference	
Day/Time	Second Thursday, Monthly at 7:00am
Location	Le Bonheur Clinic Conference Room #848, Adams Room L325
Description	This conference is held monthly (on the second Thursday of each month) and is attended by the pediatric urology staff, the pediatric urology resident, and all the general urology residents. Assorted topics pertinent to pediatric urology are selected to be reviewed in detail, and questions are posed to the residents following the conclusion of the conference (to serve as post-test material). This conference incorporates current literature reviews, reviews of various radiographic imaging modalities pertaining to the topic, and pathologic image reviews. When appropriate, guest speakers serving as experts in an area are invited to lecture on selected topics.
Attendance	100%

Pediatric Urology Research Meeting	
Day/Time	Fourth Tuesday, Monthly at 4:30pm
Location	Le Bonheur Clinic Conference Room #848, Adams Room L325
Description	This conference is held weekly on Tuesdays and is attended by the pediatric urology staff, the pediatric urology resident, the pediatric urology research fellow, and the general urology residents rotating on the pediatric urology service. In addition, research support staff, as well as any medical students or general urology residents currently participating in pediatric urology research projects, are invited to attend. The assess/ensure progress of projects, identify potential problems, and assist the pediatric urology resident and research fellow with development of research skills necessary for a future in academic pediatric urology. This conference is led by Dr. Dana Giel.
Attendance	100%

Pediatric Multidisciplinary Conference	
Day/Time	Fourth Thursday, Monthly at 7:00am
Location	Le Bonheur Clinic Conference Room #848, Adams Room L325
Description	This conference is held monthly (on the fourth Thursday of each month), and is attended by the pediatric urology staff, the pediatric urology resident, all general urology residents, and members of other disciplines including pediatric nephrology, radiology, endocrine, and surgery. The urology residents are then expected to systematically evaluate the case, select appropriate work-up, and develop differential diagnoses. The final diagnosis is then discussed in detail, and the forum is then opened for discussion of management of the clinical problems presented. Dr. Ellie Killian is the moderator for this conference.
Attendance	100%

St. Jude Tumor Board	
Day/Time	Thursdays – Second & Fourth weeks
Location	Le Bonheur Clinic Conference Room #848, Adams Room L325
Description	This conference is held weekly at St. Jude Children's Research Hospital, and is attended by the pediatric urology resident, the general urology residents rotating on the pediatric urology service, and the pediatric urology staff. Assorted topics relating to childhood cancers are presented in a multidisciplinary manner (using medical, surgical, pathological, and radiological information). Topics relative to pediatric urology are routinely presented, and in such cases the pediatric urology resident and staff are invited to participate in the presentations.
Attendance	Attendance is optional but encouraged.

Urology Pediatric Journal Club	
Day/Time	Quarterly typically the last month of the quarter at 5:30pm
Location	TBD
Description	This conference is held quarterly, and is attended by the pediatric urology resident, the pediatric urology staff, and the general urology residents. In addition, the adult urology staff are also invited to participate. Current articles from pertinent major medical journals with an emphasis on pediatric urology (Journal of Urology, Urology, British Journal of Urology, Pediatrics, Journal of Pediatric Urology, etc.) are selected for discussion; additionally, relevant historical articles are also selected for discussion. This conference is led by the pediatric urology staff on an alternating basis; additionally, the pediatric urology resident is responsible for selecting articles and leading one journal club per year.
Attendance	100%

Program Meetings

- All fellows receive **quarterly evaluations** from faculty, as well as a **Semi-Annual Review** typically in the fall and an **End-of-year Evaluation** in the spring of each academic year.
- Clinical Competence Committee /Quality Improvement Committee –CCC/QIC: A program leadership meeting where the Core Faculty members review each fellow based on the ACGME Milestones and all evaluations from Faculty, 360 Evaluations and Self-Evaluations. This meeting occurs in December and June of each academic year. <https://www.uthsc.edu/GME/policies/resident-evaluation.pdf>
- Annual Program Evaluation: This is a program leadership meeting that also includes the second-year fellow. Typically completed in late July each year. Where they perform a detailed evaluation on all areas of the program where the PEC Committee reviews areas for improvement, growth, and issue resolutions within the program. Complete details are located online. <http://www.uthsc.edu/GME/policies/program-evaluation.pdf>

