The University of Tennessee College of Medicine, Chattanooga
And the
Department of Obstetrics and Gynecology

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**OB-GYN RESIDENCY TRAINING PROGRAM**

Resident Handbook  
2013-2014

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Overview
Our University of Tennessee College of Medicine Chattanooga (UTCOMC) Obstetrics and Gynecology residency is a four-year program, beginning at the PGY-1 Level, with four positions at each level.

Goals and Objectives
Our residency program in obstetrics-gynecology is a structured educational experience, planned in continuity with undergraduate and continuing medical education, in the health care area encompassed by the specialty of women’s healthcare. Although our residency program contains a patient-service component as a necessary element of training, it is designed to provide education as its first priority and not to function primarily to provide hospital service.

The goal of our educational program in obstetrics-gynecology is to assist our resident physicians to achieve the knowledge, skills, and attitudes essential to the practice of obstetrics and gynecology and the development of competence in the provision of ambulatory primary health care for women. The program design includes increasing responsibility, appropriate supervision, formal instruction, critical evaluation, and counseling for our residents.

The educational objectives for our program and curriculum are based on the educational objectives established by the Council on Resident Education in Obstetrics and Gynecology (CREOG) at https://www.acog.org/member_access/misc/creogeducationalobjectives.pdf.

Address
Department of Obstetrics and Gynecology
Erlanger Medical Mall
979 E. Third Street; Suite C-720
Chattanooga, TN 37403
Phone: (423) 778-7515
Fax: (423) 778-7522
Website: http://www.UTCOMhatt.org/dept/obgyn/obgyn.asp

Administrative Structure
Chair:
Program Director: William E. Gist, MD
Residency Program Coordinator: Paula Barnett
AID FOR IMPAIRED RESIDENTS PROGRAM (AIRS)

The Aid to Impaired Residents Program (AIRs) is a confidential program which functions in coordination with the nationally recognized Aid for Impaired Medical Students Program (AIMS) developed by the University of Tennessee. The program is a cooperative effort with the Tennessee Medical Foundation (TMF) Physician’s Health Program (PHP) and is designed to assess and provide assistance for psychological or substance abuse problem that might affect a Resident’s or Fellow’s health or academic performance.

Entry into the AIRS Program is a formal process and requires that a Resident or Fellow follow a TMF PHP prescribed rehabilitation program. For individuals that admit and seek help prior to termination from the University of Tennessee Graduate Medical Education Programs, and who enter the AIRS Program, their positions may be protected until the individual receives advocacy of the TMF PHP and is ready to resume training or a determination is made that the individual will not be able to continue training. The residency position may be protected for a period not to exceed one year. If PHP treatment recommendations are followed, the GME Program will work with the resident or fellow to maintain financial support through payroll or disability benefits to determine what health insurance benefits are available to assist with treatment costs.

A resident or fellow who resumes training after completing TMF PHP treatment will be subject to immediate termination if there is a recurrence of distressed behavior or if the resident/fellow fails to maintain ongoing progress. Any exceptions to the policy, including requests for readmission to the TMF PHP due to recurrence of a resident’s distressed behavior, will be considered on a case-by-case basis by GME administration.

Referrals may be made confidentially by a health care provider, a co-worker, family member, friend, or the Resident/Fellow. To make a referral or obtain more information, contact local AIRS Committee Chair, Dr. Robert Fore, at 423-778-6956. Residents and fellows may also contact Dr. Roland Gray, Medical Director for the TMF PHP, or another member of the AIRS Committee:

UT College of Medicine Chattanooga AIRS Committee
Robert Fore, EdD, Associate Dean/DIO and AIRS Committee Chair
423-778-6956 Robert.Fore@erlanger.org

Jonathan Cohen, MD, Psychiatry Division Chief and Faculty
423-899-0024 (office) or 423-550-0655 (pager) joncohen81@gmail.com

Pamela Scott, Director of GME
423-778-7442 (office). pscott1@uthsc.edu

Roland Gray, MD, Medical Director, Tennessee Medical Foundation
615-467-6411 (office), 615-467-6419 (fax),
216 Centerview Drive, Suite 304
Brentwood, TN 37027-3226
rolandg@e-tmf.org web: www.e-tmf.org

GME Policy #370
Revised and approved by the GMEC 11/22/2011
Facilities:
Our primary facility is Erlanger Medical Center Baroness Campus (975 East Third Street; Chattanooga, TN 37403) in downtown Chattanooga where approximately 3,500 births and more than 5,000 gynecological procedures are performed each year. Erlanger is a non-profit, academic teaching center affiliated with the University of Tennessee College of Medicine. Erlanger Baroness Campus has a Level-One Trauma Center for adults and is the only provider of tertiary care services for the citizens of a four-state region, encompassing southeast Tennessee, north Georgia, north Alabama and western North Carolina. Each year, more than a quarter of a million people are treated through Erlanger Health System. Erlanger Baroness Campus has up-to-date, advanced laboratory, surgical, imaging and other resources and support services to provide excellent patient care. Further details about Erlanger can be found at: http://www.erlanger.org/body.cfm?id=190.

Every year, about 150 physicians with UTCOMC receive training at Erlanger through accredited residency and fellowship programs. The accredited residency programs include:
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Orthopedic Surgery
- Pediatrics
- Plastic Surgery
- Surgery
- Transitional Studies

Our secondary facility is Erlanger East Women’s Services (1751 Gunbarrel Road, Chattanooga, TN 37421; phone: (423) 778-8700). Erlanger East Women’s Services specializes in providing family-centered childbirth for deliveries and babies born at 35-weeks gestation or above in 25 single-room maternity suites for labor, delivery, and recovery. These birthing suites, considerably larger than traditional hospital rooms allow families to experience their baby’s birth together. Patients who give birth vaginally will labor, deliver, recover, and receive postpartum care in their own private birthing suites. Each suite is equipped with the latest technology in fetal monitoring, as well as special accommodations for a member of the family and bathrooms with sit-down showers with a shower message. Room service is available for the patient as well as her family. 24-hour anesthesia service is available for pain management, including labor epidurals and C-sections.

