

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Vascular Surgery
Program Handbook
2022-2023**

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Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:

The mission of the Vascular Surgery fellowship is to provide an organized educational program with guidance and supervision of the fellow, facilitating the fellow's personal and professional development while insuring safe and appropriate patient care. The program's mission is to prepare the fellow to function as a qualified practitioner of vascular surgery at the highest level of performance expected of a board certified specialist.

Program Aims:

At the end of the two year vascular surgery fellowship, the fellows are expected to expand and cultivate knowledge and skills developed during previous training and to achieve the following objectives based on the six general competencies. Under supervision and guidance of faculty of the Division of Vascular Surgery, the fellows will assume graded responsibilities/increasing levels of responsibility as they progress through the program and refine their surgical skills.

Aims:

The purpose of the Vascular Surgery fellowship is to provide an organized educational program with guidance and supervision of the fellow, facilitating the fellow's personal and professional development while insuring safe and appropriate patient care. The program's mission is to prepare the fellow to function as a qualified practitioner of vascular surgery at the high level of performance expected of a board certified specialist. The educational components are, therefore, of the highest priority.

- I. **Vascular Laboratory:** The fellows are provided the opportunity to learn the performance and interpretation of vascular laboratory procedures through the Veterans Administration Hospital Vascular Laboratory. Principal laboratory procedures include extremity arterial duplex and segmental pressure examination at rest and with exercise, extremity venous duplex examination, carotid duplex examination and mesenteric/renal arterial duplex examination.

- II. **Surgical Experience:** The fellows will be provided an in depth experience in open vascular surgical procedures including all aspects of peripheral vascular surgery. The principal components of vascular surgery include carotid endarterectomy and bypass, carotid vertebral transposition and bypass, all variations of upper and lower extremity bypass, aorto bifemoral, mesenteric, renal and extra-anatomic bypass, repair of thoracoabdominal, infrarenal and peripheral arterial aneurysms, surgical correction of thoracic outlet syndrome, venous reconstruction, stripping and resection of varicosities,

resection of vascular tumors and malformations, and creation of arteriovenous fistulas for dialysis access.

- III. Endovascular Intervention: The fellows will be provided an in-depth experience in diagnostic arteriography, arterial and venous balloon angioplasty and stenting, insertion of vena caval filters and endovascular repair of abdominal and thoracic aortic aneurysms and peripheral aneurysms. Experience with coil embolization, thrombolysis, atherectomy and intravascular ultrasound is also provided.
- IV. Vascular Medicine: The fellows will receive an in-depth education in all aspects of vascular medicine, and the fundamental aspects of basic science as applied to vascular surgery, primarily through the weekly vascular conference and journal club activities. The vascular conference is held once a week at 7:00 am on Tuesday morning via Zoom. The schedule is included in the appendix.
- V. Research: The vascular department has four research coordinators who organize our participation in clinical trials. The fellows receive significant experience in working within the protocol of a clinical trial including patient selection, data collection and postoperative follow-up of outcomes and adverse events. A list of current trials in which the division is involved is included in the appendix. A journal publication is not required but each fellow is encouraged to participate in a research activity leading to presentation and/or publication. Evaluation of data and critical thinking is augmented by the monthly journal club, which reviews the Journal of Vascular Surgery. Journal Club is held at a local restaurant on the third Thursday of every month.
- VI. Outpatient Care: The fellows will maintain continuity of care for their patients. The patients at the Veterans Administration Hospital are evaluated preoperatively and postoperatively at the Wednesday vascular clinic. Pre and postoperative care for patients at Baptist Hospital is provided during Doctor Garrett's Tuesday vascular clinic. Pre and post-operative care for patients at Regional One is provided during Doctor Mitchell's vascular clinic. Attendance at vascular clinic is mandatory.
- VII. A satisfactory working environment will be maintained to optimize fellow education and avoid undue stress and fatigue. This environment is safe with adequate opportunity for sleep, food, and lounge facilities. Fellows are provided time and facilities for study and conference preparation.

II. Department Chair, Program Director and Associate Program Directors

David Shibata, M.D.

