

**POLICIES AND PROCEDURES  
DEPARTMENT OF SURGERY RESIDENT HANDBOOK**

**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.

1. **CALL RESPONSIBILITY**

The following outlines the "assignments" and provides guidelines for the performance of duties on each rotation. Rotations are subject to revision and team compositions may change in the near future.

A. Trauma Service Composition

1. The trauma service will be staffed by the following:
  - a. Assigned attending surgeons
  - b. Two senior surgical residents
  - c. Three junior residents
  - d. A mid level resident assigned to Critical Care
  - e. The Critical Care Fellow

The senior resident(s) will be in charge of the service and will delegate patient care duties to other team members.

2. Responsibilities

- a. Trauma service will be responsible for care of all trauma patients admitted to the trauma service.
- b. General Surgery patients admitted and operated on by the Trauma faculty will be cared for by the Trauma resident.

3. Call

- a. Monday through Sunday from 7:00 a.m. to 7:00 a.m.

Junior call will be on every third or fourth night basis. Senior and Critical Care will be on a 12-hour on/off basis. Every effort will be made to release the previous call team not later than 10:00 a.m., however, there will be times when patient care responsibilities may not allow you to leave. **No resident will leave until proper turnover of patients to the incoming team.** The senior resident will set patient rounds and start time. Every effort will be made to have all post-call residents released before noon.

4. Outpatient care

Trauma patients are seen in the Trauma Attendings' individual office,

5. Trauma team response

The trauma team on call will carry trauma beepers. Activation for a trauma alert at either BEH or TCT Children's Hospital should be considered as a STAT page requiring immediate response. The trauma team will respond to trauma alerts at TCT Children's Hospital. The pediatric surgery resident will also be notified and is to respond accordingly. The trauma team will attend the patient until the pediatric surgical resident arrives and at the **discretion** of the chief resident, care may be turned over to the pediatric surgical resident.

B. Orange Surgery Composition

1. The Orange Surgery service will be staffed by the following:
  - a. Assigned attending surgeons
  - b. One chief surgical resident
  - c. One senior surgical resident
  - d. Three junior residents

The chief resident is responsible for delegating patient care duties to other members of the surgical team.

2. Orange call

- a. Monday through Friday from 7:00 a.m. to 7:00 a.m.
- b. Saturday from 7:30 a.m. to 8:00 a.m. Sunday morning
- c. Sunday from 8:00 a.m. to 7:00 a.m. Monday morning

Call will include responsibilities for patients admitted to the Orange surgery service. Subspecialty admissions to private subspecialty attendings are usually admitted by that particular attending. If requested to see a private subspecialty patient by that attending in the emergency department, you should do so.

C. General A/Vascular B and Emergency Surgery Service (EGS) Composition

1. Each General/Vascular/Emergency Service will be staffed by the following:

- a. Assigned faculty attendings
- b. One chief surgical resident on A, the 5<sup>th</sup> year will serve as the Chief on the B service, one Chief on EGS
- c. One senior surgical resident
- d. Three to four junior residents

The chief resident will delegate patient care duties to other team members.

2. Responsibilities

- a. Admission and care of all general surgical patients admitted to the service.
- b. Dictation of operative notes when requested by the attending.
- c. Dictation of history and physical and discharge summary on all patients. For same day surgery patients, there is a short form history and physical to be completed before surgery.

3. Call

- a. Monday through Friday from 7:00 a.m. to 7:00 a.m.
- b. Saturday from 7:30 a.m. to 8:00 a.m. Sunday morning
- c. Sunday from 8:00 a.m. to 7:00 a.m. Monday morning

Residents on the trauma surgery rotation will cover trauma surgery patients. Residents on the General and Vascular Service surgery rotation will cover A & B surgery patients. Residents on the Thoracic Service will cover thoracic

surgery patients. Orange Surgery service residents will cover general surgery and subspecialty cases for orange patients and subspecialty patients.

Scrub assignments are made at the discretion of the chief on call. Junior residents may be assigned to cover private subspecialty cases when the need arises. **The chief, or acting in-house chief, is responsible for and should be aware of the activities of all in-house residents after 5:00 p.m.** Those on less active services should be prepared to help out if another service needs assistance on any given night.

**Each resident is to check the OR board each morning before 7:00 a.m. for case assignments.**

D. PEER Service

1. The Peer Service will be staffed by the following:

- a. Assigned faculty attendings at Erlanger East, Erlanger North, Parkridge and Memorial Hospitals
- b. One chief surgical resident
- c. One senior resident

The chief resident will delegate patient care duties to the other team member.

2. Responsibilities

- a. Admission and care of all patients of the assigned attending admitted to the service at the above-mentioned facilities.

E. Orange Surgery Clinic

Surgery will be responsible for all Orange surgery clinics. An attending surgeon will also staff the outpatient clinics.

