

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**GENERAL SURGERY
PROGRAM HANDBOOK
2023-2024**



Rev. 01/25/2024

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Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:

Our mission is to prepare residents to become qualified practitioners of surgery at the highest level. It is expected that our residents become specialist certified by the American Board of Surgery and future leaders in their communities. Our goal is to educate residents to improve the health and well-being of our local, as well as, our national and global communities by fostering integrated, collaborative and inclusive education, research, clinical care and public service.

Program Aims:

The program's aim is to train surgical residents with a well-rounded and broad-based knowledge necessary to practice General Surgery. We achieve these aims through a strong focus on medical knowledge, technical operative skill, professionalism, communication skills, and integrated healthcare team development. All aspects of training are designed to allow graduates to function in a highly effective way within the healthcare community after completion of residency.

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University of Tennessee
General Surgery
Block Diagram

UTHSC Surgery Residency Block Schedule 2023 – 2024

PGY 1	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10	Block 11	Block 12
Rotation	ROH Trauma Surgery	ROH SICU	ROH General Surgery Nutrition	ROH Colorectal	ROH Surgical Oncology	ROH Vascular Surgery	ROH Burn / Back Up	MGH Surgical Oncology	MGH Acute Care General Surgery	BMH Thoracic Surgery	VAMC General Surgery	LBCH Pediatric Surgery
Site	1	1	1	1	1	1	1	4	4	5	6	7
% Outpatient	10	0	10	10	10	10	10	10	10	10	10	10
% Scholarly Activities	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5

PGY 2	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8
Rotation	ROH Trauma Surgery A	ROH Trauma Surgery B	ROH Trauma Surgery C	BMH Surgical Oncology Colorectal	VAMC General Surgery	VAMC CT Surgery	VAMC Endoscopy	LBCH Pediatric Surgery
Site	1	1	1	5	6	6	6	7
% Outpatient	10	10	10	10	10	10	10	10
% Scholarly Activities	2.5	2.5	2.5	2.5	2.5	2.5	30	2.5

PGY 3	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8
Rotation	ROH Trauma ICU A	ROH Trauma ICU B	ROH Trauma ICU C	ROH Vascular Surgery	ROH Burn / Back Up	MUH Transplant Surgery	BMH Thoracic Surgery	SFH General Surgery
Site	1	1	1	1	1	2	5	8
% Outpatient	10	10	10	10	10	10	10	10%
% Scholarly Activities	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5

PGY 4	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8
Rotation	ROH Trauma Surgery B	ROH Trauma Surgery C	MUH Bariatric Colorectal	MGH Acute Care General Surgery	BMH Surgical Oncology Colorectal	BMH Vascular	VAMC General Surgery	LBCH Pediatric Surgery
Site	1	1	2	4	5	5	6	7
% Outpatient	10	10	10	10	10	10	10	10
% Scholarly Activities	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5

PGY 5	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8
Rotation	ROH Trauma Surgery A	ROH General Surgery	ROH Colorectal Surgery	ROH Surgical Oncology	MGH Surgical Oncology	SFH General Surgery	MNH General Surgery	VAMC General Surgery
Site	1	1	1	1	2	8	3	6
% Outpatient	10%	10%	10%	10%	10%	10%	10%	10%
% Scholarly Activities	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5

Hospital Partners:

1. Regional One Health: ROH
2. Methodist Le Bonheur Health Care – Methodist University Hospital: MLH – MUH
3. Methodist North Hospital: MLH – MNH
4. Methodist Germantown Hospital: MLH – GT
5. Baptist Memorial Hospital: BMH
6. Veterans Administration Medical Center: VAMC
7. Le Bonheur Children’s Hospital: LB
8. St Francis Hospital: SFH

Rotation Block Duration in Months:

- PGY 1: 1
- PGY 2: 1.5
- PGY 3: 1.5
- PGY 4: 1.5
- PGY 5: 1.5

Vacations may be taken at any site during any rotation without restriction.

