

**FAMILY MEDICINE RESIDENCY
PROGRAM GUIDELINES 2011-2012**
Revised by the Department of Family Medicine

Administrative Structure

- Chair and Professor - J. Mack Worthington, M.D.
- Program Director – Stephen Adams, M.D.
- Associate Program Director- James Haynes, M.D.
- Residency Program Coordinator - Sharron Skoretz
- Program Secretary – Elissa McCoy

The patient care activities and administrative and academic offices are located in the UT Family Practice Center (FPC)

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Calls regarding patient care should be referred to (423) 778- 8837.

Vacation Policy

Each Resident is allowed three weeks (15 week days) of leave (vacation and personal) each academic year, July through June, and includes six personal days and time off during the Christmas – New Year’s Season. Vacation may not be more than one week during any one-month rotation. Since Family Medicine Residents frequently rotate to other departments, FM Residents should be aware that some departments restrict vacation during certain rotations. No more than 4 Residents may be away on vacation or attending external CME conferences at one time. In order to assure that every Resident is able to take their allocated vacation, half of a Resident’s total time away (vacation and CME) should be taken in the first half of the academic year. Residents are not guaranteed that they will receive all their vacation if requested in the last half of the year. Any vacation not taken during the academic year may not be carried over to the following year. An appropriate “Request for Time Away” form must be completed in order to request vacation. This form must be signed by the chief Resident before the Chair receives the form. Vacation must be requested three months in advance. Vacation is granted on a first-come, first-approved basis. All Residents are required to be on campus the last two weeks of June. A Resident approved for vacation is responsible for arranging for another Resident to cover his/her FPC patients during vacation. All administrative duties, including completion of medical records, must be finished before beginning vacation. Only the Chair may make exceptions to these policies. Late requests are unlikely to be considered. Vacation requests are due at the beginning of the academic year. The master schedule will be completed for a year & vacation changes need to be made three months in advance. Any exceptions to these policies need to be cleared by the Department Chair, Dr. Mack Worthington.

Sick Leave

Residents may be paid for up to 21 Sick Leave Days per year for personal illness or medical condition. As soon as a Resident realizes he/she will be unable to work due to illness/condition, he should contact his rotation attending, the rotation chief Resident, and the Department of Family Medicine (extension 2957) to notify the Chair of the illness. If unable to contact the departmental office, the Resident must page the attending on call for the practice. The Resident is expected to identify coverage for any clinical responsibilities. Every attempt should be made to avoid canceling patient appointments.

Professional Development (Conference Leave, Educational Books, etc.)

Residents may request leave for educational conferences that are deemed sound educational experiences such as board review courses. Residents should receive prior approval from the Chair and Associate Dean before making any travel arrangements (UT Travel Authorization Form). Original receipts must be turned in within 5 days of your returning from your trip in order that appropriate documentation can be submitted to the Business Office within 30 days of your return from travel. Conferences from which Residents should consider are those that are approved for AAFP credit and those that provide an average of six hours of study each day. Erlanger provides annual reimbursement to Residents, depending upon their PGY level, for professional development including educational books, travel, electronic CME materials, USMLE Step 3 fee, and professional/specialty memberships: PGY-1 (\$500), PGY-2 (\$1,000), and PGY-3 and up (\$1,500). Also, Residents may also use up to \$250 of their professional development funds toward purchase of a PDA or smart phone. Original receipts for all purchases for educational resources must be submitted with 30 days of purchase. All reimbursement is handled in accordance with UT and Erlanger reimbursement guidelines subject to availability of funds. Specific information regarding receipts, allowable expenses, documentation, etc., should be addressed with the Residency Coordinator, Ms. Skoretz, prior to making purchases or planning travel to an external conference. [Note: Residents must seek pre-approval from both the Chair and the Business Manager if requesting a rental car. Such expenses will not be reimbursed unless approved by both in advance of the trip.]

Moonlighting

All moonlighting activities, including location and duty times, must have prior approval by the Chair. This information must be kept on file by the Residency Coordinator. It is the Resident's responsibility to update this when there are changes. First year Residents are not allowed to moonlight. Residents are responsible for their own professional liability insurance coverage. Regular duties and on-call schedule must be attended to before consideration of moonlighting. 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 a Resident's permission to moonlight.

