

**POLICIES AND PROCEDURES  
DEPARTMENT OF SURGERY RESIDENT HANDBOOK  
2020-2021**

**Surgery Office POB 4<sup>th</sup> floor – 778-7695  
Kim Crawford  
Maggie Hamblen  
Jacklyn Pope  
Holly Rambo  
Cindy Rudolph**

The Department of Surgery is governed by the campus wide policies of the University of Tennessee College of Medicine Chattanooga, and by the system wide policies of the University of Tennessee Health Science Center in Memphis, TN. Both institutions have electronic policies and procedures on their websites. In addition, this residency is accredited by the ACGME (Accreditation Council for Graduate Medical Education) and we follow guidelines established by the American Board of Surgery so that graduates of this program are eligible to take their Board Certification exams after graduation. We also follow policies and procedures of Erlanger Medical Center.

**RESIDENT RESPONSIBILITIES**

Outlines for resident responsibilities are listed on the following pages. It is important to emphasize that these are guidelines only and do not represent the full spectrum of resident responsibility. It is expected that each resident's dress, demeanor, and attitude will reflect positively on the individual and the profession. It is expected that all surgical house staff will work as a team in the performance of duties.

The chain of command begins with the most junior resident on the service and extends through the midlevel residents to the Chief Resident, or the most senior resident on the service. The Chief Resident is responsible for all actions on the service and answers directly to and is supervised by the attending responsible for the particular patient. Resident decisions are monitored and discussed on daily rounds and weekly M & M conferences. Midlevel residents clear their decisions with the senior residents who then obtain approval, where necessary, with the attending surgeon. All operative decisions regarding interventions and/or changes in clinical treatment are derived through collaborative consultation and clearance with the faculty surgeon. Senior residents and faculty observe all junior residents during all procedures until such time as they can clearly demonstrate proficiency in these procedures.

**SUPERVISION**

In addition to the circumstances listed below, General Surgery residents should ask for faculty opinions, supervision or direct assistance if any questions or doubt exists regarding decisions or interventions as they pertain to patient care. We believe that communication is paramount for patient safety. Supervision will vary with resident experience.

### **Hospital Admissions**

All patients admitted to the hospital require notification of the admitting faculty in a timely manner. Junior level residents (1,2 ) will notify senior level residents (3,4,5,6) after initial evaluation of such patients. The senior level resident will then notify faculty members. If senior level residents are unavailable, the junior level resident should contact a faculty member prior to admission of the patient to the hospital. Patients with stable conditions will be evaluated directly by faculty members within 24 hours of admission. Patients with emergency conditions will be evaluated with direct faculty supervision as soon as possible.

### **Inpatient Hospital Transfers**

Acceptance of patients from another facility will be determined by faculty members only. The only exception is a trauma victim where transfer to the Level 1 Trauma Center is facilitated by the senior most resident on the Trauma rotation.

### **Outpatient Clinics**

Direct supervision of resident clinic encounters will occur by faculty members. Junior surgical residents (1,2 ) will present patients to upper level residents (3,4,5,6 ) or surgical faculty during clinic evaluations. Senior residents may evaluate patients and present directly to the faculty covering the clinic. Surgical cases scheduled through an outpatient clinic by any resident will require discussion with faculty members and agreement on a plan of care.

### **ICU Patients**

All ICU patients with surgical conditions will be evaluated by faculty members on a daily basis. Any patient transferred to the ICU requires faculty notification. Any deterioration in a patient's condition also requires immediate faculty notification. Junior residents (1,2 )will notify the senior residents (3,4,5,6 ) immediately when the aforementioned situations are encountered.

### **DNR or End of Life Decisions**

All decisions for DNR or decisions regarding End of Life care require Faculty notification. Junior level residents (1,2) will be supervised for formal discussions with patients or families. Senior level residents (3,4,5,6) may discuss resuscitation directives and end of live decisions directly with patients or families at the discretion of the involved faculty member followed by a discussion with the faculty as to the family wishes.

## **GENERAL RULES**

### 1. DUTY HOURS

**It is expected and required that all residents know and comply with the ACGME work hour regulations.** It is expected that duty hours be entered weekly. The ACGME requires that duty hours be entered and monitored in order to ensure compliance with duty hour requirements. The UT College of Medicine requires that we submit monthly time reports to account for days off for vacation, sickness, interviews or educational leave. **ENTER YOUR DUTY HOURS AT LEAST WEEKLY.**

## 2. ROUNDS

### A. Patient rounds

Each patient will be seen daily and documentation entered, etc. It should be possible to look back over a patient's chart without prior knowledge of that patient and be able to reconstruct precisely the patient's course, complications.

**It is expected that all patients will be seen prior to 8:00 a.m. each day, depending on manpower resources and work hour constraints.** Schedules and rounds should be developed accordingly. It is expected that post-operative patients who have been operated on will be seen and examined during the evening hours of the day of surgery.

### B. ICU Patients

ICU patients are seen on rounds daily. In addition, the Critical Care Fellow is in the ICU to manage critical problems as they arise.

### C. Attending Rounds, Monday/Friday

The senior resident on each service should facilitate attending rounds. This must start with a good line of communication with the attending. Dr. Roe will complete and distribute an attending round schedule each month. It is expected that convenient times will be arranged with the attending staff for rounds and that all residents on the service attend.