Other facilities include Parkridge and Parkridge East:
- Parkridge Medical Center, a 275-bed medical center, has served our local community for almost 40 years, and was the first hospital in the area to offer robotic surgery (in 2002), with a well-respected robotic surgery team and a Pelvic Floor Center offering state-of-the-art diagnostic and treatment options for women with incontinence, or other pelvic support concerns.
- **Parkridge East Hospital**, a facility of Parkridge medical Center, is a 128-bed acute care community hospital serving the Chattanooga, Tennessee and northwest Georgia area for over 30 years, specializing in high-risk obstetrics, women’s healthcare, minimally-invasive gynecologic surgery, outpatient surgery and women’s diagnostic services.

- **Bledsoe** is a regional outreach program where we provide services to patients who don’t have women’s health care in this area. We will use this as a model to expand services to areas with similar demographics.
PROGRAM BENEFITS

Conference and Book Reimbursement
The Program allows residents to attend outside conferences (total 5 days) deemed appropriate by the Chairman. Our hospital, Erlanger Medical Center, provides reimbursement up to $1,000 annually for PGY 3 and 4 residents, $750 for PGY 2 residents and $500 for PGY 1 residents for conference reimbursement, books, journals or other approved expenses. Conference attendance must be approved in advance by the Chairman. Reimbursement is in accordance with University of Tennessee and Erlanger Travel Policies and Guidelines with original receipts and a copy of the conference flyer.

NOTE: Receipts must indicate that the order (or travel) is complete and payment has been made – not just that the item has been ordered. A copy of a bank statement is not proof of a book purchase or travel expense and is not acceptable by the hospital as an original receipt. SEE DEPARTMENT COPY OF RESIDENT TRAVEL, PROFESSIONAL DEVELOPMENT EXPENSES, AND REIMBURSEMENT for specifics on approved expenses and reimbursement procedures.

Holidays
Residents are granted the nine holidays observed by the University:

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

However, it is dependent upon clinic and patient care schedules and must be determined by the Program Director. At the discretion of the Chair, an additional week of vacation may be granted during the Christmas/New Year's season. During the Christmas/New Year’s season, residents will schedule appropriate concierge among themselves. Any deviation of this must have approval of the Chairman or Program Director.

Vacation
Each resident is afforded three weeks (15 work days) of vacation during each academic year: It is the resident’s responsibility to obtain permission from the entities involved in leave and have their signature affixed to a leave request form. This form can be obtained from the Residency Coordinator.
Residents may NOT schedule 2 consecutive weeks away from the program for vacation, conference or any combination thereof, but may schedule within the same month. Half of that total time must be used between August 1 and December 31st of the academic year. That half of the time away allowance cannot be carried over past December 31st of the academic year. “Use it or lose it.”

All vacation and leave requests for January 7 to May 31 (the second 2nd part of the academic year) must be submitted by November 1st.

Vacation requests will be filled in the order received, first-come first-served, without regard to seniority in the Program. Thus, it is most definitely to your advantage to submit your requests as early as possible.

There will be no vacation or education leave in June or July. The academic year, your contract, and our Residency Program’s term all finish on June 30th, not before.

No more than two (2) residents can be away at the same time, and no two people from the same class may be away at the same time. This same rule applies for conference leave. Attempts will be made to include preceding weekends and following weekends into vacation time.

In order to take off on scheduled leave, requesting resident needs to be up to date with medical records, work hour reports, evaluations, procedure statistics, research deadlines, and all other routine obligations.

The chief of the service is responsible for ensuring adequate coverage for the duration of the requested time period. Once all signatures have been obtained, the chief will evaluate the request and compare it to the leave calendar maintained in his/her office and either approve or deny the request. If approved, the request is to be given to the Residency Coordinator to keep on the master board in the department office.

Requests for EDUCATIONAL LEAVE requires conference/course brochure to be attached to the Request for Time Away Form. Reimbursement of eligible travel expenses, if any, requires ORIGINAL RECEIPTS and must be given to the Coordinator no later than 2 weeks after returning from the conference/course.

Time away without permission in advance is a grave infraction of our Program requirements.

**Sick Leave**
Residents may be paid for up to 21 sick days within a year (four weeks and one day); however, these cannot be carried over from year to year. Any resident that requires a sick day must notify a Chief Resident and the Program Director as early as possible on the day(s) being taken. A written statement from a non-related physician will be required for 2 or more sick days.
The determination as to whether or not the resident will be required to make up time missed due to Sick Leave will be made by the Program Director, in accordance with residency requirements and board certification requirements.

**Family and Medical Leave (FMLA)**

Residents who have been employed for at least 12 months and have worked at least 1,250 hours during the previous 12 month period are eligible for qualified family and medical leave under the provisions of the federal Family Medical Leave Act (FMLA). FMLA provides eligible employees up to 12 weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child, or parent. Residents are required to use all available sick and annual leave days to be paid during FML. (See UT Personnel Policy #HR0338 for details.)

The UT College of Medicine Chattanooga Graduate Medical Education Office recognizes the importance of the early development of a relationship between parent and child and supports the use of time off for resident leave related to the recent birth or adoption of a child. Under Tennessee law, a regular full-time employee who has been employed by the university for at least 12 consecutive months is eligible for up to a maximum of four months leave (paid or unpaid) for pregnancy and adoption. After all available paid sick and annual leave has been taken; unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

With advance notice, the Program Director may grant unpaid leave after all available paid annual and sick leave has been taken as allowed under the following maternity, parental, or adoptive leaves. A copy of this approval must be sent to the GME Office.

UTHSC Human Resource office has administrative oversight for the FML program. The Program Coordinator or Director should notify the UTCOM Chattanooga GME Office when it appears a resident may qualify for FML. The GME Office will coordinate with UTHSC HR and the Program Director to approve or disapprove a resident’s request for FML. Resident rights and responsibilities under MFLA can be found on the UTHSC GME website: [http://uthsc.edu/GME/pdf/fmlarights.pdf](http://uthsc.edu/GME/pdf/fmlarights.pdf).

The following maternity, parental and adoption leave is available to a resident or fellow who has been employed by the university for less than 12 months and has not yet met eligibility requirements for FML:

- **Maternity Leave** – All available sick and annual leave days up to the maximum of six (6) paid weeks duration may be used by female house staff members for the birth of a child. With prior approval, additional unpaid maternity leave may be granted by the Program Director. Extended leave due to complications may be covered under the resident’s disability policy after the 90 day waiting period.