II. Required Reading

Although there is not a required reading syllabus, fellows are encouraged to read the Pediatric Volume from Campbell-Walsh Urology during their clinical year. Furthermore, as topics arise both through patient care and conferences, journal manuscripts are selected and provided for reading.

III. Research and Scholarly Activity

Research/scholarly activity is required during the two-year fellowship. Each fellow is expected to complete a minimum of one QI project and two hypothesis-driven research projects for which the fellow serves as Principal Investigator prior to completion of their fellowship. The fellow is expected to work closely with the Program Director to design their research activities and complete the Individual Education Plan required by the Fellowship Committee reporting to the ABU. The fellow will have faculty mentors for each research project, and they will be required to meet regularly with their mentors to ensure that progress is being made. Faculty mentors will provide written summaries of these meetings to the Program Director quarterly.

Committee Assignments

Fellows are expected to participate on at least one hospital committee, typically involving patient safety/quality improvement, during their fellowship. The Program Director will work closely with the fellow to identify any interests of the fellow to assist with committee assignment.

Section 4. Examinations

I. Documenting Exam Results

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

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

II. In-Service Training Exam

No SITE exists for Pediatric Urology.

III. Board Examination

The American Board of Urology (ABU) offers a Pediatric Urology CAQ. For more information regarding this please go to the ABU website, <http://www.abu.org/subspecialty/pediatric-subspecialty/>.

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	New Innovations Protocols
Academic Performance Improvement Policy	Observership
Accommodation for Disabilities	Offsite Rotation Approval - In Tennessee
ACLS	Offsite Rotation Approval - Out of State
Affirmative Action	Offsite Rotation Approval - International
Agreement of Appointment	Outside Match Appointments
Aid for Impaired Residents	Pre-Employment Drug Testing
Background Checks	Program Closure/Reduction
Certificate	Program Director Protected Time Policy
Clinical and Educational Work Hours	Program and Faculty Evaluation
Code of Conduct	Program Goals and Objectives
Disciplinary and Adverse Actions	Resident Evaluation Policy
Drug and Alcohol Use	Resident Non-Compete
Drug Free Campus and Workplace	Resident Reappointment and Promotion
Fatigue Mitigation	Resident Selection Guidelines
Fit for Practice	Resident Supervision
Fit Testing	Resident Transfers
Grievances	Resident Wellbeing
Handoffs and Transitions of Care	Salary
Hospital Procedures for Handling	Sexual Harassment and Other Forms of Discrimination
Resident Disciplinary Issues	Social Media
Infection Control	Stipend Level
Infection Control - Tuberculosis	Student Mistreatment
Insurance Benefits	Substantial Disruption in Patient Care or Education
Internal Rotation Agreement for ACGME Programs	Support Services
Leave	Technical Standards
Licensure Exemption and Prescribing Information	UT Travel
Malpractice Coverage	Vendor/Industry Conflict of Interest
Medical Licensing Examination Requirements	Visas
Moonlighting	Visiting Resident Approval
Workers' Compensation Claims Process: Supervisor <ul style="list-style-type: none"> The TN Division of Claims and Risk Management will assess a \$500 departmental penalty each time an employee or employer does not report a work injury within (3) business days after sustaining that injury. 	

- Contact the CorVel nurse triage line: 1-866-245-8588 (option #1 – nurse triage (resident) or option #2 – report claim (supervisor))
- A departmental fine of \$500 will be charged each time a claim report is not completed by a supervisor. an injured worker seeks non-emergency medical treatment prior to treatment (unless it is an emergency) prior to calling CorVel.

