THE UNIVERSITY OF TENNESSEE
DEPARTMENT OF SURGERY

PROGRAM HANDBOOK
FOR
GENERAL SURGERY
RESIDENCY PROGRAM

REVISED SEPTEMBER 4, 2014
The purpose of the General Surgery Residency is to provide an organized educational program with guidance and supervision of the resident, facilitation the resident’s personal and professional development while enduring safe and appropriate patient care. The mission is to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a specialist certified by the American Board of Surgery.

Timothy C. Fabian, MD, FACS
Harwell Wilson Professor and Chair

F. Elizabeth Pritchard, MD, FACS
Program Director
Associate Professor

George O. Maish, III, MD, FACS
Associate Program Director
Associate Professor
Table of Contents

Faculty, Staff and Residents’ Directory
Participating Institutions
Rotation Schedule
Appointment/Eligibility
Confidentiality/HIPAA
Curriculum
    ABSITE
    Conferences
    Mock Oral Examination
    Reading Assignments
    Rotation Goals and Objectives
    Simulation Labs
Duty Hours
Evaluation and Promotion
Handoffs/Transitions of Care
Leave
Legal Inquires
Medical Records
Meeting Attendance/Travel
Moonlighting
Operative Log
Professionalism
Research
Supervision
USMLE Requirements
Hospital Contacts/Resources
Other
    Program Eligibility and Selection Criteria
    Professional Conduct Policy
    Grievance Procedures
    Leave Policy
    Health and Wellness
    Off-site Rotation
DEPARTMENT OF SURGERY FACULTY

GENERAL SURGERY DIVISION
Timothy C. Fabian, M.D.
Professor
tfabian@uthsc.edu

Eugene C. Mangiante, Jr., M.D.
Professor and Associate Dean
emangiante@uthsc.edu

Santiago Vera, M.D.
Professor
svera@uthsc.edu

SURGICAL ONCOLOGY DIVISION
Martin Fleming, M.D.
Associate Professor, Division Chief
mflemin6@uthsc.edu

Stephen W. Behrman, M.D., FACS
Professor
Hepatobiliary Surgery
sbehrman@uthsc.edu

Jeremiah Deneve, D.O.
Assistant Professor
jdeneve@uthsc.edu

Paxton Dickson, M.D.
Assistant Professor
pduckso1@uthsc.edu

Alex Mathew, M.D.
Assistant Professor
Colorectal Surgery
amathew6@uthsc.edu

Gitonga Munene, M.D.
Assistant Professor
gmunene@uthsc.edu

F. Elizabeth Pritchard, M.D.
Associate Professor
fpritchard@uthsc.edu

MINIMALLY INVASIVE SURGERY DIVISION
Benjamin Powell, M.D.
Associate Professor
bpowell@uthsc.edu

Nathaniel Stoikes, M.D.
Assistant Professor
nstoikes@uthsc.edu

Guy R. Voeller, M.D.
Professor
gvoeller@aol.com

David Webb, M.D.
Assistant Professor
dwebb6@uthsc.edu

TRANSPLANT DIVISION
James Eason, M.D.
Professor, Division Chief
jeason1@uthsc.edu