- **Parental Leave** – A parent house staff member other than the birth mother may use paid sick leave to take seven (7) consecutive calendar days to assist with parental duties.
commencing with the birth of the child. At the Program Director’s discretion, additional paid time may be taken using any available annual leave. With prior approval, additional unpaid parental leave may also be granted by the Program Director.

- **Adoption Leave** – Adoptive parent house staff members may use paid sick leave to take (7) consecutive calendar days for leave commencing with the adoption of the child. At the Program Director’s discretion, additional paid time may be taken using any available annual leave. With prior approval, additional unpaid adoptive leave may also be granted by the Program Director.

Except in case of emergency, all leave for birth or adoption of a child should be requested at least three months in advance of the expected date of birth or adoption in order to ensure adequate coverage in the program. The Program Director and resident must verify whether the length of leave will require extending training in order to meet program or board eligibility criteria.

**Bereavement Leave**
Residents and Fellows may take up to three (3) days of paid leave for the death of an immediate family member. Immediate family shall include spouse, child, parent, grandparent, grandchild, brother, or sister of the trainee. With approval of the Program Directors, additional time may be taken using annual leave or leave without pay.

**Jury Duty**
Residents and Fellows may turn in their compensation for jury duty and be paid or may keep the compensation and take annual leave or leave without pay.

**Meals**
Erlanger provides meals and snacks to residents at no charge (seven days a week, 24 hours each day).

**Moving Reimbursement**
Erlanger provides up to $500.00 in reimbursement to residents moving to Chattanooga to begin their residency. Original receipts must be provided.
Compliance with Board Requirements for Absence from Training

It is the responsibility of each Program Director to verify the effect of absence from training for any reason on the individual’s educational program and if necessary to establish make-up requirements that meet RRC or Board requirements of the specialty. All training extensions necessary to meet Board eligibility are paid with full benefits.

Board certification eligibility information is provided to Residents and Fellows by each program and can also be accessed through the Americal Board of Medical Specialties: http://www.abms.org.

Failure to comply with leave policies, including obtaining written prior approval, may result in leave without pay. Programs may have additional leave restrictions based upon individual specialty board requirements and will distribute their program policies and procedures to Residents and Fellows and Faculty.

Revised and Approved by the GMEC 3/27/2012
DISCIPLINARY ACTIONS AND DISMISSAL

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/Fellow training record.

Suspension
A Resident/Fellow 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/Fellows, faculty, staff, medical students or the Resident/Fellow.

A decision involving program suspension of a Resident/Fellow must be reviewed within three (3) working days by the Department Chair (or designee) to determine if the Resident/Fellow 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.

Performance Alert, Remediaiton, and Probation
Probation is a serious disciplinary action that constitutes notification to the Resident/Fellow that dismissal from the program can occur at any time during or at the conclusion of probationary period. In most cases the Resident/Fellow will first receive a Performance Alert which may be followed by a Performance Deficiency and Remediation (PDR) prior to being placed on probation. However, a Resident/Fellow may be placed on probation at any time consistent with 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 Resident/Fellows on probation. Examples include but are not limited to the following: failure to complete the requirements of the Performance Alert and/or the 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/Fellows may be dismissed for a variety of serious acts. The Resident/Fellow 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 non-compliance.

Immediate dismissal will occur if the Resident/Fellow 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)

Reviewed and approved by the GMEC, 2/22/2011.

**Performance Alert and Review Notice (PAR)**
[www.utcomchatt.org](http://www.utcomchatt.org)
Click on Graduate Medical Education (in green banner)
Click on Forms, Handbooks, and Policies
GME Policy #701

**Performance Deficiency and Remediation Notice (PDR)**
[www.utcomchatt.org](http://www.utcomchatt.org)
Click on Graduate Medical Education (in green banner)
Click on Forms, Handbooks, and Policies
GME Policy #702

**Academic Appeals and Due Process**
[www.utcomchatt.org](http://www.utcomchatt.org)
Click on Graduate Medical Education (in green banner)
Click on Forms, Handbooks, and Policies
GME Policy #710
Drug and Alcohol Use

UT College of Medicine Chattanooga Residents/Fellow will be subject to pre-employment drug screening since their involvement in patient care can affect public safety. This means that incoming Residents and Fellows will be required to undergo and pass a pre-employment drug screen before being placed on payroll and employed by the University as a Resident or Fellow. As part of the Incoming Resident Procedures, Residents and Fellow must complete and sign a form to “Consent for Drug Screening.” Testing will be performed at Erlanger Work Force. Failure to cooperate or pass the drug screen will void the Match agreement or Letter of Commitment and the individual will not be employed as a UT Resident or Fellow.

Resident/Fellow, as employees of the University of Tennessee, are subject to all University work rules and policies including the Drug Free Workplace Policy (Policy HR0720.) Please note that the policy allows drug screening “where there is reasonable suspicion of drug or alcohol use.” Some situations that might require drug testing include the following but are not limited to:

- Unusual behaviour such as slurred speech or unusual energy levels for which an explanation is not apparent
- Drastic changes in performance or behavior
- Unusual drug administration procedures or documentation, including those as noted by a review from the pharmacy staff of our teaching hospitals
- Reports by faculty, peers or other co-workers of unauthorized drug and/or alcohol use or being under the influence on the job
- Any behavior that poses a threat to patients or co-workers

If a determination is made that drug testing is necessary, the Program Director, or other responsible faculty member, or university official will immediately relieve the Resident/Fellow of assigned clinical responsibilities and notify the Graduate Medical Education Office. The Program Director will make arrangements for an Erlanger A-1 House Supervisor (778-6168) to be present when the Resident/Fellow signs a consent form for the test, and will have Erlanger Security transport the Resident/Fellow to an appropriate site for testing (usually Erlanger Work Force or Erlanger North). Depending upon test results, the Program Director and Associate Dean/DIO will make a decision regarding recommendation for referral or evaluation, disciplinary action, or termination. Efforts will be made to maintain the confidentiality of the individual’s test results and status. Refusal to be escorted from the hospital or to be tested may result in disciplinary action up to and including termination.

Reviewed and Approved by GME 2/22/2011
The Department of OB/GYN abides by the ACGME Duty Hour requirements which were adopted by the UTCOMC GMEC.