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Section 3. Educational Activities

I. Didactic Lectures

This Week in Score (TWIS)

Day/Time Wednesday | 9 am
Location 956 Court Avenue (Coleman South Auditorium)
Description TWIS is based on the SCORE curriculum, and it has a comprehensive two-year curriculum designed to educate surgical residents in the six ACGME Competencies
Attendance % 75%

Simulation Lab	
Day/Time	Wednesday 10:30 am
Location	CHIPS & Coleman Building Ground Floor
Description	Based on specific schedule per class
Attendance %	75%

Conference Schedule:

Residents are required to attend 75% of all conferences, which is the minimum acceptable (an ACGME requirement). Compliance with Clinical and Educational Work Hours in an acceptable reason to miss conference and should be documented by email to the residency coordinator.

Mortality & Morbidity Conference

Day/Time	Wednesday 7 am
Location	956 Court Avenue (Coleman South Auditorium)
Description	Case presentations of morbidity and mortality, and interesting cases
Attendance %	75%

Surgery Grand Rounds

Day/Time	Wednesday 8 am
Location	956 Court Avenue (Coleman South Auditorium)
Description	Topics of interest by faculty, including visiting faculty, and senior residents
Attendance %	75%

Additional Conferences (attendance is rotation specific)

Vascular M&M (Tuesdays) Regional One Health

Vascular Indications Conference (Fridays) Regional One Health

Vascular QI Conference alternating with Research Conference (Thursdays) Regional One Health

Trauma Conference/PI (Monday mornings following Turnover) Trauma Training Center, Regional One Health [ROH]

Pediatric Surgery educational schedule: M&M, Pathology conference, Radiology Conference, Grand Rounds

Program Meetings (requires residents' attendance):

Annual Program Evaluation Meeting

May (Administrative chiefs & resident representatives)

Education Leadership Meeting

Monthly ~ First Wednesday (Administrative chiefs & resident representatives)

Monthly PSQI ~ Methodist University (Chief residents on MUH service)

Program Meetings

Senior level resident should attend the monthly PSQI meeting at Methodist University, Education Leadership monthly meeting, PEC meeting December and May, and Regional One Health Trauma Quality Improvement Committee meeting.

II. Required Reading

Residents are responsible for development of a program of self-study. All residents receive subscriptions to the SCORE curriculum (<http://www.surgicalcore.org>), a site developed by the American Board of Surgery, the American College of Surgeons, and other groups to provide a resource for Surgery residents. Residents are responsible for completing modules developed

for their PGY year in the SCORE curriculum. Residents are expected to complete at least five modules per month, and at least half of the modules listed for your year on the SCORE website. The residency coordinator and program director will monitor compliance.

III. Research and Scholarly Activity

Research/scholarly activity is encouraged for all residents – either basic science or clinical. Faculty mentors are always willing to support residents on projects.

All residents with a residency training completion date of 2022 or later are required to participate in at least one research project. At a minimum, each resident will be required to submit one abstract to the Tennessee Chapter of the American College of Surgeons annual meeting once during residency.

Residents have an option of taking two (2) years away from clinical residency to pursue additional research. It is available to residents in good standing. In accordance with the RRC and the ABS, this time does not count toward the minimum five-year clinical curriculum.

Section 4. Examinations

I. Documenting Exam Results

Documentation of exam results should be forwarded to the Program Manager as soon as received for inclusion in Resident personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3 or COMLEX 1, 2 and 3 – Prior to the start of their Residency, all Residents are expected to have taken and passed Step 1, 2 and 3 or COMLEX Level 1, 2 and 3. For more information on UTHSC USMLE requirements, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf>

II. In-Service Training Exam

American Board of Surgery In-Training Exam (ABSITE)

III. Board Examination

Qualifying Exam

July 13, 2023

Section 5 Policies and Procedures

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website: <https://www.uthsc.edu/GME/documents/policies>

