

Family Medicine Residency Program Guidelines 2024-2025

Administrative Structure

- Program Chair & Associate Professor – Leslie Griffin, MD, MPH
- Program Director, Lifestyle Med Director, & Associate Professor – Steven Fox, MD
- Assistant Program Director & Assistant Professor – Alexandria Cooke, MD
- Medical Student Clerkship Director & Assistant Professor – Sara Conway, MD
- UTFM Medical Director & Assistant Professor – April Gunn DO
- Scholarly Activity Director Assistant Professor – Lisa Talbert, MD
- Residency Program Coordinator and Schedule Director (PC) - Elissa McCoy, M.Ed.
- Residency Program Administrative Assistant & Clerkship Coordinator - Charity Ross, MBA
- Behaviorist – Tom Bishop

Address: UT Family Practice Center, 1100 East Third Street, Chattanooga TN 37403
The departmental phone is (423) 778-2957; fax number is (423) 778-2959
Clinic phone is (423) 778- 8837(UTFP)

Important Websites

1. Amion – scheduling application for rotation blocks, clinic/call assignments, time away
2. New Innovations – Log hours, procedures, and review feedback
3. ABFM (American Board of Family Medicine) – Track ITE scores and utilize longitudinally to meet board certification requirements
4. ACGME – Rules and regulations to remain accredited and maintain education standards

Time-Away Allotment

- The College of Medicine typically allows the following each academic year:
 - 15 vacation days
 - 5 sick days
 - 5 CME (Continuing Medical Education)
- Per ABFM guidelines, each resident is allowed 28 working days of total time away from the academic program each academic year (July through June), without extending residency. Time away includes vacation, sick days and personal days (excludes parental leave).
- Time away may not be more than one week (5 workdays + 1 weekend) for a one-month rotation.
- Vacation is not allowed during the following rotations:
 - Family Medicine Inpatient
 - Inpatient Pediatric
 - Critical Care
 - 2-week rotations (with the exception of UTFM outpatient)

All residents are required to be on campus the last week of June in order to ensure documentation/out processing is completed and department clinical responsibilities are covered.

Additional Time Away:

- **Holidays**
Holidays do not count against your time away allotment, but do count against time away from rotation (no more than 5 working days per rotation). The University does not guarantee residents time off for holidays, but residents may be granted holidays off if the departments and facilities in which they are assigned also observe those holidays and are closed. Family Medicine Residents typically have the following holidays off unless assigned to a rotation that does not observe the holiday:

New Year's Day
Memorial Day
Independence Day (July 4th)
Labor Day
Thanksgiving Day
Black Friday
Christmas Day

Residents may have hospital or call responsibilities on some of these days as assigned by the Chief Resident.

- **Healthcare Half-Days**

As part of the health care community and in agreement with ACGME (Accreditation Council for Graduate Medical Education) requirements for Graduate Medical Education, we recognize the importance of our commitment to providing an environment supporting optimal health and well-being for our residents. For preventative care please try to schedule three months in advance and avoid clinic days. If you work half the day, these will not be counted against your time away requests.

- **Job/Fellowship Interviewing**

The Family Medicine Residency allows 5 working days throughout the residency to pursue job/fellowship interviews. These experiences are considered part of a longitudinal learning experience in the practice management rotation and do not count against allotted days. A time away form still needs to be submitted as soon as possible.

- **See attached policy for FMLA, Extended Sick Leave, and Parental Leave**

Time Away Submission Process:

Time away requests should be made at least 3 months in advance. Time away request forms, located next to Charity's desk by the kitchenette, must be submitted to Elissa McCoy and signed off by the program director and Chief Resident. Time away requests are generally reviewed once a week on Monday mornings. Once a decision is made, you will receive a copy of the request and it will be filed in a time-away binder in Elissa's office. DO NOT make travel arrangements until you know that your time away request has been approved.

Residents are responsible for arranging for another resident to cover his/her UTFM patientcare responsibilities during absences and should communicate who is covering their EMR desktop and office "hotbox" via the "out of office" mechanism in the electronic medical record.

Sick Day Process:

If you are ill, you are responsible for communicating this to your rotation supervisor, and the Program Coordinator at the office (423-778-2957) or on her cell phone if she is unavailable at the office (559-284-3054) to document the absence. Elissa will contact a colleague on Resident Clinical Call to cover any clinical responsibilities.

After 2 concurrent sick days, a doctor's note will be required.

