

RESIDENT EVALUATIONS, INCLUDING FINAL SUMMATIVE EVALUATIONS AND VERIFICATION TEMPLATES

POLICY OBJECTIVE: This Policy establishes and provides guidance for the following evaluations of residents:

- a) Clinical Competency and Residency Quality Improvement Committee CCC/QIC;
- b) Formative Evaluations;
- c) Summative Evaluation;
- d) State Medical Board requests;
- e) Employer/Credentialing Committee requests; and
- f) Personal recommendations.

It also provides guidance regarding resident participation in drug rehabilitation programs. Form letters are attached.

Each accredited program is responsible for utilizing appropriate methods of performance evaluation of residents consistent with ACGME common program requirements and the requirements of its Residency Review Committee (RRC). Competency-based goals and objectives based on performance criteria for each rotation and training level will be distributed annually to residents and faculty either in writing or electronically and reviewed by the resident at the start of each rotation. Each residency program's evaluation policies and procedures must be in writing.

Residents will be evaluated based on the Competencies and the specialty-specific Milestones. Additionally, all residents are expected to be in compliance with GMEC and University of Tennessee Health Science Center policies which include but are not limited to the following:

University of Tennessee personnel policies¹, University of Tennessee Code of Conduct, sexual misconduct and Title IX, moonlighting, infection control, accurate and timely completion of medical records, professionalism, and federal health care program compliance policies.

A. Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. Each program's CCC/QIC should review all resident/fellow performance evaluations and assessments of progress at least semi-annually. The CCC/QIC will advise the Program Director regarding resident progress, including

¹ Residents in the University of Tennessee Statewide Graduate Medical Education Programs are subject to the University's Personnel Policies and Procedures and University work rules. Copies of all applicable policies, procedures and work rules are available from each Department Chair; the University's Human Resources Office located at 910 Madison Ave., Suite 722 (448-5600); or each department's business manager. University policies and procedures can also be located at the following websites: <http://www.uthsc.edu/policies> as well as the University of Tennessee System website <http://humanresources.tennessee.edu/>

promotion, remediation, and dismissal. Under the Tennessee Patient Protection and Quality Improvement Act of 2014, the records of the activities of each CCC/QIC are designated as confidential and privileged. Resident/fellow evaluation documentation and files that are reviewed by a program's CCC/QIC are protected from discovery, subpoena or admission in a judicial or administrative proceeding, and there is a presumption of good faith in order to provide immunity for evaluators.

1. Procedure

- a. A CCC/QIC must be appointed by the Program Director.
 - 1) At a minimum, the CCC/QIC must include 3 members of the program's faculty, at least one of whom is a core faculty member.
 - 2) Others eligible for appointment to the CCC/QIC include faculty from the same and other programs, or other health professionals who have extensive contact and experience with the program's residents.
 - 3) All members should work directly with the program's residents on a regular basis.
- b. Responsibilities of the CCC/QIC include:
 - 1) Members must meet, at a minimum, semi-annually. Ad hoc meetings may occur as necessary.
 - 2) The Committee will select a Committee Chair, which cannot be the Program Director.
 - 3) Review all resident evaluations at least semi-annually.
 - 4) Determine each resident's progress on achievement of the specialty-specific Milestones.
 - 5) Meet prior to the residents' semi-annual evaluation.
 - 6) Advise the Program Director regarding each resident's progress.
 - 7) Make recommendations to the Program Director for additional or revised formative evaluations needed to assess resident's performance in the Milestone sub-competency levels.

B. Formative Evaluation

1. Faculty members must directly observe, evaluate and frequently provide feedback on resident performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form. Faculty attending will complete this online evaluation to document resident performance at the end of each rotation/educational assignment.
 - a. For block rotations of greater than three months in duration, evaluation must be documented at least every three months.
 - b. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
2. These evaluations should be reviewed for completeness by program leadership, with follow-up by the Program Director or coordinator to address inadequate documentation; e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.

