THE UNIVERSITY of TENNESSEE
HEALTH SCIENCE CENTER™
COLLEGE of MEDICINE

Surgical Critical Care Fellowship Program Handbook 2022-2023

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GME Information and Dates
Agreement for Handbook of **Surgical Critical Care Fellowship** Program

Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:
The Surgical Critical Care Fellowship program's mission is to train fellows to broaden their basic skills and fundamental knowledge about diseases, disorders and conditions.

Program Aims:
During the one-year surgical critical care experience, the fellows will broaden their basic skills and fundamental knowledge about diseases, disorders and conditions; diagnosis and assessment methods; and surgical procedures that fall within the study of acute surgical problems and critical care. Not only will the fellow expand their fund of knowledge, but they will also gain experience interacting with patients and families, improving their patient care practices and correlating their practices within the health care system on a larger scale. Each fellow will be competent in each of the core competencies outlined by the ACGME. Patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication Skills, professionalism, and systems-based practice provide the foundation for the program's goals and objectives.

After completion of the Surgical Critical Care Fellowship program, the fellows are expected to achieve the following goals to receive their certificate of completion:
• Diagnose and manage critically ill surgical patients, to include appropriate interventions and procedures.
• Create, design, implement, and analyze research projects.
• Expand and develop the ability to teach associates, fellows in training, and other critical care personnel.
• Learn to administer and manage a critical care unit with emphasis on allocation and utilization of resources and on ethical principles in the delivery of healthcare.

During the Acute Care Surgery fellowship in the second-year (Non-ACGME accredited), the fellows will manage complex emergency general surgery, traumatic injures, and critically-ill surgical patients. The goal of the second year is to prepare the fellows to independently provide care to the most injured and ill emergency general surgery and trauma patients. This fellowship focuses on clinical experience, didactics, research and professional development to prepare fellows for independent practice. The two-year fellowship is accredited by the American Association for the Surgery of Trauma.

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University of Tennessee
Surgical Critical Care Fellowship
Block Diagram

Year-1

Block	**1**	**2**	**3**	**4**	**5**	**6**
Site	**1**	**1**	**1**	**1**	**1**	**1**
Rotation Name	TICU	TICU	TSDU	TSDU Or Elective	GICU	GICU
% Outpatient	100%	100%	100%	100%	100%	100%
% Research	0%	0%	0%	0%	0%	0%

Note: Each block is 2 months in duration.
Fellows can take vacation at any point in the year during any block in 1 week intervals.

Site Key:
Site 1: Regional One Health

Rotation Key:
TICU: Trauma intensive care unit
TSDU: Trauma stepdown unit
GICU: General intensive care unit

Elective options:
Burn
Medical intensive care unit
Neuro critical care
Cardio-vascular critical care
Pediatric trauma and critical care

Year – 2 (Non-ACGME Acute Care Surgery Year)

Block	**1**	**2**	**3**	**4**	**5**	**6**
Site	**1**	**1**	**1**	**1**	**2**	**1**
Rotation Name	ICU, Trauma	ICU, Trauma	ICU, Trauma	ICU, Trauma	Cardiac and Vascular Surgery	Electives
% Outpatient	100%	100%	100%	100%	100%	100%
% Research	0%	0%	0%	0%	0%	0%

Note: Each block is 2 months in duration.
Fellows can take vacation at any point in the year during any block in 1 week intervals.
Fellows will take a minimum of 52 call nights during their 2-year fellowship.

Site Key:
Site 1: Regional One Health
Site 2: Baptist Memorial Hospital - Memphis

Rotation Key:

ICU – Intensive care unit

Elective options:
Burn
Medical intensive care unit
Cardio-vascular critical care
Pre-hospital

Section 2. Site Information

1. **Site –** Regional Medical Center at Memphis
   Andrew Kerwin – Site Director
   Address: 877 Jefferson Avenue, Memphis, TN 38103
   Phone: 901-545-7100
   Fax:
   Email: regionalonehealth.org

2. **Site** – Baptist Memorial Hospital – Memphis (Only during Non-ACGME year)
   Shaun Stickley – Site Director
   Address: 6019 Walnut Grove Rd, Memphis, TN 38120
   Phone: 901-226-5000
   Fax:
   Email:

Section 3. Educational Activities

I. Didactic Lectures

Day/Time	Monday/12:30 PM
Location	Virtual
Description	The Trauma/Surgical Critical Care Conference is a weekly conference held every Monday over Zoom. Sessions cover the fundamentals of both Surgical Critical Care and Trauma Care. Fellows are required to attend and present.
Attendance %	100

Day/Time	Daily/7:00 AM
Location	Regional Medical Center
Description	The Turnover Conference (Morning Report) is held daily. Presentation and discussion of overnight admissions to trauma service. Presentation and discussion of care plans for those patients requiring operative intervention. Fellows are required to attend.
Attendance %	100

Day/Time	Thursday/11:30 AM
Location	Virtual and Regional Medical Center
Description	Every week fellows will attend the Trauma Morbidity and Mortality Conference. This closed departmental meeting provides that opportunity to discuss patient care and treatment options. The fellow will present cases at this meeting if there are any significant morbidity or mortality occurrences in patient care.
Attendance %	100

Day/Time	Friday once per month/12:30 PM
Location	Virtual
Description	The Journal Club is held monthly. Discussion of 3 topical journal articles with emphasis on critical analysis. Fellows are required to attend.
Attendance %	100

Conference Schedule
Trauma conference is weekly on Mondays.
Turnover conference is daily.
Trauma morbidity and mortality is weekly on Thursdays.
Journal Club is monthly on Fridays.

Program Meetings
Fellows attend trauma conference, turnover conference, trauma M&M, and journal club.
Fellows also attend Multidisciplinary Peer Review quarterly and Multidisciplinary Operations Committee quarterly.

II. Required Reading

Recommended text: Current therapy of trauma and surgical critical care. 2nd ed. Edited by Juan Asensio and Donald Trunkey.

III. Research and Scholarly Activity

Fellow expectations for scholarly activity include one of the following annually: participation in quality improvement, patient safety projects, development of curricular materials, participation in the Trauma Peer Review Committee and Multidisciplinary Peer Review Committee, participation in regional or national committees, presentation or publication of case reports, clinical series, original research or review articles at scientific meetings or in peer-reviewed journals or book chapters.

Section 4. Examinations

I. Documenting Exam Results

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

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

II. In-Service Training Exam

None

III. Board Examination

Fellows will be eligible to sit for the surgical critical care board examination given in September the year they complete their fellowship. The examination is given through the American Board of Surgery.

Section 5. Policies and Procedures

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website: https://www.uthsc.edu/GME/documents/policies

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

Moonlighting New Innovations Protocols	○ Complete the Incident Report Form and return to the campus Workers Compensation representative at 910 Madison Ste. 764.

Program-Specific Policies and Procedures:

I. Wellbeing

The surgical critical care program offers faculty and fellow wellness events throughout the year to encourage team well-being and decrease burnout. The fellow must be unimpaired and fit for duty to engage in patient care. If the fellow is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the fellow for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. The program provides the fellow with facilities for rest/sleep and access to safe transportation home. When the fekkiw is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new fellows are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

UTHSC Resources

- **Resident and Fellow Wellness Champions**
- **Campus Recreation**
- **SASSI**
- **Student Assistance Program** (SAP)
- **University Health Services** (UHS)

II. Leave

All fellows are allowed three (3) weeks, consisting of 21 days (Monday – Sunday) of paid annual (vacation) leave per year, plus leave as noted in the institutional requirements for family, maternity and paternity leave. Vacation requests must be submitted to the program director by July 21 by email. Leave is taken in 1 week blocks. Educational leave (for meetings) is not counted as vacation if approved by the program director. Leave for interviews must be requested by email to the program director. Interview days are considered annual leave days or regularly scheduled days off.

Fellows 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. 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. Fellows are not paid for unused sick leave. Under certain circumstances, additional sick leave without pay may be approved.

In addition to approval from the PD, a leave request form must be completed by the fellow.

The American Board of Surgery requires that all fellows applying for certification must have no fewer than **48 weeks of full-time clinical activity in surgical critical care or anesthesiology critical care accredited by the ACGME** (from the ABS website). The fellow may be required to make up any time missed in accordance with the Fellowship Program and Board eligibility requirements.

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

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

<u>Tennessee State Law ~ 4-21-408</u>
Under Tennessee law, a regular full-time employee who has been employed by the university for at least 12 consecutive months is eligible for up to a maximum of four months leave (paid or unpaid) for adoption, pregnancy, childbirth, and nursing an infant. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

<u>Bereavement Leave</u>
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.

