Administrative Structure
- Chair and Professor - J. Mack Worthington, MD
- Residency Program Director (PD) and Associate Professor – James Haynes, MD
- UTFP Medical Director and Assistant Professor – Betsy Close, MD
- Assistant Program Director and Professor – Robert Zylstra, EdD, LCSW
- Clinic Scheduler and Assistant Professor – Steven Fox, MD
- Medical Student Clerkship Director and Assistant Professor - Leslie Griffin, MD
- Residency Program Coordinator (PC) - Sharron Skoretz, C-TAGME
- Residency Program Administrative Assistant – Elissa McCoy

The clinical care, administrative and academic offices are located in the UT Family Practice Center, 1100 East Third Street. The departmental phone is (423) 778-2957; fax number is (423) 778-2959, and the departmental e-mail address is Utfammed@erlanger.org. Calls regarding patient care should be made to (423) 778-8837 and not to the Family Medicine departmental number.

Vacation Policy
Per ACGME guidelines, each resident is allowed 21 working days of time away from the academic program each academic year (July to June). Time away includes vacation, sick days, and personal days. Vacation may not be more than one week for any one-month rotation. Vacation is not allowed during 2-week rotations, the Family Medicine Inpatient rotation, Inpatient Pediatrics, General Surgery, Critical Care or Mother/baby rotations. In order to assure all residents get their allotted vacation time, half of the resident's time away should be taken in the first half of the academic year. Any vacation not taken during the academic year may not be carried over to the following year. A “Request for Time Away” form must be completed and turned in to the Residency Program Coordinator at least 3 months in advance as per below deadlines:

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<tr>
<th>Month</th>
<th>Deadline</th>
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<tr>
<td>July</td>
<td>March 15th</td>
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<td>Aug</td>
<td>Apr 15th</td>
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<td>June</td>
<td>Feb 15th</td>
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Wellness Days:
As part of the health care community and in agreement with ACGME requirements for Graduate Medical Education, we recognize the importance of our commitment to providing an environment supporting optimal health and well-being for our residents. You are allowed 4 days a year for Wellness Days. These days do not count against your vacation bank and can be used for any appointments regarding your mental or physical health.

SUBMISSION PROCESS: All schedule requests should be submitted to the chief resident by Close of Business (COB) on the 15th of the designated month. On the first business day after the 15th of every month all requests will be sent to the clinic scheduler for final review prior to schedule build. The form must be signed by the Chief Resident prior to submission to the clinic scheduler for final approval. The clinic scheduler will submit the final approved original to the Program Coordinator. A request is considered approved once the clinic scheduler has built the schedule for that month and ensured our group’s clinical responsibilities are met. DO NOT make travel arrangements until you know that your time away request has been approved. If there are questions regarding request appropriateness, the Program Director (PD) is the final decision maker in allowing time away.

Time-away is granted on a first-come, first-approved basis and any conflicts will be resolved by the Chief Resident and Clinic Scheduler. All administrative duties, including medical records, must be satisfactorily completed before any time off will be approved or executed. Medical record deficiencies (discharge summaries, H&Ps, etc.) are sent to the Program Director and Chief Residents weekly. Only the Program Director may make exceptions to these policies. All residents are required to be on campus the last week of June in order to ensure documentation/out processing is completed and department clinical responsibilities are covered.

Decision on elective rotations should be made in concert with the above timeline as well to ensure appropriate scheduling for that rotation. If a resident has not selected an elective by the deadline one will be selected for them based on the subject matter that the resident scored lowest on during their most recent IN-Training Exam (ITE).

Any clinic/rotation/elective schedule change request submitted after the deadlines above will be routed through Sharron for Clinic Scheduler approval. Late requests are unlikely to be approved unless EXTREME circumstances exist (death, illness, etc.).

Once the time away request has been approved, the PC (Sharron) will notify the respective service to ensure there are no significant conflicts.

Residents are responsible for arranging for another resident to cover his/her FPC patients during absences and should communicate who is covering their EMR desktop and office “hotbox” via the “out of office” mechanism in the electronic medical record. NOTE: The Chief Resident involved in scheduling is responsible to relay a coverage plan for each resident absence to the PC, Clinic Scheduler and Pam England (Clinic Business Manager) via email after the final schedule has been approved each month.