On-the-Job Injury Reporting Procedures

Injured Worker

1. Report injury to your supervisor *when it happens*.
2. Report your injury to CorVel (even minor injuries)
 - Call 1.866.245.8588 Option #1 (nurse line)
 - If you need medical care, the nurse will send you to an authorized doctor. You **MAY NOT** seek treatment with an unauthorized provider!
 - **DO NOT** go to the doctor before you report to CorVel.
3. Complete an Incident Report online via the Origami Portal
4. You will receive an email confirmation from Notifications@OrigamiRisk.com

Supervisor

1. You will receive email notification from Notifications@OrigamiRisk.com of the new injury after the injured worker's submission is complete.
2. Follow the instructions in the email to submit Supervisor Statement and complete the reporting process.
3. Follow up with injured worker for the doctor's return to work status.
4. Contact campus Human Resources Workers' Compensation Coordinator to process the return to work.



For Life-Threatening or Serious Bodily Injury *ONLY*:
Immediately Call Campus Police or Go to the Nearest Emergency Room!

Supervisor - Must report emergency on-the-job injuries on behalf of injured worker:

1. Firstly, ensure injured worker has appropriate medical care (nearest ER)

2. Call immediately to report worker's injury to CorVel (24/7)

- Call [1.866.245.8588](tel:1.866.245.8588) Option #2

3. Report the incident to:

- - Campus Safety Officer
 - Supervisor
 - UT System Office of Risk Management

Injured Worker - Must initiate the online reporting process as soon as possible:

- 1. Obtain the CorVel claim number from your supervisor**
- 2. Complete an Incident Report online via the Origami Portal**

NOTE: CorVel offers a [PPO Lookup](#) website to assist in locating the closest State of TN-authorized treating physician. This link will allow the injured worker to locate a physician or facility via zip code, city/state, and within a certain radius of their current location. This PPO Lookup website does not replace the requirement to call CorVel to report the injury. All injuries must be reported to CorVel to avoid the penalty.

Program-Specific Policies and Procedures:

I. Wellbeing

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. Additionally, the fellowship program ensures wellbeing of our fellows by mentor meetings and maintaining open dialogue with fellows. One faculty, Dr. Mary Elaine Killian, serves as Wellbeing Champion to address the needs of faculty and fellows. The program Director allows ample time away for self-care activities such as doctor's appointments, dentist appointments, etc.

II. Leave

Program Specific Requirements Regarding Leave: Fellows must request approval for leave/vacation 30 days in advance. Except in extenuating circumstances, leave is not granted for longer than one week at a time, and not for the last two weeks of June or first two weeks of July. Leave requests must be made in writing through the Program Coordinator (using the leave request sheet in the Appendix) and signed by the Program Director. Leave must not conflict with prior approved leave of other team members (residents or fellows). Unused leave is not able to be rolled into another academic year.

III. Family Medical Leave

All UTHSC programs follow the following UTHSC/GME policies for Parental and Bereavement.

Residents who have been employed for at least twelve months and have worked at least 1,250 hours during the previous twelve-month period are eligible for qualified family and medical leave (“FML”) under provisions of the federal Family Medical Leave Act (“FMLA”). FMLA provides eligible employees up to twelve (12) weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child, or parent. Except as set forth in Section IV, below, Residents may use all available sick and annual leave days to be paid during FML leave.

UTHSC Human Resources (“HR”) office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Program Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>. Health and disability insurance benefits for residents and their eligible dependents during any approved FML shall continue on the same terms and conditions as if the resident was not on leave. After all available paid sick, annual and other paid leave under Section IV has been taken, unpaid leave may be approved under FML and Tennessee law provisions, addressed below.

A. Tennessee State Law ~ 4-21-408. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) 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.

