POLICIES AND PROCEDURES
DEPARTMENT OF SURGERY RESIDENT HANDBOOK
2017-2018

It is expected and required that all residents know and comply with the ACGME work hour regulations. We are committed to enforcing all work hour policies for all Surgery residents and any residents rotating in Surgery. Honesty is paramount in all aspects of surgical training, whether it is clinical, academic, or in maintaining medical records or online records of hours worked. You cannot be trained in this program if you are not honest.

The Department of Surgery is also governed by the campus wide policies of the University of Tennessee College of Medicine Chattanooga, and by the system wide policies of the University of Tennessee Health Science Center in Memphis, TN. UTHSC has its institutional GME policies on its website (www.uthsc.edu/gme). Our own institution, the UT College of Medicine Chattanooga, has its institutional GME policies as well as those of our primary affiliated clinical training site, Erlanger, in the New Innovations Intranet to which you have secure access.

RESIDENT RESPONSIBILITIES

Outlines for resident responsibilities are listed on the following pages. It is important to emphasize that these are guidelines only and do not represent the full spectrum of resident responsibility. It is expected that each resident's dress, demeanor, and attitude will reflect positively on the individual and the profession. It is expected that all surgical house staff will work as a team in the performance of duties.

The chain of command begins with the most junior resident on the service and extends through the mid-level residents to the Chief Resident, or the most senior resident on the service. The Chief Resident is responsible for all actions on the service and answers directly to and is supervised by the attending responsible for the particular patient. Resident decisions are monitored and discussed on daily rounds and weekly M & M conferences. Mid-level residents clear their decisions with the senior residents who then obtain approval, where necessary, with the attending surgeon. All operative decisions regarding interventions and/or changes in clinical treatment are derived through collaborative consultation and clearance with the faculty surgeon. Senior residents and faculty observe all junior residents during all procedures until such time as they can clearly demonstrate proficiency in these procedures.

SUPERVISION

In addition to the circumstances listed below, General Surgery residents should ask for faculty opinions, supervision or direct assistance if any questions or doubt exists regarding decisions or interventions as they pertain to patient care. We believe that communication is paramount for patient safety. Supervision will vary with resident experience.

Hospital Admissions
All patients admitted to the hospital require notification of the admitting faculty in a timely manner. Junior level residents (1,2) will notify senior level residents (3,4,5,6) after initial evaluation of such patients. The senior level resident will then notify faculty members. If senior level residents are unavailable, the junior level resident should contact a faculty member prior to admission of the patient to the hospital. Patients with stable conditions will be evaluated directly by faculty members within 24 hours of admission. Patients with emergency conditions will be evaluated with direct faculty supervision as soon as possible.

Inpatient Hospital Transfers
Acceptance of patients from another facility will be determined by faculty members only. The only exception is a trauma victim where transfer to the Level 1 Trauma Center is facilitated by the senior most resident on the Trauma rotation.

Outpatient Clinics
Direct supervision of resident clinic encounters will occur by faculty members. Junior Surgical residents (1,2) will present patients to upper level residents (3,4,5,6) or surgical faculty during clinic evaluations. Senior residents may evaluate patients and present directly to the faculty covering the clinic. Surgical cases scheduled through an outpatient clinic by any resident will require discussion with faculty members and agreement on a plan of care.

ICU Patients
All ICU patients with surgical conditions will be evaluated by faculty members on a daily basis. Any patient transferred to the ICU requires faculty notification. Any deterioration in a patient's condition also requires immediate faculty notification. Junior residents (1,2)will notify the senior residents (3,4,5,6) immediately when the aforementioned situations are encountered.

DNR or End of Life Decisions
All decisions for DNR or decisions regarding End of Life care require Faculty notification. Junior level residents (1,2) will be supervised for formal discussions with patients or families. Senior level residents (3,4,5,6) may discuss resuscitation directives and end of live decisions directly with patients or families at the discretion of the involved faculty member followed by a discussion with the faculty as to the family wishes.

GENERAL RULES

1. DUTY HOURS

   It is expected and required that all residents know and comply with the ACGME work hour regulations. It is expected that duty hours be entered weekly.

2. ROUNDS

A. Patient rounds
   Each patient will be seen daily and documentation made in the chart. It is not necessary that lengthy notes be written, but that significant points are made

relative to the patient's progress. All invasive procedures must be documented and dictated. All significant steps taken in the treatment or diagnosis of patients should be documented in the chart. This is particularly true where emergency calls are answered, such as patients falling out of bed, change in vital signs, soaked dressings, urinary output changes, presence or absence of pulses, etc. It should be possible to look back over a patient's chart without prior knowledge of that patient and be able to reconstruct precisely the patient's course, complications, etc. Time and date all entries to chart. **All chart entries must be signed, with the residents' personal pager number written next to the signature.**

It is expected that all patients will be seen prior to 8:00 a.m. each day, depending on manpower resources and work hour constraints. Schedules and rounds should be developed accordingly. It is expected that post-operative patients who have been operated on will be seen and examined during the evening hours of the day of Surgery and a note put on the chart by the resident on call for that service.

B. ICU Patients

It is imperative that at least two notes be written daily on all critically ill patients. It is expected that all critically ill patients be seen at least every eight hours. If at any point there is a question regarding the status of any patient, the senior resident on call should be consulted. When patients are transferred to the floor from ICU, all orders will be rewritten. No orders will be carried over to the floor. Critical Care residents should update trauma junior residents of patients transferred to the floor.

C. Attending Rounds, Monday/Friday

The senior resident on each service should facilitate attending rounds. This must start with a good line of communication with the attending. Dr. Roe will complete and distribute an attending round schedule each month. It is expected that convenient times will be arranged with the attending staff for rounds and that all residents on the service attend.

The resident staff should organize rounds well in advance and designations should be made as to who will present which patient, etc. **Do not wait for the Attending to contact you about teaching rounds**. **Contact him/her well in advance.** A well-organized discussion of the history physical and hospital course should be presented.

It is totally inappropriate to consume beverages, or eat during rounds. The dress on rounds will be shirt, tie, and lab coat. **It is totally inappropriate to carry a spit cup on rounds.**

It is very important that attending notes be made when appropriate. It is especially important that follow-up and preoperative evaluations be noted by the attending in those cases where staff assistance is given during the performance of the surgical procedure. Whether or not the attending writes a note, a note must be made in the chart by the resident when a patient is presented.

D. Visiting Professor Rounds

Rounds with a visiting professor offer the opportunity for that professor to see the environment in which we operate our surgical services. These Rounds should provide the opportunity for the professor to offer questions, suggestions, and other teaching points. Presentation of cases should be planned well in advance and be well rehearsed. In cases where a conference-type atmosphere is desired, the room should be reserved well in advance and checked by the resident in charge to be sure that adequate teaching aids such as stretchers or Chairs for patients, blackboards, slide projector (extra bulbs), pointer, etc., are provided. The resident responsible for the conference is responsible for seeing that the guest speaker is shown how to use the various audio/visual equipment, microphone turn-on, etc. Every effort should be made to make the visiting professor feel at home. The house staff is to be neatly dressed with shirts and ties for the men and appropriate dress clothes for the women. Clean Lab Coats should always be worn. Please remember it is a privilege to have visiting professors, and it is our responsibility to make a good impression for our institution and training program.