The resident staff should organize rounds well in advance and designations should be made as to who will present which patient, etc. **Do not wait for the Attending to contact you about teaching rounds. Contact him/her well in advance.** A well-organized discussion of the history physical and hospital course should be presented.

It is totally inappropriate to consume beverages, or eat during rounds. The dress on rounds will be shirt, tie, and lab coat. **It is totally inappropriate to carry a spit cup on rounds.**

### D. Visiting Professor Rounds

Rounds with a visiting professor offer the opportunity for that professor to see the environment in which we operate our surgical services. These Rounds should provide the opportunity for the professor to offer questions, suggestions, and other teaching points. Presentation of cases should be planned well in advance and be well rehearsed. In cases where a conference-type atmosphere is desired, the room should be reserved well in advance and checked by the resident in charge to be sure that adequate teaching aids such as stretchers or chairs for patients, blackboards, slide projector (extra bulbs), pointer, etc., are provided. The resident

responsible for the conference is responsible for seeing that the guest speaker is shown how to use the various audio/visual equipment, microphone turn-on, etc. Every effort should be made to make the visiting professor feel at home. The house staff is to be neatly dressed with shirts and ties for the men and appropriate dress for the women. Clean Lab Coats should always be worn. Please remember it is a privilege to have visiting professors, and it is our responsibility to make a good impression for our institution and training program.

### 3. DRESS

A neat, clean, and personal appearance will be promoted at all times. It is difficult for the patient to envision consummate skill as a surgeon in someone who does not present with a neat personal appearance. **Socks are always to be worn.**

### 4. SCRUB SUITS

The wearing of scrub suits outside the operating room is a convenient luxury. Scrub suits should not be worn outside the OR without a white coat or other coat over it.

Scrubs are not to be worn anywhere except work. Do not wear scrubs to the mall or anywhere else in the community.

Scrub suits should be clean. It is highly embarrassing to look at a physician who has obviously slept in a scrub suit for 6-7 hours. The scrub suit shirt should be tucked into the pants at all times. It is expected that scrub suits will be changed between cases when the resident leaves the floor or certainly in cases where a dirty case has been involved.

### 5. PRESS/MEDIA

It is expected that the resident staff will adhere to the general policy of the hospital regarding release of information to the press. When a question arises regarding release of information to the press, the Chief Resident and administrative personnel on duty should be consulted. If the problem cannot be resolved at that level, the Attending Staff should be consulted. The best course is to refer any press request to the hospital's Public Affairs Department.

In your role as a surgeon, you may have intimate details of situations receiving a lot of media attention. Requests from the media should be referred to someone more senior or to the institution spokespersons. There have been sad examples of medical and other public personnel being terminated over an impulsive social media post.

The University of TN College has developed a social networking policy that is included on the College of Medicine website. A general rule to follow is to post nothing that wouldn't be an embarrassing problem if it appeared on the front page of the local newspaper.

## 6. CONFERENCES

**During the Covid 19 pandemic, all educational conferences were either suspended or done through Zoom. We anticipate conferences resuming July 2020 with social distancing in the Probasco Auditorium or with Zoom. What is written below pertains to life without Covid 19.**

The resident is expected to attend **all conferences on time** unless there is some unavoidable conflict, such as patient overload in clinics, scrubbing in surgery, or E.R. requirements. Consumption of beverages and food should be prudently monitored on an individual basis. Each resident is responsible for cleaning up refreshments after morning conferences. Attendance is monitored; excessive absences will be noted and addressed.

Conferences are scheduled at 7:00 a.m., with Basic Science/Subspecialty on Tuesdays, Grand Rounds on Wednesdays, and Mortality & Morbidity (M&M) on Thursdays. The Tuesday, Wednesday and Thursday conferences are all held in the Probasco/Medical Mall Auditorium. Sitting towards the front of the Probasco is welcome. The auditorium is a popular meeting site and is much in demand by other large groups. Please check the conference schedule monthly to see if any conferences have had to be moved to another room. Journal Club is held bi-monthly at various times and locations. With the exception of M&M, no conferences will be scheduled during the last two weeks of June and the last two weeks of December. The resident is expected to attend **all conferences** unless there is an unavoidable conflict.

Residents on the Vascular B service have a weekly conference on Fridays at 7:00 am in the conference room in the academic office in suite 401 of the Physicians Office Building. This conference is a weekly case discussion with input from other allied health professionals involved with the vascular patient.

Residents on the Trauma/Critical Care rotation have a twice monthly conference on the second and third Fridays at 11:00 in the conference room in the academic office in suite 401 of the Physicians Office Building.

### **Sign-in and topic documentation are imperative.**

#### A. Basic Science/Subspecialty Conferences

These conferences will be on Tuesdays at 7:00 a.m. Chief Resident Dr. Jacob Lloyd will coordinate the conference and make assignments.

#### B. Grand Rounds Grand Rounds will be held at 7:00 a.m. on each Wednesday. Since many staff members attend the conferences and often out-of-town guests and speakers are present, it is imperative that this conference begin on time.