The Program Director and resident should verify whether the length of leave will require extending training to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Manager or Director should notify HR when it appears a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

IV. Six Week Paid Medical, Parental (Maternity/Paternity), and Caregiver Leave

Each resident will be provided six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leaves of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during the resident’s Program, starting on the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). A resident, on the resident’s first approved six (6) weeks of medical, parental, or caregiver leave of absence shall be provided the equivalent of one hundred percent (100%) of his or her salary.

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave.

A. Parental Leave. Paid parental leave is available to a resident for the birth or adoption of a child. Each resident, in an ACGME or non-standard Program, is eligible for six (6) weeks (42 calendar days) of paid parental leave one time during the Program. A resident's six (6) weeks of paid parental leave is available in addition to annual and sick leave and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave, below, is part of the same six-week benefit and not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. In the event both parents are 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.

B. Resident Medical. Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. 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.

C. Caregiver 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 (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Caregiver leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. 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.

V. Bereavement Leave

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.

VI. Moonlighting Procedure

UT/GME Policy #320 – Residents must not participate in Moonlighting if it violates the GME Work Hour scheduling and reporting requirements described below. PGY-1 residents are not allowed to Moonlight and Programs are prohibited from requiring residents to Moonlight. **Residents on J-1 or J-2 visas are not permitted to Moonlight activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship.** Any resident requesting to Moonlight must be in good academic standing. Residents on active Performance Improvement Plans are not eligible for moonlighting experiences. 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.

VII. Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy

Fellows may raise and resolve issues without fear of intimidation or retaliation. The Program Director, DIO and the chair of the Graduate Medical Education Committee (GMEC) maintain an open- door policy. Additional mechanisms for communicating and resolving issues include: Grievances regarding academic or other disciplinary actions are processed according to the Graduate Medical Education Academic Appeal Policy. Grievances related to the work environment or issues concerning the program or faculty can be addressed by discussing problems with a coordinator, chief resident, program director, departmental chair, individual program education committees, or resident member of the GMEC, or GME Administration. GMEC resident representatives hosts a Housestaff Association Open Forum once a year. The resident-led forum provides an opportunity for all housestaff to discuss issues or topics of mutual concerns. Fellows may submit anonymous comment or concerns through the Resident Comment Form on both the GME website and within New Innovations on their home page.

VIII. Discrimination, Harassment, and Abuse Policy

We encourage a safe working environment free from discrimination, harassment, and any abusive behaviors. If it is needed to address any of these areas, the Pediatric Urology Program follows the UTHSC institutional policy on discrimination, harassment, and abuse. The details of this can be found at <https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/sexual-harassment.pdf>

IX. Fellow Eligibility and Selection Policy

Applications are submitted by individual candidates directly to the Program Coordinator and Program Director using the AUA/SPU Universal Pediatric Urology Fellowship Application. Interviews will be offered to applicants based on their qualifications as determined by their application, letters of recommendation, CV, and residency performance. The UT Pediatric Urology Fellowship Program participates in the AUA Pediatric Urology Fellowship Match.

Selection Criteria: Applicants are considered qualified to participate in the AUA match if they will have graduated from an ACGME-accredited or Royal College of Canada-accredited urology residency program. Selection from qualified candidates will be based on application, CV, letters of recommendation, personal statement, and personal interviews.

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 Fellowship period.

Reappointment and promotion of a Fellow to the subsequent year of training requires satisfactory cumulative evaluations by faculty that indicates progress in scholarship and professional growth. 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.

X. Fellow Supervision Policy

Level of Supervision

There are three levels of supervision to ensure oversight of fellow 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:

1. **Direct Supervision:** The supervising physician is physically present with the Fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow 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 Fellow 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 fellow is directly involved in the preoperative, operative, and postoperative care of the patient under the direct supervision of a faculty member. This system allows for continuity of care and provides the fellow follow-up to the operative procedures that are performed at each facility. Evaluation is done face-to-face with the Program Director, Dana Giel, MD, on a quarterly basis. A summative paper-based evaluation will be performed at the end of each year of the fellowship. The fellow will evaluate faculty and the program through a paper-based evaluation during the last month of the first year of training.