3. DRESS

A neat, clean, and personal appearance will be promoted at all times. It is difficult for the patient to envision consummate skill as a surgeon in someone who does not present with a neat personal appearance. **Socks are always to be worn**.

4. SCRUB SUITS

The wearing of scrub suits outside the operating room is a convenient luxury. Scrub suits should not be worn outside the OR without a white coat or other coat over it.

Scrubs are not to be worn anywhere except work. Do not wear scrubs to the mall or anywhere else in the community.

Scrub suits should be clean. It is highly embarrassing to look at a physician who has obviously slept in a scrub suit for 6-7 hours. The scrub suit shirt should be tucked into the pants at all times. It is expected that scrub suits will be changed between cases when the resident leaves the floor or certainly in cases where a dirty case has been involved.

5. PRESS/MEDIA

It is expected that the resident staff will adhere to the general policy of the hospital

regarding release of information to the press. We do not want to block appropriate information to the press, but do not, in any case, desire to be implicated in the release of unauthorized, inaccurate or inappropriate information. When a question arises regarding release of information to the press, the Chief Resident and administrative personnel on duty should be consulted. If the problem cannot be resolved at that level, the Attending Staff should be consulted. The best course is to refer any press request to the hospital's Public Affairs Department.

The University of TN College has developed a social networking policy that is included on the College of Medicine website.

6. CONFERENCES

The resident is expected to attend **all conferences on time** unless there is some unavoidable conflict, such as patient overload in clinics, scrubbing in Surgery, or E.R. requirements. Consumption of beverages and food should be prudently monitored on an individual basis. Each resident is responsible for cleaning up refreshments after morning conferences. Attendance is monitored; excessive absences will be noted and addressed.

Conferences are scheduled at 7:00 a.m., with Basic Science/Subspecialty on Tuesdays, Grand Rounds on Wednesdays, and Mortality & Morbidity (M&M) on Thursdays. The Tuesday, Wednesday and Thursday conferences are all held in the Probasco/Medical Mall Auditorium. Sitting towards the front of the Probasco is welcome. The auditorium is a popular meeting site and is much in demand by other large groups. Please check the conference schedule monthly to see if any conferences have had to be moved to another room. Journal Club is held bi-monthly at various times and locations. With the exception of M&M, no conferences will be scheduled during the last two weeks of June and the last two weeks of December. The resident is expected to attend **all conferences** unless there is an unavoidable conflict.

Residents on the Vascular B service have a weekly conference on Fridays at 7:00 am in the conference room in the academic office in suite 401 of the Physicians Office Building. This conference is a weekly case discussion with input from other allied health professionals involved with the vascular patient.

Residents on the Trauma/Critical Care rotation have a twice monthly conference on the second and third Fridays at 11:00 in the conference room in the academic office in suite 401 of the Physicians Office Building.

Sign-in and topic documentation are imperative.

A. Basic Science/Subspecialty Conferences

These conferences will be on Tuesdays at 7:00 a.m. Chief Resident Dr. Nick Ballay will coordinate the conference and make assignments.

B. Grand Rounds Grand Rounds will be held at 7:00 a.m. on each Wednesday. Since many staff members attend the conferences and often out-of-town guests and speakers are present, it is imperative that this conference begin on time.

Chief Resident Dr. Brent Soder will make the assignments for the conferences and will provide a list to residents so everyone will know well in advance of their Grand Rounds responsibilities.

NOTE: For weeks where Interesting Cases is the topic, a list of the residents who will present and what cases they plan to present are due to the Academic Office by the end of the workday on the Friday proceeding the Wednesday they are to be presented.

C. M&M Conferences

This conference will be held on Thursdays at 7:00 a.m. The Chief Resident with M & M responsibility is Dr. Mary Kathryn Huddleston. Attendance for this conference is mandatory. The conference will begin on time.

Guidelines for M&M:

1) All mortalities and any complications are included.

2) The conference will encompass patients through the preceding Sunday.

3) The list for each service must be submitted by 0800 on Tuesday.

4) If you look good, you'll do better. Don't routinely wear scrub suits.

5) Be on time.

6) Be prepared to discuss any patient on your service.

7) It's better for you to bring up a problem you've had on your service than for the staff to find it circuitously.

8) Names of those not submitting an M & M list will be posted.

7. JOURNAL CLUB

Journal Club will be held bimonthly, date and time determined by Chief Resident Dr. Nico Domingo, who coordinates the conference. Journal Club articles will be selected approximately 1-2 weeks prior. Any resident may be chosen by the attending to present any of the selected articles. Volunteers are solicited and these individuals may be given the opportunity to discuss the article of their choice.

The discussion of the article should be succinct indicating the major thrust of the paper and a critique of how well the paper made its point. These presentations should last no more than ten minutes to allow for adequate discussion.

A resident will be assigned to Journal Club to select articles for the Faculty's approval. It is recommended that 6-7 articles be presented from which 3-4 will be used. Recommendations of interesting articles by other residents are encouraged.

8. VISITING PROFESSOR CONFERENCES

Visiting professors are here primarily, if not solely, for your benefit. Accordingly, you should look on their visit as a privilege and consider taking whatever actions possible to gain from that individual's visit what you can. We also wish to leave the guest lecturer with a favorable impression of Chattanooga, Erlanger Medical Center and most importantly, our residency program.

The following are points which would be of significant benefit in leaving a favorable impression and gaining the most from a speaker's visit.

A. Introduce yourself to the speaker and have at least one question in mind, which might lead to some form of productive conversation.

B. Look decent! Scrub suits on rounds and a disheveled appearance are totally inappropriate and will not be tolerated on visits from guest lecturers.

C. Make every effort to assist the lecturer with audiovisuals. Remember, he/she has not likely been there before and does not know the intricacies of our conference room and facility.

D. If you arrive in the conference room where the lecture is to be held and find it in an unkempt, disheveled appearance, which is the ordinary set of circumstances, please take it upon yourself to throw away the junk. A good appearance is everyone's responsibility! We all complain about Housekeeping and messy conference rooms, however, it is important to clean the room up first and then complain.

9. OPERATIVE EXPERIENCE DATA

As you enter your postgraduate training, you will be given a lot of responsibility. You will feel yourself drowning in paperwork, not the least of which is the task of keeping an accurate accounting of your operative experience. As you know, you will have to turn in to the American Board of Surgery your entire operative experience for the six years you are in residency training. This is to be sent in with your application to take the written Boards at the completion of your training.

The resident is responsible for entering all of their operative information into the ACGME database. Logins and passwords can be obtained from Cindy Schultz Rudolph in the academic office. All residents should also capture all non-operative Trauma and Critical Care patients cared for.

The academic office will monitor Surgery operative data on each resident weekly. Those not entering cases will be sent to "study hall" in the academic office and restricted from Surgery until all operative cases are entered.

10. HISTORY & PHYSICALS

History and Physicals will be dictated on all patients admitted to the all the Surgical Services within 24 hours of admission and prior to surgical procedures.