IV. Moonlighting Procedure

Moonlighting during the first year is not permitted. Violation of this policy may result in dismissal.

UT/GME Policy #320- Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

Moonlighting during the secondy year is permitted with program director approval.

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

Fellows are advised that there are multiple channels for any confidential discussions they may have. These channels include the Program Director, Associate Program Director, Program coordinator, DIO, and Assistant Dean of the GME. Concerns and issues can also be reported anonymously via the GME online comment form and the surgical critical care online fellows comment form.

VI. Discrimination, Harassment, and Abuse Policy

Fellows are encouraged to report complaints of discrimination, harassment and abuse to the Program Director, Associate Program Director, program coordinator, DIO, and the Assistant Dean of the GME. Fellows may also contact the Office of Equity and Diversity (OED). Concerns and issues may be reported anonymously via the GME online comment form and the and the surgical critical care online fellows comment form. The UTHSC Discriminaton Complaint Procedure is located at: https://uthsc.edu/oed/documents/uthsc-complaint-procedure.pdf

VII. Fellow Eligibility and Selection Policy

Fellows must graduate from an ACGME accredited residency and have passed the USMLE 1, USMLE 2, USMLE 3 exams. Fellows must apply for fellowship through the NRMP match. Fellow applications are reviewed and interviews are granted to applicants who demonstrate excellence in academics, clinical medicine, and service.

VIII. Fellow Supervision Policy

The UTHSC Surgical Critical Care Fellowship Program follows the UTHSC institutional policy on Fellow Supervision. For more information on the UT Fellow Supervision Policy, please visit

the GME website: http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf. There is a clear chain of command centered around graded authority and clinical responsibility.

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

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the surgical critical care program uses the following classification of supervision:

1. **Direct supervision:** The supervising physician is physically present with the fellow and the patient.
2. **Indirect supervision with direct supervision immediately available:** The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
3. **Indirect supervision with direct supervision available:** The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
4. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Rotation-Specific Supervision of SCC Fellow

Clinical Activity	Supervisor	Method of Instruction	Supervision Level	Requirements to perform without Direct Supervision	Method to confirm competency
Evaluate and manage critical illness following surgery or trauma	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Identify the indications for critical care admission and discharge	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback

Appropriately use advanced technology and instrumentation to monitor the physiologic status of children or adults	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Provide pre-operative assessment, operative, and post-operative management of complex surgical illness related to trauma or complications	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Provide post-transplantation management	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Initiate appropriate and complete diagnostic and treatment plans	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Manage blunt and penetrating trauma, and use FAST (Focused Assessment with Sonography for Trauma)	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Formulate and implement patient care plans	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Turnover Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Manage patients suffering from acute lung injury and ARDS following surgery, trauma, burns, or pancreatitis	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback

Under appropriate supervision of faculty, perform, monitor and interpret the results of the following comprehensive evaluations: • Multidisciplinary evaluation of critical illness • Angiography • CT scans • MRI • Electrocardiograms • Cardiac assist devices	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Implement the following specialized treatments into the care of the critically ill patient: • Nutritional support to treat and prevent malnutrition, apply parenteral and enteral nutrition • Monitor and assess metabolism and nutrition • Sepsis management • Complex ventilator management • Organ support • Abdominal sepsis and peritonitis • Conscious sedation	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Diagnose, manage, and treat life-threatening disorders, including single and multiple organ system dysfunction, homodynamic instability/compromise, and complex coexisting medical problems	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Under appropriate supervision of faculty, perform the following procedures essential for the care of the critically ill patient: • Life support • Resuscitation with the use of crystalloids /blood products • Hemodynamic management (in and non-invasive) • Vasopressor and vasodilator	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback

therapy					
Manage a difficult airway and respiratory systems by performing the following procedures: • Endoscopy • Open or Percutaneous Tracheostomy • Cricothyroidotomy • Nasal and Oral Endotracheal Intubation	Attending or 2nd year fellow Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Under appropriate supervision of faculty, perform the following procedures essential for the care of critically ill patients with acute and chronic neurologic disease, emergencies, and head and face injuries: • Nasal Packing • Intracranial Pressure monitoring and Electroencephalogram to evaluate cerebral function • Ventriculostomy • Lateral Canthotomy • Hypothermia application for cerebral Trauma	Attending or 2nd year fellow Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Definitively manage and treat neck traumas including: • Vascular and Aerodigestive Injuries • Soft tissue injuries Definitively manage the following chest injuries: • Cardiac injuries, cardiac tamponade • Thoracic vascular injuries • Tracheobronchial and lung injuries • Empyema, decortications (open and VATS)	Attending or 2nd year fellow Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback

Under appropriate supervision of faculty, perform the following procedures essential for the care of patients with chest injuries: • Pulmonary resections • VATS • Bronchoscopy • Advanced thoracoscopic techniques • Damage control techniques • Trans-esophageal and pericardial cardiac ultrasound • Apply transvenous pacemakers • Emergency thoracotomy	Attending or 2nd year fellow Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Definitively manage patients with the following abdomen or pelvis injuries: • Gastric, small intestine, and colon injuries, inflammation, bleeding, perforation, and obstructions • Duodenal injury • Rectal injury • Diverticulitis • Cholecystitis • Liver injury (all grades) • Splenic injury, infection, inflammation, or diseases • Pancreatic injury, infection, or inflammation • Severe acute pancreatitis • Acute and Chronic Renal failure, ureteral, and bladder injury • Injuries to the	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback

female reproductive tract • Acute operative conditions in the pregnant patient • Abdominal compartment syndrome • Peritonitis, perforated viscus, or abdominal sepsis • Major abdominal and pelvic vascular injury, rupture, or acute occlusion					
• Gastrostomy (open and percutaneous) & jejunostomy • Gastrointestinal intubation and endoscopic techniques • Apply parenteral and enteral feedings • Manage stomas, fistulas, and percutaneous catheter devices • Hepatic resections • Pancreatic resection and debridement • Damage control techniques • Abdominal wall reconstruction • Resection debridement for infection or ischemia • Advanced laparoscopy	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
• Radical soft-tissue debridement for necrotizing infection • On-table arteriography • Damage control techniques including temporary shunts • Acute thromboembolectomy • Hemodialysis access, permanent	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback

• Fasciotomy, upper and lower extremity • Amputations, lower extremity (hip disarticulation, above knee, below knee, trans-met)					
• Split thickness, full-thickness skin grafting Thoracic and abdominal organ harvesting for transplantation • Operative management of burn injuries • Upper gastrointestinal endoscopy • Colonoscopy • Core rewarming • Diagnostic and therapeutic ultrasound	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Treat all forms of shock utilizing conventional and state of the art technology	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Analyze the computations of cardiac output and of systemic and pulmonary vascular resistance	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Perform and provide instruction of the theory and techniques of CPR	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling ACLS	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback
Utilize titrate inotropic and vasopressor drips based on hemodynamic monitoring	Attending or 2nd year fellow	Direct Patient Care Trauma Conference Rounds Role Modeling	Direct	Observed Skill Impression of competence perceived by staff	Clinical Rating Form Direct Observation w/ Feedback

TICU, GICU and TSD rotations at ROH:

The ICU and stepdown rotations will be implemented with the surgical critical care faculty. The SCC fellow will have daily team rounds with the junior surgery residents and surgical ICU attending or 2nd year ACS fellow, who provides oversight for patient care. Fellows are educated to the clinical scenarios which require immediate communication to a supervising physician. These scenarios include need for invasive procedure, clinical deterioration of a patient requiring transfer to higher level of care, clinical deterioration of a patient requiring significant escalation of care, code event, need for admission. Faculty/2nd year ACS fellow are expected to be available for immediate assistance 24/7 or to have a designated proxy in the case of a need for absence from immediate call availability. In the event an attending is not available, there is a designated back-up attending on the published monthly schedule.

Supervision of Hand-Offs

Fellows will discuss all patients in critical care units with the on-call fellow. The process includes reviewing the critical events that occurred for the patients, recent operations, anticpated problems or concerns, laborartory tests and imaging stides that require follow-up and plans for procedures on patients for the following day. The on-call faculty will discuss any concerns with the on-call fellow and prepare a communication plan for the on-call night.

Gaps in Supervision

If for any reason, a fellow is unable to contact his or her supervising physician (in-house 24/7), they are to notify the back-up attending (in-house during the day or home-call at night). If the fellow is unable to contact the back-up attending (published on the monthly call schedule), the fellow is to call the program director or associate program director immediately. The program director or associate program director will then activate the faculty-specific chain of command to ameliorate the gap in supervision.