Fellow and Faculty Policy Awareness

Fellows and faculty members should inform each patient of their respective roles in that patient's care when providing direct patient care.

Rotation-Specific Supervision

There are no rotations within different departments or hospitals. Fellows spend their entire training at one site location, Le Bonheur Children's Hospital. The details of supervision relating to this is listed above. At times, a fellow may be called for consults at St. Jude Children's Research Hospital and may also spend time there gathering regarding that in which they are continually in the direct supervision of a faculty member. There may be times when data for research projects in various phases of completion is needed at St. Jude, in this case there is no supervision as it is primarily a data collection time, but fellows are required to keep the Program Director and any other faculty relating to the data collection needs the progress relating to the work completed at St. Jude.

XI. Transitions of Care Policy

The fellow will communicate at the end of each day with the fellow or resident taking overnight call; all inpatients, including any who underwent procedures during the day, will be discussed in detail. Communication will also occur with the on-call faculty to ensure that all team members are aware of all patient care needs.

Gaps in Supervision

- If for any reason, a resident is unable to contact his or her supervising physician, they are to notify the program director or associate program director immediately.
- The program director or associate program director will then activate the faculty-specific chain of command to ameliorate the gap in supervision.

XII. Process by which faculty receive fellow feedback

Fellows are given the opportunity to evaluate their teaching faculty yearly. This evaluation is confidential and in writing through our online database, New Innovations.

XIII. Method by which faculty performance is evaluated by Department Chair

Formal faculty evaluations are performed annually one-on-one by the Department Chair with input from the Program Director. These faculty evaluations are uploaded in an electronic evaluation system; Digital Measures, and includes the following mission areas; service, teaching, clinical and research. Scholarly activity is reviewed as well. This is required by university policy with the process beginning in January and with completion in March providing time for recommendations by the Department Chair for faculty promotion, tenure, and/or reappointment of the faculty member. The Department Chair must consider each faculty member's teaching ability, service activities, clinical abilities, and the performance of scholarly activities. Each faculty member must submit to the Department Chair an assessment of his/her accomplishments for the year. Likewise, the Department Chair evaluates each faculty member as to the above criteria and evaluates the faculty members' assessment of their accomplishments. The Department Chair obtains commentary from medical students and peers, and formal input is obtained from the residents. The Department Chair utilizes these materials to prepare a formal evaluation for presentation and discussion with the faculty members, as well as for submission to the Dean of the College of Medicine. If the faculty member disagrees with the Department Chair's evaluation, such disagreement may be transmitted in writing to the Dean and attached to the Chair's evaluation.

XIV. Method for reporting improper behavior in a confidential manner

The Program Manager has created a confidential form that can be submitted to address concerns anonymously. If a fellow would like to speak directly to someone for a dynamic discussion, the program director has an open-door policy and is committed to maintaining the fellows' confidence and protecting shared information. If needed the program will follow the GME policy regarding this area. Additionally, there is an anonymous reporting link on the Urology Department Website.

XV. Assessment Instruments and Methods

All evaluations are completed through our online system, New Innovations. They are tracked on a regular basis by the program coordinator and saved to each fellow's and faculty's individual folders. Additionally, the program coordinator also tracked the program and rotation specific evaluations. The data from all evaluations on individuals and the program are also included in the CCC and PEC meetings to ensure complete program performance is accounted for. Evaluations that are completed are listed in more details below.

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 Fellow evaluation of rotations.

Faculty & 360 Evaluations of Fellows

Faculty & 360 evaluations of fellows occur on a quarterly basis. They are confidential and in writing. The PD reviews this information with each fellow quarterly to review and discuss as needed.