The History and Physical examination should be comprehensive and include all pertinent points related to present illness, past history, and review of systems. Special attention should be detailed to identify allergies and past surgical procedures. A listing of current medications and dosages should be recorded. It is imperative in the physical examination that vital signs on admission be recorded. We believe that the surgical house officer should count the pulse on every surgical admission. We reiterate the necessity for recording the pelvic and rectal examinations. It may be on certain Faculty Services that these exams will be done by the Faculty Attending, but some arrangement and subsequent notation regarding this exam should be made at the time of the history and physical examination. It is exceedingly important to record peripheral pulses in the feet and femoral areas at the time of the initial physical examination. This is an absolute rule in all patients with peripheral vascular disease, or patients who will undergo angiography.

An abbreviated written summary of the history and physical should be recorded in the progress notes. The written history and physical should contain a summary of all pertinent positive and negative points historically in the present illness. A brief illustration to each point in the past history should be made, but especially drug allergies. Also, a statement as relates to habits such as smoking and ethanol consumption or drug abuse should be noted.

Once again, physical examination aspects should record the vital signs especially, as well as the general appearance of the patient and a detailed evaluation of the area of the body involved in requiring admission such as an abdominal exam for acute abdominal complaints, chest exam for chest problems, nasopharyngeal exam in ENT problems, etc. An impression of the admitting diagnosis should be listed on each patient. This should be followed with a plan of evaluation and treatment that is being initiated at the time of admission.

11. OPERATING ROOM SCRUBS & ATTENDANCE POLICY

Residents are to be present at the time cases begin in Surgery. **It is your responsibility to know when the cases begin. Do not rely on hospital personnel to contact you**. The following procedures are to be followed regarding Surgery:

A. The Chief Resident will have the operating room assignments made out the night before and posted by 6:00 a.m. on the day of Surgery.

B. By 7:30 a.m. on Monday through Friday, it is expected that all house staff will have checked the schedule and **initialed by their name**, acknowledging that they are aware of where their surgical scrubs are assigned.

C. Don't wait on the attending to scrub! You should be there first for scrubs or to insure catheter placement, etc. **It is unlikely that you will perform significant portions of the procedure if the attending is present before you.** You will also develop what is known as a negative halo.

Any problems with scheduled scrubs will be referred to the Chief on call for assignments that day. Scrub assignments may only be changed after being cleared with the Chief on call the previous night. Any scrub changes made between residents will still be the responsibility of the resident initially assigned to the case.

12. GENERAL SURGERY MISCELLANEOUS DEPARTMENT POLICIES

A. Honesty in all things is paramount.

B. Preoperative Notes. The responsible resident will write a complete preoperative note within 24 hours of Surgery. Preferably this note should be written the evening prior to Surgery on elective in-house cases. This preoperative note should include a brief summary of the problem involved, a reference to appropriate laboratory with abnormal values noted, a brief physical exam and a description of the planned procedure. Preoperative notes should always contain a statement indicating that the Surgery has been discussed with the family and patient and that the risks and benefits of the Surgery have also been discussed with the family and patient. A statement indicating that the attending surgeon is aware of the procedure and agrees with the procedure must be in the preoperative note on all patients. All notes written by the resident should have the residents' name and personal pager number – not the pager number of the service – included.

A medical record is not the place to disagree publicly or complain about another physician or service.

C. One should not refer to operating on a patient as "cutting" on a patient. We do not "cut" a patient... We operate on them.

E. Anytime a Penrose drain is present, it should have a safety pin or similar device attached.

F. When patients are referred by outlying physicians, be sure to notify them regarding the patient's outcome and expected need for follow-up, etc., where appropriate. Dictation of letters or notes to these physicians is encouraged.

G. On some occasions it may be necessary for a resident to leave the hospital during regular working hours. In all cases in which the resident leaves the hospital during normal working hours and is not on an approved vacation, the senior residents should be notified of the departure as well as the anticipated time of return. No one is to leave without the approval of a senior resident. If you are the senior resident, make sure your Attending knows that you will be out of the hospital.

H. When presenting a patient the word "belly" should not be used. This section of the body is the abdomen.

I. If you have a conflict with the schedule responsibility; i.e. surgical cases, clinics, etc., it is mandatory that you inform your senior resident in ample time for alternative arrangements, or to inform your senior resident what alternative arrangements you have already made. If you have to be off for any reason, you must inform your Chief or Senior Resident.

J Any time a resident is called to assist with any surgical patient, he/she should make the assumption that the request is legitimate. If on certain occasions the resident feels that an inappropriate request has been made of his services, he should immediately contact the Chief Resident. There have been rare occasions when a Surgical resident is called to see a surgical patient and for some reason or other has felt that the request was not within his/her area of responsibility. Respond first and then check with the Chief Resident. Furthermore, in the interest of providing the best possible medical care at Erlanger Medical Center, should any emergency arise with any patient, the resident should immediately respond. The dilemma of whose patient or responsibility the problem is will be resolved later. Do not hesitate to readily accept responsibility. You are a surgeon!

K. The phrase “That’s not my job!” used by a Surgery resident is particularly detested. First, take care of the patient, and then sort out responsibility later.

L The insertion of a central line is an operative procedure. In every case where a line is inserted, a short note will be placed on the progress notes indicating the location of line placement (right or left), the degree of difficulty in line insertion, and the amount of blood loss. A procedure note will be dictated as

well. Furthermore, any complication anticipated in the placement of a central line should be noted on the chart. In every case where a subclavian line is placed, a chest x-ray will be obtained and the results of the x-ray should be noted on the progress notes following the central line insertion note. The resident must demonstrate aspiration of blood from all ports after insertion of a central line. Omission of a chest x-ray will only be at the discretion of the attending surgeon.

M. When you get a needle stick (and every Surgery resident gets a needle stick at some time) let **someone know immediately**. Call The GME Office since you are a University employee and not an Erlanger Employee. Then call the Department of Surgery office, etc. Make sure that the Erlanger nursing supervisor or other manager completes the appropriate non-employee incident report. They will likely send you to Workforce, located on the back side of the UT Family Practice Center building (lower parking area across from Historic Engel Stadium) for baseline testing. In the evening or on weekends you will probably be sent to the Erlanger Emergency Department for care and any baseline testing. For this to be a covered expense under the State of Tennessee's Worker's Comp, these guidelines and notification to the GME Office must be followed in a timely manner (next business day). Failure to do this according to these guidelines frequently results in expensive ED bills in your name which will be denied by your health insurance since it is work related.

13. MEDICAL RECORDS

It is expected that all operative notes, discharge summaries, and history and physical examinations be dictated within 24 hours of the time of performance. All History & Physicals are to be dictated. A note referring to admission, discharge or an operative note should be placed in the progress notes at the time of occurrence. The requirement for dictation is a policy of the Joint Commission on Accreditation of Hospitals. Discharge summaries should be dictated at the time of discharge. When the discharge summary is not dictated while the chart is still on the floor, a resident will be designated as part of the discharge orders as responsible for the summary. **(NOTE: The resident discharging the patient is responsible for the discharge summary at the time of discharge or on the order sheet, assigning the discharge summary to the resident responsible.)** There is no excuse for not performing admission history and physical dictation or operative procedures or dictation at the time that event occurs. For many reasons (but especially medico-legal) we plan to intensify pressure, which can include suspension, denial of leave and holding of paychecks, for prompt and accurate record keeping.

