POLICIES AND PROCEDURES
DEPARTMENT OF SURGERY RESIDENT HANDBOOK
2015-2016

It is expected and required that all residents know and comply with the ACGME work hour regulations. We are committed to enforcing all work hour policies for all the surgery residents and any residents rotating in surgery. Honesty is paramount in all aspects of surgical training, whether it is clinical, academic, or in maintaining medical records or online records of hours worked. You cannot be trained in this program if you are not honest.

The Department of Surgery is also governed by the campus wide policies of the University of Tennessee College of Medicine Chattanooga, and by the system wide policies of the University of Tennessee Health Science Center in Memphis, TN. Both institutions have electronic policies and procedures on their websites.

RESIDENT RESPONSIBILITIES

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

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

SUPERVISION

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

Hospital Admissions

All patients admitted to the hospital require notification of the admitting faculty in a timely manner. Junior level residents (1,2) will notify senior level residents (3,4,5,6) after initial

evaluation of such patients. The senior level resident will then notify faculty members. If senior level residents are unavailable, the junior level resident should contact a faculty member prior to admission of the patient to the hospital. Patients with stable conditions will be evaluated directly by faculty members within 24 hours of admission. Patients with emergency conditions will be evaluated with direct faculty supervision as soon as possible.

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

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

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

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

GENERAL RULES

1. DUTY HOURS

   It is expected and required that all residents know and comply with the ACGME work hour regulations.

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 are 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. **All chart entries must be signed, with the residents' personal pager number written next to the signature.**

It is expected that all patients will be seen prior to 8:00 a.m. each day, depending on manpower resources and work hour constraints. Schedules and rounds should be developed accordingly. It is expected that post-operative patients who have been operated on will be seen and examined during the evening hours of the day of surgery 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. Clean Lab Coats should always be worn. Please remember it is a privilege to have visiting professors, and it is our responsibility to make a good impression for our institution and training program.

3. DRESS

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

4. SCRUB SUITS

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

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

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

5. PRESS/MEDIA

It is expected that the resident staff will adhere to the general policy of the hospital regarding release of information to the press. 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.

The University of TN College has developed a social networking policy that is included on the College of Medicine website.

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 Probasco/Medical Mall Auditorium. Sitting towards the front of the Probasco is welcome. The auditorium is a popular meeting site and is much in demand by other large groups. Please check the conference schedule monthly to see if any conferences have had to be moved to another room. Journal Club is held bi-monthly at various times and locations. With the exception of M&M, no conferences will be scheduled during the last two weeks of June and the last two weeks of December. The resident is expected to attend **all conferences** unless there is an unavoidable conflict.

Residents on the Vascular B service have a weekly conference on 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. Senior Resident Dr. Sara Edeiken will coordinate the conference and make assignments.

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

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

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

C. M&M Conferences

This conference will be held on Thursdays at 7:00 a.m. The Chief Resident with M & M responsibility is Dr. Kristen Butler.. 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 0800 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) Names of those not submitting an M & M list will be posted.

7. JOURNAL CLUB

Journal Club will be held bimonthly, date and time determined by Chief Resident Dr. Kristen Butler, 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.

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

10. HISTORY & PHYSICALS

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. All notes written by the resident should have the residents' name and personal pager number – not the pager number of the service – included.

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. A medical record is not the place to disagree publicly or complain about another physician or service.

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 senior residents should be notified of the departure as well as the anticipated time of return. No one is to leave without the approval of a senior reside

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

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

J .Any time a resident is called to assist with any surgical patient, he/she should 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/her area of responsibility. Respond first and then check with the Chief Resident. Furthermore, in the interest of providing the best possible medical care at Erlanger Medical Center, should any emergency arise with any patient, the resident should immediately respond. The dilemma of whose patient or responsibility the problem is will be resolved later. Do not hesitate to <u>readily</u> accept responsibility. You are a surgeon!