IX. Process by which faculty receive fellow feedback

Faculty receive annual feedback gathered anonymously from the fellows in writing (via New Innovations) at the end of the academic year. Program feedback is discussed with fellows and faculty at the annual program evaluation.

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

The faculty are evaluated annually by the Division Chief after a review of their CV, evaluations, and goals. This report is sent to the Department Chair for approval.

XI. Method for reporting improper behavior in a confidential manner

Fellows can report improper behavior to the program director, associate program director, division chief, department chair, program coordinator, DIO, or assistant dean of the GME. The matter will handled in a confidential manner, protecting the fellow from retaliation. The fellow can also report complaints of discrimination, harassment, and violations of policy with the Office of Equity and Diversity. Concerns and issues can also be reported anonymously via the GME online comment form and the surgical critical care online fellows comment form.

XII. Assessment Instruments and Methods

The program utilizes the following methods for Fellow evaluation:

1. Competency-based formative evaluation for each rotation, including competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.
2. All Fellows are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

Formative Evaluation

1. Faculty must directly observe, evaluate and frequently provide feedback on Fellow 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.
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 Fellow. Any evaluations that are marginal or unsatisfactory should be discussed with the Fellow in a timely manner and signed by the evaluator and Fellow.
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 Fellow's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, medical record reviews, peer evaluations, and self-assessments.
5. Fellows will complete 360 evaluations of their fellow peers and of self.
6. The program must provide assessment information to the CCC for its synthesis of progressive Fellow performance and improvement toward unsupervised practice.

7. Using input from peer review of these multiple evaluation tools by the CCC, the program director (or designee) will prepare a written summary evaluation of the Fellow at least semi-annually. The program director or faculty designee will meet with and review each Fellow 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 Fellow are required to sign the written summary that will then be placed in the Fellow's confidential file. The Fellow will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
8. If adequate progress is not being made, the Fellow 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 Fellow must 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 Fellow.
9. If unacceptable or marginal performance continues and the Fellow is not meeting program expectations, another review should take place in time to provide a written notice of intent to the Fellow at least 30 days prior to the end of the Fellow'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 Fellowship program must give the Fellow as much written notice as circumstances reasonably allow.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each Fellow documenting his or her readiness to progress to the next year of the program, 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. The summative evaluation will be discussed with the Fellow and a copy signed by the program director and Fellow will be placed in the confidential Fellow file.
2. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the Fellow's permanent record maintained in the GME office and will be accessible for review by the Fellow. The end-of-program final evaluation must:
   - Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure Fellows can engage in autonomous practice upon completion of the program.
   - Verify that the Fellow has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
   - Consider recommendations from the CCC.

All Fellows are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

Fellows have the opportunity to evaluate the program anonymously via New Innovations. The fellows participate in the annual program evaluation with faculty to discuss the program, rotations, clinical experience, academic experience, and provide feedback.

<table>
<tr><th colspan="2">Clinical Competency Committee (CCC)</th></tr>
<tr><td colspan="2">Responsibilities: Appointed by the Program Director to review all fellow evaluations; determine each resident's program on achievement; of Surgical Critical Care Milestones; meet prior to resident's semi-annual evaluation meetings; and advise Program Director regarding fellow's progress.

NOTE: Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.</td></tr>
<tr><td>Peter Fischer - Chair</td><td>Saskya Byerly</td></tr>
<tr><td>Andrew Kerwin</td><td>Isaac Howley</td></tr>
<tr><td>Emily Lenart</td><td></td></tr>
<tr><td>Cory Evans</td><td></td></tr>
</table>

Program Evaluation Committee (PEC)	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; revies the program's self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.	
Peter Fischer	Isaac Howley
Andrew Kerwin	Brian Czarkowski
Emily Lenart	Alexis Hess
Saskya Byerly	Mario Zambito

Section 6. Fellow Benefits

I. Salary

Fellows in all UTHSC Programs are student employees of the University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