Continuing Medical Education Process:

CME requests must have the brochure attached to the request with the conference schedule to assure that it is educationally appropriate (at least 6 hours of didactics/study daily). Once approved, the residency coordinator will submit a UT Travel Authorization

form to the Dean's office for approval. **DO NOT** make any travel arrangements before the residency coordinator gives you feedback that the CME conference was approved. The Dean's office will pay the registration fee if they approve the conference attendance. Once approved by the Dean's office, an administrator in their office will arrange travel for the event (residents will not have to expense out for this). All other expenses (lodging, meals, etc.) will be paid for by the resident and reimbursed upon return to duty. Original receipts must be submitted to Elissa within 5 business days of returning from your trip to route appropriate reimbursement documentation to the Dean's Office within 30 days of your return. **Residents must submit ALL travel request forms NLT 1 March of each academic year.**

Continuing Medical Education Funds

The University has allocated funds by year of training:

PGY-1 \$650

PGY-2 \$900

PGY-3 \$1200

The limit for electronic equipment is \$250 per year. Original receipts and the shipping receipt must be submitted to the Program Coordinator as soon as possible after purchase date in order to allow time to prepare reimbursement documents within 30 days of the purchase date.

Per UTHSC policy- CME funds can be used to pay for Step 3 as this is a requirement for progression to PGY3. They **may not** be used to pay for ABFM Board Exam.

Per UTFM policy- PGY 3 CME funds will be used for ABFM board preparation course should resident not have an ITE score indicative of passing.

Moonlighting

PGY-2 and PGY-3 residents interested in moonlighting must have prior approval from the Program Director, be medically licensed, and have their own professional liability insurance prior to submit a Moonlighting Request Form to the Program Coordinator. First year residents are not allowed to moonlight. All moonlighting activities, including location and duty times, must be reported to the Program Director no less than monthly. This information must be provided by the institution you are working for and kept on file by the Program Coordinator. Residents are responsible for their own professional liability insurance coverage when moonlighting. Regular and on-call duties must be attended to before consideration of moonlighting and the 80-hour per week limitation includes all moonlighting activities. A resident should never obligate themselves to an extent that moonlighting becomes a necessity or interferes with personal time, family time, or residency training. The department reserves the right to discontinue or refuse permission to moonlight based on academic standing and/or performance.

Reporting Resident Time Off

In accordance with UT Policy, all employees must report time off. In addition to logging duty hours in New Innovations, all UT residents must complete and sign a Resident Time Off Report each month and submit to the Program Coordinator. This must be signed and submitted even for months when the resident has not taken time off. The regular "one day in seven completely free from duty" is not counted as time off that must be reported on this form. The Program Coordinator will provide each resident with procedure instructions for the form.

Dress Codes:

Please see the attached Erlanger and UTHSC COM dress codes attached.

Patient Care

Each resident will be assigned a panel of patients for whom they will serve as primary family physician. All patient encounters in the UTFM clinic should be discussed with a preceptor. For patient safety and education, interns should precept every encounter with an attending physician prior to the patient leaving the office (no exceptions). Any exceptions to these guidelines should prompt notification of the preceptor.

Residents (and faculty) will always provide comprehensive care to their patients. This includes care in the office and hospital so that full continuity of care can be assured. Residents are responsible to check their EMR desktop for phone calls, test results and other correspondence daily, regardless of inpatient, outpatient, or night float rotation status. All clinical phone calls/requests should be addressed within 24 hours of notification of the call (1 business day) with rare exceptions.

UT Family Medicine (UTFM) is the primary place we care for our patients. UTFM patient care hours are Monday-Friday 8:00 AM-5:00 PM. The office is closed for didactics on Wednesday afternoons from 1:00 PM-5:00 PM All residents, faculty and support staff that are scheduled for a morning office session should be present for the 8:00 am UTFM "huddle" which is held in the center area of our clinical area. Residents will typically be assigned a specific number of patients per half-day session as follows:

	July-Oct	Oct-Jan	Jan-July
PGY-1	4	5	6
PGY-2	6	7	8
PGY-3	8	9	10

Variations to this schedule are rotation dependent and it is the resident's responsibility to check the scheduling system (www.amion.com) as well as the EMR schedule frequently for any changes which may occur after original publication of the monthly schedule. In order to better serve our patients, it is our goal to have the clinic schedule finalized three months in advance which will undoubtedly produce some unexpected changes.

Admission: Patients are usually admitted from the Emergency Department, UTFM, a nursing home or by direct admission from an outlying facility. The resident seeing the patient will complete the H&P and admitting orders. The Family Medicine attending must be notified of all admissions with discussion of each patient prior to admission. Any admitted patient's primary physician must be notified as early as possible regarding the admission and must make regular visits to his/her patients for continuity purposes as stipulated in the ACGME Family Medicine requirements. While all care and documentation of admitted patients is the responsibility of the UTFM inpatient team, a VERY brief PCP "social visit" note should be entered when seeing your admitted patients for continuity purposes and logged in New Innovations.

UTFM Inpatient Call Assignments

1. The Call Schedule will be made by the Chief Resident. Any changes to the UTFM Inpatient call schedule must be approved by the faculty liaison for the Inpatient Rotation (Dr. Sara Conway).
2. Weekend call will be split between a 2 day shift on Saturday and Sunday 6:00AM-5:30PM or Saturday night 5:30PM-6:00AM.
3. Weekday call (Night float), is considered Sunday through Friday, is 5:30 pm. to 6 am.