Luis Campos, M.D.
Associate Professor
lcamposd@uthsc.edu

Kian A. Mondanlou, M.D.
Assistant Professor
kmodanlo@uthsc.edu

Nosratollah Nezakatgoo, M.D.
Associate Professor
nnezakat@uthsc.edu

Jason M. Vanatta, M.D.
Assistant Professor
jvanatta@uthsc.edu

PEDIATRIC SURGERY
James W. Eubanks III, M.D.
Associate Professor of Surgery
Division Chief
jeubank1@uthsc.edu
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander Feliz, M.D.</td>
<td>Clinical Assistant Professor</td>
<td><a href="mailto:afeliz@uthsc.edu">afeliz@uthsc.edu</a></td>
</tr>
<tr>
<td>Eunice Huang, M.D., M.S.</td>
<td>Associate Professor of Surgery</td>
<td><a href="mailto:ehuang@uthsc.edu">ehuang@uthsc.edu</a></td>
</tr>
<tr>
<td>Timothy Jancelewicz, M.D.</td>
<td>Assistant Professor</td>
<td><a href="mailto:tjancele@uthsc.edu">tjancele@uthsc.edu</a></td>
</tr>
<tr>
<td>Max R. Langham, Jr., M.D.</td>
<td>Professor, Division Chief</td>
<td><a href="mailto:mlangham@uthsc.edu">mlangham@uthsc.edu</a></td>
</tr>
<tr>
<td>Regan Frances Williams, M.D.</td>
<td>Assistant Professor</td>
<td><a href="mailto:rfwillia@uthsc.edu">rfwillia@uthsc.edu</a></td>
</tr>
<tr>
<td>Martin A. Croce, M.D.</td>
<td>Professor, Division Chief</td>
<td><a href="mailto:mcroce@uthsc.edu">mcroce@uthsc.edu</a></td>
</tr>
<tr>
<td>Louis Magnotti, M.D.</td>
<td>Associate Professor</td>
<td><a href="mailto:lmagnotti@uthsc.edu">lmagnotti@uthsc.edu</a></td>
</tr>
<tr>
<td>George Maish, III, M.D.</td>
<td>Associate Professor</td>
<td><a href="mailto:gmaish@uthsc.edu">gmaish@uthsc.edu</a></td>
</tr>
<tr>
<td>Gayle Minard, M.D.</td>
<td>Professor</td>
<td><a href="mailto:gminard@uthsc.edu">gminard@uthsc.edu</a></td>
</tr>
<tr>
<td>Stephanie Savage, M.D.</td>
<td>Assistant Professor</td>
<td><a href="mailto:ssavage1@uthsc.edu">ssavage1@uthsc.edu</a></td>
</tr>
<tr>
<td>Thomas J. Schroeppe/, M.D.</td>
<td>Assistant Professor</td>
<td><a href="mailto:tschroep@uthsc.edu">tschroep@uthsc.edu</a></td>
</tr>
<tr>
<td>Jordan Weinberg, M.D.</td>
<td>Associate Professor</td>
<td><a href="mailto:jaw@uthsc.edu">jaw@uthsc.edu</a></td>
</tr>
<tr>
<td>Vascular Surgery Division</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michael Rohrer, M.D.</td>
<td>Professor, Division Chief</td>
<td><a href="mailto:mrohrer@uthsc.edu">mrohrer@uthsc.edu</a></td>
</tr>
<tr>
<td>H. Edward Garrett, Jr., M.D.</td>
<td>Professor</td>
<td><a href="mailto:egarrett@uthsc.edu">egarrett@uthsc.edu</a></td>
</tr>
<tr>
<td>Shaun Stickley, M.D.</td>
<td>Assistant Professor</td>
<td><a href="mailto:sstickle@uthsc.edu">sstickle@uthsc.edu</a></td>
</tr>
<tr>
<td>Cardi thoracic Surgery Division</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hammond Cole, M.D.</td>
<td>Professor</td>
<td><a href="mailto:fhcole@uthsc.edu">fhcole@uthsc.edu</a></td>
</tr>
<tr>
<td>James W. Pate, M.D.</td>
<td>Distinguished University Professor</td>
<td><a href="mailto:jmate@uthsc.edu">jmate@uthsc.edu</a></td>
</tr>
<tr>
<td>Darryl Weiman, M.D., J.D.</td>
<td>Professor</td>
<td><a href="mailto:dweiman@uthsc.edu">dweiman@uthsc.edu</a></td>
</tr>
<tr>
<td>Thoracic Surgery Division</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benny Weksler, M.D., M.B.A., F.A.C.S.</td>
<td>Eastridge-Cole Professor, Division Chief</td>
<td><a href="mailto:bweksler@uthsc.edu">bweksler@uthsc.edu</a></td>
</tr>
<tr>
<td>Jennifer Sullivan, M.D.</td>
<td>Assistant Professor</td>
<td></td>
</tr>
<tr>
<td>Pediatric Cardi thoracic Division</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christopher John Knott-Craig, M.D.</td>
<td>Professor, Division Chief</td>
<td></td>
</tr>
<tr>
<td>Department of Surgery Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cynthia Tooley</td>
<td>Residency Coordinator</td>
<td><a href="mailto:ctooley@uthsc.edu">ctooley@uthsc.edu</a></td>
</tr>
<tr>
<td>Ramona Pipkin</td>
<td>Chairman’s Assistant</td>
<td><a href="mailto:rpipkin@uthsc.edu">rpipkin@uthsc.edu</a></td>
</tr>
</tbody>
</table>
DEPARTMENT OF SURGERY RESIDENTS
(Residents’ pagers are assigned with each rotation and are available on the Residents’ Assignment Schedule).

PGY-5
Danielle Barnard
Christal Hames
Rachel Rodriguez
Kashif Saleem
John Sharpe

PGY-4
Brad Digney
Sarah Hammond
Benjamin Johnson
Richard Lewis
Elena Paulus
Charles “Asa” Reynolds
Gabriel “Gabe” Salinas

PGY-3
Stephanie Busby
Daniel Carnegie
Jacqueline Majors
Katy Marino
Mariana Chavez Torrealba
Earl Walker, IV
Jefferson “Tyler” Watson
Timothy “Tim” Weatherall

PGY-2
David Bittenbinder
Boris Cehajic
Jennifer Gordon
Whitney Guerrero
Jayna Kelly
Jessica Staszak
Ethan Stranch
Nicole Whatley

PGY-1
Davis Berry
Grant Bond
Rebecca Empting
David Hall
Nathan Manley
Zachary Stiles
Drew Turner
Susan Wcislak

RESEARCH LAB RESIDENTS
Nathan Hinkle (PGY-3)
Rodrigo Interiano (PGY-2)
Kate Savoie (PGY-2)
Charles “Patrick” Shahan (PGY-2)

Prelims – Urology
Paul Block
Andrew Gowdey
Kaitlen Sicard

Prelims
Nicholas Beckmann
Joseph Boyd
Patrick Jennings
Andrew “Andy” Kuklinski
John Schmidt
Irene E. Ulm
PARTICIPATING INSTITUTIONS:

Regional One Health
877 Jefferson Avenue
Memphis, TN 38104
Site Director: Elizabeth Pritchard, MD
fpritchard@uthsc.edu

Long Term Acute Care Hospital (LTACH)
877 Jefferson Avenue
Memphis, TN 38104
Site Director: Martin A. Croce, MD
mcroce@uthsc.edu

VA Medical Center
1030 Jefferson Avenue
Memphis, TN 38104
Site Director: Darryl Weiman, MD, JD
dweiman@uthsc.edu