Academic Appeal Process	New Innovations Protocols
Academic Performance Improvement Policy	Observership
Accommodation for Disabilities	Offsite Rotation Approval - In Tennessee
ACLS	Offsite Rotation Approval - Out of State
Affirmative Action	Offsite Rotation Approval - International
Agreement of Appointment	Outside Match Appointments
Aid for Impaired Residents	Pre-Employment Drug Testing
Background Checks	Program Closure/Reduction
Certificate	Program Director Protected Time Policy
Clinical and Educational Work Hours	Program and Faculty Evaluation
Code of Conduct	Program Goals and Objectives
Disciplinary and Adverse Actions	Resident Evaluation Policy
Drug and Alcohol Use	Resident Non-Compete
Drug Free Campus and Workplace	Resident Reappointment and Promotion
Fatigue Mitigation	Resident Selection Guidelines
Fit for Practice	Resident Supervision
Fit Testing	Resident Transfers
Grievances	Resident Wellbeing
Handoffs and Transitions of Care	Salary
Hospital Procedures for Handling	Sexual Harassment and Other Forms of Discrimination
Resident Disciplinary Issues	Social Media
Infection Control	Stipend Level
Infection Control - Tuberculosis	Student Mistreatment
Insurance Benefits	Substantial Disruption in Patient Care or Education
Internal Rotation Agreement for ACGME Programs	Support Services
Leave	Technical Standards
Licensure Exemption and Prescribing Information	UT Travel
Malpractice Coverage	Vendor/Industry Conflict of Interest
Medical Licensing Examination Requirements	Visas
Moonlighting	Visiting Resident Approval
<p>Workers' Compensation Claims Process: Supervisor Supervisor may call in First Notice of Loss (FNOL) within 3 days when resident is receiving medical treatment.</p> <p>Contact the CorVel nurse triage line: 1-866-245-8588 (option #1 – nurse triage (resident) or option #2 – report claim (supervisor))</p> <ul style="list-style-type: none"> ○ A departmental fine of \$500 will be charged each time a claim report is not completed by a supervisor. ○ After calling triage nurse, employee should complete and sign the following forms and return to the UTHSC Employee Relations Workers Compensation representative at 910 Madison Ste. 764 on the day of the incident or as soon as possible. <ul style="list-style-type: none"> - WC Procedures Report – *Required - WC Injured Worker Statement – *Required - WC Supervisor Statement – *Required - WC Lost Time/RTW Calendar - WC Payroll Options Form - WC Transitional Duty Plan (TDP) <p>Complete the TDP form only when the injured worker is given work restrictions from a treating physician.</p>	

Program-Specific Policies and Procedures:

I. Wellbeing

The Wellness committee hosts social events quarterly or more. Residents are allowed one (1) half day (1/2 day) every 3 months for personal health and wellness. This day must be submitted to the Administrative Chief Resident and approved prior to taking the ½-day. No other resident on that service may be away on the requested day and will only be approved once the vacation and travel schedule are approved.

The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident for fatigue and ensure that necessary relief or mitigation actions are taken when necessary.

The program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available.

All new residents are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

II. Leave

Yearly vacation schedule – 3 weeks per resident, schedule set in July of each academic year. There should be **NO** vacations in the month of June to allow for residents in transition to leave and patient care to not be sacrificed.

Leave for presentation at regional or national conferences – time for requested leave to present at a conference must be submitted to the scheduling administrative chief resident in writing as soon as the requesting resident receives notification of acceptance to present. (Note – you must submit time away to the admin chief and request for funding to the program office, two-part process.)

Leave to interview for fellowship programs – residents may take leave to interview for fellowship programs if no other resident is away from the service during the requested leave. If another resident has scheduled leave from the above categories, it is the responsibility of the resident interviewing to find coverage for his/her time away.

Wellness Day – Does **not** have priority over the above scheduled leave.

Note: If your leave is not on the department wide resident leave calendar (maintained by the Administrative Chief Residents), you do not have priority for leave. Make sure to schedule your leave as soon as you know about it.