The program utilizes the following methods for Fellow evaluation:

4. 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.
5. All Fellows 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.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each Fellow documenting his or her readiness to progress to the next year of the program and/or graduate, if applicable. This evaluation assesses current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program's CCC. The summative evaluation will be discussed with the Fellow and a copy signed by the program director and Fellow will be placed in the confidential Fellow file.
2. The program director will also provide a final summative evaluation upon completion of the program. This evaluation will become part of the Fellow's permanent record maintained in the GME office and will be accessible for review by the Fellow. The final summative evaluation reviews the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure Fellows can engage in autonomous practice upon completion of the program. It also verifies that the Fellow has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice. Considerations and recommendations from the CCC are also included in this.

Faculty Evaluation of Program

Faculty complete an annual evaluation of the program confidentially and in writing. The results will be included in the annual program evaluation. This data is review at the PEC Meeting annually.

Fellow Evaluation of Program

Faculty complete an annual evaluation of the program confidentially and in writing. The results will be included in the annual program evaluation. This data is review at the PEC Meetings annually.

Clinical Competency Committee (CCC)	
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident's program on achievement; of [Insert specialty name] 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.	
Dr. Mary Elaine Killian, CCC Chair	Pediatric Urology Faculty Member
Dr. Dana Giel, Core Faculty	Pediatric Urology Program Director
Dr. Gerald Jerkins, Core Faculty	Pediatric Urology Faculty Member

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.	
Matthew Isaacs, PhD	Program Manager
Dr. Dana Giel, Core Faculty	Pediatric Urology Program Director
Dr. Gerald Jerkins, Core Faculty	Pediatric Urology Faculty Member
Dr. Mary Elaine Killian, Core Faculty	Pediatric Urology Faculty Member
2 nd Year Pediatric Urology Fellow	PGY 7 Fellow

Section 6. Fellow Benefits

I. Salary

Residents/Fellows 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.

2024-2025 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits
PGY 1	\$ 60,492.00	\$ 61,152.00
PGY 2	\$ 62,880.00	\$ 63,540.00
PGY 3	\$ 64,896.00	\$ 65,556.00
PGY 4	\$ 67,596.00	\$ 68,256.00
PGY 5	\$ 70,476.00	\$ 71,136.00
PGY 6	\$ 73,068.00	\$ 73,728.00
PGY 7	\$ 75,876.00	\$ 76,536.00

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

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

II. Health Insurance

For information on UTHSC Fellow insurance benefits, please visit the GME website:

<https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

III. 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>

IV. Stipends

Memberships

Fellows in the UTHSC Pediatric Urology Fellowship Program will be provided with memberships to the following organization(s):

- American Urological Association
- Southeastern Section of the AUA
- Society for Fetal Urology
- Societies for Pediatric Urology

Educational Resources

Fellows in the UTHSC Pediatric Urology Fellowship Program will be provided with the following:

- Access to UTHSC Medical Library
- Journal Websites

Lab Coats

Fellows in the UTHSC Pediatric Urology Fellowship Program will be provided at the beginning of their fellowship with lab coats by the GME office. The GME office will further cover up to three replacement coats throughout the entire program. These lab coats are purchased at Landau and billed to the GME office.

V. Travel

International Travel (Educational purposes only)

To better prepare for emergencies and provide assistance to the members of the UTHSC community traveling abroad, UTHSC requires all UTHSC travelers on official UTHSC business to complete a Travel Information Registration form prior to departure. This registration will enable UTHSC to communicate with faculty, staff, students, postdocs, residents, and fellows in the event of an emergency. Registration will also allow travelers to receive medical and emergency assistance from International SOS, a medical and travel security service company.

Who is Required to Register?

- **Faculty/Staff:** All faculty and staff traveling abroad using UTHSC funds or on UTHSC business without University funds (example: a faculty member is invited to give a key-note address at a conference and his/her costs are fully paid by the conference).
- **Students/Postdocs/Residents/Fellows:** All students, postdocs, medical residents, and clinical fellows traveling abroad to participate in official UTHSC-sponsored programs (including research, for-credit electives, travel to conferences and non-credit educational activities sponsored by UTHSC).