2022-2023 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits	Monthly
PGY 1	**$ 56,592.00**	**$57,252.00**	**$ 4,771.00**
PGY 2	**$ 58,704.00**	**$ 59,364.00**	**$ 4,947.00**
PGY 3	**$ 60,600.00**	**$ 61,260.00**	**$5,105.00**
PGY 4	**$ 63,120.00**	**$ 63,780.00**	**$ 5,315.00**
PGY 5	**$ 65,700.00**	**$ 66,360.00**	**$ 5,530.00**
PGY 6	**$ 67,980.00**	**$ 68,640.00**	**$ 5,720.00**
PGY 7	**$ 70,464.00**	**$ 71,124.00**	**$ 5,927.00**

For information on the UT Salary and Insurance please visit the GME website:
https://www.uthsc.edu/graduate-medical-education/policies-and-procedures

II. Health Insurance

For information on UTHSC Fellow insurance benefits, please visit the GME website: https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf

III. Liability Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/claimscommission.pdf

IV. Stipends

Fellows receive an education stipend from the GME to be used on educational materials.

V. Travel

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

- Complete the online **Travel Information Registration** to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.
- As the last step in this process, purchase **ISIC/ITIC travel insurance card**:
    - Residents/Fellows must purchase the International Student Identity Card (ISIC).
    - Faculty/Staff must purchase the International Teacher Identity Card (ITIC).

This card provides basic travel insurance and is valid for one year from date of issue. Myisic.com describes the travel, medical evacuation, and repatriation insurance (Basic plan) covered through the card.

Purchase your card online or call 1-800-781-4040.

All travelers to U.S. territories are also required to register. These territories include Puerto Rico, Guan, U.S. Virgin Islands. American Samoa, and Northern Mariana Islands. Travel to neighboring countries such as Canada is also considered "international travel" and requires compliance with this registration program.

NOTE: Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

UTHSC officially discourages international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.

Section 7. Curriculum

I. ACGME Competencies

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

- **Patient Care**: Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **Medical Knowledge**: Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-Based Learning and Improvement**: Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills**: Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism**: Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice**: Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

II. Milestones

The Milestones are designed only for use in evaluation of Fellow physicians in the context of their participation in ACGME accredited Fellowship or fellowship programs. The Milestones provide a framework for the assessment of the development of the Fellow physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context. ACGME Milestones are located at:
https://www.acgme.org/globalassets/pdfs/milestones/surgicalcriticalcaremilestones.pdf

The second year fellows (non-ACGME) will be evaluated using milestones, which provide a framework for the assessment of the development of the fellow in key dimensions of the elements of physician competency. The milestones will include the following practice domains: Care for diseases and conditions, performance of operations or procedures, coordination of care, teaching, self-directed learning, improvement of care, maintenance of physical and emotional health, and performance of assignments or 7 administrative tasks. The milestones will be linked to the six core competencies in a manner similar to that put forth by the ACGME and ABS.

III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations https://www.new-innov.com/Curriculum/Curriculum_Host.aspx?Control=CurriculumGrid

IV. Supervision and Graduated Level of Responsibility

There are three levels of supervision to ensure oversight of resident supervision and graded authority and responsibility:

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision:** The supervising physician is physically present with the Resident during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Resident Supervision by Program information (supervision chart below) can be found at: https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php

	PGY 6
History and Physical Examination	X
Interpretation of Laboratory studies	X
Basic Cardiopulmonary Resuscitation	X
Venipuncture	X
Arterial Puncture	X
Nasotracheal or Orotracheal intubation	X
Interpretation of Basic Radiologic exams	X
Emergency Drug therapy	X
Write admission, preoperative or postoperative orders	X
Bronchoscopy	X
Swan Ganz Catheterization	X
Peritoneal Lavage	X
Thoracentesis	X
Tube Thoracostomy	X
Central Venous Pressure Line	X

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

Policy of graduated levels of responsibility

Phase 1: All complex EGS/Trauma work-up/operations and trauma activations/resuscitations will have direct supervision of the fellow.

Phase 2: Low acuity EGS/Trauma will have oversight supervision of the fellow. All complex EGS/trauma operations will have indirect supervision of the fellow.

Phase 3: Low to moderate complex EGS/Trauma operations will have indirect supervision of the fellow.