Personal Leave

A limit of six Personal days may be granted to attend to personal needs each

year. A Resident may not use a Personal day on either a Monday or a Friday. These days are included in vacation leave (total of three weeks). **Any exceptions** to this must be cleared by the Program Director, Dr. Adams. Personal days **cannot** be taken on an office day. A one week notice must be given. A form requesting a Personal day must be signed by the attending physician and Dr. Adams, then submitted to the Department of Family Medicine office. The Request for Time Away form will have a space for the Resident to indicate which Resident will cover for him when patients call or in case of emergencies. That space must be signed by the Resident who is covering. A Resident may not take more than one Personal day in a given month.

Holidays

Residents are granted the eight holidays observed by the University:

New Year's Day

Martin Luther King's Birthday

Good Friday

Independence Day (July 4th)

Labor Day

Thanksgiving Day (2 days)

Christmas Day

Memorial Day

Note: Residents are not guaranteed time off on all holidays recognized by the University. They may have hospital or call responsibilities on some of these days, depending on the department in which they are rotating at the time of the holiday observance.

Patient Care

Each Resident will have a panel of families. They 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. When away or not available, prior arrangements must be made with another Resident and our office personnel and the answering service notified. Residents should check for calls from patients on a daily basis.

The Family Practice Center is THE place we care for our patients. A focus on preventative measures and healthy life styles with continuing care for chronic illness will enhance our ability to provide the care our patients need and deserve. Family Practice Center patient care hours will be Monday through Friday from 8:30 AM – Noon and 1 PM - 5 PM. Residents will be assigned half day sessions as follows:

PGY-1: 1-2 half day sessions

PGY-2: 3 half day sessions

PGY-3: 4 half day sessions

Admission: Patients are usually admitted from the Emergency Department, the Family Practice Center or nursing home. The Resident seeing the patient will complete the H/P and admitting orders. The Family Practice attending must be notified of all potential admissions with discussion of each patient prior to admission. The patient's physician is notified and must make regular visits to

his/her patients.

DUTY HOURS AND CALL ASSIGNMENTS

The Department of Family Medicine adheres to the institutional Duty Hours Policy for the UT College of Medicine Chattanooga. All Residents are required to log duty hours (including leave) in the Duty Hours Module of the New Innovations Residency Management Suite web-based software.

The Call Schedule will be made prepare by the Chief Resident.

Due to the ACGME Common Program Requirements, the following format has been implemented effective July 1, 2011 for the Department of Family Medicine Call Assignments:

Night Float

- Night Float assignments will be covered by one of the PYG-2 or PGY-3 Senior Residents who is currently assigned to the FM Inpatient Team.
- Night Float is from Sunday PM through Friday AM.
- Sign out to the Night Float Resident (from the daytime FM Inpatient Team) begins at 5 PM on Sunday's through Thursday's. This is when the Inpatient Team will sign out and conduct patient transition of care and handoffs to the Night Float Resident. On Sunday's at 5 PM, the on-call Senior Resident will sign out to the Night Float Resident.
- Each Night Float shift ends at 6 AM the following morning, when the Night Float Senior Resident will sign out and conduct patient transition of care and handoffs to the Inpatient PGY-3 Resident only, while the remainder of the Team is seeing patients. (If there is an important patient issue signed out to the Inpatient PGY-3 Resident during the morning transition, the PGY-3 will page the Inpatient Resident who is seeing that patient to ensure that he is aware.)
- Once the Night Float Resident has signed out to the Inpatient Daytime Team Senior Resident, he may go home to rest before the next Night Float shift begins again that afternoon at 5 PM. However, Night Float Residents will usually have UTFP clinic hours scheduled for the Friday morning after their week's Night Float duties have concluded.
- PGY-2 Residents will typically cover two weeks of Night Float assignments per FM Inpatient one-month rotation. The Program will attempt to schedule these as two consecutive weeks when possible.
- PGY-3 Residents will usually cover one week of Night Float assignments per FM Inpatient one-month rotation.
- The number of weeks assigned to Night Float per month that an Inpatient Senior covers will vary at times depending on how many PGY-2 and PGY-3 Residents are assigned to the FM Inpatient Team on a given month.

Weekend Call

Friday Call

- Friday Call will usually be covered by off-service PGY-2 Residents. Friday Call will begin at 5 PM when the daytime FM Inpatient Team signs out and conducts patient transition of care and handoffs to the Friday On Call Resident. It will end around 10

AM Saturday (not to exceed a total of 24 continuous hours call plus four post call hours for PGY-2 and PGY-3 Residents).

- The Friday On Call Resident will see and write AM notes and orders on patients on Saturday morning, along with the Saturday On Call Residents. The Friday On Call Resident will leave Saturday morning around 10 AM (not to exceed a total of 24 continuous hours call plus four post call hours for PGY-2 and PGY-3 Residents). This means that the Friday On Call Resident will remain for table rounds, and his patients will be seen on rounds first, if possible, unless the attending determines that it is appropriate for the Resident to leave just after table rounds.