Chief Resident Dr. Olivia Morin will make the assignments for the conferences and will provide a list to residents so everyone will know well in advance of their Grand Rounds responsibilities.

NOTE: For weeks where Interesting Cases is the topic, a list of the residents who will present and what cases they plan to present are due to the Academic Office by the end of the workday on the Friday proceeding the Wednesday they are to be presented.

### C. M&M Conferences

This conference will be held on Thursdays at 7:00 a.m. The Chief Resident with M & M responsibility is Dr. Jacob Lloyd. Attendance for this conference is mandatory. The conference will begin on time.

Guidelines for M&M:

- 1) By NOON on Tuesday, you must sign the list to indicate whether or not you have an M&M to present, and turn in information for those M&Ms.
- 2) All mortalities and any complications are included.
- 3) Make an attending aware that you are submitting his/her patient for M&M.
- 4) Make other residents involved in the patient's care aware that you are presenting the patient so that they can be prepared if asked to comment on the case.  
No one should be surprised to see a patient on the list!
- 5) The conference will encompass patients through the preceding Sunday.
- 6) Be on time. Be on time. Be on time.

### 7. JOURNAL CLUB

Journal Club will be held bimonthly, date and time determined by Chief Resident Dr. John Woody Major, who coordinates the conference. Journal Club articles will be selected approximately 1-2 weeks prior. Any resident may be chosen by the attending to present any of the selected articles. Volunteers are solicited and these individuals may be given the opportunity to discuss the article of their choice.

The discussion of the article should be succinct indicating the major thrust of the paper and a critique of how well the paper made its point. These presentations should last no more than ten minutes to allow for adequate discussion.

A resident will be assigned to Journal Club to select articles for the Faculty's approval. It is recommended that 6-7 articles be presented from which 3-4 will be used. Recommendations of interesting articles by other residents are encouraged.

## 8. VISITING PROFESSOR CONFERENCES

Visiting professors are here primarily, if not solely, for your benefit. Accordingly, you should look on their visit as a privilege and consider taking whatever actions possible to gain from that individual's visit what you can. We also wish to leave the guest lecturer with a favorable impression of Chattanooga, Erlanger Medical Center and most importantly, our residency program.

The following are points which would be of significant benefit in leaving a favorable impression and gaining the most from a speaker's visit.

- A. Introduce yourself to the speaker and have at least one question in mind, which might lead to some form of productive conversation.
- B. Look decent! Scrub suits on rounds and a disheveled appearance are totally inappropriate and will not be tolerated on visits from guest lecturers.
- C. Make every effort to assist the lecturer with audiovisuals. Remember, he/she has not likely been there before and does not know the intricacies of our conference room and facility.
- D. If you arrive in the conference room where the lecture is to be held and find it in an unkempt, disheveled appearance, which is the ordinary set of circumstances, please take it upon yourself to throw away the junk. A good appearance is everyone's responsibility! We all complain about Housekeeping and messy conference rooms, however, it is important to clean the room up first and then complain.

## 9. OPERATIVE EXPERIENCE DATA

As you enter your postgraduate training, you will be given a lot of responsibility. You will feel yourself drowning in paperwork, not the least of which is the task of keeping an accurate accounting of your operative experience. As you know, you will have to turn in to the American Board of Surgery your entire operative experience for the six years you are in residency training. This is to be sent in with your application to take the written Boards at the completion of your training.

The resident is responsible for entering all of their operative information into the ACGME database. Logins and passwords can be obtained from the academic office. All residents should also capture all non-operative Trauma and Critical Care patients cared for. The ACGME has been particularly interested the in case logs of preliminary

residents, wanting to ensure that they receive an equivalent experience to that of the categorical residents.

**The academic office will monitor surgery operative data on each resident weekly. Those not entering cases will be sent to “study hall” in the academic office and restricted from surgery until all operative cases are entered.**

10. HISTORY & PHYSICALS

The History and Physical examination should be comprehensive and include all pertinent points related to present illness, past history, and review of systems. Templates are available in Epic and clinic electronic medical records.

11. OPERATING ROOM SCRUBS & ATTENDANCE POLICY

Residents are to be present at the time cases begin in surgery. **It is your responsibility to know when the cases begin. Do not rely on hospital personnel to contact you.** The following procedures are to be followed regarding surgery:

- A. The Chief Resident will have the operating room assignments made out the night before and posted by 6:00 a.m. on the day of surgery.
- B. By 7:30 a.m. on Monday through Friday, it is expected that all house staff will have checked the schedule and **initialed by their name**, acknowledging that they are aware of where their surgical scrubs are assigned.
- C. Don't wait on the attending to scrub! You should be there first for scrubs or to insure catheter placement, etc. **It is unlikely that you will perform significant portions of the procedure if the attending is present before you.** You will also develop what is known as a negative halo.

Any problems with scheduled scrubs will be referred to the Chief on call for assignments that day. Scrub assignments may only be changed after being cleared with the Chief on call the previous night. Any scrub changes made between residents will still be the responsibility of the resident initially assigned to the case.

12. GENERAL SURGERY MISCELLANEOUS DEPARTMENT POLICIES

- A. Honesty in all things is paramount. If you don't know the answer to questions regarding a patient, saying “I don't know” is always preferable to you giving your best guess.
- B. The words "inadvertently" or "accidentally" should be stricken from the vocabulary of the house staff . It happened or it didn't happen.