4. Holidays will be considered similar to weekends and an attempt will be made to distribute these evenly at each year group level throughout residency.
5. All UTFM inpatient team weekend or holiday post-call residents should be available to round with the UTFM inpatient the day following their night call if necessary.
6. Residents must keep track of their duty hours and notify their attending if they are approaching the RRC defined limits. The duty hour limits shall not be exceeded except in extenuating circumstances, as defined by the Family Medicine RRC rules. Examples of extenuating circumstances include:
 - A. Care of a critically ill or unstable patient
 - B. Situations where humanistic concerns for the resident or family require additional attention.
 - C. Cases of great educational importance

The resident who exceeds duty hours shall notify the program director of the circumstances of the event via New Innovations (electronic residency management system) and shall appropriately hand over the care of the patient prior to going off duty at their earliest opportunity.

7. Overnight admission/consultation documentation procedures:

Any admission H&P or consultation note which is presented to the overnight cross-cover attending should be sent to the attending the case was discussed with if it occurs before midnight. These patients should have a next morning progress note completed by the day team prior to morning rounds. Any admission H&P or consultation which is presented to the overnight cross-cover attending AFTER MIDNIGHT should be sent to the rounding attending for the week but annotating within the note who the case was discussed with. It also requires a note by the day team.

A senior note attestation is required for overnight admissions performed by PGY-1 residents.

UTFM Continuity OB Requirements

1. All UTFM OB patients will have an assigned primary and secondary continuity resident. Every effort should be made to have either the primary or secondary resident see the patient for their routine prenatal visits.
2. When presenting for delivery, the primary or secondary resident must be available to provide oversight and management of their respective continuity obstetric patient's management while in active labor. It is preferable to have both primary and secondary residents present for delivery. Either the primary or secondary continuity resident are required to provide all in hospital postpartum and newborn care for their "continuity" deliveries during weekdays. Please coordinate with the OB/Peds attending on call and the inpatient team for variances.
3. At least 1 UTFM resident must be present at all UTFM OB deliveries regardless of the route of delivery.
4. Exceptions to these policies must be coordinated through the faculty obstetric attending managing each patient.

Teaching Responsibilities

The education of junior residents, M-3 and M-4 students is expected of all residents, with an emphasis on senior residents. M-4 students doing an inpatient junior internship can write official notes with senior resident attestation. PGY-1 residents must still write their own note.

Completion of Records

Medical records are to be completed proximate to a patient's visit in the Family Practice Center and must be completed no later than two business days following an outpatient

encounter. A complete H&P and EMR database must be completed by the third office visit. Inpatient H&Ps must be completed at the time of the patient's admission to the hospital. Inpatient Discharge summaries must be completed on the day of discharge from the hospital. All phone orders must be signed within 24 hours. Completing records in a timely manner is a significant component in a physician's professional development. If a resident experiences recurrent or significant delays in completing documentation in a timely fashion, disciplinary actions can and will be taken.

Inpatient Rounds

Inpatient rounds are done daily with review of pertinent history, physical, diagnostic data, thorough assessment and plan and recorded in a progress note in SOAP format. **All inpatient progress notes should be completed by the start of rounds each day.**

Procedure Log Process

All procedures must be logged into New Innovations by the resident and are monitored on a quarterly basis. If the procedure is done with a preceptor outside of the Family Medicine Department, the resident must record the preceptor's name in the procedure entry log and send the confirmation to their faculty advisor for verification/authentication. All procedures done with Family Medicine departmental attendings should be routed to that preceptor for verification. Procedures must be kept up to date and will be reviewed at each advisor meeting and program director review meetings. Careful documentation is needed to support a recommendation for hospital privileges in various procedures. Each resident will provide a yearly summary of procedures for Program Director review prior to the annual evaluation.

Scholarly Activity Expectations

Weekly didactics are held every Wednesday afternoon from 12:30 – 5:00 PM. Attendance is mandatory, the only exceptions are the senior resident on Inpatient, residents on a Night Float rotation, and residents with approved time away.

All residents are required to complete scholarly activity projects per ACGME guidelines. These projects help prepare each resident for a lifetime of self-education and demonstrate their developing ability to critically evaluate medical research/literature. They also reflect the resident's awareness of the basic principles of study design, performance, analysis, and reporting, as well as the relevance of research to patient care.

Residents have options to select from to meet their scholarly activity requirements. Each resident selects their scholarly activity project in consultation with their faculty advisor, and residency research director (Dr. Gunn).