The American Board of Surgery requires that all residents applying for certification must have no fewer than **“48 weeks of full-time clinical activity in each residency year, regardless of the amount of operative experience obtained. The 48 weeks may be averaged over the first three years of residency, for a total of 144 weeks required, and over the last two years, for a total of 96 weeks required.”**

(http://www.absurgery.org/default.jsp?certgsqe_training) The resident may be required to make up any time missed in accordance with the Residency Program and Board eligibility requirements.

III. Family Medical Leave

All UTHSC programs follow the following UTHSC/GME policies for Parental and Bereavement.

Residents who have been employed for at least twelve months and have worked at least 1,250 hours during the previous twelve-month period are eligible for qualified family and medical leave (“FML”) under provisions of the federal Family Medical Leave Act (“FMLA”). FMLA provides eligible employees up to twelve (12) weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child, or parent. Except as set forth in Section IV, below, Residents may use all available sick and annual leave days to be paid during FML leave.

UTHSC Human Resources (“HR”) office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Program Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>. Health and disability insurance benefits for residents and their eligible dependents during any approved FML shall continue on the same terms and conditions as if the resident was not on leave. After all available paid sick, annual and other paid leave under Section IV has been taken, unpaid leave may be approved under FML and Tennessee law provisions, addressed below.

A. Tennessee State Law ~ 4-21-408. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) months leave (paid or unpaid) for adoption, pregnancy, childbirth, and nursing an infant. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

The Program Director and resident should verify whether the length of leave will require extending training to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Manager or Director should notify HR when it appears a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Director to approve or disapprove a resident's request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

IV. Six Week Paid Medical, Parental (Maternity/Paternity), and Caregiver Leave

Each resident will be provided six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leaves of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during the resident's Program, starting on the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). A resident, on the resident's first approved six (6) weeks of medical, parental, or caregiver leave of absence shall be provided the equivalent of one hundred percent (100%) of his or her salary.

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave.

- A. Parental Leave:** Paid parental leave is available to a resident for the birth or adoption of a child. Each resident, in an ACGME or non-standard Program, is eligible for six (6) weeks (42 calendar days) of paid parental leave one time during the Program. A resident's six (6) weeks of paid parental leave is available in addition to annual and sick leave and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave, below, is part of the same six-week benefit and not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. In the event both parents are residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave

may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit.

It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

B. Resident Medical Leave: Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

C. Caregiver Leave: Caregiver leave is available for any resident that needs to take time off for the care of a parent, spouse, or child. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Caregiver leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

V. Bereavement Leave

Bereavement Leave residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

VI. Moonlighting Procedure

Moonlighting **is NOT** permitted; violation of this policy may result in dismissal.

UT/GME Policy #320 - Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

VII. Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process Policy

Residents are advised that there are multiple channels for any confidential discussions they may have. These channels include the program director, associate program director, residency coordinator, DIO, assistant dean of GME, and the GMEC resident-representative. Concerns and issues can also be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

VIII. Discrimination, Harassment, and Abuse Policy

Residents are encouraged to report complaints of discrimination, harassment and abuse to the program director, associate program director, residency coordinator, DIO, assistant dean of GME, and the GMEC resident-representative. Residents may also contact the Office of Equity and Diversity (OED). Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum. The UTHSC Discrimination Complaint Procedure is located at:

<https://uthsc.edu/oed/documents/uthsc-complaint-procedure.pdf>

IX. Resident Eligibility and Selection Policy

The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Resident Selection. For more information on the UT Resident Selection Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/ResidentSelection.pdf>

X. Resident Supervision Policy

Level of Supervision

There are three levels of supervision to ensure oversight of resident supervision and graded authority and responsibility:

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision**: The supervising physician is physically present with the resident and patient during key portions of the patient interaction.
2. **Indirect Supervision**: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and direct supervision if needed.
3. **Oversight**: The supervising physician is available to provide a review of procedures/ encounters with feedback provided after care is delivered.