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

L The insertion of a central line is an operative procedure. In every case where a line is inserted, a short note will be placed on the progress notes indicating the location of line placement (right or left), the degree of difficulty in line insertion, and the amount of blood loss. A procedure note will be dictated as well. Furthermore, any complication anticipated in the placement of a central line should be noted on the chart. In every case where a subclavian line is placed, a chest x-ray will be obtained and the results of the x-ray should be noted on the progress notes following the central line insertion note. The resident must

demonstrate aspiration of blood from all ports after insertion of a central line. Omission of a chest x-ray will only be at the discretion of the attending surgeon.

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 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. TIME OFF

Chief Resident Dr. Robert Vandewalle is responsible for scheduling vacation this year.

PGY 1-4 residents get 2 weeks of vacation per year
PGY 5-6 residents gets 3 weeks of vacation per year

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

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

Sick leave is also available, up to 21 days a year. Leave cannot be carried over from one academic year to the next.

Must take 1 week of vacation during research.

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

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

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

No vacation is permitted on Critical Care, Pediatrics, Trauma and Night Float.
Requests off – Requests to be off are for specific weekends or weekdays. East resident is allowed 3 requests a year. These requests must be submitted by the 1st day of the month preceding. Other requests outside of emergencies or unforeseen occurrences will be granted on a first come first serve basis and no more than 5 per month will be accepted. The purpose for this is to generate a schedule early so everyone can plan accordingly.

Effective July 1, 2015, each department has to turn in time sheets for each resident each month so that leave can be tracked. When entering duty hours into New Innovations, there is also the ability to enter leave, such as sick leave, annual leave and educational leave. The Surgery office will use your duty hour record in New Innovations to complete monthly time sheets.

15. EDUCATIONAL $$$$ GUIDELINES

The following is copied from the UTCOM website. It is important to read it before spending educational dollars as UT/Erlanger follows these guidelines relentlessly and will not pay any reimbursement unless these guidelines are followed specifically.

Below are the amounts for what is traditionally called "book money".

PGY-1	$ 500
PGY-2	$750
PGY-3 and above	$1,000

It is the resident's ultimate responsibility to adhere to the policy and submit appropriate receipts. Reimbursement must be submitted within 30 days or it won't be processed, no matter how sad the story is. Do not save your receipts to submit all at once.

Approved expenses

Travel expenses to CME conferences planned by ACCME accredited providers.
Electronic educational materials – including $250 for an IPAD
Video course registration
Hard copy or electronic medical-related books
Board Reviews (hard copy, CD-ROM, online, etc.)
Membership fee for specialty organizations
USMLE Step 3 registration fee

Non-approved expenses

Computers
Printers, including palmtops
Digital cameras
Medical equipment such as stethoscopes or loupes
Certification board exam fees
Medical license fees

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

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

Receipts must be in the name of the resident.

Residents must have all travel approved in advance by their respective Chair/program director. When a resident selects an outside conference, he/she must submit a conference brochure (may be printed from the internet) to the Residency Program Coordinator. The Program Coordinator will, in turn, help the resident prepare and sign a **UT Travel Authorization Form (T-18)***.

The form must be approved by the Chair/Residency Program Director and then submitted to the Dean **at least one month prior to traveling** so the resident may obtain the best airfare or hotel rates. The form will be returned to the coordinator after the Dean signs it. Once the resident has returned from the conference, he/she must submit **original receipts** (listed below) to the Residency Program Coordinator as soon as possible but no later than 2 weeks from his/her return. The Coordinator will prepare a **UT Travel Expense Report (T-3)****, signed by the resident and the Program Director/Chair, as well as an Erlanger Check Request Form). In order to comply with the UT requirement that requests for travel reimbursement must be submitted within 30 days of completed travel, the T-3, signed T-18, **original receipts**, and Erlanger Check Request Form must be received by the Business Manager within 30 days of ending date of the conference.