The master rotation schedule will be completed for the upcoming academic year by 15 May. Known vacation requests that will impact the master rotation schedule for the upcoming academic year are due to the PC (Sharron) by 15 Apr and any vacation changes need to be made three months in advance in accordance with the deadlines noted above.

Sick Days

As soon as a resident realizes he/she will be unable to work due to illness, he should contact his rotation supervisor, and the Program Coordinator (778-2957) to document the
absence. Until your 21 days are exhausted, sick days will be counted against your 21 day absence allowance per American Board of Family Medicine (ABFM) policies. For protracted illnesses residents may be paid for up to 3 weeks of sick leave (including one weekend for each week of sick leave taken) per year in addition to the 21 days allowed by the ABFM. NOTE: all vacation days must be exhausted before using this option. Any time away from clinical training over and above the ABFM allotted 21 days must be made-up and will be added to the end of the residency (hence delaying expected graduation date). If unable to contact the Program Coordinator at her office regarding an illness which will keep you from duty, the resident must call the Program Coordinator (Sharron) on her cell phone at (423) 902-0802 to notify the residency officially. The Program Coordinator will contact a Chief Resident or Preceptor to identify and communicate a coverage plan for any clinical responsibilities that pertain to the sick resident (to include the electronic medical record desktop and clinic hotbox).

Personal Days
A limit of six “personal days” may be granted to attend to personal needs each year and DO count against the annual 21 day ABFM absence limit. Personal days cannot be taken on any day in which clinic patients are scheduled for the requestor without prior approval from the clinic scheduler. A one-week notice must be given for personal day requests unless extreme circumstances exist. A form requesting a personal day must be submitted to the Program Coordinator for Chief Resident and Clinic Scheduler approval. The Program Coordinator will notify the service you are rotating on once approved. The Request for Time Away form will have a space for the resident to indicate which resident will cover their office/clinic responsibilities during the absence as noted above. A resident may not take more than one Personal day in a given month. These days may not be taken in concert with a holiday weekend.

Family and Medical Leave (FML)
Residents and Fellows who have been employed for at least twelve (12) months and have worked at least 1,250 hours during the previous twelve (12) month period are eligible for qualified family and medical leave under provisions of the federal Family Medical Leave Act (FMLA). FMLA provides eligible employees up to 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. Residents are required to use all available sick and annual leave days to be paid during FML.

The FM Department recognizes the importance of the early development of a relationship between parent and child and supports the use of time off for resident leave related to the recent birth or adoption of a child. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) months leave (paid or unpaid) for pregnancy and adoption. Keep in mind that the ABFM only allows a resident to be absent from training only 3 months due to continuity of patient care. 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.

With advance notice, the Program Directors may grant unpaid leave after all available paid annual and sick leave has been taken as allowed under the following: maternity, parental, or adoptive leaves. Due to requirements set by the American Board of Family Medicine, any unpaid leave taken after all available paid annual and sick leave has been taken would extend the resident's training. For example, if the resident took 4 weeks above their paid annual/sick leave allotment; their residency training would be extended by 4 weeks.
Maternity, parental, or adoptive leave will be granted in conjunction with Family Medical Leave and Tennessee law. Except in case of emergency, all maternity, parental, or adoptive leave should be requested at least three (3) months in advance of all expected date of birth or adoption in order to ensure adequate coverage in the program.

**Job/Fellowship Interviewing**

The Family Medicine Residency allows 5 working days throughout the residency to pursue job/fellowship interviews. These experiences are considered part of a longitudinal learning experience in the practice management rotation and do not count against the 21 days allotted by the ABFM annually. As soon as the resident is invited to interview for a job or fellowship he should submit a Time Away Form to Clinic Scheduler (currently Dr. Fox).