Rotation-Specific Supervision

Rotations	Rotation Supervision
<p>ROH General Surgery Nutrition, ROH Colorectal, ROH Surgical Oncology, ROH Vascular Surgery, ROH Burn</p> <p>MUH Transplant Surgery, MUH Acute Care General Surgery, MUH Bariatric Colorectal</p> <p>MGH Surgical Oncology, MGH Acute Care General Surgery</p> <p>MNH General Surgery</p> <p>BMH Thoracic Surgery, BMH Surgical Oncology Colorectal</p> <p>VAMC General Surgery, VAMC CT Surgery, VAMC Endoscopy</p> <p>LBCH Pediatric Surgery</p>	<p>Each rotation is under the supervision with Department of Surgery faculty. The resident will have daily team rounds and rapid reliable oversight for patient care via the primary surgery attending faculty. Residents are educated to the clinical scenarios which require immediate communication to a supervising physician. Faculty are expected to be available for immediate assistance 24/7. Senior residents, fellows are also available for immediate call availability. Any procedures to be performed bedside or in the operating room are to be performed under the indirect or direct supervision of faculty members.</p>
<p>ROH Trauma Surgery</p> <p>ROH SICU</p> <p>ROH Trauma ICU</p>	<p>Each Trauma rotation is under the supervision with Department of Surgery faculty. The resident will have daily team rounds and rapid reliable oversight for patient care via the primary surgery attending faculty. There is a daily faculty supervised sign-out with the entire team. Every new patient is presented as well as patients that have had change in status. Residents are educated to the clinical scenarios which require immediate communication to a supervising physician. Faculty are expected to be available for immediate assistance 24/7. Senior residents, fellows are also available for immediate call availability. Any procedures to be performed bedside or in the operating room are to be performed under the indirect or direct supervision of faculty members.</p>

XI. Transitions of Care Policy

Monitoring for effective, structured hand-over processes to facilitate both continuity of care and patient safety is accomplished via in person observation during each rotation. Review of inpatient sign-out lists occurs at a minimum weekly by faculty on each rotation. The Sponsoring Institution provides oversight for transitions of care at the Program level via GME/GMEC review of Annual Program Evaluations, Internal Reviews on a pre-determined cycle and periodic direct observation of the hand-over process.

The Surgery Program utilizes the following mechanisms in the hand-over process:

Setting	Frequency of Hand-over	Mechanism	Supervision and frequency of supervision of hand-over process
ROH - Trauma	7 am and 5 pm	iPASS	Faculty and/or senior level resident daily
ROH – Surgical Specialties (General Surgery, Colorectal, Surgical Oncology, Vascular)	6 am and 5 pm Weekend Coverage	iPASS	Faculty and/or senior level resident monthly
Methodist University (Bariatric/Colorectal, ACS/GS)	6 am and 5 pm Weekend Coverage	iPASS	Faculty and/or senior level resident monthly
Methodist Germantown ACS, North, and South	Weekend Coverage	iPASS	Faculty and/or senior level resident monthly
Methodist Germantown Surgical Oncology	6 am and 5 pm Weekend Coverage	iPASS	Faculty and/or senior level resident monthly
Baptist Memorial Hospital (Surgical Oncology, Thoracic, Vascular)	6 am and 5 pm Weekend Coverage	iPASS	Faculty and/or senior level resident monthly
VAMC (General Surgery, Cardiothoracic, Endoscopy)	6 am and 5 pm Weekend Coverage	iPASS	Faculty and/or senior level resident monthly
Le Bonheur Children’s Hospital	6 am and 5 pm Weekend Coverage	iPASS	Faculty and/or senior level resident monthly

The Surgery Program ensures that residents/fellows are competent in communicating with team members in the hand-over process by weekly direct observation by faculty and completion of New Innovations evaluation documenting competency in the hand-over process at the PGY1 level.

The Program and clinical sites maintain and communicate schedules of attending physicians, residents, and fellows currently responsible for care on the AmiON and MedRez applications.