Methodist University Hospital
1265 Union Avenue
Memphis, TN 38104
Site Director: Benjamin Powell, MD
bpowell@uthsc.edu

Baptist Memorial Hospital, Memphis
6019 Walnut Grove
Memphis, TN 38120
Site Director: Stephen Behrman, MD
sbehrman@uthsc.edu

Le Bonheur Children's Medical Center
848 Adams Avenue
Memphis, TN 38103
Site Director: Max Langham, MD
mlangham@uthsc.edu

St Francis Hospital
5959 Park Avenue
Memphis, TN 38119
Site Director: Scott King, MD
901-726-1056
**ROTATIONS**

**PGY 1**
- Regional One Health
- ICU
- General/Trauma
- Plastic Surgery
- Endoscopy/Nutrition
- Methodist Hospital
  - General/MIS Surgery
  - Surgical Oncology
  - Vascular Surgery
  - Transplant Surgery
- VAMC
  - General Surgery
  - ICU
- Baptist Hospital
  - General Surgery
  - Minimally Invasive Surgery
- Le Bonheur
  - Pediatric Surgery

**PGY 2**
- Regional One Health
  - General Surgery/Trauma
- Methodist Hospital
  - General Surgery
- VAMC
  - General Surgery
  - Thoracic Surgery
- Baptist Hospital
  - General Surgery
- Le Bonheur
  - Pediatric Surgery

**PGY 3**
- VAMC
  - General Surgery
- Baptist Hospital
  - Surgical Oncology
  - MIS

**PGY 4**
- Regional One Health
  - General/Trauma
- Methodist Hospital
  - General Surgery/MIS
  - Surgical Oncology
- VAMC
  - General Surgery
  - Thoracic Surgery
- Baptist Hospital
  - Minimally Invasive Surgery

**PGY 5**
- Regional One Health
  - General/Trauma
- Methodist Hospital
  - Surgical Oncology
- VAMC
  - General Surgery
- Baptist Hospital
  - General Surgery
  - Surgical Oncology
- St Francis Hospital
  - General Surgery
APPOINTMENT/ELIGIBILITY

All application information should be submitted to the Department of Surgery through the Electronic Residency Application System (ERAS): [https://www.aamc.org/students/medstudents/eras/](https://www.aamc.org/students/medstudents/eras/). All eligible applications are accepted. The application deadline for the academic year 2014 – 2015 is November 7, 2014.

CONFIDENTIALITY/HIPAA

All patient information is confidential and subject to HIPAA regulation. Service lists, discharge summaries, op notes and all other papers or material containing patient information should be guarded. Papers should be placed in the shredders provided, not in the trash. All patient identifiers should be removed for presentation at conference. All residents are required to complete the HIPAA module provided by the GME office annually.

CURRICULUM

ABSITE

All residents are required to take the annual American Board of Surgery in Training Exam (ABSITE) each year. This examination is most helpful in the resident’s and the faculty’s assessment of clinical and basic science fund of information. Although performance on this exam is not the sole determinant in promotion and progression in the residency, it is used as part of the global evaluation. It is a helpful tool in assuring that the resident will be able to pass the Qualifying exam of the American Board of Surgery (QE). Performance below the 25th percentile on this exam may result in remediation, from additional assignments on the SCORE website (see below) to other forms of remediation. Failure to abide by remediation terms and continued poor performance on the exam may result in termination.

If poor performance on this exam is thought to be based upon learning disabilities, the program director may refer the resident to the Learning Resource Center for evaluation.

CONFERENCES

Mandatory conferences are held on Wednesday morning in the Coleman Building, South Auditorium (956 Court Avenue). 75% attendance is the minimum acceptable (an ACGME requirement). Compliance with duty hours in an acceptable reason to miss conference and should be documented by email to Cynthia Tooley.

- Basic Science Conference
  - Based on the SCORE curriculum
  - Includes topics such as quality improvement, professionalism, etc.
- Mortality and Morbidity Conference
  - Case presentations of morbidity, mortality and interesting cases
- Surgery Grand Rounds
  - Topics of interest by faculty, including visiting faculty, and senior residents
  - Every other week – this may vary if there is a visiting professor
• Simulation Lab
  o Alternating weeks with Grand Rounds
  o 75% attendance required

Additional conferences (attendance by all housestaff encouraged)
• Vascular Conference (held weekly at Baptist East Hospital, Methodist University Hospital or VA Hospital).
• Trauma Conference – held at the Trauma Training Center
• Oncology Teaching Conference – held in the 2nd floor conference room, 910 Madison
• Multidisciplinary Oncology Treatment Planning Conferences

Mock Oral Examination
All residents will take a “mock orals” examination in May. This examination is used as a practice for the Certifying Examination of the American Board of Surgery (CE). The results are provided to the residents to be used as feedback in their preparation for the CE. The results will also be used as part of the global evaluation for each resident.

Reading Assignments
Residents are responsible for development of a program of self-study. In addition, reading assignments will be made through the SCORE curriculum (http://www.surgicalcore.org). Residents are expected to complete at least 5 modules per month, and at least half of the modules listed for your year on the SCORE website. The Program Coordinator and Program Director will monitor compliance.