A resident may be reimbursed for one day's travel (hotel and meals) to the conference he/she is attending. **That day must be included on the Travel Authorization Form**. Other expenses that can be reimbursed include:

Airfare (coach or special discounted rates – not First Class) [**original receipt** or computer printout if an electronic ticket – must denote payment made]

Meals (receipts not needed). Refer to rates for in state and out of state in the links below. Meal reimbursement rates vary depending upon the city and state, in accordance with the US General Services Administration CONUS web site rates at the link below.

Conference Registration Fee (**original receipt**)

Taxis or airport/hotel shuttles from the airport to the conference hotel and back as well as to and from restaurants. **Original receipts are required for taxis or shuttles in excess of $50.** Regardless of the amount of the fare, the destination and reason for each fare reimbursement claimed must be listed on the **TRAVEL EXPENSE REPORT** under "Transportation, Ground." Parking.

Hotel (**lowest available conference hotel rate** or the US GSA approved rates if not a conference hotel – see lodging rates below* (with **original hotel receipts)**. **Note: If a selection of hotels are listed in the conference brochure, the resident must secure lodging at the hotel with the lowest rate. If that hotel is full, then the resident must secure lodging at the next lowest rate and so on. If a hotel is full, necessitating the resident to secure lodging at a higher rate, the resident must obtain documentation from either the unavailable hotel or the conference registrars that the lower hotel rate was no longer available.**

• If a resident drives to the conference, he/she will be reimbursed for land mileage according to the current CONUS rates (based on Rand McNally Atlas). Beginning and ending odometer readings must be included on the T3 form.

• If the mileage reimbursement would be more than the documented coach airfare, the resident will receive only reimbursement for the airfare rate. When a resident drives and submits mileage for reimbursement, the resident should also submit quote from a travel agent regarding the price of airfare for the dates of the trip or the resident can go online to www.cheaptickets.com or other online air travel website and print out a quote for airfare for the dates of travel. This should be submitted with the resident's other **original receipts**.

• If your travel arrangements are made through a "special package," please understand and check with your booking agent since the receipt must be able to specifically identify each separate expense, i.e., coach airfare, hotel lodging per night, etc. **If the package receipt cannot break out these items, UT will not be able to process the reimbursement**.

Residents will not be reimbursed for car rental unless they receive prior approval from theBusiness Manager and can document that the cost of taxis or airport shuttle would exceed car rental during the conference.

For all other educational enhancement items (such as books), residents must submit **original receipts** upon purchase of the item(s) within 2 weeks to the Residency Program Coordinator. Acceptable **original receipts** include an invoice denoting payment and name of the book, printed copy of an online order form as long as it indicates a statement that payment has been made, or a copy of the cancelled check (front and back of the check). Coordinators will prepare an Erlanger Check Request Form and submit to the UTCOM Chattanooga Business Manager with **original receipts** within 30 days of purchase. Check requests and receipts must include an approval memo signed by the Chair/Program Director.

The deadline for submitting receipts for educational materials - not travel - will be May 1, 2016.

16. Disciplinary Actions:

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

Suspension

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

Probation

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

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

Dismissal

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

ACADEMIC DEFICIENCY AND REMEDIATION PERIODS (ADRM)

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

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

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

Review Process for Disciplinary Actions

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

The Academic Appeal process is intended to provide a formal, structured review of the proposed disciplinary action and its cause(s). All appeals must be processed according to the following policies and procedures.

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

Residents may obtain review of a disciplinary action(s) by submitting a written request for review to the program director within (10) ten-business days.

Procedures for Academic Appeal

1. A written request for review must be submitted to the program director within ten (10) business days. If the program director is not the department chair, the resident may ask the chair to hear the grievance.

2. The review request must include: (a) all information, documents and materials the resident wants considered, and (b) the reason the resident believes dismissal is not warranted. The resident may submit the names of fact witnesses whom the chair has discretion to interview as a part of the review process.

