

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Cardiovascular Disease Fellowship
Program Handbook
2024-2025**

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Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:

The mission of the University of Tennessee's Cardiovascular Disease Fellowship training program is to train competent, confident, and compassionate clinical cardiologists who will come to understand the practice of cardiovascular medicine in the context of its underlying pathophysiologic basis and use this knowledge and skill set to improve the health of Tennesseans and society.

Program Aims:

The goal of the University of Tennessee's Cardiology fellowship program is to improve the health care of Tennesseans and society by training outstanding clinicians in the field of cardiovascular medicine, to nurture interest in scientific investigation, and to help trainees reach their ultimate career goals in cardiology practice.

The aim of the Fellowship is to improve the health care of Tennesseans by training cardiologists..

- that can provide quality care that is appropriate, effective, and compassionate to patients with cardiovascular health problems.
- that have acquired basic scientific and clinical knowledge of the full spectrum of cardiovascular disorders and are able to apply this knowledge to the care of the cardiac patient.
- that can improve cardiac patient care practices by the critical evaluation of current practice patterns and by the appraisal and assimilation of scientific evidence and performance standards.
- that have developed interpersonal and communication (verbal and written) skills that will allow effective exchange of information with cardiac patients, their families and other healthcare professionals.
- that are professional by adherence to high ethical standards, professional responsibilities, and sensitivity to the diverse patient population.
- that are aware of the responsive to the healthcare system and use available resources from this system to optimize the care of cardiac patients.

II. Department Chair, Program Director and Associate Program Directors

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Interim Department Chair

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III. Office Contact

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Program Manager

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IV. Core Faculty (alpha order)

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V. 2024-2025 Fellow Contact Information

First Year Fellows

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Third Year Fellows

PGY6

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***Identifies Chief Fellow(s)**

**University of Tennessee
Cardiovascular Diseases Fellowship Program
Block Diagram**

Year 1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	3	1	2	3	1	3	1	Site 2	Site 2	Site 1	Site 1	Site 3
Rotation Name	Cath/Nuc	ETT/Nuc/ Research	EP	Consult	Echo	Consult	CCU	CATH	CCU	Ambulatory	CCU	Imaging
% Outpatient	10	10	10	10	10	10	10	10	10	75	10	10
% Research	2	30	2	2	2	2	2	2	2	2	2	2

Year 2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	3	1/2	3	1	3	2	1	4	1	1	2	1
Rotation Name	Consult	CCU	Imaging	ETT/Nuc/ Research	Cath/Nuc	Cath	Consult	HF/Cath	Ambulatory	EP/Research	Echo	Consult
% Outpatient	10	10	10	10	10	10	10	10	75 or 10	10	10	10
% Research	2	2	2	30	2	2	2	2	2	30	2	2

Year 3

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	2	4	2	4	2	2	5	1 or 2	2
Rotation Name	Echo	Cath	ETT/Nuc/ Research	Cath	Cath	EP	Advanced HF/Cath	Cath	Advanced Imaging	Elective	ETT/Nuc/ Research	Echo
% Outpatient	10	0	10	0	0	10	10	0	10	10	10	10
% Research	2	2	30	2	2	2	2	2	2	2	30 or 2	2

Site Key		
	Site 1	VA
	Site 2	Methodist University
	Site 3	Regional One Health
	Site 4	Baptist East
	Site 5	St. Francis

Rotation Key			
ETT	Exercise Treadmill/Stress Test	Echo	Echocardiography
Ambulatory	VA Cardiology Clinic	Elective	Fellow special interest rotation
Cath	Cardiac Catheterization Lab	EP	Electrophysiology
CCU	Critical Care Unit	HF	Heart Failure
Consult	Cardiology Consult	Nuc	Nuclear Cardiology

Section 2. Site Information

1. Veterans Administration Medical Center (VA)

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2. Methodist University Hospital

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3. Regional One Health

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4. Baptist Hospital East

Basil Paulus, MD – Site Director

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5. St. Francis Hospital

Ritin Bomb, MD – Site Director

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Section 3. Educational Activities

I. Didactic Lectures

Morning Conference	
Day/Time	Monday 7:30-8:30 am
Location	Coleman B320 and or virtually via Zoom
Description	A conference on graphics (e.g., ECG-related echocardiography, hemodynamics)
Attendance %	See attendance requirements.

Morning Conferences	
Day/Time	Tuesday 7:30-8:30 am
Location	Coleman B320 and or virtually via Zoom
Description	A core curriculum of fundamental topics
Attendance %	See attendance requirements

M & M Conference	
Day/Time	Thursday 7:30-8:30
Location	Coleman B320 and or virtually via Zoom
Description	A morbidity and mortality conference is intermixed with a clinic pathologic conference
Attendance %	See attendance requirements

Interventional Cardiology Cath Conference	
Day/Time	1 & 2 Friday each month
Location	MUH 1 Thomas Auditorium and via Zoom
Description	A joint conference with the interventional cardiology fellows and faculty
Attendance %	See attendance requirements

Congenital Cardiology Cath Conference	
Day/Time	3rd Friday each month
Location	Coleman B320 and or via Zoom
Description	Discussions on how disease affects heart function and their treatments
Attendance %	See attendance requirements

Conference Schedule

- Cardiology Grand Rounds are held monthly and feature an invited senior clinician or basic scientist.
- A journal club is held once a month at the discretion of the Chief Fellow in charge of the conference curriculum.