**Continuing Medical Education Requests**

Residents can request up to a 5 work day maximum absence annually for educational conferences that are deemed to be sound educational experiences. The CME time away request must be submitted 3 months prior to the event in keeping with above noted deadlines pertaining to time away requests. Additionally residents should receive prior approval from the Program Coordinator regarding the worthiness of the educational experience (at least 6 hours of didactics/study daily) by submitting the brochure before the time away deadline. Once approved, the residency coordinator will submit a UT Travel Authorization form to the Dean’s office for approval. **DO NOT** make any travel arrangements before the residency coordinator gives you feedback that the CME conference was approved. The Dean’s office will pay the registration fee if they approve the conference attendance. Once approved by the Dean’s office, an administrator in their office will arrange travel for the event (resident will not have to expense out for this). All other expenses (lodging, meals, etc.) will be paid for by the resident and reimbursed upon return to duty. Original receipts must be submitted within 5 business days of returning from your trip in order to route appropriate reimbursement documentation to the Dean’s Office within 30 days of your return. Conferences residents should consider are those that are approved for AAFP credit and that provide an average of six hours of credit each day.

The University does provide funding for each department to use for resident professional development reimbursement (travel for external CME conferences and other educational materials). That money is allocated at the discretion of each Department Chair and Program Director. The Family Medicine Department has determined that each resident has an annual professional development reimbursement limit of up to $500 per PGY-1 resident, $750 per PGY-2 resident, and $1000 per PGY-3 resident for educational conference reimbursement or book/supplies reimbursement, etc. in accordance with UT Travel Policy and GME Professional Development Reimbursement guidelines. These funds are subject to availability at the time of the request. Specific information regarding receipts, allowable expenses, documentation, etc., should be addressed with the Program Coordinator prior to the trip. [Note: Residents must seek pre-approval from both the Program Director and the GME Director if requesting a rental car. Such expenses will not be reimbursed unless approved by both in advance of the trip.] It is the responsibility of each resident to follow and adhere to UT policies and deadlines. The UT College of Medicine Chattanooga has agreed that residents cannot be reimbursed if they purchase a travel package bundle since individual expenses, coach fare designation, and taxes frequently cannot be separated and itemized per UT policies. **Residents must submit ALL travel request forms NLT 1 March of each academic year.**

**Moonlighting**

PGY-2 and PGY-3 residents interested in moonlighting must have prior approval from the Program Director by submitting a Moonlighting Request Form to the Program Coordina-
First year residents are not allowed to moonlight. **All moonlighting activities, including location and duty times, must be reported to the Program Director no less than monthly.** This information must be provided by the institution you are working for and kept on file by the Program Coordinator. Residents are responsible for their own professional liability insurance coverage when moonlighting. Regular and on-call duties must be attended to before consideration of moonlighting and the 80-hour per week limitation includes all moonlighting activities. A resident should never obligate themselves to an extent that moonlighting becomes a necessity or interferes with personal time, family time, or residency training. The department reserves the right to discontinue or refuse permission to moonlight based on academic standing and/or performance.

**Book Reimbursement**
UT GME office provides reimbursement for books each year. Original receipts and the shipping receipt must be submitted to the Program Coordinator as soon as possible after purchase date in order to allow time to prepare reimbursement documents within 30 days of the purchase date. Reimbursed book expenses will be deducted from the annual allotted CME allocation.

**Holidays**
Although official the University does not guarantee residents time off for holidays, residents may be granted holidays off if the departments and facilities in which they are assigned also observe those holidays and are closed. Family Medicine Residents typically have the following holidays off unless assigned to a rotation that does not observe the holiday:

- New Year’s Day
- Martin Luther King’s Birthday
- Good Friday
- Memorial Day
- Independence Day (July 4th)
- Labor Day
- Thanksgiving Day (2 days)
- Christmas Day

Residents may have hospital or call responsibilities on some of these days as assigned by the Chief Resident.

**Reporting Resident Time Off**
In accordance with UT Policy, all employees must report time off. In addition to logging duty hours in New Innovations, all UT residents must complete and sign a Resident Time Off Report each month (by the 15th of the following month) and submit to the Program Coordinator. This must be signed and submitted even for months when the resident has not taken time off. The regular “one day in seven completely free from duty” is not counted as time off that must be reported on this form. The Program Coordinator will provide each resident with procedure instructions for the form.