3. The chair may appoint a designee or designate an advisory committee to review the decision. The committee’s recommendation to the chair shall be non-binding.

4. On reaching a decision, the chair will notify the resident in writing. If the decision is adverse to the resident, the notice shall advise the resident of the right to review on the record. At the discretion of the UTCOMC Associate Dean/DIO (or the Director of Graduate Medical Education in his absence), a hearing may be allowed if requested by the resident. The Associate Dean for Academic Affairs/ Designated Institutional Official (DIO) shall determine whether a hearing or review on the record is appropriate. Review on the record may include a face-to-face meeting with the resident and interviews with witnesses by the Associate Dean/DIO. The resident may waive department-level review and begin the review process at the Associate Dean/DIO level.

5. A written request for review by the UTCOMC Associate Dean/DIO must include: (a) any information the resident wants considered, and (b) any reason the resident feels dismissal is not warranted. The resident may submit the names of fact witnesses whom the Dean has discretion to interview as a part of the review process. The request for review is made utilizing the procedures in items (a) or (b) outlined below:
Within ten (10) business days of notice of the department chair's decision, the resident shall submit a written request for review to the UTCOMC Dean; or
Within ten (10) business days of notice of dismissal, the resident shall submit a signed waiver of department-level review and a written request for review to the UTCOMC Associate Dean/DIO. (See sample waiver of department-level review at the end of this policy.)

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

7. The resident may obtain additional review on the record by the Executive Dean of the College of Medicine (or his/her designee) by submitting a written request within five (5) business days after being advised of the outcome of the GME level of review in Chattanooga.

8. Additional review may be obtained from the Chancellor of the University of Tennessee Health Science Center by submitting a written request within five (5) business days after being advised of the outcome of the Executive Dean's review.

9. The resident may obtain final review on the record by the President of the University of Tennessee System by submitting a written request within five (5) business days of receiving the Chancellor's response.

LEGAL INQUIRIES

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 Chairman and/or Vice Chairman, 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 lawsuit. In addition, there are certain other responsibilities deriving from administrative structure. As a general rule, the attending surgeon is responsible for the care of an individual patient. The house officer acts as an agent of the attending surgeon, whether under direct or supervisory control of the attending surgeon. The attending surgeon may delegate responsibility and actions to the house officer, when, in his judgment, such is justified. Conversely, the house officer has a responsibility to see that the attending surgeon is fully, and honestly, informed.

> 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 that take place within the state of Tennessee. Moonlighting or assisting a non-faculty member is not covered.

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

18. CONFIDENTIALITY

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

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 and in the Department of Surgery.

19. REQUIRED SCHOLARLY ACTIVITY

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

All categorical residents are required to participate in the annual Resident's Research Day 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 be no exceptions unless you have discussed and made other arrangements through the responsible faculty member. It is your responsibility to notify the Academic Office in the event you go out of town to inform them of your whereabouts in case you need to be reached during this time.

20. MOONLIGHTING

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

21. MILITARY LEAVE

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

22. LEAVING THE PROGRAM

Residents in good standing who are leaving the program at the end of June 2016 and who have saved one week of vacation may be relieved of duties on June 23, 2016 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 27, 2016. Any deviation from this policy will be authorized by consensus of the Chairman and Program Director. The ability of a resident to leave before June 27 must be agreed upon by the Chairman and Program in writing, no later than May 1, 2016.

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23. INTERVIEW TIME OFF

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

24. LICENSURE

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

25. FACULTY ADVISORS

All general surgery residents are assigned a faculty advisor who will remain the resident's advisor during his entire training in the Department. If a resident wishes to have a particular advisor, he/she should request the change from Dr. 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 lll before they can be promoted to their PGY 3 year. Please bring your Part lll score to the academic office as soon as you receive it. You have to have registered for Part lll by the end of February in order to have scores available in time to be promoted to a PGY 3.