C. One should not refer to operating on a patient as "cutting" on a patient. We do not "cut" a patient... We operate on them.

D. Assume good intentions. When contacted by a nurse or another physician, assume good intentions and behave accordingly. It is easy to get a “negative halo” that will stay with you all through your residency.

F. When patients are referred by outlying physicians, be sure to notify them regarding the patient's outcome and expected need for follow-up, etc., where appropriate. Disagreements between teams or physicians should always be private.

G. On some occasions it may be necessary for a resident to leave the hospital during regular working hours. In all cases in which the resident leaves the hospital during normal working hours and is not on an approved vacation, the senior residents should be notified of the departure as well as the anticipated time of return. No one is to leave without the approval of a senior resident. If you are the senior resident, make sure your Attending knows that you will be out of the hospital.

H. When presenting a patient the word "belly" should not be used. This section of the body is the abdomen.

I. If you have a conflict with the schedule responsibility; i.e. surgical cases, clinics, etc., it is mandatory that you inform your senior resident in ample time for alternative arrangements, or to inform your senior resident what alternative arrangements you have already made. If you have to be off for any reason, you must inform your Chief or Senior Resident.

J .Any time a resident is called to assist with any surgical patient, he/she should assume good intentions. If on certain occasions the resident feels that an inappropriate request has been made of his/her services, he /she should immediately contact the Chief Resident. There have been rare occasions when a surgical resident is called to see a surgical patient and for some reason or other has felt that the request was not within his/her area of responsibility. Respond first and then check with the Chief Resident. Furthermore, in the interest of providing the best possible medical care at Erlanger Medical Center, should any emergency arise with any patient, the resident should immediately respond. The dilemma of whose patient or responsibility the problem is will be resolved later. Do not hesitate to readily accept responsibility. You are a surgeon!

K. The phrase “That’s not my job!” used by a surgery resident is particularly detested. First, take care of the patient, and then sort out responsibility later.

L The insertion of a central line is an operative procedure. In every case where a line is inserted, a short note will be placed on the progress notes

indicating the location of line placement (right or left), the degree of difficulty in line insertion, and the amount of blood loss. A procedure note will be dictated as well. Furthermore, any complication anticipated in the placement of a central line should be noted on the chart. In every case where a subclavian line is placed, a chest x-ray will be obtained and the results of the x-ray should be noted on the progress notes following the central line insertion note. The resident must demonstrate aspiration of blood from all ports after insertion of a central line. Omission of a chest x-ray will only be at the discretion of the attending surgeon.

M. When you get a needle stick (and every surgery resident gets a needle stick at some time) **let someone know immediately**. Call The GME office, call the Department of Surgery office, etc. You will be sent to Workforce, connected to the Family Practice Center for baseline testing. For this to be a covered expense under Worker's Comp, these guidelines must be followed in a timely manner. Failure to do this according to these guidelines frequently results in expensive ER bills in your name.

### 13. MEDICAL RECORDS

No one enjoys medical records; everyone has to do them. It is best practice in patient care to do everything when the memory is fresh. In addition, the hospital cannot bill until all medical records are complete. We care that the hospital gets paid because then we get paid. Residents are able to log-in and monitor medical record completion. A weekly list is sent to Dr. Giles and the program office as to the number of resident "deficiencies". It is never a good idea to act surprised when you are notified about the number of "deficiencies".

### 14. TIME OFF

Chief Resident Dr. Bobby Rampp is responsible for scheduling vacation this year.

PGY 1-4 residents get 2 weeks of vacation per year

PGY 5-6 residents gets 3 weeks of vacation per year

All residents get 5 days during the December holidays, either at Christmas or New Year's. This will be addressed in November with a signup sheet in the call room area.

**Preliminary residents get 5 additional days of leave to take for interviews. This is not vacation time. When the 5 days are used, then vacation time has to be used for interviews.**

Sick leave is also available, up to 21 days a year. Leave cannot be carried over from one academic year to the next. The GME office has detailed policies about illness and sick leave that every department follows. It is worth reiterating that for major illnesses or pregnancy, the resident must provide a physician's statement regarding fitness for duty. Work hours will not be modified unless there is a statement from your physician. After a major illness, operation or pregnancy, the resident cannot return to work without a release from your physician.

Must take 1 week of vacation during research.

Must take 1 week of vacation during the first 6 months of the year and 1 week during the second 6 months of the year.

Vacation requests for the first 6 months are due August 1. Vacation requests for the second 6 months are due December 1. Vacation approval will be based upon seniority and timeliness of request if/when there are conflicts in scheduling.

Vacation will be assigned if requests are not received by the above dates.

No vacation is permitted on Critical Care and Pediatrics.

Requests off – Requests to be off are for specific weekends or weekdays. If you know now that you are getting married this year or your sister/brother/college roommate/mother/father, etc are getting married this year, put your request in early.

Each department has to turn in time sheets for each resident each month so that leave can be tracked. When entering duty hours into New Innovations, there is also the ability to enter leave, such as sick leave, annual leave and educational leave. The Surgery office will use your duty hour record in New Innovations to complete monthly time sheets.