3. Completed electronic evaluations are reviewed by the resident. Any evaluations that are marginal or unsatisfactory should be discussed with the resident in a timely manner and signed by the evaluator and resident.
4. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the resident's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.
5. The program must provide assessment information to the CCC/QIC for its synthesis of progressive resident performance and improvement toward unsupervised practice.
6. Using input from peer review of these multiple evaluation tools by the CCC/QIC, the Program Director (or designee) will prepare a written summary evaluation of the resident at least semi-annually. The Program Director or faculty designee will meet with and review each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement. The Program Director (or designee) and resident are required to sign the written summary that will then be placed in the resident's confidential file. The resident will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
7. If adequate progress is not being made, the resident should be advised and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
 - Competency-based deficiencies;
 - The improvements that must be made;
 - The length of time the resident has to correct the deficiencies; and
 - The consequences of not following the improvement plan.

Improvement plans must be in writing and signed by both the Program Director and resident.

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

C. Summative Evaluation

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

2. The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context, precluding the use of the Milestones in the context of physician licensure, or any other higher stakes use.
3. The Program Director will provide a final evaluation upon completion of the program (**Form 1**). This evaluation will become part of the resident's permanent record maintained in the GME office and will be accessible for review by the resident. The end-of-program final evaluation must:
 - Verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
 - Consider recommendations from the CCC/QIC.
 - Should contain an affirmative statement of qualification to sit for a certifying board, if applicable.
 - The final evaluation, like formative and interim summative evaluations completed during the program for an individual resident, is an internal document. **It is not intended to be shared outside of the program or GME.** While Milestones assessments should be used in the determination of an individual resident's ability to practice autonomously, the achievement of specific milestones by an individual resident do not necessarily need to be documented in the final evaluation.
 - The final Summative Evaluation will only be provided to the Resident.
 - If the resident requests, in writing (email) (**Form 2**), GME will forward or provide the Summative evaluation to other programs, institutions, boards, credentialing committees, or prospective employers. GME will not process any such request unless the resident has signed the Form (attachment 1).
 - If a Resident does not follow this procedure and fails to sign the Form (attachment 1) and provides a copy of the final Summative Evaluation directly to a hiring committee etc., such an action does not waive or invalidate the confidentiality and privileges of UTHSC under the Patient Protection and Quality Improvement Act. GME will not validate a Summative Evaluation unless the resident has signed Form (attachment 1).

The term "signed" includes an electronic signature or physical signature, or a typed signature delivered via official UTHSC or Erlanger email.

4. Summative evaluations are also required even if a resident does not complete the residency training program due to dismissal, non-renewal, voluntary resignation, transfer, etc. Program Directors shall confer with the GME Office and Legal Counsel whenever there is derogatory information included in a summative evaluation.

D. STATE MEDICAL BOARD REQUESTS

1. It is the policy of GME to fully cooperate and provide any and all information requested by State Medical Boards, as is required by law and consistent with the signed waiver or release of information.

2. Communications with a State Medical Board are considered a protected communication between Quality Improvement Committees, as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers, such as Program Directors, who act as part of a Clinical Competency and Residency Quality Improvement Committee (CCC/QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The PPQIA recognizes that a QIC includes state or local health professional association, such as a State Medical Board. Accordingly, submissions are sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule governing a State Medical Board, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*,
3. Although various states provide extensive and detailed forms for the Program Director to fill out, the only portions of a state form that should be filled out are:
 - a. the Program Director's or evaluator's identifying information,
 - b. the dates of post-graduate training, and
 - c. the form signature.
4. **Do not respond**, but mark "*N/A*", questions or sections requesting information as to "unusual circumstances", disciplinary issues, delays in promotion, or, personal judgments such as reliability or character, evaluations of abilities and skills, or criminal activity or professional liability issues.
5. Use **Form 3** for the typical "no derogatory information" submissions to a state medical board.
6. If there is derogatory information or if the resident was terminated or otherwise dismissed, the information will be provided in a narrative supplement based on the **Form 4**. Program Directors or evaluators **must** confer with the GME Office and University legal counsel whenever there is derogatory information about a resident and the best manner in which to provide the derogatory information to a State Medical Board.
7. The policy of the College of Medicine is to only provide a narrative supplement and to not respond to detailed requests for evaluations of prior residents or faculty, regardless of the individual.

NOTE AS TO A RESIDENT'S PARTICIPATION IN DRUG REHABILITATION PROGRAMS.