RESIDENT AND FELLOW DUTY HOURS

Resident and Fellow Duty Hours in the Learning and Working Environment

Duty hours are defined as all clinical and academic activities related to the Residency or Fellowship Program; i.e., inpatient and outpatient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, internal and external moonlighting, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. Graduate Medical Education (GME) duty hour standards incorporate the concept of graded and progressive Resident and Fellow responsibility leading to the unsupervised practice of medicine.

Duty Hour Oversight

Duty hour compliance is a collective responsibility of GME leadership, Faculty, Residents, and Fellows. Each program is required to use the duty hour module in New Innovations to monitor compliance with institutional, common, and specialty/subspecialty-specific program requirements. Program Directors must monitor Resident and Fellow duty hours and adjust Resident and Fellow schedules as needed to mitigate excessive service demands and/or fatigue and to prevent negative effects of duty hours on learning and patient care. This includes monitoring the need for and ensuring the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged. Residents, Fellows, and Faculty have a personal role and professional responsibility in the honest and accurate reporting of Resident and Fellow duty hours.

Duty hour reports will be submitted by all programs as requested by the GME office with a frequency to ensure compliance with requirements. Reports will be reviewed by the GME Committee and compliance issues addressed as needed.
Duty Hour Standards

Each ACGME-accredited training program is required to establish a formal written policy governing Resident and Fellow duty hours consistent with institutional and program requirements. The policy at a minimum must document that the following institutional duty hour standards are met. These standards reflect the need for programs to design schedules and clinical assignments to match Resident and Fellow levels of training and competencies in order to improve education and patient safety. Individual program policies may have additional specialty specific duty hour restrictions. All programs will distribute their program policy and procedures to Residents, Fellows, and Faculty.

MAXIMUM HOURS OF WORK PER WEEK

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

Exception Requests: Some Residency Review Committees may grant exceptions to the 80-hour limit for up to 10% or a maximum of 88 hours per week based on a sound educational rationale. The University of Tennessee Graduate Medical Education Committee discourages any exceptions but will consider requests from individual programs. Any request for exception to the 80-hour limit must be reviewed and approved by the GMEC and DIO prior to submission to a program’s RRC. In preparing a request for an exception the Program Director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.

MANDATORY TIME FREE OF DUTY

Resident and Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

MAXIMUM DUTY PERIOD LENGTH

PGY-1 Resident: Duty periods of PGY-1 Residents must not exceed 16 hours in duration.

PGY-2 and above: Duty periods of PGY-2 Residents and above (including Fellows) may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage Resident and Fellows to use alertness management strategies in the context of patient care responsibilities. Per the ACGME Common Program Requirements, strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and Resident and Fellow education that effective transitions of care occur. Resident and Fellows may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
Resident and Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, PGY-2 Residents and above (including Fellows), on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the Resident or Fellow must:

- appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
- document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the Program Director in the New Innovations duty hour module.

The Program Director must then review each submission of additional service, and track both individual Resident and Fellow and program-wide episodes of additional duty.

**MINIMUM TIME OFF BETWEEN SCHEDULED DUTY PERIODS**

**PGY-1** Residents should have ten hours, and must have eight hours, free of duty between scheduled duty periods.

**Intermediate-level Residents:** as defined by the Review Committee] should have ten hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents and Fellows in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for 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 and Fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these Residents and Fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by Residents and Fellows in their final years of education must be documented in the New Innovations duty hour module and monitored by the Program Director.
MAXIMUM FREQUENCY OF IN-HOUSE NIGHT FLOAT

Residents and Fellows must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

MAXIMUM IN-HOUSE ON-CALL FREQUENCY

PGY-2 Residents and above (including Fellows) must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period). PGY-1 Residents are not allowed to take in-house call for more than 16 consecutive hours on duty.

AT-HOME CALL

Time spent in the hospital by Residents and Fellows on at-home call must count towards the 80-hour maximum weekly hour limit. PGY-1 Residents are not allowed to take at-home call.

The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement of one 24-hour day free of duty every week (when averaged over four weeks).

Residents and Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”; however at-home call should not be associated with extensive returns to provide hospital service.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident, Fellow, and the Program Director must monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
Evaluations and Annual Advancement of Residents

The department of Obstetrics and Gynecology has adopted the UTCOM Chattanooga’s Institutional Guidelines for Supervision of Residents as appropriate for this program. The Department acknowledges that:

1. The institutional requirements require the assurance that policies exist and are implemented for evaluation and advancement of Residents according to the principles outlined in the Requirements. All residency programs of UTCOM Chattanooga are required to evaluate residents at least on a semi-annual basis. All programs should require that written evaluations be completed then reviewed by and discussed with the residents at the conclusion of each rotation. Timely evaluations should be discussed with residents by the chair, program director, or designated faculty member in order to inform the residents as to his/her progress/weakness. If any remedial work or extra study is required, the correction plan is outlined with the resident to allow ample time for the resident to meet the program requirements. The chair is required to notify the Director of Graduate Medical Education of any problems with a resident’s performance and anticipated disciplinary actions. A resident must receive written notification of formal probationary status. The Director of Graduate Medical Education would then work with the University’s Office of the General Counsel to ensure that all legal procedures are followed to guarantee the resident’s right to an academic appeal or legal due process.

2. Resident appointments to the UT College of Medicine Chattanooga Graduate Medical Education Program are made on an annual basis with the expectation that continuation within the one-year appointment and appointment annually throughout the duration of the program will be based on evidence of satisfactory process in scholarship and professional growth. Advancement to the next year is based upon satisfactory evaluation. Residents must pass USMLE STEP 3 prior to progression to the GGY III level. Residents must pass the USMLE STEP3 in order to receive a certificate of completion of residency training at UTCOM Chattanooga.

3. The Department of Obstetrics and Gynecology states that: Resident evaluations are completed by the faculty at the completion of each service rotation. These evaluations are discussed in a confidential manner with the resident and signed by both the faculty and the resident. The evaluations are maintained in new Innovations. In addition, the Chair/Program Director and faculty communicate verbally with the residents in order to address the weakness/strengths during each rotation. The progress of the resident is evaluated and summarized in a written review by the Chair/Program Director at least semi-annually. This evaluation process is explained to residents entering the program. The written evaluation is a major component of the decision for advancing residents.