We expect residents to participate in self care activities like going to the dentist and the doctor – activities that normally take place during work hours. Make your appointments far in advance and let your senior residents know in advance. Also, please find a place to note this in your New Innovations duty hours.

#### 15. EDUCATIONAL \$\$\$\$ GUIDELINES

Erlanger/UT provides some educational funds for residents. Each department decides how they want to use their educational funds or what traditionally residents have called “book money”. T

PGY 1 – ABSITE Review Course in Atlanta December 12 and 13, 2020. Residents will be sharing rooms. **This may end up being virtual.**

PGY 2 - \$750 to be applied to the USMLE part III

PGY 3-6 \$750

**The resident scoring the highest for their year level on the ABSITE will receive an additional \$150 in GME funds. The highest scoring resident for the entire program will receive an additional \$150 in GME funds.**

**All educational travel was suspended during the Covid 19 pandemic and scientific conferences are still mostly virtual. The guidelines below refer to a time with educational travel is permitted again.**

When traveling to an educational conference or to present a paper, come to the surgery office first to discuss registration and funding. Do not rely on what another resident tells you or what you did last year.

UT reimbursed travel is very complicated and all forms and guidelines must be followed exactly or you will not be reimbursed. In addition to your GME funds, UT also has small additional amounts for those presenting papers at scientific meetings. However, those funds are limited per resident per academic year. These funds cannot be used for more than one meeting.

Travel to present papers is funded in some cases by the Chattanooga Surgical Foundation. These funds are not unlimited and you may be asked to share a room with another resident or economize in another way. The maximum amount per conference reimbursable by the Foundation is \$1,500.

Funds from the Chattanooga Surgical Foundation come from the physicians of University Surgical Associates taxing themselves. Occasionally we get a small grant. Thus, these funds are not to be used carelessly and the funds are not unlimited.

It is the resident's ultimate responsibility to adhere to the policy and submit appropriate receipts. Reimbursement must be submitted within 30 days or it won't be processed, no matter how sad the story is. Do not save your receipts to submit all at once. For UT College of Medicine funds, they have a deadline of April 1, 2021. for all educational receipts except for already pre-approved travel.

#### Approved expenses

- Travel expenses to CME conferences planned by ACCME accredited providers.
- Electronic educational materials – including \$250 for an IPAD
- Video course registration
- Hard copy or electronic medical-related books
- Membership fee for specialty organizations
- USMLE Step 3 registration fee

**Receipts must indicate that the order is complete and that payment has been made – not just that the item has been ordered.**

**UT will not reimburse a foundation for payment made on behalf of the resident.**

**Receipts must be in the name of the resident.**

When traveling to an educational conference or to present a paper, come to the surgery office first to discuss registration and funding. Do not rely on what another resident tells you or what you did last year.

UT reimbursed travel is very complicated and all forms and guidelines must be followed exactly or you will not be reimbursed.

For all other educational enhancement items (such as books), residents must submit **original receipts** upon purchase of the item(s). Acceptable **original receipts** include an invoice denoting payment and name of the book, printed copy of an online order form as long as it indicates a statement that payment has been made, or a copy of the cancelled check (front and back of the check).

**The deadline for submitting receipts for educational materials - not previously approved travel - will be April 1, 2021. This is a hard deadline. If you have not used your educational funds by then, those funds will be allocated elsewhere.**

#### 16. Disciplinary Actions:

Disciplinary actions are typically utilized for serious acts requiring immediate actions. These actions include suspension, probation, and dismissal. The residency program, the University of Tennessee College of Medicine Chattanooga (UTCOCMC), the Statewide University of Tennessee Graduate Medical Education Programs, and the University of Tennessee Health Science Center are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the University of Tennessee Graduate Medical Education (GME) Academic Appeals process. All disciplinary actions will become a permanent part of the resident training record.

#### **Suspension**

A resident may be suspended from all program activities and duties by his or her program director, department chair, the Director of GME, the Associate Dean for Academic Affairs/DIO, or the UTCOCMC Dean. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional, incompetent, erratic, potentially criminal, noncompliant with the University of Tennessee policies, procedures, and Code of Conduct, federal health care program requirements, or conduct threatening to the well-being of patients, other residents, faculty, staff, or the resident. A decision involving program suspension of a resident must be reviewed within three (3) working days by the department chair (or designee) to determine if the resident may return to some or all program activities and duties and/or whether further action is warranted (including, but not limited to counseling, fitness for duty evaluation, referral to the AIRS program, drug testing, probation, non-renewal of contract, or dismissal). Suspension may be with or without pay at the discretion of institutional officials.

## Probation

Probation is a disciplinary action that constitutes notification to the resident that dismissal from the program can occur at any time during or at the conclusion of probationary period. In most cases, remedial actions including but not limited to Performance Deficiency & Remediation (PDR) are utilized prior to placement on probation, however, a resident may be placed on probation without prior remediation actions based upon individual program policies.