In the event a resident/fellow is unable to perform his/her patient care responsibilities due to excessive fatigue, illness or family emergency, continuity of patient care is ensured via the following mechanisms. If the resident is unable to engage in his or her duties, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident and ensure that necessary relief or mitigation actions are taken when necessary.

XII. Process by which faculty receive resident feedback

The residents evaluate faculty annually via New Innovations. The evaluations are completely anonymous.

XIII. Method by which faculty performance is evaluated by Department Chair

Each division chief is responsible for evaluating their faculty members. After the division chief completes the evaluations of faculty, a meeting is scheduled with the division chief and chair. The chair evaluates the division chief, and they review the faculty division evaluations.

XIV. Method for reporting improper behavior in a confidential manner

Residents are encouraged to report experiencing or witnessing of improper behavior or abuse. These complaints can be taken to trusted senior residents, faculty, associate program directors, program director, department chair, residency coordinator, DIO, assistant dean of GME, and the GMEC resident-representative. Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

XV. Assessment Instruments and Methods

Resident Evaluation of Program and Faculty

Residents are given the opportunity to evaluate their program and teaching faculty at least once a year via New Innovations. This evaluation is confidential and in writing.

360 Evaluations

Residents are evaluated after each rotation via New Innovations by hospital staff. The evaluations are total anonymity.

Peer to Peer Evaluations

Residents are evaluated after each rotation via New Innovations. The senior level residents evaluate the junior level residents.

Program Director's Evaluation of Faculty

Each program director must evaluate the teaching faculty on an annual basis. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from resident evaluation of rotations.

Faculty Evaluation of Program and Residents

Faculty evaluate the program confidentially in writing annually. The results will be included in the annual program evaluation.

Annual Program Evaluation

Each ACGME-accredited residency program must establish a Program Evaluation Committee (PEC) to participate in the development of the program’s curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

Clinical Competency Committee (CCC)	
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident’s program on achievement; of General Surgery Milestones; meet prior to resident’s semi-annual evaluation meetings; and advise Program Director regarding resident’s progress.	
NOTE: Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
Saskya Byerly, MD, Assistant Professor	CCC Chair, and Associate Program Director ~ Curriculum Design
Alexander Feliz, MD, Associate Professor	Program Director ~ General Surgery
Olivia DeLozier, MD, Assistant Professor	Site Director ~ VAMC
Dina Filiberto, MD, Associate Professor	Program Director ~ Surgical Critical Care Division
Peter Fischer, MD, Associate Professor	Attending ~ Surgical Critical Care Division
Ryan Helmick, MD, Associate Professor	Attending ~ Transplantation Division
Ashley Hendrix, MD, Assistant Professor	Associate Program Director ~ Wellness
Emily Lenart, DO, Assistant Professor	Attending ~ Surgical Critical Care Division
Alexander Mathew, MD, Assistant Professor	Attending ~ Surgical Oncology Division
Jason Vanatta, MD, Professor	Division Chief ~ Transplantation Division
Ying Weatherall, MD, Associate Professor	Program Director ~ Pediatrics Surgery Division
Elizabeth Wood, MD, Assistant Professor	Attending ~ Surgical Oncology Division
Cynthia Tooley, BS	Lead Program Manager

Program Evaluation Committee (PEC)	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; reviews the	