Department Chair

901-448-5914

dshibata@uthsc.edu

H. Edward Garrett, M.D.

Program Director

901-747-1249

egarretmd@cvsclinic.com

Erica Mitchell, MD

Associate Program Director

emitch61@uthsc.edu

III. Office Contact

Whitney Bell, MHA

Program Coordinator

University of Tennessee Health Science Center

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Suite 314

Memphis, TN 38163

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Beverly Spain

Administrative Assistant

901-747-1249

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IV. Core Faculty (alpha order)

John Craig, M.D.
Baptist Memorial Hospital
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H. Edward Garrett, M.D.
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Mark McGurrin, M.D.
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Erica Mitchell, M.D.
Regional One
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Shaun Stickley, M.D.
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Brad Wolf, M.D.
Baptist Memorial Hospital
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Jorge Weber-Guzman
Baptist Memorial Hospital
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V. 2022-2023 Fellow Contact Information

PGY6

Patrick Albert, MD

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901-448-1683

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PGY7

Neal Dollin, MD

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901-777-0037

Courtney Hanak, MD

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**University of Tennessee
Vascular Surgery Fellowship
Block Diagram**

Vascular Year One

Period	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Site	1	1	1	1	1	1	2	2	2	3	3	3
Service	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg
Inpatient/Outpatient	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O

Vascular Year Two

Period	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Site	1	1	1	1	1	1	2	2	2	3	3	3
Service	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg
Inpatient/Outpatient	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O	I/O

Site 1 – Baptist
Site 2 – Regional One
Site 3 – VAMC

Section 2. Site Information

1. Baptist Hospital

H. Edward Garrett, M.D. – Site Director

2. Regional One Hospital

Erica Mitchell, M.D. – Site Director

3. Veterans Affairs Medical Center

Mark McGurrin, M.D. – Site Director

Section 3. Educational Activities

I. Didactic Lectures

Day/Time	Tuesdays, 7am
Location	Zoom/Baptist conference room
Description	Didactic educational goals are accomplished through the conference schedule. A weekly vascular conference is held at 7:00 a.m. Tuesday morning alternating between the Baptist, Regional One, and VA's surgical conference room and attended by vascular staff, general surgery residents and medical students in addition to the vascular fellows, who must attend at least 75% of conferences. The vascular fellows alternate presenting a 30-minute discussion of an assigned topic using power point presentation. This presentation is designed for the education of the medical student and general surgery resident but also for preparation of the vascular fellow for the written board examination. The vascular fellow is expected to complete a review of the literature and be prepared to discuss controversial aspects of the topic. For the second half-hour, interesting clinical cases are presented every other week, often by vascular surgeons in the community. On alternate weeks, the fellows discuss any recent morbidity and mortality which has occurred on their service. On the third Thursday of every month, the Journal of Vascular Surgery is discussed with each fellow alternately evaluating the merits of the published manuscripts.
Attendance %	75%

Conference Schedule

A weekly vascular conference is held at 7:00 a.m. Tuesday morning via Zoom.

Program Meetings

The program has monthly faculty meetings, a bi-annual CCC/Milestone Review meeting, and an annual Program Evaluation meeting. Each fellow meets with the Program Director twice a year – a mid-year and end of year review.

II. Required Reading

Rutherford's Vascular Surgery

III. Research and Scholarly Activity

Research: The vascular department has four research coordinators who organize our participation in clinical trials. The fellows receive significant experience in working within the protocol of a clinical trial including patient selection, data collection and postoperative follow-up of outcomes and adverse

events. A list of current trials in which the division is involved is included in the appendix. A journal publication is not required but each fellow is encouraged to participate in a research activity leading to presentation and/or publication. Evaluation of data and critical thinking is augmented by the monthly journal club, which reviews the Journal of Vascular Surgery. Journal Club is held at a local restaurant on the third Thursday of every month.

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

The American Board of Surgery's Vascular Surgery In-Training Exam (VSITE) is offered on a Saturday morning in February or March each year. The five-hour exam is given in the Coleman Building computer lab on the UTHSC campus and is proctored by the fellowship coordinator.

III. Board Examination

Successful completion of the Vascular Surgery Qualifying and Certifying Exams is required for board certification in vascular surgery. The Qualifying Exam is a 6-hour, multiple-choice examination held once per year on a single day at computer-testing centers across the U.S. The Certifying Examination is an oral exam consisting of 3 consecutive 30-minute sessions. It is held once per year in Philadelphia.

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	Offsite Rotation Approval-International
HeartCode ACLS & BLS Instructions	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	Fellow Non-Compete
Logging and Monitoring Procedures	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	Social Media
Authorization to Release Information of Mental Health Evaluation Drug/Alcohol Testing	Stipend Level
Reasonable Suspicion Drug/Alcohol Testing Checklist	Student Mistreatment
Fit Testing	Support Services
Grievances	UT Travel
Handoffs and Transition of Care	Vendor Relationships
Hospital Procedures for Handling Fellow Disciplinary Issues	Baptist
Infection Control	Methodist/Le Bonheur
Infection Control Tuberculosis	Methodist/Le Bonheur FAQ
Insurance Benefits	Regional One Medical Center
Internal Rotation Agreement for ACGME Programs	VA
Leave and Time Off	Visas
Licensure Exemption and Prescribing Information	Visiting Fellow Approval
Malpractice Coverage	Workers' Compensation Claims Process: Supervisor
Medical Licensing Examination Requirements USMLE	<ul style="list-style-type: none"> ○ 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. ○ Complete the Incident Report Form and return to the campus Workers Compensation representative at 910 Madison Ste. 764.
Moonlighting	
New Innovations Protocols	