Probation is typically the final step before dismissal occurs. However, dismissal prior to the conclusion of a probationary period will occur if there is further deterioration in performance or additional deficiencies are identified. Additionally, dismissal prior to the end of the probationary period may occur if grounds for suspension or dismissal exist. Each residency program is responsible for establishing written criteria and thresholds for placing residents on probation. Examples include but are not limited to the following: failure to complete the requirements of PDR, not performing at an adequate level of competence, unprofessional or unethical behavior, misconduct, disruptive behavior, or failure to fulfill the responsibilities of the program in which he/she is enrolled.

## Dismissal

Residents may be dismissed for a variety of serious acts. The resident does not need to be on suspension or probation for this action to be taken. These acts include but are not limited to the following: serious acts of incompetence, impairment, unprofessional behavior, falsifying information or lying, or noncompliance. Immediate dismissal will occur if the resident is listed as an excluded individual by any of the following: Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities", or General services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"; or Convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a).

## **ACADEMIC DEFICIENCY AND REMEDIATION PERIODS (ADRM)**

A remediation period is an opportunity for the resident to correct academic deficiencies and to develop and demonstrate appropriate levels of proficiency for patient care and advancement in the program. Being placed in remediation is notice to the resident of his or her failure to progress satisfactorily as reflected by evaluations and/or other assessment modalities. It is not discipline, and residents in ADRM status have continued enrollment at the University. Placement in ADRP status is not subject to the academic review provisions of Part II. **Forms of remediation may include:** (1) repeating one or more rotations; (2) participation in a special program; (3) continuing scheduled rotations with or without special conditions; (4) supplemental reading assignments; (5) attending undergraduate or graduate courses and/or additional clinics or rounds; and (6) extending the period of training. The remediation measure(s) assigned and the period of time that such measures remain in place shall be determined by the program director or his or her designee. The form(s) of remediation assigned are left to the discretion of the

department and is/are not subject to the academic review provisions of Part II [Academic Due Process].

If the department chair determines a resident's deficiency to be of sufficient gravity to warrant immediate dismissal, the resident may be dismissed without first being offered an opportunity for remediation; provided, however, that the chair must consult with the Office of Graduate Medical Education prior to instituting a dismissal that is not preceded by a period of remediation. In that instance, the resident may obtain review under the process for academic dismissal.

In addition, during or following a period of remediation, any resident who fails to correct a deficiency may be dismissed.

### **Review Process for Disciplinary Actions**

The University of Tennessee College of Medicine Chattanooga (UTCOCMC) assures the resident the right to appeal any disciplinary action proposed by the residency program or institution. Disciplinary actions are typically utilized for serious acts requiring immediate actions. These actions include suspension, probation, and dismissal. The residency program, the UTCOCMC, the Statewide University of Tennessee Graduate Medical Education (GME) Programs, and the University of Tennessee Health Science Center are under no obligation to pursue remediation actions prior to recommending a disciplinary action. All disciplinary actions are subject to the University of Tennessee GME Academic Appeal process. All disciplinary actions will become a permanent part of the resident training record.

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 UTCOCMC 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.

### **Procedures for Academic Appeal**

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 UTCOMC Associate Dean/DIO (or the Director of Graduate Medical Education in his absence), a hearing may be allowed if requested by the resident. The Associate Dean for Academic Affairs/ Designated Institutional Official (DIO) 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/DIO. The resident may waive department-level review and begin the review process at the Associate Dean/DIO level.

5. A written request for review by the UTCOMC Associate Dean/DIO 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 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:

Within ten (10) business days of notice of the department chair's decision, the resident shall submit a written request for review to the UTCOMC Dean; or

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 UTCOMC Associate Dean/DIO. (See sample waiver of department-level review at the end of this policy.)

6. Upon reaching a decision, the UTCOMC Associate Dean/DIO 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 Executive Dean of the College of Medicine (or his/her designee) by submitting a written request within five (5) business days after being advised of the outcome of the GME level of review in Chattanooga.

8. Additional review may be obtained from the Chancellor 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 Executive 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 Chancellor's response.

### LEGAL INQUIRIES

Any subpoenas or legal inquiries should be brought to the Surgery Residency Office. Do not respond to a subpoena or discuss a case with any attorney until we have notified the UT Attorney.

We should all remember that any and all individuals, regardless of level, can be the target of a lawsuit. In addition, there are certain other responsibilities deriving from administrative structure. As a general rule, the attending surgeon is responsible for the care of an individual patient. The house officer acts as an agent of the attending surgeon, whether under direct or supervisory control of the attending surgeon. The attending surgeon may delegate responsibility



and actions to the house officer, when, in his judgment, such is justified. Conversely, the house officer has a responsibility to see that the attending surgeon is fully, and honestly, informed.

Your malpractice protection is through the University and the State Board of Claims. The faculty's insurance is with State Volunteer Mutual and the hospital has various other coverages. Therefore, there is a potential conflict of interest between them and one should remain aware of these. The University attorney, hospital attorney, and University Physicians' attorney work together. However, most important is talking with your staff and faculty.

The University malpractice covers only University training assignments that take place within the state of Tennessee. Moonlighting or assisting a non-faculty member is not covered.

In summary, take excellent care of the patient, document the chart fully, accurately, and concisely; omit all opinions, judgments, and assumptions; do not discuss patient litigious cases with families, insurance companies, attorneys, etc., until you have had an opportunity to review the situation with Dr. Burns or other faculty members; review the chart and fully understand the implications.