Attendance Requirements:

Conferences are held to promote continued self-motivated learning. Attendance is required as follows:

First and second year fellows are required to attend 70% of all conferences given, while third year fellows are required to attend 60% of all conferences given. Attendance will be closely monitored; the program director will randomly request written excuses when conference attendance is below expectation. A written response should be submitted within 24 hours.

Fellows on Methodist and VAMC Cath rotation will be excused from attending conference ONLY if they have early morning cases. The program director or designee must authorize prolonged absence due to demands from any other rotation.

Failure to meet this requirement will be addressed on a per person basis. The results will be discussed with the fellow and included in semi-annual and annual evaluations. Conference attendance will be a part of the requirements for promotion/graduation. Delinquencies can be rectified by completing additional assigned educational tasks by the program director.

Program Meetings

Meeting		Held In
Semi-Annual Fellow Evaluations		December & June
Clinical Competency Committee		December & May
Annual Program Evaluation		May
Program Evaluation Committee		May
Cardiology Faculty Meeting		Quarterly
Fellow's Meeting		Monthly

Senior level fellows, should attend the monthly PSQI meeting at Methodist University, CCC Meeting December and May, PEC Meeting December and May

II. Required Reading

Search

- **PubMed** <https://www.ncbi.nlm.nih.gov/pubmed>
- **Scirus** <https://libraries.usc.edu/databases/scirus>

Main Sites & Journals:

- **American College of Cardiology**
<https://www.acc.org/#sort=%40commonsorthdate90022%20descending>
Main ACC site, guidelines, case of the month, etc.
- **American Heart Association** <https://www.heart.org/>
- **AHA Journals** <https://www.ahajournals.org/>
American Heart Association Journals: Arteriosclerosis, Thrombosis, and Vascular Biology, Circulation, Circulation Research, Hypertension, Stroke.
- **Clinical Cardiology** <http://www.onlinejacc.org/collection/clinical-cardiology>
Excellent online journal
- **New England Journal of Medicine** <https://www.nejm.org/>

Other Educational Sites

- **Cardiosource**
News, educational materials, case studies, images, clinical collections and more.
- **Heart Sounds and Cardiac Arrhythmias**
Tutorials and quizzes
- **CTSNet**
Cardiothoracic surgery-related news, journals, images, learning resources.
- **Yale School of Medicine**
Huge compendium of cardiothoracic images.
- **The Heart.org**
Research and clinical trials news in all cardiology subspecialty areas.
- **tctmd**
Excellent presentations/cases in interventional cardiology
- Mayo Clinic Online Board Review Course <https://cvcourses.mayo.edu/cardiology-board-review/>

III. Research and Scholarly Activity

The major focus of the Division of Cardiovascular Diseases is in the pathogenesis and optimal management of heart failure, a major health problem of ever-increasing proportions particularly amongst the elderly and African Americans. Basic and applied studies in heart failure are featured. Each is funded from federal and nonfederal sources.

Each fellow will participate in at least one research activity during their fellowship. The fellowship program will support the submission of abstracts written on the fellow's research projects to specialty seminars and publications (first author status is required for consideration of financial support and funds must be available).

Section 4. Examinations

I. Documenting Exam Results

Documentation of exam results should be forwarded to the Program Manager 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>

2. American Board of Internal Medicine Certification

(Requirement for Progression and Promotion)

All first-year Cardiovascular Fellows (PG4) must sit for and successfully pass the American Board of Internal Medicine (ABIM) Certification Examination in August of their first year of Cardiovascular Fellowship or have passed the examination prior to Fellowship Training. The Program Director will make every effort to ensure that first-year Fellows who have not passed the examination will be scheduled on less demanding rotations before their exams to allow ample study time. The Fellow must notify the Program Director of the exact date and location the examination is scheduled, and you will be excused from duties. The Program Director highly suggests the exam be taken at the nearest location.

The Fellow must present evidence to the Program Director that they have successfully passed the ABIM Certification Examination within one week of the release of board results. Failure to pass the ABIM exam during your first year of fellowship will result in academic remediation. A formal remediation plan will be established to facilitate the passage of the ABIM examination. If the fellow complies with the remediation plan, they will be tentatively promoted to the second year. The examination must be retaken in the second year. Failure to pass the ABIM Certification Examination a second time will result in immediate dismissal from the program. No credit will be given for any rotations/months completed during the second year should you transfer to another program.

Any first-year fellow (PG4) who does not sit for the ABIM Certification Examination during their first year of training for any reason will only have one opportunity to pass the ABIM Certification Examination during their next year of fellowship (PG5). Failure to pass the exam during their PG-5 year of training will

result in immediate dismissal from the program with no credit given for July-December of year two training, should you decide to seek a fellowship elsewhere or transfer to another program.