Residents are able to login and monitor medical record completion. A weekly list is sent to Dr. Giles and the program office as to the number of resident "deficiencies". It is never a good idea to act surprised when you are notified about the number of "deficiencies".

14. TIME OFF

Chief Resident Dr. Chris Bell is responsible for scheduling vacation this year.

PGY 1-4 residents get 2 weeks of vacation per year
PGY 5-6 residents gets 3 weeks of vacation per year

All residents get 5 days during the December holidays, either at Christmas or New Year's. This will be addressed in November with a signup sheet in the call room area.

Preliminary Surgery residents get 5 additional, personal days of leave to take for interviews. This is not vacation time. When the 5 personal days are used, then vacation time has to be used for interviews.

Sick leave is also available, up to 21 days a year. Leave cannot be carried over from one academic year to the next. The GME office has detailed policies about illness and sick leave that every department follows. It is worth reiterating that for major illnesses or pregnancy, the resident must provide a physician's statement regarding fitness for duty. Work hours will not be modified unless there is a statement from your physician. After a major illness, operation or pregnancy, the resident cannot return to work without a release from your physician.

Must take 1 week of vacation during research.

Must take 1 week of vacation during the first 6 months of the year and 1 week during the second 6 months of the year.

Vacation requests for the first 6 months are due August 1. Vacation requests for the second 6 months are due December 1. Vacation approval will be based upon seniority and timeliness of request if/when there are conflicts in scheduling.

Vacation will be assigned if requests are not received by the above dates.

No vacation is permitted on Critical Care and Pediatrics. Until this year, it has been prohibited to take vacation during Trauma but this is now allowed.

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Requests off – Requests to be off are for specific weekends or weekdays. Dr. Bell will let you know how many requests you are allowed. If you know now that you are getting married this year or your sister/brother/college roommate/mother/father, etc. are getting married this year, put your request in early.

Each department has to turn in time sheets for each resident each month so that leave can be tracked. When entering duty hours into New Innovations, there is also the ability to enter leave, such as sick leave, annual leave and educational leave. The Surgery office will use your duty hour record in New Innovations to complete monthly time sheets.

15. EDUCATIONAL $$$$ GUIDELINES

The University of Tennessee provides some GME professional development and educational funds for residents. Each department decides how they want to use their educational funds or what traditionally residents have called "book money". This is a change from previous years.

PGY 1 – ABSITE Review Course in Atlanta December 2,3, 2017. Residents will be sharing rooms.

PGY 2 - $750 to be applied to the USMLE Step III exam registration fee

PGY 3-6 $750

NEW THIS YEAR: The resident scoring the highest for their year level on the ABSITE will receive an additional $150 in GME funds. The highest scoring resident for the entire program will receive an additional $200 in GME funds.

When traveling to an educational conference or to present a paper, come to the Surgery office first to discuss registration and funding. Do not rely on what another resident tells you or what you did last year.

UT reimbursed travel is very complicated and all forms and guidelines must be followed exactly or you will not be reimbursed. In addition to your GME funds, UT also has small additional amounts for those presenting papers at scientific meetings. However, those funds are limited per resident per academic year. These funds cannot be used for more than one meeting.

Travel to present papers is funded in some cases by the Chattanooga Surgical Foundation. These funds are not unlimited and you may be asked to share a room with another resident or economize in another way. The maximum amount per conference reimbursable by the Foundation is $1,500.

Dr. Giles wants the GME professional development and educational funds to be spent on educational travel for the PGY 3-6 group. Each resident is allowed one educational conference per year that he/she is not an active participant in. We will be sending a list of approved conferences for the upcoming academic year. You may choose one of those conferences or ask Dr. Giles for approval to attend a different conference. You will be expected to use your GME money for this conference. If you don't have enough GME funds to attend a meeting and want to go anyway, you will be allowed the time off.

For residents with plans to present papers or posters at scientific meetings in the coming academic year, you will be required to use your GME funds first. If you have already used your money on another conference or are approved to attend another conference in that academic year, you will be reimbursed up to $1500 from the Foundation. If, however, you decide to buy an IPAD or books with your GME funds, Dr. Giles expects the Foundation to subtract the amount

spent on an IPAD or books (plus any unused GME money) from the $1,500 allowed for travel to present a paper at a scientific meeting. For example: Assume GME funds equal $750/year. Resident A decides not to spend GME money as he knows he is planning to present a paper later in the year. Resident A would use $750 GME then get an additional $750 (if needed) from the Foundation for a total of $1500. Resident B wants to attend a Vascular conference and present at a different one later in the year. His Vascular conference would utilize the $750 GME and the remaining money would be out of pocket. Since the GME money was used for approved travel, the Foundation will reimburse Resident B up to $1500 for the presenting conference. Resident C decides to use $500 GME money to purchase a computer leaving $250 remaining. Resident C gets a paper on for presentation, therefore he will use his remaining $250 first then the Foundation will reimburse $750 since $500 was used for non-travel related expenses (total $1500).

Funds from the Chattanooga Surgical Foundation come from the physicians of University Surgical Associates taxing themselves. Occasionally we get a small grant. Thus, these funds are not to be used carelessly and the funds are not unlimited.

It is the resident's ultimate responsibility to adhere to the policy and submit appropriate receipts. Reimbursement must be submitted within 30 days or it won't be processed, no matter how sad the story is. Do not save your receipts to submit all at once.

Approved expenses

Travel expenses to CME conferences planned by ACCME accredited providers.
Electronic educational materials – including money toward an IPAD or tablet
Video course registration
Hard copy or electronic medical-related books
Membership fee for specialty organizations
USMLE Step 3 registration fee

Receipts must indicate that the order is complete and that payment has been made – not just that the item has been ordered.

UT will not reimburse a foundation for payment made on behalf of the resident.

Receipts must be in the name of the resident.

When traveling to an educational conference or to present a paper, come to the Surgery office first to discuss registration and funding. Do not rely on what another resident tells you or what you did last year.

UT reimbursed travel is very complicated and all forms and guidelines must be followed exactly or you will not be reimbursed.

For all other educational enhancement items (such as books), residents must submit **original receipts** upon purchase of the item(s). Acceptable **original receipts** include an invoice denoting

payment and name of the book, printed copy of an online order form as long as it indicates a statement that payment has been made, or a copy of the cancelled check (front and back of the check).

The deadline for submitting receipts for educational materials - not previously approved travel - will be April 1, 2018. This is a hard deadline. If you have not used your educational funds by then, those funds will be allocated elsewhere.

16. Disciplinary Actions:

Disciplinary actions are typically utilized for serious acts requiring immediate actions. These actions include suspension, probation, and dismissal. The residency program, the University of Tennessee College of Medicine Chattanooga (UTCOMC), the Statewide University of Tennessee Graduate Medical Education Programs, and the University of Tennessee Health Science Center are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the University of Tennessee Graduate Medical Education (GME) Academic Appeals process. All disciplinary actions will become a permanent part of the resident training record.

Adverse actions may result when continued remediation actions have been unsuccessful. These actions may include probation, denial of Certificate of Completion, or non-renewal of agreement and will become a permanent part of the Resident training record. All significant adverse actions are subject to the University of Tennessee Graduate Medical Education (GME) Academic Appeal Process.