#### 18. CONFIDENTIALITY

As a reminder, all information presented to you by a patient is CONFIDENTIAL. Do not discuss patients with others while walking in the halls or on elevators. During Grand Rounds and Conferences, patients are never to be presented by their names. In all instances, all patients are to be treated with the same respect and confidentiality.

#### 19. REQUIRED SCHOLARLY ACTIVITY

Four months of research activity for categorical residents are required at the PGY-2, 3, and PGY-4 years. Preliminary residents at these levels may be permitted up to two months required scholarly activity at the Chairman's discretion if a pre-designated research project with faculty involvement is approved.

All categorical residents are required to participate in the annual Resident's Research Day or QI/Patient Safety Day by submitting an abstract for a Research Paper or Case Report. All preliminary residents are encouraged to participate.

**You are to be available for duty if needed from 7:00 a.m. Monday through 5:00 p.m. Friday. There will be no exceptions unless you have discussed and made other arrangements through the responsible faculty member. It is your responsibility to notify the Academic Office in the event you go out of town to inform them of your whereabouts in case you need to be reached during this time.**

20. MOONLIGHTING

The resident is expected to refrain from and not engage in any outside remunerative employment of any sort without the prior approval of the respective chairman or other designated official. Generally, moonlighting is not approved.

21. MILITARY LEAVE

Residents who are in the military and required to take a two week, if able, leave per year **must** take this time during their Research/Scholarly Activity rotations. **No exceptions.**

22. LEAVING THE PROGRAM

Residents in good standing who are leaving the program at the end of June 2021 and who have saved one week of vacation may be relieved of duties on June 19 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 26, 2021. Any deviation from this policy will be authorized by consensus of the Chairman and Program Director. The ability of a resident to leave before June 27 must be agreed upon by the Chairman and Program in writing, no later than May 1, 2021..

23. INTERVIEW TIME OFF

**Five** days will be allotted to those preliminary residents who need time off to interview with other programs. If additional time is needed beyond this 5-day allowance, you will be required to use vacation. Notify Dr. Bobby Rampp and your senior team member as soon as you schedule your interview days. Note this time in New Innovations duty hours for your monthly time sheets.

24. LICENSURE

The Chattanooga obtains exemptions from licensure for the residents on this campus. You are not required to have a Tennessee license. This is handled by the Medical Education office. Should you decide to become licensed, please give your license number to the academic office.

25. FACULTY ADVISORS

All general surgery residents are assigned a faculty advisor who will remain the resident's advisor during his entire training in the Department. If a resident wishes to have a particular advisor, he/she should request the change from Dr. Giles. However, all faculty are eager to be of assistance to residents and you should feel free to discuss problems, situations, ideas, etc., with any faculty at any time.

26. YEARLY APPOINTMENT

Appointment to the surgical residency program is made on a year-to-year basis and is dependent upon satisfactory performance by the resident as well as needs of the Department. There is an implied responsibility by the Department of Surgery, as well as 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 hospital and department dictate.

However, it must be emphasized that not everyone learns at a constant rate and that extra years of training may be necessary. In other instances, the staff may come to the conclusion that a specific person would be better suited for another specialty. Under these circumstances, the year-to-year appointment policy will be followed. In addition, there is a rather elaborate evaluation policy carried out every two months on each resident surgeon.

It is a University of Tennessee College of Medicine, Chattanooga policy that residents must pass the USMLE Part III before they can be promoted to their PGY 3 year. Please bring your Part III score to the academic office as soon as you receive it. You have to have registered for Part III by the end of February in order to have scores available in time to be promoted to a PGY 3.

27. AMERICAN COLLEGE OF SURGEONS CANDIDATE GROUP

The Department expects all categorical residents to join and participate in the American College of Surgeons Candidate Group. This is easily done online and is free to surgical interns.. The future cost to maintain membership is minimal and the benefits are considerable. Attendance at meetings, the SESAP exam, and other expenses are considerably cheaper for College candidates. Becoming a Fellow at a later date is simplified. **Interns have already been enrolled as a group.**

28. SOUTHEASTERN SURGICAL CONGRESS RESIDENT FELLOWS

The Department strongly expects all residents to join and maintain membership to the Southeastern Surgical Congress. **Dues are covered by the department.**

29. MEDICAL STUDENTS

Medical students rotating with the surgery department represent a special responsibility and privilege for surgical house staff. It should be remembered that these students are usually not familiar with Erlanger and its policy. They require guidance and direction as to what is expected. Anyone who ever has interviewed to be a resident in this program in told not to come here unless they want to teach medical students.

30. SKILLS LAB

The Surgery Skills Lab is vital for teaching surgery residents and medical students. There is a yearly curriculum and when scheduled for the Skills Lab, you are required to attend. You will have access to a key to the Skills Lab. Working in the Skills Lab is considered “homework” like reading a textbook and does not count on Duty Hours. Dr. John Woody Major is coordinating Skills Labs sessions.

31. TRANSITION OF CARE

All patient handovers will take place in a designated workplace, office, or conference room, to ensure patient confidentiality. (Handovers conducted in waiting rooms, cafeterias, elevators, and other public areas are prohibited).