1. General Surgery – Friday from 12:30 – 4:00 p.m.
2. Breast Clinic – every other Friday from 12:30 – 4:00
3. Colorectal Clinic – every other Friday from 12:30 – 4:00
4. Vascular – once monthly

2. ROUNDS

A. Patient rounds

Each patient will be seen daily and documentation made in the chart. It is not necessary that lengthy notes be written, but that significant points be made relative to the patient's progress. All invasive procedures must be documented

and dictated. All significant steps taken in the treatment or diagnosis of patients should be documented in the chart. This is particularly true where emergency calls are answered, such as patients falling out of bed, change in vital signs, soaked dressings, urinary output changes, presence or absence of pulses, 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, etc. Time and date all entries to chart.

**It is expected that all patients will be seen prior to 8:00 a.m. each day.** 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 and a note put on the chart by the resident on call for that service.

B. ICU Patients

It is imperative that at least two notes be written daily on all critically ill patients. It is expected that all critically ill patients be seen at least every eight hours. If at any point there is a question regarding the status of any patient, the senior resident on call should be consulted. When patients are transferred to the floor from ICU, all orders will be rewritten. No orders will be carried over to the floor. Critical Care residents should update trauma junior residents of patients transferred to the floor.

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. 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.**

It is very important that attending notes be made when appropriate. It is especially important that follow-up and preoperative evaluations be noted by the attending in those cases where staff assistance is given during the performance of the surgical procedure. Whether or not the attending writes a note, a note must be made in the chart by the resident when a patient is presented.

#### 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. 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.

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. We do not want to block appropriate information to the press, but do not, in any case, desire to be implicated in the release of unauthorized, inaccurate or inappropriate information. 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.

## 6. CONFERENCES

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 Medical Mall Auditorium. 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 Mondays 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. The Chief Resident will assign each conference to a particular resident. This resident will have the responsibility to either prepare a presentation each month or arrange for another speaker to discuss a pertinent topic. Presentations from hospital staff or other personnel outside the department of surgery are welcomed and encouraged. An attending staff discussant should be planned for each resident's presentation and adequate time allowed for discussion to occur. All residents will be assigned to conferences.

In each subspecialty area a staff physician will also be assigned to the conference. It is the resident's responsibility to coordinate with the staff physician to provide these conferences. The staff in charge of the conferences should approve each discussion topic.

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.

The Chief Resident 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 preceding 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 the Chief Resident. Attendance for this conference is mandatory. The conference will begin on time.

Guidelines for M&M:

- 1) All mortalities and any complications are included.
- 2) The conference will encompass patients through the preceding Sunday.
- 3) The list for each service must be submitted by noon on Tuesday.
- 4) If you look good, you'll do better. Don't routinely wear scrub suits.
- 5) Be on time.
- 6) Be prepared to discuss any patient on your service.
- 7) It's better for you to bring up a problem you've had on your service than for the staff to find it circuitously.
- 8) All copies of the M&M list are to be destroyed at the completion of the conference.

## 7. JOURNAL CLUB

Journal Club will be held bimonthly, date and time determined by the Chief Resident, 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 Cindy Schultz Rudolph in the academic office. All residents should also capture all non-operative Trauma and Critical Care patients cared for.

**New Policy: The academic office will monitor surgery operative data on each resident monthly. 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

History and Physicals will be dictated on all patients admitted to the all the Surgical Services within 24 hours of admission and prior to surgical procedures.

The History and Physical examination should be comprehensive and include all pertinent points related to present illness, past history, and review of systems. Special attention should be detailed to identify allergies and past surgical procedures. A listing of current medications and dosages should be recorded. It is imperative in the physical examination that vital signs on admission be recorded. We believe that the surgical house officer should count the pulse on every surgical admission. We reiterate the necessity for recording the pelvic and rectal examinations. It may be on certain Faculty Services that these exams will be done by the Faculty Attending, but some arrangement and subsequent notation regarding this exam should be made at the time of the history and physical examination. It is exceedingly important to record peripheral pulses in the feet and femoral areas at the time of the initial physical examination. This is an absolute rule in all patients with peripheral vascular disease, or patients who will undergo angiography.

An abbreviated written summary of the history and physical should be recorded in the progress notes. The written history and physical should contain a summary of all pertinent positive and negative points historically in the present illness. A brief illustration to each point in the past history should be made, but especially drug allergies. Also, a statement as relates to habits such as smoking and ethanol consumption or drug abuse should be noted.

Once again, physical examination aspects should record the vital signs especially, as well as the general appearance of the patient and a detailed evaluation of the area of the body involved in requiring admission such as an abdominal exam for acute abdominal complaints, chest exam for chest problems, nasopharyngeal exam in ENT problems, etc. An impression of the admitting diagnosis should be listed on each patient. This should be followed with a plan of evaluation and treatment that is being initiated at the time of admission.