Suspension

A Resident may be suspended from all program activities and duties by his or her Program Director, Department Chair, the Director of GME, the Associate Dean /DIO, or the UT College of Medicine Chattanooga Dean. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with the University of Tennessee policies, procedures, and Code of Conduct, federal health care program requirements, or conduct threatening to the well-being of patients, the Resident, other Residents, Faculty, or staff. All suspensions must be reported to the Director of GME and the Associate Dean/DIO. A decision involving program suspension of a Resident must be reviewed within three (3) working days by the Department Chair (or designee) to determine if the Resident may return to some or all program activities and duties and/or whether further action is warranted. This suspension review by the Chair is unrelated to an official appeal of an adverse decision. Additional action following suspension may include, but is not limited to counseling, fitness for duty evaluation, referral to the Aid for Impaired Residents Program (See GME Policy #320), probation, drug testing, non-reappointment to the program, or dismissal. Suspension may be with or without pay at the discretion of institutional officials. At the discretion of the Program Director, suspension may include loss of up to one week of the three total weeks leave provided to all Residents or may include unpaid leave days as determined appropriate by the Program Director with the approval of the Associate Dean/DIO

Performance Difficulties and Probation

Probation is a serious disciplinary action that constitutes notification to the Resident that dismissal from the program can occur at any time during or at the conclusion of probationary period. In most cases, remedial actions including but not limited to Academic Performance Improvement (see GME Policy #705) are utilized prior to placement on probation; however, a Resident may be placed on probation without prior remediation actions based upon individual program policies. A copy of the probation notification, signed by the Program Director and Resident, must be sent to the Associate Dean/DIO. Probation is typically the last opportunity to correct deficiencies and the final step before dismissal occurs. However, dismissal prior to the conclusion of a probationary period will occur if there is further deterioration in performance or additional deficiencies are identified. Also, dismissal prior to the end of the probationary period may occur if grounds for suspension or dismissal exist. Each residency program is responsible for establishing written criteria and thresholds for placing Residents on probation. Examples include but are not limited to the following:

- failure to complete the requirements of a Performance Improvement Plan (PIP)
- not performing at an adequate level of competence
- unprofessional or unethical behavior
- misconduct
- disruptive behavior, including excessive tardiness or absenteeism which effectively disrupts training
- failure to fulfill the responsibilities and requirements of the program in which the Resident is enrolled

Non-Reappointment

A decision of intent not to reappoint a Resident to the program should be communicated to the Resident in writing by the program as soon as possible but hopefully no less than four months prior to the end of the academic year (March 1 for Residents on a regular July 1 academic cycle). If the primary reason for non-reappointment occurs during the last four months of the academic year, the program will provide the Resident with as much written notice as circumstances reasonably permit. A copy of the notification, signed by the Program Director and the Resident, must be sent to the Director of GME and the Associate Dean/DIO.

Note: A Resident can be immediately dismissed without prior written notification at any time during the contract year due to the occurrence of a serious act as described below under "Dismissal."

Denial of Certificate of Completion

A Resident may be denied a certificate of completion of training as a result of overall unsatisfactory performance during the final academic year of residency training. This may include the entire year or overall unsatisfactory performance for at least 50% of rotations during final academic year. Each residency program is responsible for establishing specific written criteria for denial of certificate of completion. Residents denied a certificate of completion must be notified in writing of unsatisfactory performance by the Program Director at least four (4) months prior to scheduled completion of program. In most situations, the Resident should be notified of this pending action as soon as possible. A copy of notification, signed by the Resident, Program Director, and Associate Dean/DIO, should be sent to the Director of GME and will be maintained by the Associate Dean/DIO. In certain situations, given available funding, a Resident denied a certificate of completion may be offered the option of repeating the final academic year or period but only at the discretion of the Program Director and Associate Dean/DIO.

Dismissal

Residents may be dismissed for a variety of serious acts. The Director of GME and the Associate Dean/DIO must review all dismissals. Prior written notice will not be provided to the Resident when it is determined that the seriousness of the act requires immediate dismissal. The Resident does not need to be on suspension or probation for this action to be taken. Note: Residents who are dismissed from the program are not eligible for a certificate of completion. These acts may include but are not limited to the following:

- serious acts of incompetence
- impairment
- unprofessional behavior
- job abandonment
- falsifying information or lying
- noncompliance
- behavior that undermines patient safety

If the Department Chair and Program Director determines a resident's deficiency to be of sufficient gravity to warrant immediate dismissal, the resident may be dismissed without first being offered an opportunity for remediation through a Performance Improvement; provided, however, that the Chair must consult with the Office of Graduate Medical Education prior to instituting a dismissal that is not preceded by a period of structured remediation and performance improvement. In that instance, the resident may obtain review under the process for academic dismissal.

In addition, during or following a period of remediation, any resident who fails to correct a deficiency may be dismissed.

Immediate dismissal will occur if the resident is listed as an excluded individual by any of the following:

- Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities"
- General Services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"
- Convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a)

ACADEMIC PERFORMANCE IMPROVEMENT ACTIONS

Academic Performance Improvement actions are designed to define and correct areas of marginal and/or unsatisfactory performance by a Resident* in order to close an identified learning gap. These actions include structured feedback, developing a Performance Improvement Plan (PIP), repeating rotation(s) and repeating an academic year. Each of these actions is designed to correct a deficiency. If an academic performance improvement action results in non-promotion of a Resident to the next level of training, non-renewal of contract, dismissal or other adverse academic action, then it is subject to the University of Tennessee Graduate Medical Education (GME) Academic Appeal process. All disciplinary actions including probation, suspension and dismissal will become a permanent part of the Resident training record.

Structured Feedback

Structured Feedback regarding Resident performance in the six core competencies can occur in multiple ways including routine verbal discussions during training, written evaluations, semi-annual evaluation meetings, etc. Some poor performance may require Program Directors to provide some corrective action but not a formal intervention e.g. PIP. In this case, Program Directors may choose to utilize the “single incident” form to document the poor performance and discussion with the Resident.

Performance Improvement Plan (PIP)

PIP is an individualized academic improvement strategy that may be used by Program Directors in situations where a Resident fails to comply with the academic requirements established by the residency training program, University of Tennessee GME, and/or participating institutions. Placement on a PIP may serve as an official notice to the Resident of unsatisfactory performance and expectations for academic improvement. Typically, the deficiencies are associated with a significant lapse in one or more of the six ACGME competencies.

Each residency program should establish written criteria and thresholds for placing Residents on a PIP. Although program-level criteria are not required for every specialty, examples include but are not limited to the following: poor academic performance as documented by unsatisfactory Faculty evaluations; poor performance on program examinations and /or written in-service examinations; failure to attend scheduled monthly departmental activities; clinical performance or surgical skills which are below those expected for the level of training as documented by written evaluations by the Faculty; unprofessional or inappropriate actions; disruptive behavior; failure to complete medical records in a timely manner; and failure to maintain procedure or surgical logs in a timely manner. Residency programs requiring their Residents to achieve

minimum standards, i.e. in-training scores, conference attendance, etc. must publish these requirements.