The law of the State of Tennessee is to protect from disclosure any resident's voluntary or involuntary participation in the Tennessee Medical Foundation/PHP for recovery from addictions. The resident must be under active advocacy (or be certified to have completed the program) of the TMF/PHP in order for such participation to remain undisclosed to a state medical board. However, for some State Boards, the resident may knowingly and voluntarily waive any such confidentiality rights. Program Directors and evaluators **shall** confer with the GME Office and University legal counsel prior to any disclosure of participation by a resident in a drug rehabilitation or addiction program, whether successful or unsuccessful.

E. EMPLOYER/CREDENTIALING COMMITTEE, ETC REQUESTS

1. It is the policy of The University of Tennessee College of Medicine Chattanooga to **not** respond to form requests for detailed evaluations of past residents or faculty from prospective employers or hospital credentialing committees or other entities. This policy applies regardless of the former resident having signed a waiver or release of information.
2. All such requests should be responded to using **Form 5**, and only provide the dates of attendance, if the program was completed, and if the resident was recommended for the certifying examination of the applicable specialty board.
3. No derogatory information may be provided. Program Directors or evaluators **shall** confer with the GME Office and University legal counsel whenever there is a recommendation to provide derogatory information.

F. PERSONAL RECOMMENDATIONS BY FACULTY

Faculty are discouraged from providing personal recommendations. However, faculty have the academic freedom to provide their personal evaluations and recommendations. If faculty decide to provide such a recommendation, the policy is that the faculty member must follow these requirements.

Personal recommendations:

- May not be printed on official UT College of Medicine Chattanooga letterhead (or use any graphical representation or UTHSC/UTCOMC logos);
- Must state that the recommendation is provided in the faculty member's personal capacity and not as an employee of the University;
- May list any faculty positions in the body of the recommendation but not in the signature block;
- Must be signed in the personal capacity (e.g. John Smith, MD) with no university identifying information; and
- Must follow any rules of the physician's practice plan regarding personal recommendations.

Form 6 is provided as a convenient guide but should not be considered as legal advice by the University.

NOTICE: You should consult with your own, personal legal counsel before providing letters of recommendation.

FORM 1
RESIDENT'S REQUEST TO RELEASE VERIFICATION OF RESIDENCY TRAINING
AT THE UT COLLEGE OF MEDICINE CHATTANOOGA AND/OR TRANSMIT
FINAL SUMMATIVE EVALUATION

VIA: EMAIL FROM _____(UT Official) include email address

To: Entity to whom information is being sent

For: [Full name of Resident or Fellow]

Date: [Current Date]

RE: Request to transmit Verification of Training and/or Final Summative Evaluation

I, _____, direct that The UT College of Medicine Chattanooga GME office transmit a verified copy of a verification of my training and/or my Final Summative Evaluation to _____ at the following email address:
_____.

By my [electronic] signature below, I waive and release The UT College of Medicine Chattanooga, the GME Staff, and its faculty, from any and all claims and authorize this release of my residency verification and/or Final Summative Evaluation.

Typed or signed name of resident

FORM #2
FINAL SUMMATIVE EVALUATION

(Use Digital or Paper Official Department Letterhead)

Date

Re: CONFIDENTIAL Final Summative Evaluation of [Full Name] _____, MD

Dates of Training: from _____ until _____, for a total of _____ months of training.

Sponsoring Institution: The University of Tennessee College of Medicine Chattanooga

ACGME Sponsoring Institution #: 8004700424

Program Name: _____

ACGME Program #:

Primary Clinical Training Site: Erlanger Health System, including Children's Hospital at Erlanger

To Whom It May Concern:

This letter is provided as the Final Summative Evaluation, pursuant to the Accreditation Council for Graduate Medical Education (ACGME) requirements, for Dr. _____, regarding training in the _____ Residency Program at our institution. This is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential and privileged and protected from direct or in-direct means of discovery, subpoena or admission into evidence. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.* This Summative Evaluation is for the limited purposes set forth in the ACGME Program Director's Guide effective on this date.

Dr. _____ satisfactorily completed residency training in _____ at The University of Tennessee College of Medicine Chattanooga. Based on a composite of multiple evaluations by supervisors in this resident's rotations and experiences during the residency training, the Program Director and the Clinical Competency and Residency Quality Improvement Committee of The University of Tennessee College of Medicine Chattanooga, attest that the training program has been successfully completed and the resident has demonstrated sufficient competence to engage in autonomous practice in the specialty of _____. The resident was recommended for the certifying examination administered by the Medical Specialty Board for _____.