4. At the end of the academic year, the Program Director reviews each of the resident’s evaluations from the different faculty members, as well as his own semi-annual evaluations. Advancement or graduation from the program is based upon satisfactory written evaluations, assessment of clinical goals and objectives, surgical competency, operative cases and research projects.
Evaluation of Faculty by Residents

The Institutional Requirements require the assurance that policies exist and are implemented to allow residents the opportunity to evaluate the faculty to whom they are assigned and the quality of the educational experiences. Evaluations will be completed via New Innovations for residents to evaluate their faculty, rotations and the program. By using New Innovations, the residents are guaranteed full anonymity and they complete these evaluations for every rotation (on either a monthly or bi-monthly basis depending upon the duration of each rotation).

The system provides summarized reports that can be monitored by the Department and the Institution at the conclusion of each resident’s rotation.

Any problems will be brought to the attention of the Chair and Program Director immediately. The evaluations are a component of the yearly faculty evaluation, the internal review and the institutional review.

Evaluation of Program by Faculty

The Department of Obstetrics and Gynecology utilizes an annual evaluation of the program by faculty which is completed in New Innovations. The evaluation addresses areas of strength and weakness within the program, and allows the faculty member to rate the various positions within the Department from the Program Director to the Residency Coordinator. Responses will be compiled and then reviewed by the Chair.

Evaluation of Program by Residents

The Department of Obstetrics and gynecology utilizes an annual evaluation of the program by residents which is completed in New Innovations in the spring. The evaluations are completely anonymous. Responses are reviewed by the Chair, Program Director, and Faculty

Evaluation and Promotion of Residents

The department of Obstetrics and Gynecology has adopted the UT COM Chattanooga’s institutional Guidelines for Supervision of Residents as appropriate for this program. The department acknowledges that:

1. The institutional requirements require the assurance that policies exist and are implemented for evaluation and advancement of Residents according to the principles outlined in the Requirements. All residency programs of UT COM Chattanooga are required to evaluate residents at least on a semi-annual basis. All programs should require that written evaluations be completed then reviewed by and discussed with the residents at the conclusion of each rotation. Timely evaluations should be discussed with residents by the chair, program director or designated faculty member in order to inform the residents as to his/her progress/weakness. If any remedial work or extra study is required, the correction plan is outlined with the resident to allow ample time for the resident to meet the program requirements. The chair is required to notify the Director of Graduate Medical Education of any problems with a resident’s performance and anticipated disciplinary actions. A resident must receive written notification of formal probationary status. The Director of Graduate Medical Education would then work with the University’s office of the General Counsel to ensure that all legal procedures are followed to guarantee the resident’s right to an academic appeal or legal due process.
2. Resident appointments to the UT College of Medicine Chattanooga Graduate Medical Education Program are made on an annual basis with the expectation that continuation within the one-year appointment and appointment annually throughout the duration of the program will be based on evidence of satisfactory progress in scholarship and professional growth. Advancement to the next year is based upon satisfactory evaluation. Residents must pass USMLE STEP 3 prior to progression to the PGY III level. Residents must pass the USMLE step 3 in order to receive a certificate of completion of residency training at UTCOM Chattanooga.

3. The Department of Obstetrics and Gynecology states that: Resident evaluations are completed by the faculty at the completion of each service rotation. These evaluations are discussed in a confidential manner with the resident and signed by both the faculty and the resident. The evaluations are maintained in New Innovations. In addition, the Chair/Program Director and faculty communicate verbally with the residents in order to address the weakness/strengths during each rotation. The progress of the resident is evaluated and summarized in a written review by the Chair/Program Director at least semi-annually. This evaluation process is explained to residents entering the program. The written evaluation is a major component of the decision for advancing residents.

4. At the end of the academic year, the Program Director reviews each of the resident’s evaluations from the different faculty members, as well as his own semi-annual evaluations. Advancement or graduation from the program is based upon satisfactory written evaluations, assessment of clinical goals and objectives, surgical competency, operative cases and research projects.

(Revised 5/2013)
Faculty Involvement Protocol

In addition to the circumstances listed below, OB/GYN residents should ask for the 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 the resident experience per the Supervision Schedule.

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) after initial evaluation of such patients. The senior level resident will 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 member 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.

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) or OB/GYN 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 plan of care.

ICU Patients

All ICU patients with OB/GYN 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) immediately when the aforementioned situations are encountered.
Resident/Fellow Fatigue and Stress
(GME Policy #530)

Purpose
Symptoms of fatigue and stress are normal and expected to occur periodically with the Resident/Fellow population, just as it would in other professional settings. Not unexpectedly, Residents/Fellows may, on occasion, experience some effects of inadequate sleep and stress. As an institution, the University of Tennessee College of Medicine Chattanooga has adopted the following policy to address resident/fellow fatigue and stress:

Recognition of Resident/Fellow Excess Fatigue and Stress
Signs and symptoms of resident and fellow fatigue and stress may include but are not limited to the following:

- Inattentiveness to details
- Forgetfulness
- Emotional liability
- Mood swings
- Increased conflicts with others
- Lack of attention to proper attire or hygiene
- Difficulty with novel tasks and multi-tasking
- Awareness is impaired (fall back on rote memory)

Response
The demonstration of resident and fellow excess fatigue and stress may occur in patient care settings or in non-patient care settings such as lectures and conferences. In patient care settings, patient safety, as well as the personal safety and well-being of the resident, mandates implementation of an immediate and proper response sequence. In non-patient care settings, responses may vary depending on the severity of and the demeanor of the resident’s appearance and perceived condition. The following is intended as a general guideline for those recognizing or observing excessive resident fatigue and/or stress in either setting.

Patient Care Settings
Attending Clinician
1. In the interest of patient and resident safety, the recognition that a resident is demonstrating evidence for excess fatigue and/or stress requires the attending or
supervising resident to consider immediate release of the resident from any further patient care responsibilities at the time of recognition.

2. The attending clinician or supervising resident should privately discuss his/her opinion with the resident, attempt to identify the reason for excess fatigue and/or stress, and estimate the amount of rest that will be required to alleviate the situation.

3. The attending clinician must attempt, in all circumstances without exception, to notify the chief/supervising Resident/Fellow on-call, Program Director, or Department chair, respectively, depending on the ability to contact one of these individuals, of the decision to release the Resident/Fellow from further patient care responsibilities at that time.