One-to-one communication must occur between the resident responsible for the patients being released and the resident that will be accepting responsibility for care. No third party communication is allowed.

Handovers during the first month of residency will be conducted in the presence of attending surgeon to ensure that residents are competent in communication with team members.

32. PROTOCOL FOR EPISODES WHEN RESIDENTS REMAIN ON DUTY BEYOND SCHEDULED HOURS

Every Monday morning a Duty Hours Exception Report for all of the residents on any rotation in our program is reviewed by the Program Director or his designee. If there are any anomalies, immediate steps are taken to contact that individual by direct call from Dr. Giles to the resident or one of the chief residents to the resident with a request they log-in to New Innovations and give an explanation as to why the work hours were violated. Steps are then taken to try and ensure that the situation that caused the violation does not occur again. These violations are retained and monitored over time.

33. MINIMUM TIME OFF BETWEEN SCHEDULED DUTY PERIODS

Duty periods of residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents are encouraged to use alertness management and especially strategic napping. Residents should have 10 hours free of duty and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents at the PGY 4 level and beyond are considered to be in the final years of education. Residents in the final years must be prepared to enter the unsupervised practice of medicine and care of 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 8 hours free of duty between scheduled duty periods, there may be circumstances when these residents must return to duty with fewer than 8 hours free. Such circumstances are: required continuity of care, a complex patient with whom the resident has been involved, events of exceptional educational value or humanistic attention to the needs of a patient or family.

34. **FES/FLS**

You cannot graduate/complete a surgery residency without first successfully passing FES (Fundamentals of Endoscopic Surgery) and FLS (Fundamentals of Laparoscopic Surgery). FES and FLS testing, at this point, is not done in Chattanooga; residents have to travel to a testing site with the nearest being Knoxville, Nashville and Birmingham. UTCOM will pay for the test voucher for FES and FLS. If the testing has to be repeated, the expense will belong to the resident. **Because of the COVID Pandemic, FES and FLS is not being done at this time. We will notify you when this changes.**

## **GUIDELINES**

To eliminate confusion regarding several departmental policies, we are requiring that you read the following and sign indicating that you understand what you have read in regards to these policies.

## **EDUCATIONAL FUNDS**

The University provides educational funds for conferences or textbooks depending on year level. Interns will use their educational funds for a surgical review course. PGY 1 residents attend an ABSITE Review Course in Atlanta on December 12 and 13, 2020. **Educational travel was suspended during the first part of 2020 because of the pandemic. Many scientific meetings are still virtual. We do not know what the rest of 2020 and 2021 will bring.** PGY 2 residents will use their funds for the USMLE Part III. PGY 3 and above residents get \$750.00 for educational funds. There are awards of additional GMEC funds for the highest scorers on the yearly ABSITE.

Key points to remember for University conference travel and purchases– **original receipts must be turned in within 30 days. The deadline for turning in receipts for educational expenses that is not previously approved travel will be April 1, 2021. This is a hard deadline and leftover funds are reallocated after April 1.**

The Chattanooga Surgical Foundation will fund travel for scientific paper/poster presentations. These funds are not unlimited and you may be given specific limitations. The Foundation will pay up to \$1,500 for presentation travel.

We do not pay additional fees for conferences because the resident registered late.

The academic office will assist you with University reimbursement for conferences. Holly Rambo in the academic office is our expert but we will all try to help you.

## **VACATION**

Chief Resident Dr. Bobby Rampp is responsible for the call schedule and vacation requests. She will thoroughly review the vacation guidelines which are outlined in the previous pages.

We are required to submit time sheets for all residents. Keep your duty hours current and include when you are off for educational travel, vacation or sick leave. We will use this information to tracking leave. In addition, please keep track of self care appointments such as the dentist and doctor.

## **MOONLIGHTING**

The resident is expected to refrain from and not engage in any outside remunerative employment of any sort without the prior approval of the respective chairman or other designated official. Generally, moonlighting is not approved.

### LEAVING THE PROGRAM

Residents in good standing who are leaving the program at the end of June 2020 and who have saved one week of vacation may be relieved of duties on June 19 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 26, 2021. Any deviation from this policy will be authorized by consensus of the Chairman and Program Director. The ability of a resident to leave before June 26 must be agreed upon by the Chairman and Program in writing, no later than May 1, 2021.

### INTERVIEW TIME OFF

**Five** days will be allotted to those preliminary residents who need time off to interview with other programs. If additional time is needed beyond this 5-day allowance, **you will be required to use vacation**. Again, **give as much notice in writing as possible**. Requests for leave for interviews should be directed to Dr. Bobby Rampp and the senior members of your team. Time taken for interviews should be noted in New Innovations for leave tracking.

### PROMOTION

It is a policy of the University of Tennessee College of Medicine, Chattanooga that a resident will not be promoted to the PGY 3 year unless the USMLE Part III is taken and passed. Bring your Part III scores to the academic office when you receive them. You should have registered for Part III by the end of February 2021 in order to have your scores available to be promoted to a PGY 3 on July 1, 2021.

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Print Name

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Resident's Signature

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Date

Please print this page , sign it and bring it to Cindy Schultz Rudolph. This is to certify that you are familiar with the contents of the Resident Handbook, especially anything related to leaving early for another job assignment next June.