program's self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.	
Alexander Feliz, MD, Associate Professor	Program Director ~ General Surgery
Saskya Byerly, MD, Assistant Professor	Associate Program Director ~ Curriculum Design
Olivia DeLozier, MD, Assistant Professor	Site Director ~ VAMC
Dina Filiberto, MD, Associate Professor	Program Director ~ Surgical Critical Care Division
Peter Fischer, MD, Associate Professor	Attending ~ Surgical Critical Care Division
Ryan Helmick, MD, Associate Professor	Attending ~ Transplantation Division
Ashley Hendrix, MD, Assistant Professor	Associate Program Director ~ Wellness
Emily Lenart, DO, Assistant Professor	Attending ~ Surgical Critical Care Division
Alexander Mathew, MD, Assistant Professor	Attending ~ Surgical Oncology Division
Jason Vanatta, MD, Professor	Division Chief ~ Transplantation Division
Ying Weatherall, MD, Associate Professor	Program Director ~ Pediatrics Surgery Division
Elizabeth Wood, MD, Assistant Professor	Attending ~ Surgical Oncology Division
Jennifer Allison, MD	Administrative Chief Resident
Emma Kelly, MD	Administrative Chief Resident
Megan Gross, MD	PGY4 Representative
Linnea Cripe, MD,	PGY3 Representative
Logan Meyer, MD,	PGY2 Representative
Theresa Dinh, MD	PGY 1 Representative
Cynthia Tooley, BS	Lead Program Manager

Section 6. Resident Benefits

I. Salary

Residents/Fellows in all UTHSC Programs are student employees of the University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

2023-2024 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits
PGY 1	\$58,860.00	\$59,520.00
PGY 2	\$61,056.00	\$ 61,716.00
PGY 3	\$ 63,024.00	\$ 63,684.00
PGY 4	\$ 65,640.00	\$ 66,300.00
PGY 5	\$ 68,328.00	\$ 68,988.00
PGY 6	\$ 70,692.00	\$ 71,352.00
PGY 7	\$ 73,284.00	\$ 73,944.00

For information on the UT Salary and Insurance please visit the GME website:
<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures>

II. Health Insurance

For information on UTHSC resident insurance benefits, please visit the GME website:
<https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

III. Liability Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/claimscommission.pdf>

IV. Stipends

Residents will receive up to \$100 for book stipend; however, electronics cannot be purchased. **The book stipend will expire April 1, 2024. Receipts must be submitted for reimbursement within 30 days of purchased receipt date.** The receipt must show resident name, address, method of payment, zero balance. Submit receipt(s) after the item has shipped. Submit the final detailed receipt for all Amazon orders.

V. Travel

Residents are eligible to attend **up to three meetings per year** for presentation (oral or poster) of their research. The resident must be first author and proof must accompany the travel request (TR). The Department of Surgery will fund (at the University rates) the meeting registration, airline ticket (**economy fare only ~ NO business or first-class fares will be**

reimbursed), ground transportation, meals, and hotel fees (hotel must be at conference or conus rate). The maximum total reimbursement is up to **\$1,500**.

Residents must complete and email a TR form at least one month in advance to the program director or program manager for approval before making any arrangements. The TR form is located at <https://www.uthsc.edu/graduate-medical-education/administration/documents/resident-travel-request-form.pdf>

After the program director approves the TR, the lead program manager will inform the resident to make travel arrangements. In addition, the resident must also request time away from the administrative chief resident so that travel request can be added to the master resident leave schedule. This educational leave does not count as vacation.

The traveler must also add a delegate in Concur: <https://www.uthsc.edu/surgery/education-training/residency.php> {Policies (mid-section of page to left) | Under Travel Request | Add a Delegate in Concur}.

If the Department sponsored resident travel to conferences throughout the year, the residents are required to present at the Harwell Wilson Surgical Society (HWSS) Annual Research Symposium in June.

UT Travel Policy must be followed at all times – with **NO EXCEPTIONS**. The UTHSC General Surgery Residency Program follows the UTHSC institutional policy on Resident Travel. For more information on the UT Resident Travel Policy, please visit the University of Tennessee policy website: <https://finance.tennessee.edu/travel/>

Travel Reimbursement:

Travel reimbursement is based on GME policy (<https://www.uthsc.edu/graduate-medical-education/administration/documents/travel-reimbursement.pdf>). Travel is a privilege and not a right; all residents under Graduate Medical Education are required to know and follow all UT travel policies. GME will NOT ask for exceptions to the travel policy. All travelers must sign an attestation stating that everyone understands the travel policy and agrees to follow it. GME will not process any new travel for any resident or program until the forms are returned from the residents and program administration. **Failure to follow GME policy and use appropriate GME forms may result in non-reimbursement.**

All receipts should be submitted for reimbursement to the lead program manager **within 30 days following travel**. The itemized detailed receipts MUST show total and payment information. All travel reimbursement will be direct deposited into the resident's account. All ground transportation (Uber, Lyft, taxi) must include pick up and drop off locations (example: from airport to hotel).