Program-Specific Policies and Procedures:

I. Wellbeing

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

II. Leave

Fellows are allowed two weeks of vacation per year which must be scheduled apart from other fellows' vacation. In addition, fellows may attend one vascular meeting per year or additional meetings of which the fellow is presenting at the podium or a poster. Fellows are also allowed time away from work to interview for a future job. Leave must be scheduled with the site director for the rotation affected by the vacation.

III. Maternity and Bereavement

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

Family and Medical Leave (FML) Fellows who have been employed for at least 12 months and have worked at least 1,250 hours during the previous 12-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 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. Fellows are required to use all available sick and annual leave days to be paid during FML leave. The UTHSC College of Medicine Graduate Medical Education Office recognizes the importance of the early development of a relationship between parent and child and supports the use of time off for Fellow leave related to the recent birth or adoption of a child. 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 pregnancy and adoption. 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. Maternity, parental, or adoptive leave will be granted in conjunction with Family Medical Leave and Tennessee law. Except in case of emergency, all maternity, parental, or adoptive leave should be requested at least three months in advance of the expected date of birth or adoption in order to ensure adequate coverage in the program. The Program Director and Fellow should verify whether the length of leave will require extending training in order to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Coordinator or Director should notify HR when it appears a Fellow may qualify for FML leave. HR will coordinate with GME and the Program Coordinator or Director to approve

or disapprove a Fellow's request for FML leave. Fellow rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

Bereavement Leave Fellows 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

Fellows are not permitted to moonlight.

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.

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

Residents 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, Assistant Dean of GME, and the GMEC resident-representative. Concerns and issues can also be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

VI. Discrimination, Harassment, and Abuse Policy

Residents are encouraged to report complaints of discrimination, harassment and abuse to the Program Director, Associate Program Director, program coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Residents may also contact the Office of Equity and Diversity (OED). Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum. The UTHSC Discrimination Complaint Procedure is located at: <https://uthsc.edu/oed/documents/uthsc-complaint-procedure.pdf>

VII. Fellow Eligibility and Selection Policy

The UTHSC Vascular Surgery Fellowship Program follows the UTHSC institutional policy on Fellow Selection. For more information on the UT Fellow Selection Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/FellowSelection.pdf>

Application Process and Interviews:

- All applications will be processed through the Electronic Fellowship Application Service (ERAS) except in those programs in specialty matches or those fellowship programs which handle their own application process.
- Opportunities for interviews will be extended to applicants based on their qualifications as determined by USMLE scores, medical school performance, and letters of recommendation.

The UTHSC Vascular Surgery Fellowship Program engages in recruitment and retention practices of a diverse workforce (Black, Hispanic, Pacific Islander, Native American, Women) of Fellows and faculty. The final decision is made by the Program Director in consultation with the Associate Program Directors and core faculty.

Program Eligibility and Selection Criteria

Positions for the Vascular Surgery fellowship are offered through the National Residency Matching Program (NRMP). Candidates must have completed General Surgery Board Certification or be Board eligible.

VIII. Fellow Supervision Policy

The UTHSC Vascular Surgery 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

Fellow and Faculty Policy Awareness

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

Supervision may be exercised through a variety of methods. Portions of care provided by the fellow can be adequately supervised by the appropriate availability of the supervising faculty member or fellow, either on site or by means of telecommunication technology. Some activities, including all surgery, require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The physical presence of a supervising physician is required during all surgery.

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

1. **Direct Supervision:** The supervising physician is physically present with the fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Gaps in Supervision

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

IX. Process by which faculty receive fellow feedback

The fellows provide a confidential review of each faculty member once per year which is summarized by the program director and reported to each faculty member.

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

The department chair conducts a review of the program director on a yearly basis.

XI. Method for reporting improper behavior in a confidential manner

Residents are encouraged to report experiencing or witnessing of improper behavior or abuse. These complaints can be taken to trusted senior residents, faculty, Associate Program Directors, Program Director, Department Chair, Program Coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

XII. Assessment Instruments and Methods

The program utilizes New Innovations and paper evaluations for its fellows and staff. The fellows are evaluated after each rotation by the faculty. The program and faculty are evaluated annually and anonymously by the fellows.