#### 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 scrubs in 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.**

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.
- B. Preoperative Notes. The responsible resident will write a complete preoperative note within 24 hours of surgery. Preferably this note should be written the evening prior to surgery on elective in-house cases. This preoperative note should include a brief summary of the problem involved, a reference to appropriate laboratory with abnormal values noted, a brief physical exam and a description of the planned procedure. Preoperative notes should always contain a statement indicating that the surgery has been discussed with the family and patient and that the risks and benefits of the surgery have also been discussed with the family and patient. A statement indicating that the

attending surgeon is aware of the procedure and agrees with the procedure must be in the preoperative note on all patients.

C. The words "inadvertently" or "accidentally" should be stricken from the vocabulary of the house staff officer and should never appear anywhere in the medical record.

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.

E. Anytime a Penrose drain is present, it should have a safety pin or similar device attached.

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. Dictation of letters or notes to these physicians is encouraged.

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 hospital operator should be notified of his departure as well as his anticipated time of return. No one is to leave without the approval of a Chief Resident.

H. At this time, Erlanger and the University of Tennessee College of Medicine have approved funding the cost of categorical resident conferences, at a maximum cost of \$1,500 per conference. A list of conferences that surgery residents are allowed to choose from will be distributed in July. When choosing a conference, it is important to consider the cost of going to a particular place because the total reimbursement for any conference will be \$1,500, despite the actual cost. The Chattanooga Surgical Foundation funds travel for residents presenting research papers at scientific meetings. The maximum amount per trip - despite the actual cost - is \$1,500. **The rest of the cost is the responsibility of the resident.**

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

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

K. Any time a resident is called to assist with any surgical patient, he/she should make the assumption that the request is legitimate. If on certain occasions the resident feels that an inappropriate request has been made of his services, he

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 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!

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

M 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. Omission of a chest x-ray will only be at the discretion of the attending surgeon.

### 13. MEDICAL RECORDS

It is expected that all operative notes, discharge summaries, and history and physical examinations be dictated within 24 hours of the time of performance. All History & Physicals are to be dictated. A note referring to admission, discharge or an operative note should be placed in the progress notes at the time of occurrence. The requirement for dictation is a policy of the Joint Commission on Accreditation of Hospitals. Discharge summaries should be dictated at the time of discharge. When the discharge summary is not dictated while the chart is still on the floor, a resident will be designated as part of the discharge orders as responsible for the summary. **(NOTE: The resident discharging the patient is responsible for the discharge summary at the time of discharge or on the order sheet, assigning the discharge summary to the resident responsible.)** There is no excuse for not performing admission history and physical dictation or operative procedures or dictation at the time that event occurs. For many reasons (but especially medico-legal) we plan to intensify pressure, which can include suspension, denial of leave and holding of paychecks, for prompt and accurate record keeping.

Erlanger's Board of Trustees has recently passed a ruling that incomplete medical records are grounds for withholding residency certificates. The Department of Surgery

has made a policy that residents with long lists of incomplete medical records can join those who have not entered their surgery operative data in the weekly “Study Hall”.

#### 14. VACATION

Residents are given 2 weeks vacation during the year. One week of vacation is allowed per six months and no more than two individuals (must be different levels of training) are to be off at the same time. PGY-5 and PGY-6 residents may request a third week of vacation or use the third week for fellowship or practice interviews.

No more than five individuals may schedule vacation in a given month, and no more than four in a month through the first three levels of training. **Any variance from, or exceptions to, this policy is the sole responsibility of the Chief Resident and the faculty member responsible for resident rotations.** The Chief Resident is responsible for the call schedules and will be the individual responsible for approving leave.

**No vacations are to be scheduled during the first two weeks of June or the last 2 weeks of June with express permission, the month of July, the last two weeks of December, the last week in January (Inservice Exam) or when Alumni Homecoming (usually in June) and Mock Oral exams are scheduled.**

No vacations can be scheduled during Pediatric rotations unless there are 2 residents on the service and there will be a limitation on the number who can be off during Trauma rotations. This decision will be left up to the discretion of the Chief Resident.

PGY 2-4 residents will be required to take one of their vacation weeks while on the Research rotation.

Do not wait. Vacations are earned compensation, but you are responsible to get them scheduled and time cannot be carried over to the next year. Vacation requests must be submitted in writing to the Chief Resident at least two months in advance and must be approved. A supply of forms will be kept in the resident's call room or can be obtained from the Academic Office.

**Do not call the academic office to make vacation requests by phone. Do not call the academic office to have a staff person complete a vacation request for you.**

Cutoff/deadline dates for scheduling vacation will be September 1st for the first six months and March 1st for the second six months. If vacation has not been requested by these dates, the Chief Resident will assign vacation.

**For preliminary interns: If you plan to leave a week early next June in order to start a residency elsewhere, you need to save your vacation for the second 6 months.**

Preliminary residents are given 5 days for interviews. Personal vacation must be used after 5 days have been taken up for interviews. Interview dates must be cleared by the Chief Resident and by the senior person on the team.

The Chief Resident must also be notified of conference travel dates by the 1<sup>st</sup> of the month prior to the conference. Do not assume that he knows when you'll be attending a conference.