**Patient Care**
Each resident will be assigned a panel of families for whom they will serve as primary Family physician. All patient encounters in the UTFP clinic should be discussed with a preceptor. For patient safety and education, interns should precept every encounter with an attending physician prior to the patient leaving the office (no exceptions). As a general guideline, PGY-2 residents should precept after every other patient at a minimum and PGY-3 residents should precept after every 3rd patient at a minimum. Any exceptions to these guidelines should prompt notification of the preceptor.
Residents (and faculty) will provide comprehensive care to their patients at all times. This includes care in the office, as well as the hospital so that full continuity of care can be assured. Residents are responsible to check their EMR desktop for phone calls, test results and other correspondence daily. When away or not available, prior arrangements must be made with another resident to cover their clinical and administrative responsibilities during their absence. Please use the out of office assistant within the EMR to notify clinic staff of which resident is covering your patient panel in your absence. NOTE: The preceptors are not an acceptable coverage plan for your absence. Facilitating colleague coverage is something every physician must learn and practice throughout their career. All clinical phone calls/requests should be addressed within 24 hours of notification of the call (1 business day) with rare exceptions.

The Family Practice Center (FPC) is the primary place we care for our patients. The FPC patient care hours are Monday through Friday from 8:15 AM – 12 PM and 1 PM - 5 PM. All residents, faculty and support staff that are scheduled for a morning office session should be present for the 8:15 am UTFP “huddle” which is held in the center area of our clinical area. This huddle is part of physician development and ensures that appropriate personnel are on hand to meet our patient care obligations. Residents will typically be assigned half day sessions as follows:

- PGY-1: 2 half day sessions
- PGY-2: 3 half day sessions
- PGY-3: 4-5 half day sessions

Variations to this schedule are rotation dependent and it is the resident’s responsibility to check the scheduling system (www.amion.com) as well as the EMR schedule frequently for any changes which may occur after original publication of the monthly schedule. In order to better serve our patients, it is our goal to have the clinic schedule finalized three months in advance which will undoubtedly produce some unexpected changes.

Admission: Patients are usually admitted from the Emergency Department, the FPC, a nursing home or by direct admission from an outlying facility. The resident seeing the patient will complete the H&P and admitting orders. The Family Practice attending must be notified of all admissions with discussion of each patient prior to admission. Any admitted patient’s primary physician must be notified as early as possible regarding the admission and must make regular visits to his/her patients for continuity purposes as stipulated in the ACGME Family Medicine requirements. While all care and documentation of admitted patients is the responsibility of the UTFP inpatient team, a VERY brief PCP “social visit” note should be entered when seeing your admitted patients for continuity purposes.

UTFP Inpatient Call Assignments
1. The Call Schedule will be made by the Chief Resident. Any changes to the UTFP Inpatient call schedule must be approved by the faculty liaison for the Inpatient Rotation (Dr. Leslie Griffin).
2. Weekend call will be considered 24 hours (plus 4 hours for continuity of care) hours on Saturday (6 a.m. to 10 a.m. the next day & 12 hours on Sunday (6 a.m. to 6 p.m. the same day). Hours may on rare occasions be extended to facilitate continuity of care but should be the exception rather than rule. NO NEW PATIENTS SHOULD BE TENDED TO AFTER 24 HOURS OF DUTY.
3. Week day call (Night float), is considered Monday through Friday, is 5 p.m. to 6 a.m. An exception will be the Friday evening for Night float call which will last until 10:00 am the next morning to facilitate continuity of care for UTFP inpatients. NO NEW PATIENTS SHOULD BE TENDED TO AFTER 24 HOURS OF DUTY.
4. Holidays will be considered similar to weekends and an attempt will be made to distribute these evenly at each year group level.
5. Holiday call will be 24 hours (plus 4 hours for continuity of care) hours (6 a.m. to 10 a.m. the following day) unless configured otherwise.
6. Friday will not be considered in tabulating weekend call.
7. All UTFP inpatient team weekend or holiday post-call residents should be available to round with the UTFP inpatient the day following their night call unless waived by the supervising attending.
8. Post call residents shall not be responsible for assessing new patients in the four hour continuity of care window. Residents must keep track of their duty hours and notify their attending if they are approaching the RRC defined limits. The duty hour limits shall not be exceeded except in extenuating circumstances, as defined by the Family Medicine RRC rules. Examples of extenuating circumstances include:
   A. Care of a critically ill or unstable patient
   B. Situations where humanistic concerns for the resident or family require additional attention.
   C. Cases of great educational importance

The resident who exceeds duty hours shall notify the program director of the circumstances of the event via New Innovations (electronic residency management system) and shall appropriately hand over the care of the patient prior to going off duty at their earliest opportunity.