II. In-Service Training Exam

Cardiology In-Service Exam

The American College of Cardiology's (ACC) Cardiology In-Service exam is administered annually, in late October over a two-day period. This is an online exam taken in the GME Testing Lab on the UTHS campus and is proctored by the program coordinator. Details will be distributed as they are finalized by the ACC.

Performance below 40th percentile will result in being placed on an academic performance improvement plan. This plan will consist of a detailed remediation plan with goals/activities broken down into several months, progress will be closely tracked. Failure to improve or comply may result in being placed on probation, not being advanced to the next year, extension of training duration, not being deemed eligible to take the Cardiovascular board exam and/or ultimate dismissal from the fellowship program.

III. Board Examination

Cardiovascular Disease Certification Exam

The American Board of Internal Medicine (ABIM) administers the Cardiovascular Disease certification exam annually in mid-October. Qualifications and details may be obtained on their website.

<https://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/cardiovascular-disease.aspx>

<https://www.abim.org/certification/exam-information/cardiovascular-disease/exam-dates.aspx>

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/graduate-medical-education/policies-and-procedures/index.php>

<u>Academic Appeal Process</u>	<u>New Innovations Protocols</u>
<u>Academic Performance Improvement Policy</u>	<u>Observership</u>
<u>Accommodation for Disabilities</u>	<u>Offsite Rotation Approval - In Tennessee</u>
<u>ACLS</u>	<u>Offsite Rotation Approval - Out of State</u>
<u>Affirmative Action</u>	<u>Offsite Rotation Approval - International</u>
<u>Agreement of Appointment</u>	<u>Outside Match Appointments</u>
<u>Aid for Impaired Residents</u>	<u>Pre-Employment Drug Testing</u>
<u>Background Checks</u>	<u>Program Closure/Reduction</u>
<u>Certificate</u>	<u>Program Director Protected Time Policy</u>
<u>Clinical and Educational Work Hours</u>	<u>Program and Faculty Evaluation</u>
<u>Code of Conduct</u>	<u>Program Goals and Objectives</u>
<u>Disciplinary and Adverse Actions</u>	<u>Resident Evaluation Policy</u>
<u>Drug and Alcohol Use</u>	<u>Resident Non-Compete</u>
<u>Drug Free Campus and Workplace</u>	<u>Resident Reappointment and Promotion</u>
<u>Fatigue Mitigation</u>	<u>Resident Selection Guidelines</u>
<u>Fit for Practice</u>	<u>Resident Supervision</u>
<u>Fit Testing</u>	<u>Resident Transfers</u>
<u>Grievances</u>	<u>Resident Wellbeing</u>
<u>Handoffs and Transitions of Care</u>	<u>Salary</u>
<u>Hospital Procedures for Handling</u>	<u>Sexual Harassment and Other Forms of Discrimination</u>
<u>Resident Disciplinary Issues</u>	<u>Social Media</u>
<u>Infection Control</u>	<u>Stipend Level</u>
<u>Infection Control - Tuberculosis</u>	<u>Student Mistreatment</u>
<u>Insurance Benefits</u>	<u>Substantial Disruption in Patient Care or Education</u>
<u>Internal Rotation Agreement for ACGME Programs</u>	<u>Support Services</u>
<u>Leave</u>	<u>Technical Standards</u>
<u>Licensure Exemption and Prescribing Information</u>	<u>UT Travel</u>
<u>Malpractice Coverage</u>	<u>Vendor/Industry Conflict of Interest</u>
<u>Medical Licensing Examination Requirements</u>	<u>Visas</u>
<u>Moonlighting</u>	<u>Visiting Resident Approval</u>

Workers' Compensation Claims Process: Supervisor

- The TN Division of Claims and Risk Management will assess a \$500 departmental penalty each time an employee or employer does not report a work injury within (3) business days after sustaining that injury.
- Contact the CorVel nurse triage line: 1-866-245-8588 (option #1 – nurse triage (resident) or option #2 – report claim (supervisor))
- A departmental fine of \$500 will be charged each time a claim report is not completed by a supervisor. An injured worker seeks non-emergency medical treatment prior to treatment (unless it is an emergency) prior to calling Corvel.

On-the-Job Injury Reporting Procedures

Injured Worker

1. Report injury to your supervisor *when it happens*.
2. Report your injury to CorVel (even minor injuries)
 - Call **1.866.245.8588** Option #1 (nurse line)
 - If you need medical care, the nurse will send you to an authorized doctor. You **MAY NOT** seek treatment with an **unauthorized provider!**
 - **DO NOT** go to the doctor before you report to CorVel.
3. Complete an Incident Report online via the Origami Portal
4. You will receive an email confirmation from Notifications@OrigamiRisk.com

Supervisor

1. You will receive email notification from Notifications@OrigamiRisk.com of the new injury after the injured worker's submission is complete.
2. Follow the instructions in the email to submit Supervisor Statement and complete the reporting process.
3. Follow up with injured worker for the doctor's return to work status.
4. Contact campus Human Resources Workers' Compensation Coordinator to process the return to work.