Each resident must complete two scholarly activity projects total (1 from each category)

Category 1 (Clinical)

- a) Primary Clinical or Medical Educational research project (abstract must be submitted to UTCOM-Chattanooga Annual Research Day) OR
- b) Integrative Research consisting of one Family Practice Inquiry Network (FPIN) Help Desk Answer (HDA) OR Family Practice Inquiry Network Clinical Inquiry (CI) OR Priority updates from the Research Literature Surveillance system (PURLs) OR
- c) Clinical Case Report submitted to the UTCOM-Chattanooga Annual Research Day OR
- d) Co-authoring *an American Family Physician* or equivalent evidence-based article

Category 2 (Quality Improvement/Patient Safety)

- a) One Quality Improvement/Patient Safety project submitted to the UTCOMC Annual

Patient Safety/Quality Improvement Day

NOTE: To receive credit for any of the above scholarly activity items, residents must at a minimum present their findings to a group of peers. Our residency sponsors a UTF M Re- search Day in the last two weeks of June for graduating residents to present their clinical and quality research work.
See attachment for details.

Promotion/Advancement Criteria

To be promoted, each resident must participate in individualized learning plans, pass all rotations, and be in good academic standing as determined by the Clinical Competency Committee which meets every 6 months. Additional considerations by year are as follows:

PGY2 to PGY-3 – pass Step 3.

PGY3 – Graduate – meet 1650 clinic continuity encounters and 1000 hours in clinic, and meet eligibility requirements for ABFM certification.

I acknowledge that I have read and understand these resident guidelines.

Resident Signature

Date

Erlanger Dress Code Review

Clinical Staff

No jackets/sweaters are to be worn in caring for patients. A uniform jacket/lab coat may be worn.

Closed toe shoes with socks or hose

No artificial nails

Shoulder length hair or longer will be secured up and back from the face

No perfumes or lotions

No dangling jewelry or large stone rings

Non-Clinical Staff

Professional business or casual office attire

Skirts no more than 3 inches above the knee

Open toed sandals are permitted. No beach or exercise sandals

Capri pants (right above the ankle) are acceptable

NO perfume and perfumed lotions

Applicable to all Staff

Nametags must be visible at all time and worn above the waist

No form fitting or excessively baggy clothing (to avoid suggestions or sloppy appearance)

No sheer or see through clothing

No camouflage or denim

Piercings: No more than 3 per ear; No facial or tongue piercings (may have nude nose plug); No gauge (button) piercing

Hair color must be a color that can grow naturally (No pink, green, purple, etc.)

Beards & mustaches neatly trimmed and no droop over upper lip

Tattoos larger than 2 inches in diameter or 3 inches long must be covered

Jewelry must be conservative and professional

Uniform Colors

RNs & LPNs: Royal blue scrubs

MAs & PCTs: Wine scrubs

Exceptions: Children's employees may wear child-friendly tops with appropriate color scrubs

White lab coats are reserved for licensed professional clinical staff

Exceptions to Policy or Failure to Follow Policy

Special events or holiday dress days will be announced through Human Resources

Management may send an employee home if the employee does not abide by the provisions of this policy or the "image" Erlanger Health System has established

Failure to follow Policy will result in a Notable Disciplinary Action (Failure to follow Job Instructions)

**Online Handbook
GME and Erlanger Policies
Lab Coats and Dress Code**

Erlanger has established a dress code policy for residents and medical students that basically outlines appearance as “neat, clean, and professional.” Men should wear business-type slacks with shirt and tie. Women should wear business type dress or suit, or slacks/skirt with neat blouse or top. Conservative dress shoes with socks or hose must be worn. Clean, conservative tennis or running shoes are permitted due to long work and call hours.

Residents must wear UT-issued white lab coats. These have the UT logo monogrammed and denote the individual's name. Each coat also indicates that the individual is a UT Resident in a specific department. Residents must also wear their Erlanger Photo ID badges with the personalized lab coats. Lab coats will be distributed to new residents at New Resident orientation. Replacement coats for returning residents (with the UT logo and monogrammed name) will be distributed by the end of summer via the departments.

Blue scrub suits are to be worn only in restricted areas of the hospital (ICU, Labor and Delivery, operating rooms, etc.), and are not to be worn outside these areas. Violations of this policy can lead to infection control problems as well as depleting the hospital's supplies of scrub suits for the operating rooms and ICU areas. Erlanger's dress code policy does not allow any employee to leave the hospital in scrub suits.

Medical students follow the same dress code as do residents with a small difference – they wear the short, white lab jackets. UT medical students are required to have the UT Medical Student patch denoting their status as well as continuing to wear the Erlanger Photo ID badge which further indicates their student status.

Both residents and medical students are responsible for laundering their own coats and jackets. Erlanger does not provide laundry service.

LEAVE POLICIES

All programs are required to use New Innovations to track annual, sick, and educational leave time taken by residents. Residents are required to submit a GME timesheet to their program each month listing any annual, sick, educational, or Family Medical leave taken. All leave must be approved in writing in advance of being taken. Based upon specialty board requirements, individual program leave policies may be more restrictive than the following GME policies. This policy applies to all accredited and non-standard programs, as well as extra chief year residents. Leave is available to be taken once the resident has worked their first day.