If the Program Director implements a PIP, he or she is required to provide the Resident with the GME PIP letter advising him or her of PIP status and the area(s) of unsatisfactory performance, measures to improve performance, time frame for completion, and consequences of not addressing the issues outlined in the PIP. A copy of the notification letter, signed by the Program Director and Resident, must be sent to the DIO within 3 days of signature. The PIP checklist can assist the Program Director in documenting the elements necessary for successful performance improvement but is not a substitute for the GME PIP letter. If a Resident fails to satisfactorily meet the expectations documented in the PIP, additional improvement plans, repeating the academic year, disciplinary, or adverse actions may be implemented (see GME Policy #700 – Disciplinary Actions and Dismissal). All disciplinary actions including probation, suspension and dismissal will become a permanent part of the Resident training record.

Program Director Quick Guide for a PIP

1. Identifies a trend in poor performance or an egregious behavior
2. Reads Academic Performance Improvement Actions Policy and PIP Checklist
3. Completes GME PIP Letter; consults PIP Checklist
4. Contact DIO to review draft of the GME PIP letter
5. Meets with Resident to discuss GME PIP letter
6. Monitor Resident Progress throughout Improvement Time Period
7. Completes PIP Outcome Letter at the end of Improvement Time Period

If a Performance Improvement Plan includes an adverse academic action such as an extension of or repeating an academic year, the Resident has the right to appeal the action based on the GME Academic Appeals process (see GME Policy #720). If a Resident chooses to appeal the adverse academic action, the Performance Improvement Plan will be placed on hold until the appeal process is complete.

Repeat Academic Year

Repeating an academic year is an improvement action that may be used in limited situations such as: overall unsatisfactory performance during the academic year, or failure to pass an annual written in-service examination. Each residency program is responsible for establishing specific written criteria for repeating an academic year. At least four (4) months prior to the end of the academic year, the Resident will receive written notice of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs within the last four (4) months of the contract year, the program will provide the Resident with as much written notice of non-promotion as circumstances reasonably allow. A copy of the notification, signed by the Program Director and Resident, will be sent to the DIO. Residents receiving notice of non-promotion to the next level of training may implement the GME Academic Appeal process.

ACADEMIC APPEALS REVIEW AND DUE PROCESS

Review Process for Disciplinary or Adverse Academic Actions

The University of Tennessee College of Medicine Chattanooga (UTCOM Chattanooga) assures the Resident* the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-reappointment, non-promotion to the next level of training, refusal to recommend a Resident to sit for boards, or other actions that could significantly threaten a Resident's intended career development. Disciplinary actions may include suspension, remediation, probation, and dismissal. All disciplinary actions are subject to the University of Tennessee GME Academic Appeal and Due Process, and all disciplinary actions will become a permanent part of the Resident training record.

The Academic Appeal and Due Process is intended to provide a formal, structured review to determine if the policies and procedures leading up to the disciplinary or adverse academic action were followed in a fair and reasonable manner. Performance improvement actions initiated by a Performance Improvement Plan (PIP) are not appealable unless the action results in an adverse action (see GME policy #700 Disciplinary and Adverse Actions). All appeals must be processed according to the following policies and procedures.

The University of Tennessee assures a Resident the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, nonrenewal of a Resident's agreement (non-reappointment to the program), non-promotion of a Resident to the next level of training, refusal to recommend the Resident to sit for the boards, or other actions that could significantly threaten a Resident's intended career development.

The Resident has the right to obtain legal counsel at any level of the Academic Appeal process, but attorneys are not allowed at academic grievance hearings or at reviews. The University cannot compel participation in the Academic Appeal process by peers, Medical Staff, patients, or other witnesses, even if such is requested by the Resident seeking review. Residents who have been dismissed will receive no remuneration during the review.

Departmental Review

Residents may initiate review of a disciplinary or adverse academic action(s) by submitting a written request for review to the Department Chair within (10) ten-business days. The following Academic Appeal Procedures shall apply:

1. A written request for review must be submitted to the Department Chair within ten (10) business days.

   Or the Resident may waive this departmental-level review and begin the review process at the Associate Dean/DIO level (See Waiver of Departmental Review at the end of this policy). The signed Waiver of Departmental Review and a written request for review must be submitted to the Associate Dean/DIO within ten (10) business days of notice of dismissal or adverse academic action.

2. The initial review request must include: (a) all information, documents and materials the Resident wants considered, and (b) the reason the Resident believes dismissal is not warranted. The Resident may submit names of fact witnesses whom the Chair has discretion to interview as a part of the review process.

3. The Chair may appoint a designee or designate an advisory committee to review the decision. The committee's recommendation to the Chair shall be non-binding.
4. On reaching a decision, the Chair will notify the Resident in writing. If the decision is adverse to the Resident, the notice shall advise the Resident of the right to request a review on the record at the GME Review Level.

GME Review

5. If the Resident desires further review, a written request must be submitted to the UTCOMC Associate Dean/DIO within ten (10) business days of notice of the departmental decision. The written request for review must be sent to the Associate Dean/DIO, 960 East Third Street, Suite 100, Chattanooga, TN 37403. The request must include:
    a. any information the Resident wants considered, and
    b. any reason the Resident feels the academic or adverse action is not warranted.

    The Resident may submit names of fact witnesses whom the Associate Dean/DIO has discretion to interview as a part of the review process.

6. At the discretion of the Associate Dean/DIO, a hearing may be permitted if requested by the Resident. The Associate Dean/DIO shall determine whether a hearing or review on the record is appropriate. Review on the record may include a face-to-face meeting with the Resident and interviews with witnesses by the Associate Dean/DIO.

7. Upon reaching a decision, the Associate Dean/DIO will notify the Resident in writing and advise the Resident of the right to further review at the next level of institutional review

Institutional Review

8. If the Resident desires additional review by the Executive Dean of the College of Medicine (Memphis), a written request must be submitted with ten (10) business days after being advised of the outcome of the GME level of review. The request should be sent the Executive Dean, College of Medicine Memphis, 910 Madison Avenue, Suite 1002, Memphis, TN 38163. The request must include:

    a. any information the Resident wants considered, and
    b. any reason the Resident feels dismissal is not warranted.

The Resident may submit names of fact witnesses whom Executive Dean has discretion to interview as a part of the review process.

9. The Resident and Associate Dean/DIO will receive written notification of the final review decision.

17. LEGAL INQUIRIES

All potential medico-legal inquiries, as well as suspicious queries by attorneys, insurance officials, hospital personnel, and patients' families should be initially answered in broad generalities. Immediately, notes should be kept on circumstances and you should talk with the Chairman and/or Vice Chairman, or in their absence, another faculty member, at the earliest possible time. In case of any formal complaints, these should be referred in writing to the insurance company.

We should all remember that any and all individuals, regardless of level, can be the target of a lawsuit. In addition, there are certain other responsibilities deriving from administrative structure. As a general rule, the attending surgeon is responsible for the care of an individual patient. The house officer acts as an agent of the attending surgeon, whether under direct or supervisory control of the attending surgeon. The attending surgeon may delegate responsibility and actions to the house officer, when, in his judgment, such is justified. Conversely, the house officer has a responsibility to see that the attending surgeon is fully, and honestly, informed.