**For Life-Threatening or Serious Bodily Injury ONLY:
Immediately Call Campus Police or Go to the Nearest Emergency Room!**

Supervisor - Must report emergency on-the-job injuries on behalf of injured worker:

1. Firstly, ensure injured worker has appropriate medical care (nearest ER)

2. Call immediately to report worker's injury to CorVel (24/7)
 - Call [1.866.245.8588](tel:18662458588) Option #2
3. Report the incident to:
 -
 - Campus Safety Officer
 - Supervisor
 - UT System Office of Risk Management

Injured Worker - Must initiate the online reporting process as soon as possible:

1. Obtain the CorVel claim number from your supervisor
2. Complete an Incident Report online via the Origami Portal

NOTE: CorVel offers a [PPO Lookup](#) website to assist in locating the closest State of TN-authorized treating physician. This link will allow the injured worker to locate a physician or facility via zip code, city/state, and within a certain radius of their current location. This PPO Lookup website does not replace the requirement to call CorVel to report the injury. All injuries must be reported to CorVel to avoid the penalty.

Program-Specific Policies and Procedures:

I. **Wellbeing**

The cardiology 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 fellows with facilities for rest/sleep and access to safe transportation home. When the fellow 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.

II. **Leave**

Vacation Policy

1. Each fellow has a total of three (3) weeks leave, consisting of a maximum of fifteen (15) "working days" (Monday to Friday) plus six (6) "weekend days" (Saturday & Sunday).
2. One (1) week is used at Christmas or New Year Holiday period.
3. The additional 2 (two) weeks should be requested as five (5) consecutive working days, starting with Monday of the week of vacation and ending with Friday of the week of vacation. At least one (1) weekend, consisting of two (2) weekend days will be included in each vacation week.

4. Annual leave does not carry over from year to year and trainees are not paid for unused leave.
GME Policy #220
5. No more than one fellow will be allowed to be on vacation at a time, except for Christmas/New Years. Priority will be given based on seniority. Special requests will be considered on a case-by-case basis and only for exceptional circumstances.
6. Fellows may take one (1) week of vacation, consisting of five (5) working days and two (2) weekend days.
7. Weeks of vacation may not be combined with each other or with Christmas/New Years without approval from the administrative chief and program director. Requests for combining weeks of vacation will be considered on a case-by-case basis and only for extenuating circumstances.
8. Vacations are not to be scheduled for the month of June except in special extenuating circumstances. If one should arise, the request must be made in writing at least 90 days prior to the start of the vacation in writing to the Program Director. At which point, the request will be reviewed and approved or denied.
9. Vacation request should be submitted to the administrative chief, after receiving notification of vacation requests for the next academic year. If vacation requests are not received by the administrative chief by the deadline, vacation weeks may be assigned by the administrative chief in line with the program's policy.
10. Any change to vacation request must be submitted and approved by the administrative chief and program director at least sixty (60) days before the start of vacation.
11. Vacation/leave may not be taken while on the following rotations:
 - a. CCU at any hospital
 - b. Consults at any hospital
 - c. Cath at VAMC
 - d. Vacation/leave is typically discouraged during Cath rotations at all sites, except with adequate justification and approval by the program director.

12. The following table shows the order for appropriate coverage during vacation/leave and are for rotations within the same hospital. Note your primary rotation remains your priority.

Vacation/Leave Rotation	Sequence of Coverage
MUH Cath	Cath 2, Echo, AI
MUH Cath 2	Cath, Echo, AI
MUH Echo (Cover procedures only)	AI, Cath 2, Cath
MUH EP (Cover procedures only)	Cath 2, Cath, AI
MUH Advanced Imaging	Echo, Cath 2, Cath
VA Cath	The most senior fellow available will always be the first preference then others in this order ETT, Echo, EP/Research
VA Echo (Cover procedures only)	The most senior fellow available will always be the first preference then others in this order ETT, Echo, Cath
VA ETT/Nuclear/Res	Echo, EP/Research, Cath
VA EP/Research	Ambulatory, ETT, Echo
VA Ambulatory	EP/Research, Echo, ETT
ROH Cath/Nuclear	Imaging
ROH Imaging	Cath

13. No deviation from the above guidelines shall occur without the express permission of the program director.

III. Family Medical Leave

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

Residents who have been employed for at least twelve months and have worked at least 1,250 hours during the previous twelve-month period are eligible for qualified family and medical leave (“FML”) under provisions of the federal Family Medical Leave Act (“FMLA”). FMLA provides eligible employees up to twelve (12) weeks of protected unpaid leave for the birth or adoption of a child or a serious health

condition affecting the employee or his or her spouse, child, or parent. Except as set forth in Section IV, below, Residents may use all available sick and annual leave days to be paid during FML leave.