Clinical Competency Committee (CCC)
<p>Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident’s program on achievement; of Vascular Surgery Milestones; meet prior to resident’s semi-annual evaluation meetings; and advise Program Director regarding resident’s progress.</p> <p>NOTE: Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.</p>

H. Edward Garrett, MD	Erica Mitchell, MD
Mark McGurrin, MD	Shaun Sticklely, MD

Program Evaluation Committee (PEC)	
<p>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.</p>	
H. Edward Garrett, MD	Erica Mitchell, MD
Mark McGurrin, MD	Shaun Sticklely, MD
PGY-7 Fellows	

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 FELLOW 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/documents/salary.pdf>

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

The program will fully support fellow attendance to two courses during their fellowship. In their first year, fellows will attend the UCLA/SVS Symposium. In their second year, fellows may attend the Southern Association for Vascular Surgery Annual Meeting.

V. Travel

The UTHSC Vascular Surgery Fellowship Program follows the UTHSC institutional policy on Fellow Travel. For more information on the UT Fellow Travel Policy, please visit the University of Tennessee policy website: http://policy.tennessee.edu/fiscal_policy/fi0705/

Travel Reimbursement Form:

<https://www.uthsc.edu/graduate-medical-education/administration/documents/Fellow-travel-request-form.pdf>

Important Guidelines:

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be followed at all times – with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UT Fellow Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UT and the Program Director. Please see the GME travel policy for further information.

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/Portals/0/PDFs/Milestones/VascularSurgeryMilestones.pdf?ver=2015-11-06-120518-530>

III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations

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>

	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Procedures							
History and Physical Examination						X	X
Interpretation of Laboratory studies						X	X
Basic Cardiopulmonary Resuscitation						X	X
Venipuncture						X	X
Arterial Puncture						X	X
Nasotracheal or Orotracheal intubation						X	X
Interpretation of Basic Radiologic exams						X	X
Emergency Drug therapy						X	X
Write admission, preoperative or postoperative orders						X	X
Bronchoscopy						X	X
Swan Ganz Catheterization						X	X
Peritoneal Lavage						X	X
Thoracentesis						X	X
Tube Thoracostomy						X	X
Central Venous Pressure Line						X	X
	All other procedures are performed under direct supervision of a faculty member.						

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_3NK42JioqthlfQE
ACGME Program Specific Requirements	https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRFellowship2020.pdf

Section 9. Appendix

- I. GME Information and Dates
- II. Moonlight Approval Form
- III. Handbook Agreement

GME Information and Dates

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

Natascha Thompson, MD
Associate Dean
ACGME Designated Institutional Official

Phone: 901.448.5364
Fax: 901.448.6182

Fellow Orientation Schedule

New Fellow Orientation for 2022 will be held on the following dates:

June 22 and 23, 2022	8:00am-5:00pm	PGY 1 Orientation
June 24, 2022	8:00am-12:00pm	Methodist University Hospital (MUH)
June 24, 2022	1:00pm-5:00pm	Baptist
June 27, 2022	8:00am-12:00pm	Regional One Health (ROH)
June 27, 2022	1:00pm-5:00pm	Memphis Veteran's Hospital (VA)
July 01, 2022	7:30am-5:00pm	PGY-2- 7 Orientation

Other Important Dates:

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

September-SVMIC

**Fellow Request for Approval to Moonlight
(External: non-UTHSC affiliated, non-rotation site)**

Name _____

PGY Level _____

Site of Activity or Service _____

Start Date _____

End Date _____

Estimated average number of hours per week _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Phone Number _____ Supervisor's Email _____

-
- The ACGME and UTHSC GME policies require program director pre-approval of all moonlighting activities. Any Fellow moonlighting without written pre-approval will be subject to disciplinary action.
 - Fellows on a J-1 visa are not allowed to moonlight.
 - All moonlighting counts towards the weekly 80-hour duty limit.
 - The Fellow is responsible for obtaining separate malpractice insurance. The Tennessee Claims Commission Act does not cover Fellows' external moonlighting activities.
 - Moonlighting activities must not interfere with the Fellow's training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.
 - The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines the Fellow's performance does not meet expectations, permission to moonlight will be withdrawn.
 - Each Fellow is responsible for maintaining the appropriate state medical license where moonlighting occurs.
-

By signing below, I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UTHSC GME and ACGME. I will obtain prior approval from my program director if any information regarding my moonlighting activity changes, including hours, location, type of activity or supervisor.

Signature of Fellow: _____ Date: _____

Signature of Program Director: _____ Date: _____

AGREEMENT for HANDBOOK OF VASCULAR SURGERY

- I. I have received the 2022-2023 Handbook for the UTHSC Vascular Surgery 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.**