4. If excess fatigue is the issue, the attending clinician must advise the Resident/Fellow to rest for a period that is adequate to relieve the fatigue before operating a motorized vehicle. This may mean that the Resident/Fellow should first go to the on-call room for a sleep interval no less than 30 minutes. The Resident/Fellow may also be advised to consider calling someone to provide transportation home.

5. The attending should notify the on-call hospital administrator for further documentation of advice given to the Resident/Fellow removed from duty.

6. If stress is the issue, the attending upon privately counseling the Resident/Fellow, may opt to take immediate action to alleviate the stress. If, in the opinion of the attending, the Resident/Fellow stress has the potential to negatively affect patient safety, the attending must immediately released the Resident/Fellow from further patient care responsibilities at that that time. In the event of a decision to release the Resident/Fellow from further patient care activity, notification of program administrative personnel shall include the chief/supervising Resident/Fellow on-call, Program director or Department Chair, respectively depending on the ability to contact one of these individuals.

7. A Resident/Fellow who has been released from further immediate patient care because of excess fatigue and/or stress cannot appeal the decision to the responding attending.

8. A Resident/Fellow who has been released from patient care cannot resume patient care duties without permission of the Program Director or Chair when applicable.
Nursing and Allied Health Care Personnel
Nursing and allied health care professionals in patient service areas will be instructed to report observations of apparent Resident/Fellow excess fatigue and/or stress to the observer’s immediate supervisor who will then be responsible for reporting the observation to the respective Program Director.

Residents/Fellows
1. Residents/Fellows who perceive that they are manifesting excess fatigue and/or stress have the professional responsibility to immediately notify the attending clinician, the Chief Resident, and/or the Program Director without fear of reprisal.

2. Residents/Fellow recognizing fatigue and/or stress in fellow Residents/Fellows should report their observations and concerns immediately to the attending physician, the Chief Resident, and or the Program Director.

Program Director
1. Following removal of a Resident/Fellow from duty, the Program Director, with input from the Chief Resident, will determine the need for an immediate adjustment in duty assignments for remaining Residents/Fellows in the program.

2. Subsequently, the Program Director will review the Resident’s/Fellow’s call schedules, work hour time cards, extent of patient care responsibilities, any known personal problems, and stresses contributing to this for the Resident/Fellow.

3. The Program Director will notify the Department Chair of the rotation in question to discuss methods to reduce Resident/Fellow fatigue.

4. In matters of Resident/Fellow stress, the Program Director will meet with the Resident/Fellow personally as soon as can be arranged. If counseling by the Program Director is judged to be insufficient, the Program Director will refer the Resident/Fellow to the Aid for Impaired Residents/Fellows Program (AIRS) by direct contact with the Designated Institutional Official (DIO) and Director of Graduate Medical Education (GME).
5. If the problem is recurrent or not resolved in a timely manner, the Program Director will have the authority to release the Resident/Fellow indefinitely from patient care duties pending evaluation from an individual designated by the AIRS Program. (This will represent academic deficiency as described in the institutional policy on Academic Review.)

6. The Program Director will release the Resident/Fellow to resume patient care duties only after advisement from the AIRS Program and will be responsible for informing the Resident/Fellow as well as the attending physician of the Resident’s/Fellow’s current rotation.

7. If the AIRS Program believes the Resident/Fellow should undergo continued counseling, the Program Director will be notified and should receive periodic updates from the AIRS representative.

8. Extended periods of release from duty assignments that exceed requirements for completion of training must be made up to meet RRC training guidelines.

**Non-Patient Care Settings**
If Residents/Fellows are observed to show signs of fatigue and stress in non-patient care settings, the Program Director should follow the procedure outlined above for the patient care setting.

*Reviewed and Approve by the GMEC 2/22/2011*
Lectures and Educational Conferences

Weekly didactic lectures are held on Fridays and schedules are published each month listing times and locations. The majority of the lectures are given by faculty and may also include visiting speakers, videos, journal review or other teaching methods, PowerPoint presentations, and question and answer sessions. Residents will also be giving lectures at least on every 5th Friday of the month.

Check with Neonatology or Pediatrics regarding dates, times and locations of Fetal Board and with GYN Oncology for Gynecologic Oncology Tumor Board.
Morning Report

Morning Report is held on Labor and Delivery at 0615 Monday-Thursday. On Friday, report is at 0600. On weekends/holidays, report is at 0600 in call rooms. It includes the off-going night call group as well as the oncoming clinical chiefs. **Punctuality is mandatory.**

The day shift is responsible for all rounds in the morning, to include; labor and delivery patients, high-risk antenatal patients, triage patients and post-partum patients. If the night team rounds on these patients before morning report, then a full checkout on all of these patients must be given to the oncoming crew.

At morning report, all admissions, deliveries, and surgeries performed by the night-call team will be presented and discussed with the oncoming chiefs-of-service and faculty. Junior residents and medical students will be responsible for in-depth presentation of interesting cases to the chief resident. The chief resident will moderate morning report for cases which pertain to their services. In addition to new patients, the off-going group will update the chiefs on any new development with service patients or private patients which are being followed by the residents. All consults performed during the night will also be discussed with the clinical chiefs.
University of Tennessee College of Medicine Chattanooga
Graduate Medical Education Policy
Medical License Information

The State of Tennessee does not require that a physician in an approved residency program obtain a full and unrestricted license to practice medicine in our state. However, both the University and our affiliated hospitals require that potential MD and DO residents be able to meet requirements for a resident license exemption. The UT College of Medicine Chattanooga and the affiliated hospitals have determined that we seek a resident exemption from licensure, in accordance with the State of Tennessee Medical Board guidelines, for each resident, unless the resident obtains an unrestricted medical license at his/her own expense. The hospitals fund the annual $10.00 per resident fee for the exemption from the Tennessee Board of Medical Examiners (or $30.00 per resident fee from the Tennessee Board of Osteopathic Medicine).

Any resident desiring an unrestricted license must pay the application and examination fees for that license himself/herself, as well as the annual professional tax charged by the State of Tennessee for an unrestricted professional license.