Annual Leave

Paid annual leave of three (3) weeks, consisting of twenty-one (21) days with a maximum of fifteen (15) “working days” (Monday-Friday) plus six (6) “weekend days” (Saturday-Sunday), may be given per twelve-month period. Annual leave or leave without pay is granted at the discretion of the Program Director and must be approved, in writing, by the Program Director (or his/her designee) in advance. Annual leave must be used for any time away from the program not specifically covered by other leave benefits below. Annual leave does not carry over from year to year and residents are not paid for unused leave. Residents terminating before the end of their training year will be paid only through their final active working day and will not be paid for unused annual leave.

Sick Leave

Residents are allotted three (3) weeks of paid sick leave per twelve-month period for absences due to personal or family (spouse, child, or parent) illness or injury. Annual paid sick leave consists of twenty-one (21) days with a maximum of fifteen (15) “working days” (Monday-Friday) plus six (6) “weekend days” (Saturday-Sunday). A physician's statement of illness or injury may be required for absences of more than three (3) consecutive days or an excessive number of days throughout the year. Sick leave is non-cumulative from year to year. Residents are not paid for unused sick leave. Under certain circumstances, additional sick leave without pay may be approved. The resident may be required to make up any time missed in accordance with the Residency Program and board eligibility requirements.

Family and Medical Leave (FML)

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 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. Residents are required to use all available sick and annual leave days to be paid during FML leave.

UTHSC Human Resources office has administrative oversight for the FML program. The Program Coordinator or Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Coordinator or Director to approve or disapprove a resident's request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlrights.pdf>.

Medical, Parental (Maternity/Paternity), and Caregiver Leave

Parental leave is available for the parent(s) for the birth or adoption of a child. Each resident will be eligible to have six weeks (42 calendar days) of paid parental leave one time during each ACGME training program. This paid leave is in addition to the above annual and sick leave. This leave will renew for a second period if a resident continues to another UTHSC training program but does not accumulate if unused. This benefit is available to non-ACGME programs one time during their non-standard training.

Parental leave should generally be used prior to any remaining annual and sick leave. The leave may be used immediately following the birth or adoption of the child. Should both parents be residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training. Should another birth or adoption take place during the same training program after this benefit has been used, only the remaining annual and sick leave are available as paid time off, but all FMLA and other protected unpaid time are still available. The caregiver leave below is part of the same six-week benefit and not in addition to the parental leave.

Caregiver leave is available for any resident that needs to take time off for the care of a parent, spouse, or child. This additional six-week (42 calendar days) leave is available one time during the ACGME training program. This leave will renew for a second period if a resident continues to a different UTHSC training program but does not accumulate if unused. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training. This caregiver leave is part of the same six-week benefit as the parental leave above and not in addition to.

Tennessee State Law ~ 4-21-408

Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve consecutive months is eligible for up to a maximum of four months leave (paid or unpaid) for adoption, pregnancy, childbirth, and nursing an infant. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

Educational Leave

Educational leave is granted at the discretion of the Program Director but may not exceed ten (10) calendar days per twelve-month period. Residents should be advised that some Medical Boards count educational leave as time away from training and may require an extension of their training dates. Interviews are not considered educational 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.

Military Leave

Military leaves of absence will be administered in accordance with the provisions of University Personnel Policy #370: <https://universitytennessee.policypage.com/dotNet/documents/?docid=129&public=true> Residents must notify their Program Director when military leave will be required and must provide their Program Director with appropriate documentation of their military service. Depending on the length of leave and specialty board requirements, training time may be extended.

Jury Duty

A resident that is summoned for jury duty in federal or state courts in the state of Tennessee must provide a copy of the summons to their Coordinator who will provide to the GME Office. Upon doing so the University will excuse the resident from work each day the resident is providing service to the court. The

resident must request a statement from the court clerk each day they are serving on a jury and provide to their Coordinator when they return to work. This court time will not count towards the residents annual or sick leave time. This time away from the program may extend the training time of the program depending upon Board requirements. This leave does not apply when a resident is party to litigation which does not involve the University, i.e., a malpractice lawsuit from their previous institution, and must take annual leave or leave without pay.

Time Off to Vote

The University encourages all employees to vote in local, state, and national elections and provides residents and fellows who are registered voters, reasonable time off to vote in an election held in their local municipality. Residents may receive time off without loss of pay, not to exceed three (3) hours between the opening and closing of polls if the request is made to their Program Director before noon the day prior to the election. Each program may specify the hours during which the resident may be absent.

Residents are strongly encouraged to vote during non-working hours. If the polls open three (3) hours or more before the resident's work schedule begins or if the polls close three (3) or more hours after the resident's work schedule ends, the resident may not receive time off to vote.

Holidays

Due to the 24-hour nature of patient care, residents are not entitled to holiday leave. A Program Director may approve time off on a holiday for a resident who is rotating on a clinic or service that closes due to the holiday or may reassign the resident to another location.