Rotation Goals and Objectives
The rotation goals and objectives were developed and approved by the SEC, appropriate site directors and division chiefs and implemented by the program director. These objectives are used for the evaluation of residents and are distributed to residents and faculty. They are located on the surgery web page (https://www.uthsc.edu/surgery/residency/rotations.php), and are sent to residents via email the day before a new rotation begins. They should be reviewed before the rotation.

Simulation Labs/ Virtual Reality Trainer
Participation in scheduled simulation labs is mandatory. Schedules will be provided and all residents are expected to attend the labs as scheduled, unless it would be a violation of duty hours regulations (in which case an explanation should be sent to the PD or Coordinator). You must attend 75% of the labs assigned. If you miss a scheduled session, you can make it up in a similar session for another group. You will also be required to complete the assigned VR simulation modules for your PGY year. These will be assigned in quarterly segments. Failure to satisfy the requirements for lab attendance and VR module completion may result in failure to progress through the residency, based on failure to meet the required milestones.

Duty Hours
Duty hours are defined as all clinical and academic activities related to the residency program. This does not include self-study (reading) and preparation time. Duty hours
must be recorded in New Innovations weekly, as required by the GME office. Residents must enter a justification for all violations. The Program Coordinator will enter vacation leave.

- Duty hours must be limited to 80 hours per week, averaged over a 4 week period.
- Residents must have 1 day in 7 free from all educational and clinical activities, averaged over a 4 week period.
- A 10 hour period between shifts must be provided
- 14 hours duty free after 24 hours of in-house duty
- Maximum duty period
  - PGY 1 – 16 hours
  - All other residents 24 hours of continuous duty + 4 hours for transition of care
    No new patients, no clinic, no surgery
- Residents in the final years of education, PGY 4 and 5 must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Examples include:
  - Continuity of care for a severely ill or unstable patient
  - A complex patient with whom the resident has been involved
  - Events of exceptional educational value
  - Humanistic attention to the needs of a patient or family

EVALUATION AND PROMOTION

Residents are evaluated in each of the six ACGME core competencies. Multiple methods are used to assess each of these areas. Written evaluations for each rotation are performed by the attending staff, chief residents and nursing personnel (360° evaluation).

**Patient Care**
- Daily service rounds
- Attending rounds
- Clinic
- Surgical technique
- Conference presentation

**Medical Knowledge**
- Daily rounds
- Attending rounds
- Clinic
- ABSITE
- Mock orals examination
- Conference participation
**Practice Based Learning**
- M&M preparation
- Skills lab participation
- SCORE curriculum completion
- Conference attendance

**Professionalism**
- Interaction with multidisciplinary team and other services
- Conference preparation
- Adherence to policies and procedures
- Patient evaluations

**Interpersonal Relationships and communication**
- Interaction with multidisciplinary team and other services
- Comments from patients and families
- Medical student evaluations
- Evaluation by other residents

**Systems Based Practice**
- Conference attendance
- Conference preparation
- Medical record and case log completion
- Duty hour log completion
- Compliance with policies and procedures

The evaluation process is based on the “Next Accreditation System,” and uses “Milestones” of progress. The Clinical Competency Committee (CCC), which includes five (5) faculty and the program director is responsibility for determining residents’ progression on the educational milestones, making recommendations on promotion and graduation decisions, and recommending remediation or disciplinary actions to the program director.

In the middle and at the end of each residency year, the Program Director will provide a summative evaluation for each resident documenting progression or promotion to the next year. This evaluation assesses current performance based on written evaluations, faculty observations, simulation lab participation, VR modules completion and other documented performance measures that have been reviewed by the program’s QIC. The summative evaluation will be discussed with the resident and a copy signed by the program director and resident and will be placed in the confidential resident file.

The program director will also provide a summative evaluation to graduating residents upon completion of the program. The end-of-program summative evaluation will include: Documentation of the resident’s performance during the final period of education, and verification that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Appointment to the surgical residency program is made on a year-to-year basis and is dependent upon satisfactory performance by the resident. There is an implied responsibility by the Department of Surgery and the resident surgeon to renew this appointment on a yearly basis as long as work is satisfactory, the position is desired by the
resident and the needs of the department and the institution are met. It must be emphasized, however, that not everyone learns at a consistent rate and that additional training may be necessary.

When deficiencies are noted in a resident’s academic performance, these are discussed with the resident including recommendations for corrections. Depending on the level of the deficiencies, the resident may be subject to one of the following actions:

**Performance Alert and Review (PAR)**
Written notice that current performance needs improvement in any or all of the ACGME competencies

**Academic Deficiency and Remediation (ADR)**
A remediation action where a resident fails to comply with academic requirements

- Poor clinical performance as documented by faculty evaluations
- Poor performance on exams such as ABSITE
  Residents scoring below the 25th percentile may be subject to remediation, such as additional assignments in the SCORE curriculum or other forms of remediation.
- Surgical skills below the level expected, as documented by faculty evaluations
- Unprofessional or inappropriate actions or disruptive behavior
- Failure to complete medical records or logs in a timely manner

Forms of remediation may include:
- Repeating one or more rotations
- Participation in a special program;
- Continuing in scheduled rotations with or without special conditions;
- Supplemental reading assignments;
- Attending undergraduate or graduate courses and/or additional clinics or rounds; and/or
- Extending the period of training.
- The resident may also be referred to the Resident Assistance Program if indicated.

**Repeat Academic Year**
A resident will receive written notice 4 months prior to the end of the academic year of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs in the last four months, notice will be provided as circumstances reasonably allow.