UTHSC Human Resources (“HR”) office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Program Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>. Health and disability insurance benefits for residents and their eligible dependents during any approved FML shall continue on the same terms and conditions as if the resident was not on leave. After all available paid sick, annual and other paid leave under Section IV has been taken, unpaid leave may be approved under FML and Tennessee law provisions, addressed below.

A. Tennessee State Law ~ 4-21-408. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) 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.

The Program Director and resident should verify whether the length of leave will require extending training to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Manager or Director should notify HR when it appears a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

IV. Six Week Paid Medical, Parental (Maternity/Paternity), and Caregiver Leave

Each resident will be provided six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leaves of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during the resident’s Program, starting on the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). A resident, on the resident’s first approved six (6) weeks of medical, parental, or caregiver leave of absence shall be provided the equivalent of one hundred percent (100%) of his or her salary.

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave.

A. Parental Leave. Paid parental leave is available to a resident for the birth or adoption of a child. Each resident, in an ACGME or non-standard Program, is eligible for six (6) weeks (42 calendar days) of paid parental leave one time during the Program. A resident’s six (6) weeks of paid parental leave is available in addition to annual and sick leave and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave, below, is part of the same six-week benefit and not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. In the event both parents are 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.

B. Resident Medical. Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. 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.

C. Caregiver 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 (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Caregiver leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. 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.

V. Bereavement Leave

Bereavement Leave residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

VI. Moonlighting Procedure

The UTHSC Cardiovascular Disease Fellowship Program follows the UTHSC institutional policy on Moonlighting. For more information on the UT Moonlighting Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/moonlighting201.pdf>

To ensure that professional activities outside the program do not interfere with the ability of the Fellow to achieve the goals and objectives of the educational program, all extramural professional activities must be approved in advance by the program director. If approved, the program director will include a written statement of permission in the Fellow's file and will monitor the effect of these moonlighting activities. Adverse effects on the Fellow's performance may lead to withdrawal of permission. First year fellows are not permitted to moonlight.

UT/GME Policy #320 – Residents must not participate in Moonlighting if it violates the GME Work Hour scheduling and reporting requirements described below. PGY-1 residents are not allowed to Moonlight and Programs are prohibited from requiring residents to Moonlight. Residents on J-1 or J-2 visas are not permitted to Moonlight activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Any resident requesting to Moonlight must be in good academic standing. Residents on active Performance Improvement Plans are not eligible for moonlighting experiences. 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.

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

The Cardiovascular Disease fellowship does not tolerate discrimination for any cause. We demand equal excellence regardless of biologic or cultural differences between fellows. Any such discrimination by other fellows or faculty will be reported to the Program Director for correction. Cultural or religious issues that require adjustment to a fellow's schedule will be accommodated whenever possible while respecting the rest of the fellows' needs and maintaining established educational goals. Recruitment of new fellows will be strictly nondiscriminatory as well.

We are committed to a culture to remove the fear of retaliation. Public berating of fellows or emotional outbursts directed at fellows will not be allowed and should be reported to

the Program Director for correction. Such reporting can be in person or anonymously through the chief fellow with adequate detail for the Program Director to correct inappropriate behavior. Disagreements with the fellowship program itself can be voiced directly to the Program Director without fear of retaliation or anonymously through the senior fellow. The senior fellow will hold regular meetings with the other fellows without faculty present to evaluate system problems.

Professionalism at the fellow level is more likely caught than taught. Our faculty will be held to a high standard of professionalism with corrective educational opportunities provided for faculty who are unprofessional. Faculty development will include education in professionalism. Primary teaching of professionalism to fellows will be provided at the bedside of patients and in the research arena by individual faculty members. A formal mentoring system between each fellow and a faculty member will also be established where a primary goal will be the impartation of professionalism.

VIII. Discrimination, Harassment, and Abuse Policy

The University of Tennessee Health Science Center and the Cardiovascular Disease Fellowship program are committed to fostering an environment that prevents discrimination, abuse or harassment of residents. In accordance with University of Tennessee Health Science Center Personnel Procedure #280 and University of Tennessee System Policy HR0280, Sexual Harassment, the Cardiovascular Disease Fellowship program is committed to providing a harassment free environment for residents. Sexual harassment will not be tolerated and will be grounds for disciplinary action.

The fellowship is committed to fostering an environment that prevents sexual harassment of fellows, residents and students. The program has a commitment to professionalism, fostered by an atmosphere of mutual trust and respect. These commitments are threatened when persons in the program, including individuals in positions of authority abuse the trust placed in them.

The program follows the Equal Employment Opportunity Commission's guideline definition of sexual harassment as its guideline for defining sexual harassment. This guideline defines sexual harassment as unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or status in a program, (2) submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's academic performance or work environment. These definitions apply to residents, as well as to employees who may have a complaint of sexual harassment.