Religious/Cultural Holidays and Activities

The University employs a remarkably diverse workforce and as such will try to reasonably accommodate requests for specific days off when requested. Residents are not entitled to holiday leave, but when a resident wishes to have a specific day off due to a religious holiday, the program should try to accommodate as possible. This would not be paid holiday leave, but may be their required 1 in 7 days off, annual leave, etc. The same reasonable accommodation should be granted, when possible, for other religious activities, such as daily prayer, fasting, etc. which may be accommodated through leave, schedule adjustments, call coverage changes, etc. Note that a request is not guaranteed for approval but should be accommodated when possible. The Office of Access and Compliance (www.uthsc.edu/access-compliance) is the official office that facilitates [accommodation requests](#) for the campus. If you have questions regarding the process, please call (901) 448-2112 or email (hsc-oed@uthsc.edu).

Administrative Closings/Inclement Weather

Residents are essential personnel and provide essential services. The University may close its administrative offices during inclement weather for those individuals classified as non-essential regular staff employees. Residents, however, provide direct patient care in our hospitals and clinics and must report to work as scheduled. If a clinical site closes a clinic or service and does not require the resident's attendance, the clinic manager or attending will notify the resident and/or Program Director as soon as possible. The resident must notify the Program Director if they are instructed that their clinical service is closed due to weather. The Program Director may elect to reassign the residents to another clinical assignment for patient care or allow the resident to stay home without having to use annual leave. If a clinical site/service remains open to provide essential patient care and the resident cannot report to work due to travel/weather conditions, then the absence shall be charged as annual leave. Residents must notify their attending/site director and Program Director as soon as possible that an absence is required. The Program Director, or designee, is the only individual that may have final approval for the resident to stay home.

End of Leave (Leave Policy)

An extended absence, for any reason, may prevent a resident/fellow from fulfilling the requirements for participation in educational and scholarly activities and achieving the residency/fellowship responsibilities (See GME Agreement of Appointment). Generally, leaves of absence will be granted for a maximum of six (6) months. Residents are subject to termination upon a) exhaustion of all available annual leave, sick leave and other approved or statutory leave, or b) failure to return to work as scheduled at the end of the authorized or statutory leave.

An absence will be charged against any accrued annual, sick, or other available approved unpaid leave program. If all such paid and unpaid leaves are exhausted, the absence will be unexcused and the resident subject to dismissal for job abandonment.

The GME Assistant Dean, in his/her discretion, may authorize additional leave but only in extraordinary circumstances.

Notes:

- Residency positions will be protected during the period of approved Family Medical Leave or as required by law.
- Residency positions in a prescribed AIRS program may be protected as described in GME Policy #260.
- An unpaid leave of absence may affect a resident's visa status.
- A leave of absence may require extension of training to meet program or board eligibility criteria.

Compliance with Board Requirements for Absence from Training

It is the responsibility of the Program Director to verify the effect of any absence from training will have on the resident's ability to finish on time and meet RRC and Board eligibility requirements. All approved training extensions necessary to meet board eligibility are paid with full benefits.

Board certification eligibility information is provided to residents by each program and can also be accessed through the American Board of Medical Specialties: <http://www.abms.org>.

Extension of Training

If an extension of training is required, residents are allocated additional annual and sick leave according to the following:

- Less than three (3) months – no additional leave
- Three (3) to six (6) months – 25% of the leave allocated within a twelve-month period
- Six (6) to nine (9) months – 50% of the leave allocated within a twelve-month period
- Nine (9) to less than twelve (12) months – 75% of the leave allocated within a twelve-month period
- Additional year of training twelve (12) months – all paid leave equivalent to an entire academic year is allocated

Consequences of Unapproved Leave

Failure to comply with leave policies, including obtaining written prior approval, may result in leave without pay and may be reflected in the resident's final summative evaluation as a professionalism issue.

Programs may have additional leave restrictions based upon individual specialty board requirements and will distribute their program policies and procedures to residents and faculty. Up to 1 week of Annual Leave is at risk at the discretion of the program, see your program handbook for documentation. Note: Interview days are considered Annual Leave or regularly scheduled days off.



ABFM Time Away from Residency / Family Leave Policy for Board-Eligibility

**Updated June 2023 to enhance clarity about leave types and parameters and to adjust for the 2023 ACGME Family Medicine Residency accreditation requirements.*

Background and Purpose

The American Board of Family Medicine (ABFM) Time Away from Residency / Family Leave Policy for ABFM board-eligibility was initially updated in July 2020 in order to distinguish parental or family leave from other types of leave (vacation, sick, holiday, academic, PTO, etc.) and to provide a more supportive policy for residents during periods in which more prolonged leave is needed, such as welcoming a new family member, caring for an ill family member, or taking time to receive needed care for a personal medical issue. Historically ABFM policy did not distinguish parental or family leave from other types of leave (vacation, sick, holiday, PTO, etc.). It was also cited as one of the more restrictive, least family friendly policies across specialty boards.¹