UTFP Continuity OB Requirements
1. All UTFP OB patients will have an assigned primary and secondary continuity resident. Every effort should be made to have either the primary or secondary resident see the patient for their routine prenatal visits.
2. When presenting for delivery, the primary or secondary resident must be available to provide oversight and management of their respective continuity obstetric patient's management while in active labor. It is preferable to have both primary and secondary residents present for delivery. Either the primary or secondary continuity resident are required to provide all in hospital postpartum and newborn care for their “continuity” deliveries. Please coordinate with the OB/Peds attending on call and the inpatient team for variances.
3. At least 1 UTFP resident must be present at all UTFP OB deliveries regardless of the route of delivery.
4. Exceptions to these policies must be coordinated through the faculty obstetric attending managing each patient.

Teaching Responsibilities
The education of junior residents, M-3 and M-4 students is expected of all residents, especially senior residents.

Completion of Records
Medical records are to be completed proximate to a patient’s visit in the Family Practice Center and must be completed no later than two business days following an outpatient encounter. A complete H&P and EMR database must be completed by the third office visit. Inpatient H&Ps must be dictated at the time of the patient’s admission to the hospital. Inpatient Discharge summaries must be dictated on the day of discharge from the hospital. Inpatient medical records delinquencies should be checked at least once per week to sign current dictations/orders, etc. All phone orders must be signed within 24 hours. All inpatient H&Ps and Discharge Summaries must be dictated to include observational status admissions. Completing records in a timely manner is a significant component in a physician’s professional development. If a resident experiences recurrent or significant delays in completing documentation in a timely fashion, disciplinary actions can and will be taken.
Inpatient Rounds
Inpatient rounds are done on a daily basis with review of pertinent history, physical, diagnostic data, assessment and plan and recorded in a progress note in SOAP format. All inpatient progress notes should be completed by the start of rounds each day.

Procedure Log Books
All procedures must be logged into New Innovations by the resident and are monitored on a quarterly basis. If the procedure is done with a preceptor outside of the Family Medicine Department, the resident must record the preceptor’s name in the procedure entry log and send the confirmation to their faculty advisor for verification/authentication. All procedures done with Family Medicine departmental attendings should be routed to that preceptor for verification. Procedures must be kept up to date and will be reviewed at each advisor meeting and program director review meetings. Careful documentation is needed to support a recommendation for hospital privileges in various procedures. Each resident will provide a yearly summary of procedures for Program Director review prior to the annual evaluation.

Scholarly Activity Expectations
All residents are required to complete scholarly activity projects per ACGME guidelines. These projects help prepare each resident for a lifetime of self-education and demonstrate their developing ability to critically evaluate medical research/literature. They also reflect the resident’s awareness of the basic principles of study design, performance, analysis, and reporting, as well as the relevance of research to patient care.

Residents have options to select from to meet their scholarly activity requirements. Each resident selects their scholarly activity project in consultation with their faculty advisor, and residency research directors (Dr. Haynes or Dr. Zylstra).

Each resident must complete two scholarly activity projects total (1 from each category)

Category 1 (Clinical)
a) Primary Clinical or Medical Educational research project (abstract must be submitted to UTCOM-Chattanooga Annual Research Day) OR
b) Integrative Research consisting of one Family Practice Inquiry Network (FPIN) Help Desk Answer (HDA) OR Family Practice Inquiry Network Clinical Inquiry (CI) OR
c) Clinical Case Report submitted to the UTCOM-Chattanooga Annual Research Day OR
d) Co-authoring an American Family Physician or equivalent evidence-based article

Category 2 (Quality Improvement/Patient Safety)
a) One Quality Improvement/Patient Safety project submitted to the UTCOMC Annual Patient Safety/Quality Improvement Day

NOTE: To receive credit for any of the above scholarly activity items, residents must at a minimum present their findings to a group of peers. Our residency sponsors a UTFP Research Day in the last two weeks of June for graduating residents to present their clinical and quality research work.