All travelers to *U.S. territories* are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to countries bordering the U.S., Canada, and Mexico, is international travel and requires compliance with this registration program.

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.

How to Register

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

Section 7. Curriculum

I. ACGME Competencies

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

- **Patient Care:** Fellows 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:** Fellows 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:** Fellows 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:** Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism:** Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice:** Fellows 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.

II. Milestones

The Milestones are designed only for use in evaluation of Fellow physicians in the context of their participation in ACGME accredited Fellowship or fellowship programs. The Milestones provide a framework for the assessment of the development of the Fellow 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://www.acgme.org/Portals/0/PDFs/Milestones/PediatricUrologyMilestones.pdf?ver=2015-11-06-120521-640>

III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations <https://www.new-innov.com/Login/Home.aspx>.

IV. 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:

6. **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.
7. **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.
8. **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>

All levels of Pediatric Urology Residents (PGY 6 or 7) can perform the procedures listed below without the presence of an attending physician:

I. Differential Diagnosis:	PGY6	PGY7
A. Clinical history	X	X
B. Physical exam	X	X
C. Bimanual and speculum pelvic exam	X	X
D. Interpretation of laboratory studies	X	X
E. Interpretation of all pre-op, intra-op and post-op imaging studies (KUB, IVP, renal and scrotal ultrasound, cystogram, retrograde urethrogram, CT scan, MRI including trauma situation)	X	X
F. Write admission orders, pre-op and post-op orders and discharge orders	X	X
G. Coordination of treatment with other disciplines	X	X

II. Urologic Procedures:	PGY6	PGY7
A. Bladder catheterization (transurethral and subrapubic)	X	X
B. Introduction of NG tubes	X	X
C. Wound care (including incision and drainage of scrotal wall abscess or penile abscess and debridement)	X	X
D. Intravenous catheterization	X	X
E. Venipuncture	X	X
D. Penile irrigation, aspiration, and injection for priapism	X	X

All other procedures require direct or personal supervision.

NOTE: The policy on resident supervision in the Operating/Delivery Room is described on the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-supervision.pdf#operating>

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 Fellows Resources	https://www.acgme.org/Fellows-and-fellows/Welcome
GME Confidential Comment Form	https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF
ACGME Program Specific Requirements	https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/26/Urology
American Board of Urology	https://www.abu.org
ABU Certification Process	http://www.abu.org/certification
American Urological Association	https://www.auanet.org
Societies for Pediatric Urology	https://www.spuonline.org

Section 9. Appendix

- I. GME Information and Dates
- II. Leave Request Form
- III. 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

Fellow Orientation Schedule

New Fellow Orientation for 2023 will be held on the following dates:

Date	Time	Title
July 1, 2024	7:30 am - 5:00 pm	PGY-2 - 7 Orientation

Other Important Dates:

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

UNIVERSITY OF TENNESSEE UROLOGY FELLOWSHIP

Leave Request

All requests are to be made 30 days in advance.

Name: _____ Rotation _____

Leave is requested for:

Include Month/Day/Year

I will return on:

IF YOU ARE SCHEDULED FOR CALL DURING THIS TIME YOU MUST ARRANGE SOMEONE TO COVER YOUR CALL

Date on Call

Fellow taking your call

DAYS OF REQUESTED LEAVE:

Place an X on the day(s) you are plan to be absent from clinical training

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

Comments:

Type of Leave Requested:

Annual/Vacation

Sick

Educational

Program Director Approval

Signature

Date

AGREEMENT for HANDBOOK OF Pediatric Urology

- I.** I have received the 2024-2025 Handbook for the UTHSC [Pediatric Urology] Fellowship 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 Program Coordinator no later than July 1, 2024.**