Determination by the department chair and program director (along with the faculty Quality Improvement committee) that the resident fails to correct a deficiency or that the deficiency or violation of University rules is of sufficient gravity to warrant dismissal, the resident may be dismissed without being placed on probation. However, the Program Director must consult with the Office of Graduate Medical Education prior to instituting a dismissal that is not preceded by a period of probation. In that instance, the resident may obtain review under the Graduate Medical Education policy of Academic Due Process. This policy is delineated in the housestaff manual.
**Faculty Evaluation**
As part of the Annual Program Evaluation (APE), the residents evaluate each faculty member, anonymously on the New Innovations website. These evaluations are reviewed by the program director and chairman, noting trends (positive and negative), and feedback is provided to each faculty member. These evaluations are part of the faculty member's annual evaluation by the division chief and the chairman.

**Program Evaluation**
The residents and faculty participate in an APE, submitted anonymously on the New Innovations website. All aspects of the program are evaluated, including conferences, personnel, rotations and faculty. The Program Evaluation Committee (PEC), which consists of faculty and resident representatives, runs the APE meeting. The results of the APE are presented and discussed at the APE meeting. The program effectiveness is formally reviewed. The goals and objectives, rotations, ABSITE scores and ABS pass rates are reviewed, as well as the evaluations from New Innovations. The PEC also ensures the residency program is in compliance with ACGME standards. An action plan is devised.

Results of the faculty and rotation evaluations are shared with the Program Chairman and the faculty members. Changes in the structure of rotations and faculty may be made based on trends of this evaluation.

**Handoffs/Transitions of Care**

In addition to UT GME Handoffs and Transitions of Care policy #312 (http://www.uthsc.edu/GME/policies/handoffs2011.pdf), residents **MUST** follow the following program specific policies:

Transitions may occur:
- Face to face
- Over the telephone
- Via secure computer network

Information transferred must include:
- Patient name
- Account number
- Room number
- Responsible attending and resident contact information
- Patient age
- Diagnosis and surgeries performed or pending
- Allergies
- Resuscitation status
- Antibiotics
- Pending tests
- “To do” list
- A sample list is attached

All information must be transmitted in compliance with HIPAA
**LEAVE**

All residents are allowed 3 weeks (21 days) of vacation 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 via website at: [http://www.uthsc.edu/surgery/vacation.php](http://www.uthsc.edu/surgery/vacation.php). Educational leave (for meetings) is not counted as vacation if approved by the Program Director. Residents do not receive pay for unused vacation.

Leave for interviews must be requested by email to the Program Director. After 5 days off for interviews, interviews will count as vacation days.

Residents accumulate 21 days of sick leave per year. Sick leave is non-cumulative from year to year and residents are not paid for unused sick leave.

The American Board of Surgery requires that all residents applying for certification must have no fewer than “48 weeks of full time clinical activity in each residency year, regardless of the amount of operative experience obtained. The 48 weeks may be averaged over the first three years of residents, for a total of 144 weeks required, and over the last two years, for a total of 96 weeks required.” (from the ABS website)

**LEGAL INQUIRIES**

All inquiries attorneys (unless they are from the University of Tennessee Office of General Counsel) should be referred to the attending. Inquiries from insurance officials or hospital officials should also be answered in generalities, and then referred to the attending. This is the case, even if you are assured that no litigation is intended. If you are served with papers or there are hints at litigation, the attending and program director should be informed immediately and you will be assisted in contacting the University Counsel (901-448-5615).

**MEDICAL RECORDS**

Medical records are legal documents. They are maintained for continuity of patient care, document quality care, justify payment, reporting to government agencies, and serve as a defense against malpractice claims. They should never be used to air disagreements with other services or comment on the care of other services or hospital personnel. Correct terminology is important.

All records must be timed and dated and signed, and include block letter of your name after the signature and a pager number (or other contact number). A preop note should be entered on all patients. All operative reports must be dictated within 24 hours of surgery. Discharge summaries should be dictated at the time of discharge.
Residents who are delinquent with medical record completion are subject to the same penalties as the faculty – suspension of operative and/or admitting privileges. Suspension of privileges may result in loss of vacation days. Never alter a medical record after a query is made regarding the care of the patient.

**MEETING ATTENDANCE/TRAVEL**

All residents and fellows under Graduate Medical Education are required to abide by all UT travel policies. In order to travel for the University, GME requires all residents to sign an attestation. NO travel will be processed through the University on your behalf until this form is signed and on file within GME. Please see the Residency Coordinator if you have not signed the attestation form.

Residents are eligible for meeting attendance for presentation (oral or poster) of their research. The Department of Surgery will fund (at University rates) the meeting registration, travel and hotel fees. This educational leave does not count as vacation. The Department of Surgery will also fund (at University rates) a major meeting for each Chief Resident in their PGY 5 year, up to $1500.

The Department of Surgery will fund (at University rates) attendance at the fall meeting of the American College of Surgeons for the PGY 3 resident who makes the highest score on the ABSITE.

A leave request form must be submitted to the Program Director for approval 6 weeks in advance of the meeting for scheduling purposes.

**MOONLIGHTING**

Moonlighting is not permitted. Violation of this policy may result in dismissal.