We must be reminded again that the patient's medical record is a legal document which you may be asked to interpret and defend in a court of law many years from now. It is in no manner a diary for unproven opinions, personality comments, assumptions, or derogatory statements to consultants, patients, peers, etc.

Your immunity and protection against malpractice is provided to you as an employee and Resident of the University of Tennessee and State of Tennessee State Board of Claims Commission. The faculty's malpractice insurance is with State Volunteer Mutual Insurance Company, and the hospital has various other malpractice protection for its physicians (usually malpractice insurance via State Volunteer Mutual Insurance Company). Therefore, there is a potential conflict of interest between them and one should remain aware of these. The University attorney, hospital attorney, and University Physicians' attorney work together. However, most important is talking with your Chair, Program Director, and involved faculty and not discussing with anyone other than the University Attorney outside of the faculty who were also involved in the case.

The University immunity from malpractice covers only University training assignments that take place within the State of Tennessee. You will not be covered by this immunity if you are moonlighting or assisting a non-faculty member.

In summary, take excellent care of the patient, document the chart fully, accurately, and concisely; omit all opinions, judgments, and assumptions; do not discuss patient litigious cases with families, insurance companies, attorneys, etc., until you have had an opportunity to review the situation with Dr. Burns (Department Chairman) or other faculty members; review the chart and fully understand the implications.

18. CONFIDENTIALITY

As a reminder, all information presented to you by a patient is CONFIDENTIAL. Do not discuss patients with others while walking in the halls or on elevators. During Grand Rounds and Conferences, patients are never to be presented by their names. In all instances, all patients are to be treated with the same respect and confidentiality.

Copies of discharge summaries, operative reports, and other medical data are confidential and must be disposed of when no longer needed by acceptable legal means. Such reports should never be placed in a wastebasket or other receptacle that eventually ends up in a commercial or city dump. All medical record data must be disposed of by burning, shredding, or other effective means. A shredder is available in the Medical Education Department and in the Department of Surgery.

19. REQUIRED SCHOLARLY ACTIVITY

Four months of research activity for categorical residents are required at the PGY-2, 3, and PGY-4 years. Preliminary Surgery residents at these levels may be permitted up to two months required scholarly activity at the Chairman's discretion if a pre-designated research project with faculty involvement is approved.

All categorical residents are required to participate in the annual Resident's Research Day and Alumni Program by submitting an abstract for a Research Paper or Case Report. All Preliminary Surgery residents are encouraged to participate.

You are to be available for duty if needed from 7:00 a.m. Monday through 5:00 p.m. Friday. There will be no exceptions unless you have discussed and made other arrangements through the responsible faculty member. It is your responsibility to notify the Academic Office in the event you go out of town to inform them of your whereabouts in case you need to be reached during this time.

20. MOONLIGHTING

The resident is expected to refrain from and not engage in any outside remunerative employment of any sort without the prior approval of the respective Chairman or other designated official. Generally, moonlighting is not approved.

21. MILITARY LEAVE

Residents who are in the military and required to take a two week, if able, leave per year **must** take this time during their Research/Scholarly Activity rotations. **No exceptions.**

22. LEAVING THE PROGRAM

Residents in good standing who are leaving the program at the end of June 2018 and who have saved one week of vacation may be relieved of duties on June 22, 2018 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 27, 2018. Any deviation from this policy will be authorized by consensus of the Chairman and Program Director. The ability of a resident to leave before June 27 must be agreed upon by the Chairman and Program in writing, no later than May 1, 2018.

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23. INTERVIEW TIME OFF

Five days will be allotted to those Preliminary Surgery residents who need time off to interview with other programs. If additional time is needed beyond this 5-day allowance, you will be required to use vacation. Notify Dr. Chris Bell and your senior team member as soon as you schedule your interview days. Note this time in New Innovations duty hours for your monthly time sheets.

24. LICENSURE

The Chattanooga obtains exemptions from licensure for the residents on this campus. You are not required to have a Tennessee license throughout your residency or fellowship training. Requesting exemptions is handled by the GME Office. Should you decide to become licensed, please give your license number to the academic Surgery office and we will advise GME.

25. FACULTY ADVISORS

All general Surgery residents are assigned a faculty advisor who will remain the resident's advisor during his entire training in the Department. If a resident wishes to have a particular advisor, he/she should request the change from Dr. Giles. However, all faculty are eager to be of assistance to residents and you should feel free to discuss problems, situations, ideas, etc., with any faculty at any time. Dr. Fisher assigns faculty advisors and welcome resident input as to their choice of advisor.

26. YEARLY APPOINTMENT

Appointment to the Surgical Residency Program is made on a year-to-year basis and is dependent upon satisfactory performance by the resident as well as needs of the Department. There is an implied responsibility by the Department of Surgery, as well as the resident surgeon, to renew this appointment on a yearly basis as long as work is

satisfactory, the position is desired by the resident, and the needs of the hospital and department dictate.

However, it must be emphasized that not everyone learns at a constant rate and that extra years of training may be necessary. In other instances, the staff may come to the conclusion that a specific person would be better suited for another specialty. Under these circumstances, the year-to-year appointment policy will be followed. In addition, there is a rather elaborate evaluation policy carried out every two months on each resident surgeon.

It is a University of Tennessee College of Medicine, Chattanooga policy that residents must pass the USMLE Step III before they can be promoted to their PGY 3 year. Please bring your Step III score to the academic office as soon as you receive it. You have to have registered for Step III by the end of February in order to have scores available in time to be promoted to a PGY 3.

27. AMERICAN COLLEGE OF SURGEONS CANDIDATE GROUP

The Department expects all categorical residents to join and participate in the American College of Surgeons Candidate Group. This is easily done online and is free to surgical interns. The future cost to maintain membership is minimal and the benefits are considerable. Attendance at meetings, the SESAP exam, and other expenses are considerably cheaper for College candidates. Becoming a Fellow at a later date is simplified. **You are responsible for covering the cost of membership and dues.**

28. SOUTHEASTERN SURGICAL CONGRESS RESIDENT FELLOWS

The Department strongly expects all residents to join and maintain membership to the Southeastern Surgical Congress. **Dues are covered by the department**.

29. MEDICAL STUDENTS

Medical students rotating with the Surgery Department represent a special responsibility and privilege for surgical house staff. It should be remembered that these students are usually not familiar with Erlanger and its policy. They require guidance and direction as to what is expected. Anyone who ever has interviewed to be a resident in this program in told not to come here unless they want to teach medical students.

30. SKILLS LAB

Skills Lab Director Richard Cook teaches Surgery residents and medical students. He is also available at other times for residents who want to spend more time working on specific skills. You will have access to a key to the Skills Lab. Working in the Skills Lab is considered “homework” like reading a textbook and does not count on Duty Hours. Richard Cook and Dr. Giles have developed a curriculum for the Skills Lab and you will be notified of the courses you are expected to complete there.

31. TRANSITION OF CARE

All patient handovers will take place in a designated workplace, office, or conference room, to ensure patient confidentiality. (Handovers conducted in waiting rooms, cafeterias, elevators, and other public areas are prohibited).

One-to-one communication must occur between the resident responsible for the patients being released and the resident that will be accepting responsibility for care. No third party communication is allowed.