Residents desiring an unrestricted license from any state are encouraged to begin the application process well in advance of the time they will need the license. Residents must request blank forms from the individual licensing boards/agencies or may download the forms from their websites:

ALABAMA .. (334) 242-4153

GEORGIA .. (404) 656-3913
http://medicalboard.georgia.gov/00/channel_modifieddate/0.2096.26729866_27845723.00.html

NORTH CAROLINA .. (919) 326-1100
http://www.ncmedboard.org/

TENNESSEE .. (615)-532-4384
http://health.state.tn.us/Downloads/index.htm#medexaminers
Moonlighting

Moonlighting is defined as any professional activity outside the course and scope of a resident’s approved training program.

UTCOM-C OBGYN residents are **not allowed** to moonlight at any time while in our residency program.

Violation of the UTCOM-C OBGYN residency program moonlighting policy could result in disciplinary actions up to and including dismissal from the UTCOM-C OBGYN residency program and the University of Tennessee GME Programs.
Research Policy

As a requirement for graduation from the program, all residents are required to develop, conduct and present a research project during their residency. Residents are welcome to become involved in current research; however, to complete the requisites of the program, the resident must also develop and conduct an original research project. In addition, the residents are required to write up a case report or case-series report by the end of their second year. All research projects and case reports involving human research, data or chart review must be submitted to and approved by the Scientific Review Committee and Institutional Review Board (IRB). You will find the SRC/IRB committees to be instrumental in helping be successful with your project. All residents are required to complete an online course in human research.

It is recommended that residents attend Nuts and Bolts Research Symposium August 16th, 2013 at UTC University Center.

The department will hold research meetings bimonthly or as needed and is chaired by Dr. Gass or a department representative. The first meeting will be Thursday, August 22nd at noon in C720. During these meetings current research is discussed, guidance is given and new projects are developed. Each resident should be assigned a faculty to become their research mentor during their residency. The resident should work closely with the faculty mentor in the development and execution of the project. UTCOM annually holds a Resident Research Week where resident research is presented before a committee and outstanding research is rewarded. This will be held April 18, 2014. Additionally, exceptional research will be submitted for presentation at national meetings and/or for publication. To present at Resident Research Week, the research should be completed by January 15th, 2014 to be able to submit.

By the middle of the intern year, the resident should have developed an area of interest for research and discuss at the meetings and with the mentor. By the middle of the third year, the research should be progressing. Failure to complete a project will constitute an incomplete residency and failure to graduate from the program unless the project is a multi-year project.

In addition, the department research day will be 5/16/2014. At this meeting, everyone is expected to present the status of their project. In order to take the written Board exam the chief resident is required to have his or her research project completed by this date.

For planning purposes the SRC/IRB submission dates for the rest of the year are usually the first of each month.

Beginning in 2014, a research award will be presented to the resident with the best research. Projects submitted/presented at Resident Research Week will be given preference.

(Revised 6/2013)
Resident Selection and Eligibility Policy

The Department of Obstetrics and Gynecology has adopted the institutional policy of the Graduate Medical Education Program of the University of Tennessee College of Medicine, Chattanooga. This policy states that all programs of the Chattanooga campus acknowledge and follow the eligibility and selection criteria for resident applicants stated in the ACGME institutional requirements as well as the rules of the National Resident Match Program (NRMP).

Minimum requirements for applicant consideration

1. Application to the Obstetrics and Gynecology Residency Program must be submitted solely through ERAS (Electronic Residency Application Service)
2. All applications are processed through the National Resident Match Program (NRMP)
3. Applicants must have passed the USMLE step I and II on the first attempt with a minimum score of 185-USMLE 3 or CS
4. Applicants who are graduates of a foreign medical school must speak fluent English and have passed the exam on the 1st attempt
5. Applicants must provide two (2) letters of recommendation from physicians certified by the American Board of Obstetrics and Gynecology (ABOG)
6. Preference is given to graduates in the top 25% of their class
7. As a courtesy, students rotating through UTCOM during their 4th year are granted an interview, however, they must meet the requirements as stated above

Tennessee board of Medical Examiners states that there are only 4 acceptable offshore schools:

Only foreign medical applicants from
- University of St. George
- SABA (in the Netherlands and Antilles)
- American University of the Caribbean
- Ross University
Will be considered.

Other acceptable schools:
- London schools
- France
- Middle East
- Pakistan
- Iran
SEVERE WEATHER
(UTCOMC Policy #790)
Revised 1/23/2013

Medical Students
In the event of severe weather or hazardous road conditions, medical students rotating at the University of Tennessee College of Medicine Chattanooga follow the decision of the nearby UT Chattanooga undergraduate. Typically, UTC administration announces a closure or delay for its students either the night before or morning of severe weather. Since medical students do not live on or near the Erlanger campus, we do not want them risking their safety if roads are closed or hazardous and schools are closed.

Medical students should listen to local news stations (Cable channels 4, 10, or 13) the evening before and morning of severe weather regarding a decision by the UTC administration. Information about closing is also available on the news websites: www.newschannel9.com, www.wrcbtv.com, and www.wdef.com. The information is also posted on the UTC website at www.utc.edu.

Administrative Staff
UT College of Medicine Chattanooga Administrative Staff will not necessarily follow UTC decisions regarding delays or closure. Staff will be contacted by the Dean’s Office or Business Manager regarding whether or not the offices will be delayed or closed or may be instructed to check the UTCOMC website NEWS section toward the bottom right of the home page: www.utcomchatt.org.

Faculty, Residents, and Fellows
Due to the importance of continuity of care for patients in the primary teaching hospitals, faculty and residents should try to report for duty if they can safely do so. In the event that residents and fellows cannot report for duty due to road conditions, they should coordinate coverage with supervising faculty and chief residents. Residents and fellows who cannot get to the hospital should also communicate each day with their program directors, supervising faculty, and other residents. Communication and cooperation are key.
SOCIAL NETWORKING GUIDELINES

The Office of Graduate Medical Education recommends that Residents and Fellows exercise caution in using social networking sites such as Facebook, Twitter or MySpace. Items that represent unprofessional behavior posted by Residents and Fellows on such networking sites are not in the best interest of the University and may result in disciplinary action up to and including termination. All Residents and Fellows in the University of Tennessee Graduate Medical Education Program are student employees of the University of Tennessee. As such, they are responsible for adhering to all University policies, including the University’s Code of Conduct as set forth in UT Policy No. HR0580.

This policy states that, “Each member of the university community is expected to exhibit a high degree of professionalism and personal integrity consistent with the pursuit of excellence in the conduct of his or her responsibilities.”