#### 15. TRAVEL GUIDELINES

The University and Erlanger will reimburse one conference per categorical resident during the academic year, in accordance with University and Erlanger policies, up to a maximum depending on level in the program (includes travel, books and other approved professional development expenses):

PGY-1	\$ 500
PGY-2	\$1,000
PGY-3 and above	\$1,500

The Department of Surgery will financially support residents attending conferences in which they are presenting a research paper. Resident travel could be eliminated from the University/Erlanger budget at any time - you will be notified immediately if that occurs.

Dr. Roe distributes a list of available conferences early in the academic year for residents to rank their preferences; he then makes the final decision as to which residents attend which conferences. It is advisable not to highly rank a conference that will incur expenses greatly over the maximum available reimbursement if you can't afford the extra expense yourself. Despite the total conference cost, you will only be reimbursed up to the maximum allowed above, depending on your level in the program. It generally takes at least 5 weeks for reimbursement.

The following is a listing of expense guidelines for those able to attend a conference: Remember that you will be responsible for anything that does not meet policy guidelines or in excess of the maximum reimbursement permitted.

- A. Registration fees, airfare, and hotel expenses are covered. Any expenses for a spouse/or dependent **will not** be covered.
- B. As soon as you make your airfare reservations please notify the Academic Office at 778-7695 of your departure date and return date. This is **very important** in order to have authorization forms signed by the Chair.
- C. Entertainment expenses **are not** paid.

- D. Hotel expenses include room charge, room and occupancy tax, and garage fees (if you are driving). Phone calls, unless calling the hospital, movie charges, or room service **are not** covered. Only the lowest single room rate available will be covered.
- E. Should the conference be held in a different location than where accommodations are made, a reasonable **one-time per day** taxi service to and from the conference site will be covered. Taxi fare to and from restaurants **will not** be covered. Bus or taxi service to and from the airport **will be** covered.
- F. Should the room accommodations be made in a different location than where the conference site is held, a reasonable room rate along with verification as to why they were in a different location, **will be covered**.
- G. Rental car expenses **will not** be covered. If you wish to rent a car, only the cost of a taxi/or shuttle rate for round trip to and from the airport **will be** covered, not the full cost of the rental car.
- H. A \$5.00 gratuity at check-in **will** be covered.
- I. Residents are required to maintain all receipts such as Registration fees, Airfare, Hotel receipts, taxi/or shuttle, airport parking, garage parking, etc. It is not necessary to keep meal tickets since there is a daily per diem allowance.
- J. **Residents are required to submit all receipts to the Academic Office within 5 days after returning from their trip.** Those traveling in June of 2010 should turn in their receipts the day they return from their trip. The University fiscal year ends in June and they try to establish an early cutoff date for receipts. Receipts turned in after June are never reimbursed.
- K. When the Chattanooga Surgical Foundation is funding your travel for a paper or poster presentation, you will be given up to \$1,500 for the trip and any further costs will be out of your pocket. If the conference is within easy driving distance,(Atlanta, Nashville, Fall Creek Falls State Park), then only expenses will be reimbursed. You will not be given the full \$1,500.00. You must turn in your travel receipts.
- L. If you remember nothing else about reimbursements of any kind, remember this: **YOU MUST TURN IN ORIGINAL RECEIPTS AND YOU MUST TURN IN YOUR RECEIPTS WITHIN 5 DAYS**

## 16. HOUSE STAFF DISCIPLINARY ACTION AND DUE PROCESS

House staff are trainees and students of the Graduate Medical Education program and required

to demonstrate proficiency in the areas listed below. Academic probation or dismissal can be based on deficiencies in one or more of the following areas:

1. Incremental increases in clinical competence (including identifying and performing invasive and non-invasive medical procedures; gathering critical information and data, whether in the form of H & P's or diagnostic testing; interpreting results; and knowledge of protocols);
2. Fund of knowledge and willingness to teach and supervise others;
3. Clinical judgment (including synthesizing data gathered from appropriate sources and applying the information and medical knowledge to a particular patient care situation, and the ability to respond to unpredictable treatment situations);
4. Necessary skills (those technical skills necessary to perform diagnostic, medical and surgical procedures and to deliver other forms of medical treatment);
5. Humanistic skills (interacting with patients, peer residents, faculty, and medical staff; receptivity to feedback and corrective action from faculty and peers; and demonstrating concern for patients' well-being);
6. Attendance, punctuality, enthusiasm and availability; and
7. Adherence to institutional standards of conduct, rules and regulations, including program standards, and hospital and clinic rules with respect to scheduling, charting, record keeping, and delegations to medical staff.

Reappointment and promotion to the subsequent year of training require satisfactory, cumulative evaluations by program faculty. **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 has been taken and passed before June 30 of the PGY 2 year.**

#### **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.

## **ACADEMIC DUE PROCESS**

### **A. Review Process for Academic Dismissal**

Residents may obtain review of an academic dismissal by submitting a written request for review to the program director within (10) ten business days. The following procedure shall apply:

1. A written request for review must be submitted to the program director within ten (10) business days. If the program director is not the department chair, the resident may ask the chair to hear the grievance.
2. The review request must include:
  - (a) all information, documents and materials the resident wants considered, and
  - (b) the reason the resident believes dismissal is not warranted.