In order for behavior to be considered sexual harassment, the behavior must be unwelcome and of a sexual nature. Examples include:

- Verbal harassment or abuse of a sexual nature
- Subtle pressure for sexual activity
- Commenting on a person 's body, dress, appearance, gender, sexual relationships, activities, or experience
- Unwanted touching, patting, or pinching.
- Demanding sexual favors which may be accompanied by implied or overt threats concerning one's job, grades, letters of promotion, pay, recommendation, etc.
- Displaying sexually suggestive objects, pictures, videotapes, graffiti and/or visuals that are not germane to any business or academic purpose; in addition to displaying or transmitting sexually suggestive electronic content, including inappropriate emails.

Who should I contact?

If you witness sexual harassment of others or believe you have been harassed, you should immediately notify the Program Director, Associate Program Director, Program Coordinator, a faculty member, or Chief Resident. As required by Title IX, all faculty and staff are mandatory reporters.

Additionally, the incident should be reported to the Office of Equity and Diversity:

Office of Equity and Diversity

Michael Alston, EdD

Assistant Vice Chancellor for Student Rights and Conduct & OED Director

920 Madison Ave., Suite 825

Memphis, TN 38163

(901) 448-2112

oed@uthsc.edu, or complete an OED incident form on-line

A prompt investigation will be conducted in an attempt to determine all of the facts concerning the alleged harassment. UT HR Policy 0280 prohibits retaliation against any employee or student who reports a claim of sexual harassment or against any employee or student who participates in the investigation of a complaint will not be tolerated by the University. For more information, review the UTHSC complaint procedure.

If it is determined that sexual harassment has occurred, corrective action will be taken. Depending upon the circumstances, this corrective action may include disciplinary action, up to dismissal from the program. A person bringing an intentionally false allegation of sexual harassment may be subject to disciplinary action, which could include dismissal from the program.

All residents and faculty members are required to complete the annual Sexual Harassment Avoidance Training compliance module.

IX. Fellow Eligibility and Selection Policy

The UTHSC Cardiovascular Disease 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 Cardiovascular Disease 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

The Division of Cardiology's Fellowship Training Program requires all applicants to:

- Have completed residency at an ACGME accredited institution.
- Be ABIM certified in Internal Medicine or eligible to sit for the board examination (which must be taken and passed during the first year of fellowship if accepted into the program. Failure to do so can result in the termination of fellowship.)
- International Medical Graduates must have a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificates or have completed a Fifth Pathway program provided by an LCME-accredited medical school.

☞ To meet eligibility requirements, an international medical school's admission standards must meet or exceed those of medical schools accredited by LCME. Schools on the Medical Board of California's list of disapproved schools are presumed not to comply with this requirement. UT GME residency and fellowship programs may not accept graduates from schools on the list. The list can be accessed online at: https://www.tn.gov/content/dam/tn/health/documents/Foreign_Medical_School_Policy.pdf

- **USMLE Requirements:**
- All 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 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).

X. **Fellow Supervision Policy**

Level of Supervision

There are three levels of supervision to ensure oversight of fellow 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 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.

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. of their respective roles in each patient's care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced fellow. Other 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 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 program must define when physical presence of a supervising physician is required.

Rotation-Specific Supervision

Inpatient ward rotations (CVICU): the cardiovascular ICU rotation will be implemented in collaboration with cardiac anesthesia. The resident will have daily team rounds and rapid reliable oversight for patient care via the primary cardiology attending faculty and the co-managing cardiac anesthesia intensivist. Residents are educated to the clinical scenarios which require immediate communication to a supervising physician. Faculty are expected to be available for immediate assistance 24/7 or to have designated a proxy in the case of a need for absence from immediate call availability. Any procedures to be performed bedside in the CVICU are to be performed in the presence of a cardiology faculty or co-managing cardiac anesthesia intensivist.

Inpatient ward rotations (CVICU and Cardiology Consult Rotations): The cardiovascular ICU rotation will be implemented in collaboration with cardiac anesthesia. The fellow will have daily team rounds and rapid reliable oversight for patient care via the primary cardiology attending faculty. Residents and fellows are educated to the clinical scenarios which require immediate communication to a supervising physician. Faculty are expected to be available for immediate assistance 24/7 or to have designated a proxy in the case of a need for absence from immediate call availability. Any procedures to be performed bedside in the CVICU are to be performed in the presence of a cardiology faculty or a 3rd year fellow.

Supervision needed for all other rotations will be guided as described in the preceding section.

XI. Transitions of Care Policy

Monitoring for effective, structured hand-over processes to facilitate both continuity of care and patient safety is accomplished via handover facilitated by documents accessible to Cardiology fellows (HIPAA compliant) at the Program level. The Sponsoring Institution provides oversight for transitions of care at the Program level via GME/GMEC review of Annual Program Evaluations, Internal Reviews on a pre-determined cycle, and periodic direct observation of the hand-over process.

The Cardiology Program utilizes the following mechanisms in the hand-over process:

Setting	Frequency of Hand-over	Mechanism	Supervision and frequency of supervision of hand-over process
Inpatient Cardiology	7 am and 4:30 PM	Handover document	Faculty and/or senior-level fellow on a daily basis
Inpatient Cardiology	Monthly with the change of teams	Handover document	Faculty and/or senior level fellow on a monthly basis

The Cardiology Program ensures that fellows are competent in communicating with team members in the hand-over process through daily and weekly direct observation by faculty.