**OPERATIVE LOG**

All residents are required to keep an accurate operative log of all procedures performed while a resident in the Department of Surgery. The log is provided on the ACGME website. This log is used for application for the American Board of Surgery Qualifying Exam and for RRC monitoring of the experience provided at this institution. Procedures should be logged at least monthly, and will be monitored by the Program Coordinator and Program Director. Failure to keep up with case logs will result in loss of OR privileges and may result in loss of vacation days.

**PROFESSIONALISM**

Honesty is expected at all times. Violation of this policy is grounds for immediate dismissal. All residents on the General Surgery Service are expected to look and act as a responsible physician. Professional appearance and manner is to be exercised in all environments, even though the work and conditions may be very stressful. All patients are to be treated with the respect you would wish afforded to your family members.
It is never acceptable to swear at a patient, regardless of the language used by the patient or family member. It is never acceptable to strike a patient.

Residents are expected to dress professionally whenever at work. Scrubs are acceptable attire, but should be clean and free of blood and other body fluids. Attire should be changed as soon as possible after a contaminated or bloody case. Your white coat should be clean.

**RESEARCH**

Scholarly activity/research is encouraged for all residents – either basic science or clinical. Faculty mentors are always willing to support residents on projects.

Residents have an option of taking two (2) years away from clinical residency to pursue additional research. It is available to residents in good standing. In accordance with the RRC and the ABS, this time does not count toward the minimum five year clinical curriculum.

**SUPERVISION**

The Department of Surgery follows the University of Tennessee Resident Supervision Policy #410 which is available on the UT website/GME (http://www.uthsc.edu/GME/policies/supervision_pla2011.pdf).

The attending physician is responsible for the overall care of each individual patient admitted to the surgical service and for the supervision of the resident(s) assigned to the patient. **There is a clear chain of command centered around graded authority and clinical responsibility.**

**Levels of Supervision:**
- **Direct** – supervising physician is physically present with the resident and the patient
- **Indirect**
  - With direct supervision immediately available – supervising physician is physically present in the hospital or other site of patient care, and is immediately available
  - With direct supervision available – supervision physician is not physically present within the hospital or other site of patient care, but is immediately available by electronic or telephone modalities, and is available to provide direct supervision
- **Oversight** – supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

**Admissions**
The attending surgeon must be notified of each admission. Each patient is admitted under the name of an attending.

**Surgery**
The senior resident must immediately notify and receive concurrence for any patient going to the operating room. Supervision of residents will always meet or exceed hospital policy. Attendings will document their participation in the supervision process. Attending must
always be available for consultation and support. Information regarding the responsible attending should be available to residents, faculty members and patients. Site directors of all integrated and affiliated hospitals in the program must assure the program director that these policies are being followed.

The attending surgeon is expected to:
1. Confirm (or change) the diagnosis.
2. Approve the operative procedure and procedure timing.
3. Be available or physically present (as dictated by his/her judgment) during the operative procedure and assure that it is properly carried out.
4. Supervise the postoperative care.
5. Assure continuing care after the patient leaves the hospital.

**PGY 1 Residents**

Should be supervised directly or indirectly with direct supervision immediately available.

Must complete the procedure log (see attached) to be competent to perform the listed procedures with indirect supervision, with direct supervision available.

**Supervising Physicians**

Faculty members should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on patient needs and the skills of the individual resident or fellow.

**USMLE REQUIREMENTS**

**Steps 1 and 2 (CK and CS):**

All residents/fellows entering any Memphis-based graduate medical education program sponsored by the University of Tennessee College of Medicine on or after July 1, 2009 must have passed USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE).

Any Agreement of Appointment or offer letter will be contingent upon passing Steps 1 and 2 (or equivalent exams). Each resident/fellow is responsible for providing copies of passage of Steps 1 and 2 (CK and CS) or equivalent examinations to the program director and the GME Office and will not be allowed to start training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof for international medical school graduates.

**Step 3:**

All residents are required to pass USMLE Step 3 before they can advance to the PGY 3 level. All residents on the standard cycle must take Step 3 no later than July 1st of the PGY 2 year. Residents must provide proof of passage by June 30th to be promoted to the PGY 3 level. Failure to provide proof of passage by June 30th will result in non-renewal of the resident’s contract and the resident will be terminated from the program. It is the
responsibility of the resident to provide the necessary proof to the Program Director and GME Office.

Effective July 1, 2010, all new residents/fellows entering Memphis-based GME programs at the PGY3 or higher level must have passed Step 3 (or equivalent examination) before beginning training at UT. The resident/fellow is responsible for providing evidence of passage of Step 3 (or equivalent exam) to the program director and GME Office. Any Agreement of Appointment or offer letter to begin training at the PGY3 or higher level will be contingent upon passing Step 3 (or equivalent exam).