** All highly complex general surgery/Trauma operations should have direct supervision for the critical portions

1. Phase 1 begins during the first year of fellowship since fellows take over 50 calls.
2. Progression to the next phase may occur after group evaluation of the clinical performance of the fellows 3-6 months into their first year.
3. Upon completion of the fellow's first year, a formal evaluation of their clinical performance will completed. This will be completed by the faculty, and then it will be discussed with the fellow during their year-end review. It will be determined whether the fellow can proceed to their second year.
4. During the first two months of the fellow's second year, they will take independent call in-house. There will be an attending trauma surgeon assigned to take 'home-call' with the fellow. This provides the fellow with 'indirect supervision with direct supervision available'.
    a. The fellow will call the attending trauma surgeon when planning to proceed to the operating room for any patient or for any trauma patient that has received 6 units of PRBC.
    b. 'Home-call' attending will provide direct supervision for critical portions of highly complex EGS/Trauma
5. At the end of the two-month period, a focused review of the fellow and their cases will be conducted by the faculty to determine if the fellow can take independent call. Once the fellow graduates from this phase in their training, the fellow will take independent call with a back-up attending trauma surgeon available as is the standard practice at our institution.
    a. Fellows will call in the back-up attending to provide direct supervision for critical portions of highly complex EGS/Trauma
6. During all phases of the fellow's training, the fellow will have oversight by an attending trauma surgeon. In particular, during the fellow's second year, review of the fellow's cases and clinical decision making will be done during the morning turnover conference and feedback will be provided by an attending trauma surgeon.

Complex emergency general surgery operative cases

- Esophageal resection or repair
- Common bile duct exploration
- Large perforated duodenal/gastric ulcer
- Hepatico-enterostomy
- Pancreatectomy for necrotizing pancreatitis
- Damage control GI operation
- Management of volvulus, intussusception, and internal hernia

Highly complex emergency general surgery cases

- Esophageal resection or repair
- Common bile duct exploration
- Large perforated duodenal/gastric ulcer
- Hepatico-enterostomy

Complex trauma operative cases

- Neck exploration
- Esophageal resection/repair
- Thoracotomy for hemorrhage
- Sternotomy
- Cardiac repair
- Resuscitative thoracotomy
- Trachea/bronchus repair or resection
- Thoracic great vessel repair or reconstruction
- Damage control liver packing
- Vascular reconstruction

Highly complex trauma operative cases

- Esophageal resection/repair
- Trachea/bronchus repair or resection
- Thoracic great vessel repair or reconstruction
- Damage control liver packing
- Vascular reconstruction

Section 8. Resource Links

Site	Link
New Innovations	https://www.new-innov.com/Login/

UTHSC GME	http://www.uthsc.edu/GME/
UTHSC GME Policies	http://www.uthsc.edu/GME/policies.php
UTHSC Library	http://library.uthsc.edu/
GME Wellness Resources	https://uthsc.edu/graduate-medical-education/wellness/index.php
ACGME Fellows Resources	https://www.acgme.org/Fellows-and-fellows/Welcome
GME Confidential Comment Form	https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF
ACGME Program Specific Requirements	https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/442_SurgicalCriticalCare_2020.pdf?ver=2020-06-22-090711-273ific

Section 9. Appendix

I. GME information and dates
II. Handbook agreement

GME Information and Dates

Graduate Medical Education
920 Madison Avenue, Suite 447
Memphis, TN 38163

Natascha Thompson, MD
Associate Dean
ACGME Designated Institutional Official

Phone: 901.448.5364
Fax: 901.448.6182

Date	Time	Title
June 24, 2022	8:00 am - 12:00 pm	Methodist University Hospital (MUH)
June 24, 2022	1:00 pm - 5:00 pm	Baptist
June 27, 2022	8:00 am - 12:00 pm	Regional One Health (ROH)
June 27, 2022	1:00 pm - 5:00 pm	Memphis Veteran's Hospital (VA)
July 01, 2022	7:30 am - 5:00 pm	PGY-2 - 7 Orientation

Other Important Dates:

July 29-Deadline for incoming Fellows to provide documentation of ACLS or PALS

September-SVMIC

I. I have received the 2022-2023 Handbook for the UTHSC Surgical Critical Care Fellowship Program.

II. I have been informed of the following requirements for house staff:

1. Requirements for each rotation and conference attendance
2. Formal teaching responsibilities
3. Reporting of duty hours and case logging
4. Safety policies and procedures
5. On call procedures
6. Vacation requests

III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: _____

Signature: _____

Date: _____

*** Please submit this signature page to the Program Coordinator no later than June 15, 2022.**