The Program and clinical sites maintain and communicate schedules of attending physicians and fellows currently responsible for care through monthly emails with attached call schedule documents for each hospital site. The daily hand-over documents also list the attending physicians and fellows currently in service.

In the event a fellow is unable to perform his/her patient care responsibilities due to excessive fatigue, illness, or family emergency, continuity of patient care is ensured via the following mechanisms the Chief admin fellow is informed of the inability to perform patient care responsibility and the back-up system is activated; the Chief fellow assigns another fellow to cover patient care responsibilities.

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

XII. Process by which faculty receive fellow feedback.

Faculty evaluation is done at the end of each rotation via New Innovation. Feedback from the evaluations are collated; they are shared (anonymously) with the faculty and reviewed with them during the annual faculty evaluation. If there is any situation that

needs to be addressed urgently, the program director or associate program director will then activate the faculty-specific chain of command to address the issue.

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

The New Innovation evaluations of the faculty by the fellows are pulled and given to the chair for his review and use during the performance of the annual faculty evaluation.

XIV. Method for reporting improper behavior in a confidential manner.

The fellows may go to the program director or coordinator at any time to report such behavior without fear of retaliation. The GME office has an online complaint portal that is completely anonymous and can be used by the fellows if they are uncomfortable with going directly to the program director or coordinator.

XV. Assessment Instruments and Methods

Fellows are evaluated by faculty at the end of every rotation. The overall evaluation is reviewed semi-annually by CCC and used for mid-year and annual evaluations or final evaluation, as the case may be. Faculty evaluation is done at the end of each rotation via New Innovation. Feedback from the evaluation will be collated, shared (anonymously) with the faculty and reviewed with them during the annual faculty evaluation. The program is evaluated by both fellows and faculty annually as well as by PEC.

Fellow Evaluation

The program utilizes the following methods for Fellow evaluation:

4. 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.
5. 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. Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
3. 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.
4. 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.
5. 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, in-service examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.
6. The program must provide assessment information to the QIC/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 QIC/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 has, to correct the deficiencies; and
 - The consequences of not following the improvement plan.Improvement plans must be in writing and signed by both the program director and Fellow. The fellow's refusal to sign the improvement plan does not negate its existence. The improvement plan will become active immediately and the fellow is expected to carry out requirements set forth by the program director/CCC as listed in the improvement plan.
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 QIC/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 are able to 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.

Clinical Competency Committee (CCC)	
Responsibilities: Appointed by the Program Director to review all fellow evaluations; determine each fellow’s program on achievement; of [Cardiovascular Disease Milestones; meet prior to fellow’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.	
Isaac Rhea, MD	CCC Chair
Showkat Haji	CCC Core Faculty Member
Deepika Narasimha	CCC Faculty Member
Neeraja Yedlapati	Faculty Member

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.	
Isaac Rhea	PEC Core Faculty Member
Afamefuna Onuora	Faculty
Joel Raja	PEC Fellow Rep
Brenda Coleman	Program Manager
Adedayo Adeboye	Program Director

Section 6. Fellow Benefits

I. Salary

Residents/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.

2024-2025 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits
PGY 1	\$60,492.00	\$61,152.00
PGY 2	\$62,880.00	\$ 63,540.00
PGY 3	\$ 64,896.00	\$ 65,556.00
PGY 4	\$ 67,596.00	\$ 68,256.00
PGY 5	\$70,476.00	\$ 71,136.00
PGY 6	\$ 73,068.00	\$ 73,728.00
PGY 7	\$ 75,876.00	\$ 76,536.00

*In addition to the base salary, those residents participating in the disability and group life insurance programs provided through GME currently receive an additional \$660 per year for disability and life insurance benefits as shown above in Column 3. Residents not participating do not receive this stipend.

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

\$500.00 is available each academic year to each fellow. This can be used for attending conferences and/or buying books and other medical educational tools. This \$500.00 is NOT accumulative - money cannot be carried over to the next year. This money cannot be transferred to another individual or used for other expenses. These funds are based on the annual GME allotment to the program and are increased or decreased accordingly.

*Available is a one-time \$1000 GME Research Travel stipend. This money must be used for presentations where the fellow is the first author.

V. Travel

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.

Obtaining coverage of assigned rotation is the responsibility of the fellow. Written documentation of this coverage must be signed by fellow attending the conference and the

fellow agreeing to provide coverage and must be on file in the coordinator's office prior to the date(s) of the conference.

If travel is being used for educational purposes, it must be to a preapproved conference. Financial support will be given if available and a reimbursement cap, if applicable, will be made know to the fellow when the trip is in the discussion phase. Educational conferences attended without prior authorization will count as annual days or may be taken as leave without pay. Financial support of nonapproved conferences will not be given.