The following is derived from a composite of multiple evaluations by supervisors in the rotations during Dr. _____'s residency training. The Final Summative Evaluation is based

upon ACGME recognized General Competency Domains, which define the essential components of clinical competence.

| ACGME General Competency Domains | | | |
|---|----------------|--------------|--------------|
| | Unsatisfactory | Satisfactory | No Knowledge |
| Medical Knowledge | | √ | |
| Patient Care | | √ | |
| Professionalism | | √ | |
| Communication and Interpersonal Skills | | √ | |
| Practice Based Learning and Improvement | | √ | |
| System Based Practice | | √ | |

During the dates of training at our institution, this resident was not subject to any institutional disciplinary action.

Attested to by:

[Affix Seal of The University of Tennessee College of Medicine Chattanooga]

 Residency Program Director
 _____ Residency/Fellowship Program

Reviewed with the GME Trainee

Date:

 Signature of the Resident/Fellow

FORM #3
[State Medical Board or Federation of State Medical Boards – Typical no derogatory information]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL & PRIVILEGED COMMUNICATION

DATE

State Board Medicine
State of
--address--

Via: FedEx or email or fax

RE: [name of resident]
ACGME Program Specialty and #: _____
Dates of training: _____ through _____

Dear Board Members and Staff:

I have received the “ _____ Evaluation Form” of the State Board Medicine of _____.
This letter is my response to Sections x, x, x, and x of that Form.

1. This, and all other communications with the State Board of Medicine (“Medical Board”) is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC’s, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The statute recognizes that a QIC includes state or local health professional associations, such as the State Medical Board. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*
2. I have prepared this submission in my official capacity as the _____ Residency Program Director and Assistant Professor, University of Tennessee College of Medicine Chattanooga.
3. Dr. _____ satisfactorily completed residency training in _____ at The University of Tennessee College of Medicine Chattanooga. Based on a composite of multiple evaluations by supervisors in this resident’s rotations and experiences during the residency, the Program Director and the Clinical Competency Committee of The University of Tennessee College of Medicine Chattanooga, attests that the training program has been successfully completed and the resident has demonstrated sufficient

competence to engage in autonomous practice in the specialty of _____ . The resident was recommended for the certifying examination administered by the Medical Specialty Board for _____ .

4. As to Questions x, x, x, and x, I have no derogatory information to report.
5. As a matter of the UT College of Medicine Chattanooga policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents. Further, I cannot comment or respond to questions seeking my personal opinion or an opinion of the College regarding reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues.

Please call me if you have any questions.

Sincerely,

(name), MD
Program Director, (program _____
(faculty rank), Department of _____
University of Tennessee College of Medicine Chattanooga

FORM #4
[State Medical Board or Federation of State Medical Boards – Derogatory Information & Dismissal]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL & PRIVILEGED COMMUNICATION

DATE

State Board Medicine
State of

Via: FedEx or email or fax

RE: [name of resident]
ACGME Program Specialty and #: _____
Dates of training: _____ through _____

Dear Board Members and Staff:

I have received the “ _____ Evaluation Form” of the State Board Medicine of _____.
This letter is my response to Sections x, x, x, and x of that Form.

1. This, and all other communications with the State Board Medicine (“Medical Board”) is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC’s, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The statute recognizes that a QIC includes state or local health professional associations, such as the State Medical Board. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*
2. I have prepared this submission in my official capacity as the _____ Residency Program Director and Assistant Professor, The University of Tennessee College of Medicine Chattanooga.
3. In preparing this response I have relied upon the release and waiver signed by Dr. _____ as part of the “ _____ Evaluation Form” and make my submission in good faith reliance of that release and waiver.
4. Dr. _____ did not satisfactorily complete residency training in _____ at The University of Tennessee College of Medicine Chattanooga. The resident participated in the Residency Program from. ____ to ____, for a total of ____

months of training. Dr. [resigned][was dismissed] on [date], year.