The resident may submit the names of fact witnesses whom the chair has discretion to interview as a part of the review process.

3. The chair may appoint a designee or designate an advisory committee to review the decision. The committee's recommendation to the chair shall be non-binding.
4. On reaching a decision, the chair will notify the resident in writing. If the decision is adverse to the resident, the notice shall advise the resident of the right to review on the record. At the discretion of the Associate Dean for Graduate Medical Education (GME) **[in Chattanooga this is the Associate Dean/DIO for the UTCOM Chattanooga]**, a hearing may be allowed if requested by the resident.
5. The resident may waive department-level review and begin the review process at the

Associate Dean's level. The Associate Dean shall determine whether a hearing or review on the record is appropriate. Review on the record may include a face-to-face meeting with the resident and interviews with witnesses by the Associate Dean. The process shall be as follows:

- a. Within ten (10) business days of notice of the department chair's decision, the resident shall submit a written request for review to the Associate Dean; **OR**
  - b. Within ten (10) business days of notice of dismissal, the resident shall submit a signed waiver of department-level review and a written request for review to the Associate Dean for GME **[in Chattanooga this is the Associate Dean/DIO for the UTCOM Chattanooga]**.
6. The resident's review request must include:
- (a) any information the resident wants considered, and
  - (b) any reason the resident feels dismissal is not warranted.

The resident may submit the names of fact witnesses whom the Associate Dean has discretion to interview as a part of the review process.

7. Upon reaching a decision, the Associate Dean will notify the resident in writing and advise the resident concerning the next level of institutional review.

The resident may obtain additional review on the record by the Dean of the College of Medicine by submitting a written request within five (5) business days after being advised of the outcome of the GME level of review. 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 Dean's review. If further review is desired, within five (5) business days of receiving the Chancellor's response, the resident may request review by the President of the UT System in Knoxville.

## **B. Additional Provisions**

1. The resident has a right to obtain legal counsel at any level of the review process, but attorneys are not allowed at academic grievance hearings or at reviews.
2. Residents who have been dismissed will receive no remuneration during the review.
3. The University cannot compel participation in the academic review process by peers, medical staff, patients, or other witnesses, even if such is requested by a resident seeking review.

## **DISCIPLINARY ACTION (OTHER THAN ACADEMIC)**

Residents in the University of Tennessee Graduate Medical Education Program are subject to

the University's Personnel Policies and Procedures and University work rules. Copies of all applicable policies, procedures, and work rules are available from your Department Chair, the University's Personnel Services Office, located on the first floor of the Beale Building in Memphis (8-5600), or your department's business manager. They can also be found on the Memphis campus' website\*\* and the University of Tennessee System website ([www.utk.edu](http://www.utk.edu)).

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\*\* [www.uthsc.edu](http://www.uthsc.edu) and [www.uthsc.edu/policies/w932\\_document\\_list.php?app=HR](http://www.uthsc.edu/policies/w932_document_list.php?app=HR) (Document 525 Disciplinary Actions).

\*\*\* **At the Chattanooga Campus, copies of all applicable policies, procedures, and work rules for University employees are available in the Business Manager's Office, located on the first floor of the Whitehall Building in the Medical Education area.**

Residents in the University of Tennessee Graduate Medical Education Program are considered University of Tennessee employees and thus subject to the University Personnel Policy and Procedures Manual provisions with regard to University work rules. Since residents are also considered students, they are subject to provisions maintained in the Graduate Medical Education Office relative to academic matters.

## 17. LEGAL INQUIRIES

All potential medico-legal inquiries, as well as suspicious queries by attorneys, insurance officials, hospital personnel, and patients' families should be initially answered in broad generalities. Immediately, notes should be kept on circumstances and you should talk with the Chair and/or Vice Chair, or in their absence, another faculty member, at the earliest possible time. In case of any formal complaints, these should be referred in writing to the insurance company.

We should all remember that any and all individuals, regardless of level, can be the target of a suit. 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.

We must be reminded again that the patient's medical record is a legal document which you may be asked to interpret and defend in a court of law many years from now. It is in no manner a diary for unproven opinions, personality comments, assumptions, or derogatory statements to consultants, patients, peers, etc.

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. 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.

Copies of discharge summaries, operative reports, and other medical data are confidential and must be disposed of when no longer needed by acceptable legal means. Such reports should never be placed in a wastebasket or other receptacle that eventually ends up in a commercial or city dump. All medical record data must be disposed of by burning, shredding, or other effective means. A shredder is available in the Medical Education Department.