Numerous articles published on this topic over the last decade focused on the impact of restrictive residency policies and culture on women who have children during residency, who often faced barriers to receiving adequate time away from training to care for themselves and/or their newborns. Evidence of negative cultural biases persist, related to perceptions on impact on resident education, clinical work, and sharing of workload among colleagues. This is despite emerging evidence that the negative impact on training has been overestimated. A multi-center, cross-sectional, study of ophthalmology residents demonstrated no differences between residents taking parental leave compared to their peers, offering some reassurance regarding the unlikelihood of risk on resident performance.²

Residents themselves are often reluctant to ask for time away from residency in amounts considered appropriate for parental leave. A study published in Family Medicine in October 2019 demonstrated wide variation among parental Family Leave policies and practices across family medicine residency programs, showing that family medicine residents, on average, utilize less Family Leave time than is offered by programs by one-half to 1.5 weeks.³ In this regard, they have often cited medical certifying board policy as having a major influence on their choice to limit their time away from training so as not to extend their time in residency. Thus, reconsideration of ABFM policy was necessary to support resident well-being and optimize early childhood development for the children of resident trainees. Additionally, the revised policy specifically provided support for non-birth parents who take on early childcare responsibilities, as well as for residents experiencing significant personal illness or care of a critically ill or dying family.

Time away from training for any resident is impacted by multiple issues, including variability in human resource (HR) policies of sponsoring institutions and disparate definitions of Family Leave types. Local policies regarding resident time away from training may be different than what is described here. **ABFM policy is only intended to address maximum time away from training that is allowable for a resident to become board-eligible at the end of their training, after receiving Program Director sign off. It does not override sponsoring institution or residency program HR and training policies, which will continue to operate at the local level as the primary source of allowable time away from training.** Similarly, it should not be confused with leave permitted by the federal Family and Medical Leave Act (FMLA). These policies should be clearly written and communicated to both prospective and current residents, separate from ABFM policy.

Additionally, this policy is not intended to prescribe program-level decisions regarding the timing of graduation for any individual resident, which continue to be based on meeting Accreditation Council for Graduate Medical Education (ACGME) requirements and achieving the competencies necessary for a resident to be deemed ready for autonomous practice. At any point, a Program Director and the Clinical Competency Committee (CCC) can make a decision to extend a resident's training based on their assessment that the resident is not ready for attestation of meeting ACGME requirements and enter autonomous practice.

Principles Utilized in Consideration of a New Policy

In considering a change in ABFM Policy, the following principles were adopted by the ABFM Board of Directors to guide its decisions:

1. ABFM will support residents as they add to their families and as they attend to major personal and family health events.
2. ABFM believes that residency experiences in continuity patient care and core family medicine rotations should be priorities. Time that residents take for Family Leave should be preferentially assigned to elective and/or selected specialty rotations, rather than core Family Medicine rotations.
3. Family Leave should be allowed to cross over from one PGY to the next. Decisions about advancement from one year to the next in residency will continue to be determined by the Program Director and the sponsoring institution.
4. Other leave time, such as allowable vacation days, may be used toward allocation of time away for Family Leave, but should not be exhausted for such. The ABFM encourages programs to keep a minimum of one week of other leave time to be separated from Family Leave time to support resident well-being outside of the time period in which Family Leave is needed.
5. ABFM is committed to maintaining two examination cycles per year to not delay achievement of certification for residents who need an extension of training or who are off cycle for any reason.

Residency Training Requirements for Board Certification Eligibility

Candidates for ABFM board eligibility are required to have completed training in an ACGME accredited Family Medicine residency program. In some situations, the training may be extended for additional time to meet the minimum requirements. All residents must have core clinical training that includes the breadth and depth of Family Medicine. For ABFM board eligibility, these include, but are not limited to:

1. Residents are required to spend their final two years of training in the same residency program's teaching practice in order to provide sustained continuity of care to a panel of patients.
2. Each year of residency must include a minimum of 40 weeks of continuity clinic experience. While this ACGME requirement has been replaced with "should" in the 2023 Requirements for Family Medicine Residency Programs, ABFM has elected to keep this a "must" requirement for board eligibility (exceptions may apply if the residency program has received a waiver of this requirement in connection with pilot projects assessing intentional variation in training requirements).
3. Beginning July 1, 2023, residents will be required to complete a minimum of 1,000 hours of "caring for one's panel" in the continuity practice site, in lieu of the prior 1650 visit requirement.

At the end of training, the Program Director is expected to sign electronically via the Residency Training Management (RTM) system, on behalf of the Clinical Competency Committee, that the resident has met all requirements for board-eligibility and is ready for autonomous practice.