5. Since the resident did not complete the entire ____-year program, the resident could not be recommended for the certifying examination administered by the Medical Specialty Board for _____.
6. [The attorney recommends you not respond to these questions unless absolutely necessary. If you choose to respond, say the following:] As to your Form Questions x, x, x, and x, I am reporting the following derogatory information:
7. As a matter of The University of Tennessee College of Medicine Chattanooga policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents. Further, I cannot comment or respond to questions seeking my personal opinion or an opinion of the College regarding reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues, other than provided herein.

Please call me if you have any questions.

Sincerely,

(Name), MD
Program Director, (Name of Program) _____
(Faculty Rank _____), Department of _____
The University of Tennessee College of Medicine Chattanooga

FORM #5
[Response to Employer, Credentialing Committee, & other Inquiries]

OFFICIAL DEPARTMENT LETTERHEAD

CONFIDENTIAL AND PRIVILEGED

[Date]

RE: [name of resident]
ACGME Program Specialty and #: _____
Dates of training: _____ through _____

To whom it may concern:

I have received the attached evaluation form from your organization.

1. This, and all other communications with your healthcare organization is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as a part of a Quality Improvement Committee (QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The PPQIA recognizes that a QIC includes state, local, group, individual and hospital healthcare professional associations. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*
2. I have prepared this submission in my official capacity as the _____ Residency Program Director and [Faculty Rank, The University of Tennessee College of Medicine Chattanooga.]
3. In preparing this response I have relied upon the release and waiver signed by Dr. _____ as part of the evaluation form and make my submission in good faith reliance of that release and waiver.
4. Dr. _____ did [not] satisfactorily complete residency training in _____ at The University of Tennessee College of Medicine Chattanooga. The resident participated in the Residency Program from ____ to ____, for a total of ____ months of training. [Dr. _____ [resigned][was dismissed] on [date], 20__.]
5. Dr. _____ completed (or will complete) our entire _____-year program, and was (or was not or will or will not) recommended for the certifying examination administered by the Medical Specialty Board for _____.

6. As a matter of The University of Tennessee College of Medicine Chattanooga policy, we provide this letter in lieu of responding to any form requests for detailed evaluations of our past residents. Further, I cannot comment or respond to questions seeking my personal opinion or an opinion of the College regarding reliability or character, evaluations of abilities and skills, or unethical activity or professional liability issues, other than provided herein.

Please call me if you have any questions.

Sincerely,

(Name), MD
Program Director, (name of program) _____
(faculty rank), Department of _____
The University of Tennessee College of Medicine Chattanooga

FORM #6
[Personal Reference/Recommendation – Unrelated to Residency -- Wording and
Comments Suggested by UT Associate General Counsel]

USE YOUR PERSONAL LETTERHEAD

CONFIDENTIAL AND PRIVILEGED

[date]

RE: [name of resident]

To whom it may concern:

I have received a request to provide a personal reference/recommendation as to _____, MD.

1. This, and all other communications between me and your healthcare organization is a protected communication between Quality Improvement Committees as contemplated under the Tennessee Patient Protection and Quality Improvement Act, Tenn. Code Anno § 63-1-150 and § 68-11-272 (as amended 2014) (PPQIA). Under the PPQIA, healthcare providers who act as part of a Quality Improvement Committee (QIC), when providing information to other QIC's, are conferred immunity and a presumption of good faith, and the communication is confidential, privileged, and protected from direct or in-direct means of discovery, subpoena or admission into evidence. The PPQIA recognizes that a QIC includes state, local, group, individual and hospital healthcare professional associations. Accordingly, this submission is sent relying upon the confidentiality, privileges and immunity conferred under the PPQIA and any analogous statute or rule in your state, as well as the Health Care Quality Improvement Act, 42 U.S.C. Section 11101, *et seq.*
2. I have prepared this submission in my personal capacity as a physician employed by [*name of practice plan*]. Although I am also a/an [faculty rank, e.g., Assistant Professor] at The University of Tennessee College of Medicine Chattanooga and hold the academic positions of x and y, this letter is not in my official capacity as a state employee and member of the faculty.
3. [Enter your personal reference/recommendation here.]

Please call me if you have any questions.

Sincerely,

name, MD

This policy will be presented for approval at the July 27, 2021 UTCOM Chattanooga GMEC Meeting.

Revised and Approved by the UTHSC GMEC 01/16/2021. Further edits are provided to the UTCOM Chattanooga from the UTHSC Associate General Counsel 04/07/2021 and again on 6/21/2021.