27. AMERICAN COLLEGE OF SURGEONS CANDIDATE GROUP

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

28. SOUTHEASTERN SURGICAL CONGRESS RESIDENT FELLOWS

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

29. MEDICAL STUDENTS

Medical students rotating with the surgery department represent a special responsibility and privilege for surgical house staff. It should be remembered that these students are usually not familiar with Erlanger and its policy. They require guidance and direction as

to what is expected. Anyone who ever has interviewed to be a resident in this program in told not to come here unless they want to teach medical students.

30. SKILLS LAB

Skills Lab Director Richard Cook teaches surgery residents and medical students on Thursdays at 1:00. He is also available at other times for residents who want to spend more time working on specific skills. Working in the Skills Lab is considered "homework" like reading a textbook and does not count on Duty Hours.

31. TRANSITION OF CARE

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

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

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

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

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

33. CIRCUMSTANCES REQUIRING FACULTY INVOLVEMENT

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

Hospital Admissions

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

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

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

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

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

34. MINIMUM TIME OFF BETWEEN SCHEDULED DUTY PERIODS

PGY 1 residents should have 10 hours and must have 8 hours, free of duty between scheduled duty periods. Duty periods must not exceed 16 hours in duration.

Duty periods of PGY 2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents are encouraged to use alertness management and especially strategic napping. Intermediate level residents should have 10 hours free of duty and must have 8 hours between scheduled duty periods. They must have at least

14 hours free of duty after 24 hours of in-house duty. PGY 2 and 3 residents are considered to be at the intermediate level.

Residents at the PGY 4 level and beyond are considered to be in the final years of education. Residents in the final years must be prepared to enter the unsupervised practice of medicine and care of patients over irregular or extended periods. This preparation must occur within the context of the 80 hour maximum duty period length and one day off in seven standards. While it is desirable that residents in their final years of education have 8 hours free of duty between scheduled duty periods, there may be circumstances when these residents must return to duty with fewer than 8 hours free. Such circumstances are: required continuity of care, a complex patient with whom the resident has been involved, events of exceptional educational value or humanistic attention to the needs of a patient of family.

GUIDELINES

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

TRAVEL

The University provides educational funds for conferences or textbooks depending on year level. For PGY 1 the amount is $500, PGY 2 is $750, PGY 3 and above is $1000.
Key points to remember for University conference travel and purchases– **original receipts must be turned in within 30 days. The deadline for turning in receipts for educational expenses that is not travel will be May 1, 2016.**

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.

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

The academic office will assist you with University reimbursement for conferences. Cindy Schultz Rudolph in the academic office will assist you with Chattanooga Surgical Foundation funding for travel.

VACATION

Chief Resident Dr. Robert Vandewalle is responsible for the call schedule and vacation requests. He will thoroughly review the vacation guidelines which are outlined in the previous pages.

Effective July 1, 2015, we will begin submitting time sheets for all residents. Keep your duty hours current and include when you are off for educational travel, vacation or sick leave. We will use this information to tracking leave.

MOONLIGHTING

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

LEAVING THE PROGRAM

Residents in good standing who are leaving the program at the end of June 2016 and who have saved one week of vacation may be relieved of duties on June 23, 2016 at 5 pm. All other residents in good standing will leave no sooner than 5 pm on June 27, 2016. Any deviation from this policy will be authorized by consensus of the Chairman and Program Director. The ability of

a resident to leave before June 27 must be agreed upon by the Chairman and Program in writing, no later than May 1, 2016.

INTERVIEW TIME OFF

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

PROMOTION

It is a policy of the University of Tennessee College of Medicine, Chattanooga that a resident will not be promoted to the PGY 3 year unless the USMLE Part lll is taken and passed. Bring your Part lll scores to the academic office when you receive them. You should have registered for Part lll by the end of February 2016 in order to have your scores available to be promoted to a PGY 3 on July 1, 2016.

_____Print Name

_____

Resident's Signature
Date

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