#### 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 Chair'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 and Alumni Program 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 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 Chair 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 2010 and who have saved one week of vacation may be relieved of duties on June 18, 2010 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 25, 2010. Any deviation from this policy will be authorized by consensus of the Chair and Program Director. The ability of a resident to leave before June 25 must be agreed upon by the Chair and Program in writing, no later than May 1, 2010.

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 the Chief Resident and your senior team member as soon as you schedule your interview days.

24. LICENSURE

The UT College of Medicine 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 Office of Graduate Medical Education (423-778-7442). Should you decide to become licensed, please give your license number to the academic office and the Office of Graduate Medical Education.

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. Cofer. 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. Dr. Fisher assigns faculty advisors and welcome resident input as to their choice of advisor.

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.

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. Brochures may be obtained from the Departmental office. The cost 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. You are responsible for covering the cost of membership and dues. This is tax deductible, however. Interns may join for free.

28. SOUTHEASTERN SURGICAL CONGRESS RESIDENT FELLOWS

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

29. MEDICAL STUDENTS

Medical students rotating with the surgery department represent a special responsibility 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. To improve circumstances for both students and house staff, the following procedures have been adopted.

- A. For each medical student group, a third or fourth year surgery resident will be assigned as training resident.
- B. The training resident will provide the following services and responsibilities:
  - 1) He should be present for medical student orientation session with Dr. Greer and add appropriate discussion points when needed.
  - 2) The Surgery Department office will complete the call schedule for students and inform them accordingly. Medical students should be assigned to the most senior residents available on call for their particular service. A copy of this call schedule will be made available to all surgery house staff so appropriate medical students may be called for cases, E.R., etc.
  - 3) No changes in the student call schedule will be allowed unless approved by the training resident or Chief Resident.
  - 4) The training resident will meet with all medical students monthly to determine if there are any problems they face which he/she can help with.
  - 5) The Chief on call should assign medical student to scrub on cases in a similar manner as utilized for residents.
  - 6) Questions on patients and medical problems are beneficial to both students and house staff. It is encouraged at every opportunity. All surgical residents in this program are expected to teach.
  - 7) The resident on call is to determine the degree of participation by medical students during call hours, but a minimum list of required activities should include:

all E.R. calls

all floor calls requiring a procedure (i.e. subclavian, chest tube, filiform catheters, etc.)

all surgical cases. If a case or procedure is scheduled on a service for which no student is on call, a student from another service may/should be called.

- 8) Medical students will be assigned patients to follow by the senior resident on their assigned service. Medical students will follow these patients in all phases of their hospitalization. They should be able/expected to present these patients on rounds.
- 9) Each student will be required to see and evaluate all admissions to his service during his day of call.
- 10) A student may not be required to do written H&P's on all admissions, but is determined at the discretion of the on-call resident and Chief.
- 11) Each student should record a note and appropriate orders on each patient assigned to him by the Chief. Both the orders and progress notes must be signed by a resident. This is a JCAH requirement and there are no exceptions. Orders will not be completed until signed or approved by a resident.
- 12) Medical students will not dictate OP notes, H&P's or discharge summaries. **RESIDENTS CANNOT SIGN OUT TO A MEDICAL STUDENT WHEN POST-CALL.**
- 13) Medical students on call will keep the hospital operator informed of their location when on call and when out of the hospital.

The service resident on each service is to be kept informed of the student's location at all times during working hours.

### 30. SKILLS LAB

The Skills Lab Director teaches surgery residents and students (on a voluntary basis) on Tuesdays at 1:00. He is also available at other times for residents who want to spend more time working on specific skills.

#### **SKILLS LAB SESSIONS FOR GENERAL SURGERY RESIDENTS**

Session I. Basic Suture Techniques 3 hours

Practice multiple suture techniques.

Session II. Intubation Techniques 2 hours

Instructor: Anesthesiologist

Film shown and discussed, followed by model use for actual techniques.

Session III. Trauma Course 3 hours

Instructors: 2 Surgeons

Instruction in: Arterial & Venous cutdown  
 Peritoneal lavage  
 Tube thoracostomy  
 Pericardiocentesis  
 Cryoidotomy & Tracheostomy

Session IV. Laparotomy Techniques I 3-4 hours

Midline abdominal incisions  
 Review intra-abdominal anatomy  
 Biliary, GI, Pelvis, Renal & Endocrine  
 Bowel resection and anastomotic techniques  
 Abdominal closure

Session V. Laparotomy Technique II 3 hours

Splenectomy, small & large bowel resection and anastomosis

This session will be repeated in whole or part as necessary  
Session VI. Laparotomy Technique III 3 hours

Biliary Surgery: Cholecystectomy

Common duct exploration & exploration porta hepatitis  
 Tube feeding techniques - gastric and jejunal

Session VII. Laparotomy Technique IV 3 hours

Gastric surgery to include: Gastric resection and vagotomy  
 Reconstruction techniques include Bilroth I & II  
 Splenectomy

Session VIII. Thoracic Technique 3 hours

Instructor: Thoracic surgeon

Includes Thoracotomy technique  
Anatomy, Pulmonary resection - segment, lobe, lung  
Thoracotomy closure

Session IX. Elective 3-5 hours

Usually for more senior residents  
Must be cleared by faculty

Subjects for example:

Major vascular procedure  
Peripheral vascular procedure  
Major intra-abdominal procedure

### SESSIONS FOR MEDICAL STUDENTS

Session I. Introduction to Operating Room 4 hours

Students are taught proper scrub technique, operating room attire and hygiene, as well as proper conduct in the operating room.