ALL airline receipts must show the class of service (economy fare) or designated letter in order to receive reimbursement.

International Travel (Educational purposes only)

To better prepare for emergencies and provide assistance to the members of the UTHSC community traveling abroad, UTHSC requires all UTHSC travelers on official UTHSC business to complete a Travel Information Registration form prior to departure. This registration will enable UTHSC to communicate with faculty, staff, students, postdocs, residents, and fellows in the event of an emergency. Registration will also allow travelers to receive medical and emergency assistance from International SOS, a medical and travel security service company.

Who is Required to Register?

- **Faculty/Staff:** All faculty and staff traveling abroad using UTHSC funds or on UTHSC business without University funds (example: a faculty member is invited to give a keynote address at a conference and his/her costs are fully paid by the conference).
- **Students/Postdocs/Residents/Fellows:** All students, postdocs, medical residents, and clinical fellows traveling abroad to participate in official UTHSC-sponsored programs (including research, for-credit electives, travel to conferences and non-credit educational activities sponsored by UTHSC).

All travelers to *U.S. territories* are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to countries bordering the U.S., Canada, and Mexico, is international travel and requires compliance with this registration program.

Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

UTHSC officially discourages international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.

How to Register

- Complete the online [Travel Information Registration](#) to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.

Section 7. Curriculum

I. ACGME Competencies

The core curriculum of the UTHSC programs is based on the 6 ACGME Core Competencies:

- **Patient Care:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **Medical Knowledge:** Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
- **Practice-Based Learning and Improvement:** Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- **Interpersonal and Communication Skills:** Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism:** Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

II. Milestones

The Milestones are designed only for use in evaluation of Resident physicians in the context of their participation in ACGME accredited Residency programs. The Milestones provide a framework for the assessment of the development of the Resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context. ACGME Milestones are located at:

<https://apps.acgme.org/ads/Program/Milestone/Milestone>

III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations

<https://www.uthsc.edu/surgery/residency/rotations.php>

Section 9. Appendix

- I. GME Information and Dates
- II. Moonlight Approval Form ~ N/A TO SURGERY RESIDENTS
- III. Handbook Agreement

GME Information and Dates

Graduate Medical Education
920 Madison Avenue, Suite 447
Memphis, TN 38163

Natascha Thompson, MD
Associate Dean of Graduate Medical Education
ACGME Designated Institutional Official

Phone: 901.448.5364
Fax: 901.448.6182

Resident Orientation Schedule

New Resident Orientation for 2023 will be held on the following dates:

Date	Time	Title
June 22 and 23, 2023	8:00 am - 4:00 pm	PGY 1 Orientation
June 26, 2023	8:00 am - 12:00 pm	Regional One Health (ROH)
June 26, 2023	1:00 pm - 5:00 pm	Baptist
June 27, 2023	8:00 am - 12:00 pm	Memphis Veteran's Hospital (VA)
June 27, 2023	1:00 pm - 5:00 pm	Methodist University Hospital (MUH)
June 30, 2023	7:30 am - 5:00 pm	PGY-2 - 7 Orientation

AGREEMENT for HANDBOOK OF GENERAL SURGERY

- I. I have received the 2023-2024 Handbook for the UTHSC General Surgery Residency Program.

- II. I have been informed of the following requirements for house staff:
 - 1. Requirements for each rotation and conference attendance
 - 2. Formal teaching responsibilities
 - 3. Reporting of duty hours and case logging
 - 4. Safety policies and procedures
 - 5. On call procedures
 - 6. Vacation requests

- III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: _____

Signature: _____

Date: _____