CATEGORY 1
1a) Primary Research Project
Residents can choose to actively participate in a primary research project. Due to the time limitations of the residency program, residents who select this option are highly encouraged to collaborate with faculty members, or other hospital staff, on existing or new research studies. Their involvement in the project should, at a minimum, include IRB approval, review/summary of available research literature, formulation of possible hypotheses, creation of the research design, data collection, statistical analysis, and development
of conclusions. They should also present their study findings to the residency and/or other professional medical forums as available. Submission of an abstract to the UTCOM-Chattanooga Research Day is the minimum requirement for this option.

2a) Integrative Research
This option allows the resident to conduct one integrative research task (FPIN product (Help Desk Answer, Clinical Inquiry). FPIN products (Help Desk Answer, Clinical Inquiry) are published research answers to practical family medicine clinical questions. They provide the ideal answers to clinical questions: using a structured search, critical appraisal, authoritative recommendations, clinical perspective, and rigorous peer review. Help Desk Answers / Clinical Inquiries deliver best evidence for point of care use. FPIN HDA’s are published in the FPIN publication “Evidence-Based Practice”. FPIN/CI’s are published in Journal of Family Practice or American Family Physician. More information about FPIN products can be found at their website: http://www.fpin.org.

3a) Clinical case reports
Case reports are focused reviews of medically unique patient presentations of common disorders or medically unique conditions that lend themselves to general medical education. Residents may select a case report from their clinical case load or from one of their rotations. They are co-authored with a staff physician and are submitted for publication to a professional medical journal or for presentation to an appropriate medical conference (UTCOMC Resident Research Day is sufficient)

Suggested Scholarly Activity Timelines

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<th>Month/Yr</th>
<th>Primary Research</th>
<th>Integrative Research</th>
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<td>June PG 1</td>
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<td>Select Case Report or FPIN product topic / mentor</td>
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<tr>
<td>Jul-Sep PG 2</td>
<td>Draft Proposal/Abstract</td>
<td>Complete Lit search/ Submit 1st draft</td>
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<tr>
<td>Oct PG 2</td>
<td>Complete Lit search</td>
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<tr>
<td>Nov PG 2</td>
<td>Submit Proposal to Scientific Review Committee and IRB for Approval</td>
<td>Submit revisions</td>
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<td>Feb-Sep PG 3</td>
<td>Ongoing data collection</td>
<td>Submit Final</td>
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<tr>
<td>July PG 3</td>
<td>--------</td>
<td>Select Case Report or FPIN product topic / mentor</td>
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<tr>
<td>Jul-Sep PG 3</td>
<td>Complete data analysis</td>
<td>Complete Lit search/Submit 1st draft</td>
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<tr>
<td>Oct PG 3</td>
<td>Complete Abstract</td>
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<tr>
<td>Nov PG 3</td>
<td>Submit Abstract</td>
<td>Submit revisions</td>
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<tr>
<td>Jan PG 3</td>
<td>Compose manuscript</td>
<td>Submit Final</td>
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<td>Mar PG 3</td>
<td>Submit Final</td>
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<tr>
<td>Apr PG 2 or 3</td>
<td>Scholarly presentation (DEAN’s)</td>
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<tr>
<td>RESEARCH DAY</td>
<td>Jun PG 2 or 3</td>
<td>Scholarly presentation (UTFP)</td>
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An abstract of 250 words must be submitted to the UT College of Medicine Chattanooga Scientific Review Committee for a scholarly case report or research project to be considered for the Annual Research Week presentations. The Department of Family Medicine and the College of Medicine enthusiastically supports and assist in these efforts, including typing of the abstract and preparation of professional slides or poster.

I acknowledge that I have read and understand these resident guidelines.

Resident Signature

Date