Session II. Tying 3 hours

Detailed instruction are provided to each student on two-handed and single-handed methods of tying ligatures. Students are shown these methods of tying repeatedly for approximately 3 hours.

Session III. Suturing

Students are taught the following:

- I. Wound Evaluation
  - a. History and physical
  - b. Assessment of injuries - physical findings for arterial, venous, and nerve damage, radiological study, etc.
  
- II. Mode of Treatment
  - a. Primary closure in E.R.
  - b. Call appropriate specialists such as hand surgeon, general surgeon, orthopedic surgeon, etc.
  - c. Prep patient for O.R.

- III. Wound Preparation
  - a. Water pick, scrubbing, and washing of wound, removal of foreign bodies, bacteria, etc.
  - b. Local anesthesia - use of small gauge needle, zylocaine, marcaine, etc.
  - c. Draping patient.
  - d. Immunization shots
  
- IV. Instrumentation
  - a. Instruments needed to suture and their proper use.
  
- V. Suture Materials
  - A. Types of suture
    - 1. Absorbable
      - a. Synthetic
      - b. Natural
    - 2. Non-absorbable
      - a. Synthetic
      - b. Natural
  
  - B. Needles
    - 1. Cutting
    - 2. Round
    - 3. Sizes
  
- VI. Suture Patterns - Total 16
  - A. Interrupted Pattern
    - 1. Simple
    - 2. Vent mattress
    - 3. Horizontal mattress
    - 4. Figure eight A
    - 5. Figure eight B
  
  - B. Continuous Patterns
    - 1. Simple running A
    - 2. Simple running B
    - 3. Vertical running mattress
    - 4. Horizontal running mattress
  
  - C. Continuous locking pattern
    - 1. Simple locking
    - 2. Locking vertical mattress
  
  - D. Plastic suturing
    - 1. Single plastic

2. Single plastic with retention suturing
3. Plastic horizontal mattress
4. Subcuticular
5. Near-far-far-near flap suture

All of the above patterns are demonstrated to all students who practice these patterns with personalized instruction for 4-5 hours.

Session I, II, and III are completed the first week of the students rotation.

Session IV - suture techniques - reinforcement of suture patterns and techniques - 4 hours

Session V - XII      Surgery

- I. The students are given detailed instruction on general anesthesia
  - A. I.V.'s
  - B. Intubation
  - C. Anesthesia agents
  - D. Maintenance of patients on general anesthesia
- II. Basic surgical instrumentation for general surgery
- III. Basic surgical technique - abdominal opening and closing, ligating bleeders, splenectomy, etc.

These sessions allow the learners to:

- A. Practice their tying and suturing techniques
- B. Learn abdominal opening and closing
- C. Learn proper use of surgical instruments
- D. To assist residents in various operations

These sessions last from 4 - 5 hours.

If the schedule permits, the following mini-courses are provided:

Intubation:      2 hours

An anesthesiologist will give detailed instruction on the proper procedures for intubation.

Introduction to Microsurgery:      2 hours

Introduction to the O.R. microscope and microsurgical techniques.

Introduction to Orthopedics: 2 hours

This course provides an introduction to sophisticated orthopedic hardware.

Trauma Course:

Two surgery residents teach the following surgical procedures following the A.T.L.S. guidelines:

1. Venous and arterial cutdowns
2. Peritoneal lavage
3. Chest tube insertions
4. Tracheostomy, cricoidotomy
5. Pericardiocentesis

ATTACHMENT D

Cases appropriate for listing Residents as SJ at PGY-1 level

All biopsies (including needle aspiration)

Hemorrhoidectomy

Tracheostomy

Hernia repair (all types, excluding laparoscopic)

Insertion of venous catheters (includes all long-term access). These will all be V51's regardless of whether they are Hohn, Swan-Ganz, etc.

Tube thoracostomy

Tonsillectomy

Orchiectomy

Circumcision

I & D abscess (all categories)

Cyst excision

Vasectomy

Repair minor wounds/lacerations

Repair of major wounds/lacerations

Excision of sebaceous cysts

Esophageal dilatation

Endoscopy procedures

Appendectomy (Open)

## **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.

### CONFERENCES

When planning presentations for conferences or publications, the Academic Office can assist you. Presentations must be planned **in advance**. Residents are encouraged to use PowerPoint for their presentations. The academic office cannot help you unless given ample time. The academic office will assist you with your presentations. Keep University holidays in mind when planning your conference presentations - we have several Monday holidays.