Accepted or matched residents and fellows who have not passed the required U.S. Medical Licensing Examinations (or equivalent exams) prior to their scheduled start date do not meet eligibility requirements and will be released from their appointment.
**HOSPITAL CONTACTS/RESOURCES:**

<table>
<thead>
<tr>
<th>Hospital/Medical Records</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| **Baptist Memorial Hospital – Memphis** | Regina “Gina” Rogers  
Graduate Medical Education  
6019 Walnut Grove  
Memphis, TN 38120  
901-226-1350 or 901-226-4629 (office)  
901-226-1351 (fax)  
Regina.Rogers@bmhcc.org  
Medical Records  
Janet Jackson-Chapman: 901-226-5088 |
| **Regional One Health** | Annie Lewis  
Physician Liaison  
Regional One Health  
877 Jefferson Ave.  
Memphis, TN 38103  
901-545-7825  
alewis@regionalonehealth.org  
Medical Records  
KeKe Cartwright: 901-545-8664 |
| **LeBonheur Children’s Hospital** | Karen Ariemma  
50 N. Dunlap 6th Floor  
Memphis, TN 38103  
901-287-6210  
kariemma@uthsc.edu  
Medical Records  
Cynthia Ford: 901-516-2320 |
| **Regional One Health** | **Scrub Access**  
Brenda McFarland  
Supervisor, Laundry Services  
877 Jefferson Avenue  
Memphis, TN 38103  
901-545-7990 (phone)  
901-685-4065 (pager)  
BMcFarland@regionalonehealth.org |
| **Methodist University Hospital** | Judy Watts  
251 S Claybrook 2nd Floor  
Memphis, TN 38104  
901-516-8255  
judy.watts@mlh.org  
Medical Records  
P.J. Hayes: 901-516-8493 |
| **VA Medical Center** | Elston Howard  
1030 Jefferson Avenue  
Education Office  
Memphis, TN 38104  
901-577-7395  
elston.howard@va.gov  
Medical Records  
Maureen Wheeler: 523-8990, ext. 7859 |
| **Accreditation Council for Graduate Medical Education (ACGME)**  
Resident Case Log System | www.acgme.org |
| **New Innovations**  
Duty Hours | http://www.new-innov.com/pub/  
Score Curriculum | http://www.surgicalcore.org |
OTHER

THESE AND OTHER POLICIES ARE AVAILABLE ON THE GME WEBSITE
WWW.UTHSC.EDU/GME
PROGRAM ELIGIBILITY AND SELECTION CRITERIA

All application information should be submitted to the Department of Surgery through the Electronic Residency Application System (ERAS): https://www.aamc.org/students/medstudents/eras/. All eligible applications are accepted. The application deadline for the academic year 2014 – 2015 is November 1, 2014.

In addition to the University of Tennessee Graduate Medical Education (UT GME) Selection Policy #110 (http://www.uthsc.edu/GME/policies/ResidentSelection2011.pdf), applicants must meet the following criteria:

Visa Status – Visa status for international Medical Graduates must fall within the following categories:

- Eligible to seek J-1 Visa
- Permanent resident or Alien status (i.e. “Green Card”)
- In accordance with UT GME guidelines, this program does not sponsor residents for “H” type visas.

Interviews are required for consideration. Invitations will be sent beginning in September and interviews will be held on Wednesdays, early November through mid-January. Applicants are selected for interviews based on:

- Medical school transcript
- Personal statement
- Three letters of recommendation
- USMLE or COMLEX scores

**Note:** To ensure that all residents/fellows meet minimal standards, the Graduate Medical Education Program requires that all residents/fellows entering any Memphis-based graduate medical education program sponsored by the University of Tennessee College of Medicine on or after July 1, 2009 must have passed USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE).

Any Agreement of Appointment or offer letter will be contingent upon passing Steps 1 and 2 (or equivalent exams). Each resident/fellow is responsible for providing copies of passage of Steps 1 and 2 (CK and CS) or equivalent examinations to the program director and GME Office and will not be allowed to start training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof for international medical school graduates.

Accepted or matched residents and fellows who have not passed Steps 1 and 2 (or equivalent examinations) by July 1 will be released from their contract.

- US Clinical Experience (USCE) is not required; however, it is encouraged.

Applicants are selected for residency based on the above criteria and on personal interviews.
PROFESSIONAL CONDUCT POLICY

Additional policies related to professionalism are located on the UT GME website (http://www.uthsc.edu/gme) under Code of Conduct, Disciplinary Actions, and Personnel Policies (Disciplinary Actions).

GRIEVANCE PROCEDURES

The University of Tennessee College of Medicine assures the resident the right to appeal any disciplinary action proposed by the residency program or institution. The Academic Appeal process is intended to provide a formal, structured review of the proposed disciplinary action and its cause(s). All appeals must be processed according to the following policies and procedures. The resident has the right to obtain legal counsel at any level of the Academic Appeal process, but attorneys are not allowed at academic grievance hearings or at reviews. However, the University of Tennessee College of Medicine cannot compel participation in the Academic Appeal process by peers, medical staff, patients, or other witnesses, even if such is requested by a resident seeking review. Residents who have been dismissed will receive no remuneration during the review.

Residents may obtain review of a disciplinary action(s) by submitting a written request for review to the program director within (10) ten-business days. The following Academic Appeal procedures shall apply:

1. A written request for review must be submitted to the program director within ten (10) business days. If the program director is not the department chair, the resident may ask the chair to hear the grievance.

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

3. The chair may appoint a designee or designate an advisory committee to review the decision. The committee's recommendation to the chair shall be non-binding.

4. On reaching a decision, the chair will notify the resident in writing. If the decision is adverse to the resident, the notice shall advise the resident of the right to review on the record. At the discretion of the Associate Dean for Graduate Medical Education, a hearing may be allowed if requested by the resident. The Associate Dean shall determine whether a hearing or review on the record is appropriate. Review on the record may include a face-to-face meeting with the resident and interviews with witnesses by the Associate Dean. The resident may waive department-level review and begin the review process at the Associate Dean's level.