Fellows should always be mindful of the allotted amount of time away from training that is given by the ABIM, the program's governing board, (35 days annually) and the impact of taking more than that could have on their eligibility to take the cardiovascular boards.

International Travel (Educational purposes only)

To better prepare for emergencies and provide assistance to the members of the UTHSC community traveling abroad, UTHSC requires all UTHSC travelers on official UTHSC business to complete a Travel Information Registration form prior to departure. This registration will enable UTHSC to communicate with faculty, staff, students, postdocs, residents, and fellows in the event of an emergency. Registration will also allow travelers to receive medical and emergency assistance from International SOS, a medical and travel security service company.

Who is Required to Register?

- **Faculty/Staff:** All faculty and staff traveling abroad using UTHSC funds or on UTHSC business without University funds (example: a faculty member is invited to give a keynote address at a conference and his/her costs are fully paid by the conference).
- **Students/Postdocs/Residents/Fellows:** All students, postdocs, medical residents, and clinical fellows traveling abroad to participate in official UTHSC-sponsored programs (including research, for-credit electives, travel to conferences and non-credit educational activities sponsored by UTHSC).

All travelers to *U.S. territories* are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to countries bordering the U.S., Canada, and Mexico, is international travel and requires compliance with this registration program.

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.

How to Register

- 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.

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 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/cardiovascular diseasemilestones.pdf>

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

*The 2024-2025 rotation block schedule is given below.

ROTATION	PGY 4	PGY 5	PGY 6
Clinical - CCU & Cardiology Consults	4-5 mths	4	0
Advanced Heart Failure & Transplant	0	1	1
Advanced Imaging	0-1	1	1
Echocardiography	2	2	2
Cardiac Catheterization	2	3	5-6 mths
Ambulatory Cardiology	0-1	0-1	0
Research	1-2 mths	1-2 mths	1-2 mths
Elective	0	0	1
Cardiac Electrophysiology	1	1	0-1
ETT/Nuclear Cardiology	1-2 mths	1-2 mths	1-2 mths

Core Rotations in Cardiovascular Disease

- Clinical - CCU & Cardiology Consults
- Advanced Heart Failure & Transplant
- Advanced Imaging
- Echocardiography
- Cardiac Catheterization
- Cardiac Electrophysiology
- Nuclear Cardiology

IV. Resident (Procedural) Supervision by Program (see chart below) can be found at:

<https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php>

	PGY4	PGY5	PGY6
Differential Diagnosis:			
Clinical History	X	X	X
Physical Examination	X	X	X
Interpretation of lab studies	X	X	X
Interpretation of Basic x-ray Studies (Skull, Spine, Chest, Abdomen, Extremities)	X	X	X
Cardiopulmonary Resuscitation:			
Airway Maintenance	X	X	X
Emergency Drug Therapy	X	X	X
Rhythm Strip Interpretation	X	X	X
Intravenous Catheterization	X	X	X
Closed Chest Massage	X	X	X
Electrocardioversion & Defibrillation	X	X	X
Intracardiac Injection	X	X	X
Airway Maintenance:			
Insertion of Oral Pharyngeal Airway	X	X	X
Endotracheal Intubation	X	X	X
Use of Mechanical Respirators	X	X	X
Additional Specific Skills:			
Intra-arterial Puncture or Catheterization			
Bladder Catheterization	X	X	X
Foreign Body Removal Techniques	X	X	X
Differential Diagnosis:			
Use of Water Seal Drainage Devices		X	X
I&D of Superficial Abscesses & Hematomas	X	X	X
Interpreting Arterial Blood Gasses	X	X	X
Emergency Use of External Temporary Pacemakers	X	X	X
Emergency Use of Transvenous Pacemaker		X	X
Introduction of NG Tubes	X	X	X
Diagnostic Peritoneal lavage	X	X	X
ECG acquisition and interpretation	X	X	X
2-D Echo acquisition and interpretation		X	X
Electrophysiology-Device Interrogations/Programming			X
All other procedures are performed under direct supervision of a faculty member.			X

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 Residents Resources	https://www.acgme.org/residents-and-Residents/Welcome
GME Confidential Comment Form	https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQE
ACGME Program Specific Requirements	https://www.acgme.org/globalassets/pfassets/programrequirements/2024-prs/141_cardiovascular-disease_2024.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 of Graduate Medical Education
ACGME Designated Institutional Official

Phone: 901.448.5364
Fax: 901.448.6182

Fellow Orientation Schedule

New Fellow Orientation for 2024 will be held on the following dates:

Location: Student Alumni Center (SAC)
800 Madison Avenue

Date	Time	Title
July 1, 2024	7:30 am - 5:00 pm	PGY-2 - 7 Orientation
Sept. 19-20, 2024	TBA	SVMIC Conference (mandatory)
February, 2025	TBA	GME Global Conference (mandatory)

**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 Cardiovascular Disease Fellowship

- I. I have received the 2024-2025 Handbook for the UTHSC Cardiovascular Disease 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 Manager no later than June 15, 2024.**