Saturday Call

- Saturday Call will usually be covered by at least one current FM Inpatient Team Resident. PGY-3 Residents will usually have one Saturday call per FM Inpatient month. PGY-2 and PGY-1 Residents will usually have one, but occasionally two, Saturday Calls per FM Inpatient month.
- Saturday Call usually begins at 6 AM on Saturday morning for PGY-2 and PGY-3 Residents and ends Sunday morning at 10 AM (not to exceed a total of 24 continuous hours call plus four post call hours for PGY-2 and PGY-3 Residents). Saturday On Call Senior Residents will see and write notes on patients on Sunday morning along with the Sunday On Call Residents, and will remain for at least table rounds and to see his patients first on rounds, if possible, unless dismissed after table rounds by the attending physician.
- Saturday Call for PGY-1 Residents will begin at 6 AM and will end Saturday evening at 10 PM (not to exceed 16 hours).

Sunday Call

- Sunday Call will usually be covered by off-servicer PGY-3 Residents with or without a PGY-1 Resident who may or may not be on the FM Inpatient Team.
- Sunday Call for PGY-2 and PGY-3 Residents will begin at 6 AM and end at 5 PM that afternoon. At that time, the Sunday On Call Residents will sign out and conduct patient transition of care and handoffs to the Night Float Resident.
- Sunday Call for PGY-1 Residents will begin at 6 AM and will end at 10 PM that evening (not to exceed 16 hours).

DUTY TYPES FOR ENTERING INTO NEW INNOVATIONS

- Regular Duty
- Night Float
- Call (in-house) (no more than 24 continuous hours for PGY-2 and PGY-3 Residents)
- Post Call (up to 4 hours)
- Back-Up Call – Called In (does not count toward short breaks or call hours)

Note: When you are not on call and have to come in for one of your Continuity patients (particularly for deliveries), enter the hours you come in as Back-Up Call – Called In.

Vacation and other leave/time off should be logged by each Resident so the hours can be backed out of calculations for average hours per week, call frequency, and duty hours violations reports.

PGY-1 Residents cannot work more than 16 continuous hours for any shift.

PGY-2 and PGY-3 Residents cannot work more than 24 continuous hours (call) plus an additional four post call hours.

Occasionally, 3rd Year Residents may elect to remain past the usual 24 + 4 hours due to ethical and professional patient care responsibilities – at the discretion of the resident. A notation should be made regarding the reason behind the decision to remain. The Program Director can then approve the hours as reasonable and the entry will not count as a violation.

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 completed at the time a patient is seen in the Family Practice Center. A complete H & P and database must be completed by the third office visit. H & Ps must be dictated at the time of the patient's admission to the hospital. Discharge summary must be dictated on the day of discharge from the hospital. Medical records should be checked at least once a week to sign current dictation. All phone orders must also be signed within 24 hours. All H & Ps and Discharge Summaries must be dictated including 23 hour observations.

Patient Care and Teaching Rounds

Rounds are done on a daily basis with review of pertinent history, physical, and lab and a progress note recorded in SOAP format.

Procedure Logs

The Department of Family Medicine requires that all Residents log all procedures in the Procedure Log Module in the New Innovations Residency Management Suite database. Logs should include all procedures they perform (including home visits for their continuity patients). Procedures must be kept up to date so reports can be generated from the system and available for regular meetings with the Resident's advisor.

Careful documentation is needed to support a recommendation for privileges in the hospital to perform these procedures. The Resident will provide a summary of procedures at the end of each quarter. Residents will also provide a yearly summary of procedures to the Chair at the time of annual evaluation.

Scholarly Activity and Resident Research Expectations (usually held in April or May)

Scholarly activities are an important aspect of residency training and mandated by the accrediting body. As a part of this requirement, Family Medicine Residents are expected to complete one of the following:

1. A research paper for presentation at the Campus Wide Annual Research Week (usually held in April or May).
2. A case report for presentation at Research Week.
3. A regional or national presentation (poster or oral presentation).

4. A review article that could be submitted for publication.
5. A scientific exhibit or poster accepted for a regional or national meeting.

An abstract of 350 words must be submitted to the Scientific Review Committee for consideration at Research Week. Research projects and case reports must have IRB approval (or exemption for case reports) prior to undertaking research and preparing abstracts. The Department of Family Medicine and the College of Medicine enthusiastically support and assist in these efforts, including the typing of the abstract and preparation of professional slides or poster production.

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