5. A written request for review by the Associate Dean for GME must include: (a) any information the resident wants considered, and (b) any reason the resident feels dismissal is not warranted. The resident may submit the names of fact witnesses whom the Associate Dean has discretion to interview as a part of the review process. The request for review is made utilizing the procedures in items a or b outlined below: a. Within ten (10) business days of notice of the department chair's decision, the resident shall submit a written request for review to the Associate Dean for GME; or b. Within ten (10) business days of notice of dismissal, the resident shall submit a signed waiver of department-level review and a written request for review to the Associate Dean for GME. 6. Upon reaching a decision, the Associate Dean for
GME will notify the resident in writing and advise the resident concerning the next level of institutional review. 7. The resident may obtain additional review on the record by the Dean of the College of Medicine by submitting a written request within five (5) business days after being advised of the outcome of the GME level of review. 8. Additional review may be obtained from the Vice President and Chief Operating Officer 2 of the University of Tennessee Health Science Center by submitting a written request within five (5) business days after being advised of the outcome of the Dean’s review. 9. The resident may obtain final review on the record by the President of the University of Tennessee System by submitting a written request within five (5) business days of receiving the Vice President and Chief Operating Officer’s response.

(1) Waiver of departmental review statement: I, ____________________________, M.D., hereby waive the first level of review (department-level review) of the disciplinary action(s) proposed by my program director, department chair, or other University of Tennessee Health Science Center officials. I understand that, under the University’s graduate medical education academic policy, when a resident wishes to appeal a program director’s adverse academic decision, the program director should first hear the resident’s grievance. If the program director is not the departmental chairman or if the adverse decision is from a faculty member other than the program director, the chairman will hear the grievance at the resident’s request. I elect to waive department-level academic review and commence the process with review by the office of the Associate Dean for Graduate Medical Education.

Resident signature ____________________________ (date)________
Print Name ____________________________ ____________________________
Residency Program ____________________________ Year________

(2) The administrative head of the Memphis campus, formerly known as “chancellor.”

Additional UT GME Grievance policy #350 is located at: [https://www.uthsc.edu/GME/policies/grievances2010.pdf].

---

**LEAVE POLICY**

UT GME Leave policy #220
[https://www.uthsc.edu/GME/policies/leave2011.pdf]
TRAVEL POLICY

UT Travel Policy
HTTP://POLICY.TENNESSEE.EDU/FISCAL_POLICY/FI0705/

Travel is a privilege and not a right; all travelers are expected to know and follow all travel policies. Asking for an exception to a policy requires approval from the campus CBO, Knoxville administration and is reported to the UT Board of Trustees and the State of Tennessee. All travelers must sign an attestation stating that everyone understands the travel policy and agrees to follow it. GME will no longer ask for exceptions to the travel policy. The attestations are effective July 1, 2014. GME will not process any new travel for any resident or program until the forms are returned from the residents and program administration.

HEALTH AND WELLNESS

University Health offers a number of services to support all employees including house staff. UH is committed to providing a healthy and safe work environment for employees and students through education, prevention and treatment programs.

Some of the services of UT include:
- Immunizations and other preventative services to protect against work-related exposures.
- Routine screening for exposure to work place hazards.
- Evaluation and treatment of work-related illness or injury.
- Facilitation of proper reporting and documentation of work-related injury or injury.

Location: 910 Madison Ave. Suite 922
Phone: 448-5630
Emergency Phone: 448-4444 (Campus Security)
Website: www.uthsc.edu/univheal

OFF-SITE ROTATION

University of Tennessee
Graduate Medical Education Program
Offsite Rotation Approval Process

The purpose of offsite rotations is to meet training requirements that cannot be satisfied within University of Tennessee (UT) affiliated hospitals or clinical training sites. In order to avail itself of an offsite rotation opportunity, the requesting program must first receive approval from the Designated Institutional Official (DIO).

The Program Director is ultimately responsible for the ability of his/her program to meet ACGME and RRC requirements within UT facilities whenever possible. In the event that
training requirements cannot be satisfied within facilities, completion of the following procedure is required before an offsite rotation may begin:

1) At least three months prior to the start of the requested offsite rotation, the Program Director will submit the following documentation to the Office of Graduate Medical Education:

(a) Request for Approval of Offsite Rotation Form

(b) Program Director Statement

(c) Offsite Affiliation Agreement including Acceptance / Waiver of Compensation

(d) Goals and Objectives for the rotation

2) Upon receipt of completed Request for Approval of Offsite Rotation Form and accompanying documentation, GME staff will present the request to the Offsite and DIO for approval.

3) GME staff will send notice of approval of request to the Program Director when the DIO gives final approval. Likewise, the GME Office will send notice of denial to the Program Director if the request is denied.

4) Unless the resident’s department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the offsite rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion). The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs.

5) The resident and Program Director are jointly responsible for determining that the resident has obtained professional liability coverage for the off-site rotation. Under the provision of the Tennessee Claims Commission Act, the University of Tennessee cannot provide medical liability coverage for out-of-state rotations or for unpaid in-state rotations. In-state institutions may also require commercial coverage with pre-determined limits in lieu of Claims Commission coverage.

Additional information on Off-site rotations is located at: [https://www.uthsc.edu/GME/policies/offsite2010.pdf](https://www.uthsc.edu/GME/policies/offsite2010.pdf)