Handovers during the first month of residency will be conducted in the presence of attending surgeon to ensure that residents are competent in communication with team members.

32. PROTOCOL FOR EPISODES WHEN RESIDENTS REMAIN ON DUTY BEYOND SCHEDULED HOURS

Every Monday morning a Duty Hours Exception Report for all of the residents on any rotation in our program is reviewed by the Program Director or his designee. If there are any anomalies, immediate steps are taken to contact that individual by direct call from Dr. Giles to the resident or one of the chief residents to the resident with a request they log-in to New Innovations and give an explanation as to why the work hours were violated. Steps are then taken to try and ensure that the situation that caused the violation does not occur again. These violations are retained and monitored over time.

33. CIRCUMSTANCES REQUIRING FACULTY INVOLVEMENT

In addition to the circumstances listed below, General Surgery residents should ask for faculty opinions, supervision or direct assistance if any questions or doubt exists regarding decisions or interventions as they pertain to patient care. We believe that communication is paramount for patient safety. Supervision will vary with resident experience.

Hospital Admissions

All patients admitted to the hospital require notification of the admitting faculty in a timely manner. Junior level residents (1,2) will notify senior level residents (3,4,5,6) after initial evaluation of such patients. The senior level resident will then notify faculty members. If senior level residents are unavailable, the junior level resident should contact a faculty member prior to admission of the patient to the hospital. Patients with stable conditions will be evaluated directly by faculty members within 24 hours of admission. Patients with emergency conditions will be evaluated with direct faculty supervision as soon as possible.

Inpatient Hospital Transfers
Acceptance of patients from another facility will be determined by faculty members only. The only exception is a trauma victim where transfer to the Level 1 Trauma Center is facilitated by the senior most resident on the Trauma rotation.

Outpatient Clinics
Direct supervision of resident clinic encounters will occur by faculty members. Junior Surgical residents (1,2) will present patients to upper level residents (3,4,5,6) or surgical faculty during clinic evaluations. Senior residents may evaluate patients and present directly to the faculty covering the clinic. Surgical cases scheduled through an outpatient clinic by any resident will require discussion with faculty members and agreement on a plan of care.

ICU Patients
All ICU patients with surgical conditions will be evaluated by faculty members on a daily basis. Any patient transferred to the ICU requires faculty notification. Any deterioration in a patient's condition also requires immediate faculty notification. Junior residents (1,2) will notify the senior residents (3,4,5,6) immediately when the aforementioned situations are encountered.

DNR or End of Life Decisions
All decisions for DNR or decisions regarding End of Life care require Faculty notification. Junior level residents (1,2) will be supervised for formal discussions with patients or families. Senior level residents (3,4,5,6) may discuss resuscitation directives and end of live decisions directly with patients or families at the discretion of the involved faculty member followed by a discussion with the faculty as to the family wishes.

34. MINIMUM TIME OFF BETWEEN SCHEDULED DUTY PERIODS

Duty periods of residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents are encouraged to use alertness management and especially strategic napping. Residents should have 10 hours free of duty and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents at the PGY 4 level and beyond are considered to be in the final years of education. Residents in the final years must be prepared to enter the unsupervised practice of medicine and care of patients over irregular or extended periods. This preparation must occur within the context of the 80 hour maximum duty period length and one day off in seven standards. While it is desirable that residents in their final years of education have 8 hours free of duty between scheduled duty periods, there may be circumstances when these residents must return to duty with fewer than 8 hours free. Such circumstances are: required continuity of care, a complex patient with whom the resident has been involved, and events of exceptional educational value or humanistic attention to the needs of a patient of family.

FES/FLS

You cannot graduate/complete a Surgery residency without first successfully passing FES (Fundamentals of Endoscopic Surgery) and FLS (Fundamentals of Laparoscopic Surgery. FES testing, at this point, is not done in Chattanooga; residents have to travel to a testing site with the nearest being Nashville and Birmingham. The UT College of Medicine Chattanooga will pay for the test voucher for FES and mileage to the testing site – no more. If the testing has to be repeated, the expense will belong to the resident. FLS testing can be done in Chattanooga. UTCOM will pay for the test voucher and the actual local testing for each resident. If the testing has to be repeated, the expense will belong to the resident.

GUIDELINES

To eliminate confusion regarding several departmental polices, we are requiring that you read the following and sign indicating that you understand what you have read in regards to these policies.

TRAVEL

The University provides educational funds for conferences or textbooks depending on year level. Interns will use their educational funds for a surgical review course. PGY 2 residents will use their funds for the USMLE Step III. PGY 3 and above residents get $750.00 for educational funds. There are awards of additional GMEC funds for the highest scorers on the yearly ABSITE.

Key points to remember for University conference travel and purchases– **original receipts must be turned in within 30 days. The deadline for turning in receipts for educational expenses that is not previously approved travel will be April 1, 2018. This is a hard deadline and leftover funds are reallocated after April 1.**

The Chattanooga Surgical Foundation will fund travel for scientific paper/poster presentations. These funds are not unlimited and you may be given specific limitations. The Foundation will pay up to $1,500 for presentation travel.

We do not want to pay additional fees for conferences because the resident registered late.

The academic office will assist you with University reimbursement for conferences. Holly Rambo, Maggie Hamblen, and Cindy Schultz Rudolph in the academic office can assist you.

VACATION

Chief Resident Dr. Chris Bell is responsible for the call schedule and vacation requests. He will thoroughly review the vacation guidelines which are outlined in the previous pages.

We are required to submit time off sheets for all residents. Keep your duty hours current in New Innovations and include when you are off for educational travel, vacation or sick leave. We will use this information to track leave.

MOONLIGHTING

The resident is expected to refrain from and not engage in any outside remunerative employment of any sort without the prior approval of the respective Chairman or other designated official. Generally, moonlighting is not approved.

LEAVING THE PROGRAM

Residents in good standing who are leaving the program at the end of June 2018 and who have saved one week of vacation may be relieved of duties on June 22, 2018 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 27, 2018. Any deviation from this policy will be authorized by consensus of the Chairman and Program Director. The ability of

a resident to leave before June 27 must be agreed upon by the Chairman and Program in writing, no later than May 1, 2018.

INTERVIEW TIME OFF

Five days will be allotted to those Preliminary Surgery residents who need time off to interview with other programs. If additional time is needed beyond this 5-day allowance, **you will be required to use vacation.** Again, **give as much notice in writing as possible.** Requests for leave for interviews should be directed to Dr. Chris Bell and the senior members of your team. Time taken for interviews should be noted in New Innovations for leave tracking.

PROMOTION

It is a policy of the University of Tennessee College of Medicine, Chattanooga that a resident will not be promoted to the PGY 3 year unless the USMLE Step III is taken and passed. Bring your Step III scores to the academic office when you receive them. You should have registered for Step III by the end of February 2018 in order to have your scores available to be promoted to a PGY 3 on July 1, 2018.

_____

Print Name

_____

Resident's Signature

_____

Date

Please print this page, sign it and bring it to Cindy Schultz Rudolph. This is to certify that you are familiar with the contents of the Resident Handbook, especially anything related to leaving early for another job assignment next June.

(Revised 7/3/2017)