### PROFESSIONAL DEVELOPMENT – TRAVEL AND BOOK REIMBURSEMENT

The University and Erlanger provide annual professional development funds to reimburse travel to educational conferences and books (in accordance with the UT and Erlanger policy and guidelines) up to a maximum of:

PGY-1	\$ 500
PGY-2	\$1,000
PGY-3 and above	\$1,500

Any additional expenses beyond the maximum reimbursement permitted will be the financial responsibility of the resident. It will be the responsibility of the resident to make the necessary arrangements (registration, airfare, hotel, etc.) for any conferences they plan to attend. The resident will also be responsible for making arrangements for their spouse. Spouse expenses are also the resident's responsibility (cannot be included in the requested reimbursement). The Surgery Academic Office will assist the resident in obtaining reimbursement from Erlanger. Reimbursement will go directly to the resident three weeks or more from the date submitted to the UTCOMC Business Office. A list of conferences to choose from will be distributed in July. It is well to consider the cost of going to a particular place for a conference before selecting it because the maximum you will be reimbursed is \$500, \$1,000, or \$1,500, depending on your level in the program. Beverly Gay assists with travel reimbursement.

Key points to remember for University conference travel – **original receipts must be turned in within 30 days.**

The Chattanooga Surgical Foundation will fund travel for scientific paper/poster presentations not to exceed \$1,500 per trip. Any cost over \$1,500 will be the financial responsibility of the resident.

Regarding using part of your professional development reimbursement for textbooks, the resident orders and pays for books and then submits original receipts to Ms. Gay to process reimbursement. Book titles should be approved by the Program Director or Residency Program Manager. Beverly Gay in the academic office will assist you with obtaining reimbursement. Residents may submit USMLE Step 3 registration fee payments with the

approval of the Program Director. **Original receipts must be turned in within 30 days of purchase or payment.** You must have not only proof of purchase, but also proof of receipt of the books.

Cindy Rudolph in the academic office will assist you with Chattanooga Surgical Foundation funding for travel.

### VACATION

Leave request forms can be found in the Academic Office and in the call quarters. **Verbal requests for leave do not count.** Written requests should be submitted to the Chief Resident

Residents are given 2 weeks vacation during the year. One week of vacation is allowed per six months and no more than two individuals (must be different levels of training) are to be off at the same time. PGY-5 and PGY-6 residents may request a third week of vacation or use the third week for fellowship or practice interviews. One week of vacation must be taken during research rotations. No more than five individuals may schedule vacation in a given month, and no more than four in a month through the first three levels of training. **Any variance from, or exceptions to, this policy are the sole responsibility of the Chief Resident and the faculty member responsible for resident rotations.**

No vacations are to be scheduled during the last first two weeks of June or the last two weeks of June without express permission, the month of July, the last two weeks of December, the last week in January (Inservice Exam) and during the time of Alumni Homecoming and Mock Oral Exams. No vacations can be scheduled during Pediatric rotations unless there are 2 residents on the rotation and there will be a limitation on the number who can be off during Trauma rotations. This decision will be left up to the discretion of the Chief Resident.

PGY 2-4 residents will be required to take one of their vacation weeks while on the Research rotation.

Do not wait. Vacations are earned compensation, but you are responsible to get them scheduled and time cannot be carried over to the next year. Vacation requests must be submitted in writing to the **Chief Resident** at least two months in advance and must be approved. A supply of forms will be kept in the resident's call room or can be obtained from the Academic Office.

Special leave requests (i.e a particular weekend or the USMLE) should be turned in by the 15th of the month before. **Do not assume that the Chief Resident or the Academic Office knows your plans** and will schedule accordingly.

Residents are given a choice of Christmas or New Year's off. Requests should be turned in for these holidays well in advance.

### 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 Chair or other designated official. Generally moonlighting is not approved.

#### MILITARY LEAVE

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

#### LEAVING THE PROGRAM

Residents in good standing who are leaving the program at the end of June 2009 and who have saved one week of vacation may be relieved of duties on June 18, 2010 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 25, 2010. Any deviation from this policy will be authorized by consensus of the Chair and Program Director. The ability of a resident to leave before June 26 must be agreed upon by the Chair and Program in writing, no later than May 1, 2010.

#### 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 the Chief Resident and the senior members of your team.

#### SCHOLARLY ACTIVITY/ROTATIONS

Research rotations are not vacation time. You are to be available for duty if needed from 7:00 a.m. Monday through 5:00 p.m. Friday unless you have discussed and made other arrangements with the responsible faculty member. If you plan to be off or out of town during this time that amounts to more time than a long weekend, you will be required to use that time as your vacation. **No exceptions.** You will also be required to let the Academic Office know of your whereabouts if you go out of town during this research time (outside of vacation time).

#### 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 Step 3 is taken and passed.

#### STUDY HALL

Study hall has been established in the library of the academic office for residents who are not allowed to go to surgery until their surgery operative data, time cards or medical records are current.

Print Name

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Resident's Signature

Date