Definitions

For the purpose of this policy:

1. Academic/training years will be referred to as PGY-1, PGY-2, PGY-3, and, when relevant, PGY-4.
2. **Family Leave** refers to a Leave of Absence from the residency program to support residents during the following:
 - The birth and care of a newborn, adopted, or foster child, including both birth- and non-birth parents of a newborn.
 - The care of a family member⁴ with a serious health condition, including end of life care.
 - A resident's own serious health condition requiring prolonged evaluation and treatment.
3. **Other Leave** refers to time off allotted by programs and their sponsoring institutions for vacation, sick leave, holiday, educational leave, or other paid time off.

Policy Parameters

This policy does not apply to:

- Other types of personal leave and/or interruptions from a residency, such as vacation/travel, educational leave, unaccredited research or clinical experiences, military, or government assignment outside the scope of the specialty, etc.
- Periods of time when a resident is away from the program for failure to meet academic, clinical, or professionalism performance standards.

ABFM does not require pre-approval for a resident's Family Leave if it is taken as outlined, and as long as the resident is on schedule to meet other training requirements. However, ABFM still requires that Family Leave or other leave of absence is reported through the RTM system, even when extension of training is not required, to allow for data tracking that supports ongoing evaluation of this policy change.

Time Allowed for Family Leave of Absence

Family Leave Within a Training Year:

ABFM will allow up to twelve (12) weeks away from the training in a given academic year without requiring extension of training, as long as the Program Director and Clinical Competency Committee agree that the resident is ready for advancement to the next level and on track to meeting competencies required for autonomous practice. **These 12 weeks can include up to eight (8) weeks attributable to Family Leave, and up to four (4) weeks of Other Leave**, as allowed by the program. ABFM encourages programs to preserve a minimum of one week of Other Leave in any year in which a resident takes Family Leave. Consideration should be given to the importance of preserving some time away for any other needs a resident has outside of a period of Family Leave.

The resident must still have at least 40 weeks of continuity experience in the year in which they take Family Leave.

Total Time Away Across Residency Training

A resident may take up to a maximum of 20 weeks away from training over three years of residency without requiring a training extension. This allows for periods of Family Leave that may be necessary within different academic years, such as having a second child or recurrent personal or family leave. Generally speaking, 9-12 weeks (3-4 weeks per year) of this leave will be from institutional allowances for time off that applies to all residents; **programs will continue to follow their own institutional or programmatic leave policies for this.**

A period of Family Leave may cross over two academic years. In this circumstance, the Program Director and sponsoring institution may decide when the resident is deemed prepared to advance from one PGY-level to the next.

Decisions about what constitutes family member and what constitutes serious health condition is best left to the Program Director and their institutional policies. ABFM intends to leave those decisions at the local level where they are best able to be individually made.

Time Allowed for Other Leave During the Course of Residency

Consistent with prior ABFM policy for board-eligibility, the **maximum time allowable for Other Leave is four (4) weeks or 30 days** (depending on how leave is calculated at each institution) per academic year. In the absence of a need for extended Family Leave, a resident is still required to spend 12 months in each PGY-year. Residents are expected to take this allowable time away according to local institutional policies. Foregoing this time by banking it to shorten the required 36 months of residency, or to retroactively "make up" for time lost due to sickness or other absence, is not permitted.

Certification Timeline in Instances of Extension of Residency Training

If a resident's leave exceeds either 12 weeks away within a given academic year, and/or 20 weeks total across three years of training, extension of the resident's residency will be necessary to cover the duration of time they were away from the program in excess of 20 weeks. In this instance, residency directors must make appropriate curricular adjustments and notify ABFM of requested extensions through the RTM system, for approval by ABFM Reports must include an explanation for the absence from training, the number of total days missed, and a plan for resuming training as basis for calculating a new graduation date.

When a training extension is needed, the resident will still have two opportunities to take their initial certification exam within the same year as graduation, based on the following parameters:

If they are anticipated to complete training between July 1 and October 31, they may apply for and take the Certification Examination in April of their PGY-3 year, with permission from the program director through the RTM system.

If they are anticipated to complete their residency between November 1 and December 31, they will be eligible to take the Certification Examination in November of their graduating year. Additionally, residents who complete their training between January 1 and April 30 of the year following their original graduation date may also apply to take the November exam in the same year as their original graduation date, after approval of permission from the program director through the RTM system.

¹ Varda BK, Glover M. Specialty board leave policies for resident physicians requesting parental leave. *JAMA*. Dec 11, 2018. Vol 320 (22): 2374-2377.

² Huh DD, Wang J, Fliotsos MJ, et al. Association Between Parental Leave and Ophthalmology Resident Physician Performance. *JAMA Ophthalmol*. 2022;140(11):1066–1075.

³ Wendling A, Paladine H, Hustedde C, Kovar-Gough I, Tarn D, Phillips J. Parental leave policies and practices of US family medicine residency programs. *Fam Med*. 2019;51(9):742-9.

⁴ Decisions about what constitutes family member and what constitutes serious health condition is best left to the Program Director and their institutional policies. ABFM intends to leave those decisions at the local level where they are best able to be individually made.