The policy can be accessed in its entirety on the UTHSC and UT College of Medicine Chattanooga’s GME websites and identifies certain commonly held values and associated behaviors by which the University as a community is measured and governed. Residents and Fellows must avoid identifying their connection to the University if their online activities are inconsistent with these values or could negatively impact the University’s reputation. If using social networking sites, Residents and Fellows should use a personal email address as their primary means of identification. University and hospital email addresses should never be used for identification on these social networking sites or when expressing personal views.

Residents and Fellows who use these websites must be aware of the critical importance of privatizing their websites so that only trustworthy “friends” have access to the websites and applications.

In posting information on personal social networking sites, Residents and Fellows may not present themselves as an official representative or spokesperson for a Residency or Fellowship program, hospital, or the University.

Patient privacy must be maintained, and confidential or proprietary information about the University or hospitals must not be shared online. Patient information is protected under the Health Insurance Portability and Accountability Act (HIPAA). Residents and Fellows have an ethical and legal obligation to safeguard protected health information. Posting or emailing patient photographs is a violation of the HIPAA statute.

Each program should discuss with Residents, Fellows, and Faculty regarding how University and program policies apply to social media and professionalism.

Reviewed and approved by the GMEC, 2/22/2011.
Department & Institutional Policy on Resident Supervision

The Department of Obstetrics and Gynecology has adopted the UTCOM Chattanooga’s Institutional Guidelines for Supervision of Residents as appropriate for this program.

The Institutional requirements require that resident supervision by faculty must be adequate and appropriate for the diverse settings in which residency training occurs: outpatient clinics, emergency department, inpatient settings, at night and on weekends, etc.

UTCOCMC requires compliance with this guideline from each residency program, and allows each department some latitude in the specific ways in which supervision is provided and monitored. Appropriate supervision includes not only the main hospital inpatient wards, but also diverse areas such as the clinics and emergency department. The Department of Obstetrics and Gynecology also recognizes that supervision is an issue 24 hours per day, every day. The Department complies with this requirement by having faculty; full-time, part-time and clinical take in-house call on a daily basis. The call schedule is determined by the Department Chair. If a problem arises that requires additional faculty of sub-specialty assistance, the appropriate physician is contacted at home and will come to the hospital if necessary.

The College of Medicine and this department continue to review the level of coverage for the residency program through periodic internal reviews, specifically via discussion with residents and faculty. This is done to ensure a balance between the graded level of responsibility and the degree of on-site coverage by attending physicians in order that both the educational needs of the resident and the safety of the patient can be protected in any future policy changes.

The board of the Chattanooga-Hamilton County Hospital Authority (the governing body of Erlanger Medical Center) has delegated responsibility for the quality of patient care within the hospital to the department of the medical staff, under the direction of the elected department chiefs. This responsibility not only includes care given by the Medical Staff, but by the residents as well. The Medical Staff does recognize that the areas of patient care and medical education cannot be definitively separated and frequently overlap. Due to the special relationship between the Department Chair and the residents, the Medical Staff has agreed that the Chair can more effectively supervise the quality of patient care given by residents than can the elected department chief. Therefore, the Board delegated the responsibility for resident participation in patient care to each department Chair with the firm understanding that all incidents are to be promptly reported to the Chair and to the elected department chiefs. Residents must adhere to all policies and regulations of the hospital’s Medical Staff. A copy of the Bylaws of the Medical Staff of Erlanger Medical Center, Rules and Regulations, “House Staff Supervision” is below.

Any problems in patient care which could be from a result of breakdown in supervision should be immediately forwarded from the hospital nursing staff or medical staff member to the Chairman/Residency Program Director of the Department of Obstetrics and Gynecology for
action and follow-up. Routinely the Director of Graduate Medical Education and the Associate Dean are notified as well. Breakdowns are then discussed with the Department Chairman and a response should follow from the Chairman regarding corrective action taken.

Revised 4/2006

MEDICAL STAFF BYLAWS
RULES and REGULATIONS #34
HOUSE STAFF SUPERVISION

Although patient admission privileges are restricted to Medical Staff members, the Medical Staff member, within the limits of his clinical privileges and with continued supervision, may extend specific patient care privileges to the house staff physicians commensurate with the trainee's demonstrated competence. Supervision shall include:

1. No patient shall be admitted to the hospital without the approval of the attending physician.

2. Invasive procedures actually performed by the trainee will be approved by the trainee's attending physician in advance. Such advance approval may be obtained on a case-by-case basis or such other basis as the approving physician deems necessary upon publication of a general authorization for the house staff.

3. Each patient care plan must be evaluated by the attending for appropriateness and documented in the progress notes within 48 hours following admission and at appropriate intervals during the patient's hospitalization.

4. Recognized clinically significant changes in the patient's status will be promptly reported to and reviewed by the attending in a timely manner.
TRANSITION OF CARE

**Purpose:** To establish an orderly protocol for, and minimize the number of, transitions in patient care.

**Policy:**

- 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 a senior resident or attending surgeon to ensure that residents are competent in communication with team members.
Process Map for transition of care:

AM:

Night Float Resident meets at designated time with representatives of OB/GYN teams

- In-depth review of all new admissions to include history, physical examination, lab values, and any procedures or operations performed
- Review of all significant events for patients handed over from previous afternoon

On call resident and incoming team representative examine together any patients with physical findings pertinent to the course of admission or because of a significant change

On Call Resident relieved of responsibility
PM:

Team rounds in afternoon (Chief Resident, Junior Residents, Medical Students)

Team discusses what needs to be done for each patient

Assigned resident calls on-call resident or intern and meets in designated area

The List:
- Brief history
- Outstanding issues
- More emphasis on new patients
- If any issues with physical exam ..............
- Chain of responsibility reviewed for night call

Resident and on-call resident examine the patient together

Night Call Begins
Work Related Injuries

Any resident who sustains an injury during work hours must get a copy of the Erlanger incident report that was filled out (usually by a nurse or nurse manager) on the floor/Department where the incident occurred. If the incident occurs during the day shift, the resident must report to WorkForce with the report for examination. If the incident occurs at night, the resident is to report to the ED for examination.

The resident is to call Pam Scott (Ext. 7673) to arrange a time to meet with her and complete forms that are required in order for Erlanger to pay for the expenses incurred.

Per Pam Scott, January 31, 2013