DEPARTMENT OF SURGERY
General Surgery Residency Program Handbook

2016 – 2017

Revised 07/15/16
Program Mission

The program mission of the General Surgery Residency is to provide an organized educational program with guidance and supervision of the resident, facilitation the resident’s personal and professional development while ensuring safe and appropriate patient care. The mission is to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a specialist certified by the American Board of Surgery.

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Department of Surgery
General Surgery Residency Program

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_Trauma / Surgical Critical Care_  
Martin A. Croce, MD  
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Tiffany Bee, MD  
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Associate Professor

George Maish III, MD  
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Distinguished University Professor

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Professor

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Assistant Professor

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Assistant Professor

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**Thoracic Surgery**
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Eastridge-Cole Professor & Division Chief
Department of Surgery Residents
(Residents’ pagers are assigned with each rotation and are available on the Residents’ Assignment Schedule).

PGY-5 Residents
Stephanie Busby
*Mariana Chavez, Administrative Chief*
Nathan Hinkle
Jacqueline Majors
Katy Marino
*Earl Walker IV, Administrative Chief*
Jefferson “Tyler” Watson
Timothy “Tim” Weatherall

PGY-4 Residents
David Bittenbinder
Boris Cehajic
Jennifer Gordon
Rodrigo Interiano
Kate Savoie
Ethan Stranch
Nicole Whatley

PGY-3 Residents
Davis Berry
Grant Bond
Rebecca Empting
David Hall
Charles “Patrick” Shahan
Drew Turner
Susan Wcislik

PGY-2 Residents
Bennett J. Berning
Olivia DeLozier
Justin Drake
Leah Hendrick
Mark Iltis
Renee Levesque
Derek Thacker
Irene “Rene” Ulm

PGY-1 Residents
Marcus Alvarez
Keith Champlin
Margaret Ferguson
Kathleen Hayes
Jorie Jones
John Shell
Denise Yeung
Xu “Steve” Zhao

Preliminary Residents
Kristin Harmon
Cole Locklear
Fletcher Moore
Lorenzo Olive
Stefan Osborn
Benjamin Pettigrew
Patrick Probst
Daniel Santone
Parth Shah
Cynthia Sharadin

Research Lab Residents
Whitney Guerrero (PGY-2)
Nathan Manley (PGY-2)
Jessica Staszak (PGY-2)
Zachary Stiles (PGY-2)
Participating Institutions

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# Block Diagram

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<th>July</th>
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<th>September</th>
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**Application/Eligibility**

All application information should be submitted to the Department of Surgery through the Electronic Residency Application System (ERAS): [https://www.aamc.org/students/medstudents/eras/](https://www.aamc.org/students/medstudents/eras/). Three letters of reference, in addition to the Dean's letter and your USMLE scores should be included in your application. Applicants must pass USMLE Steps 1 and 2 (CK and CS) or equivalent examinations prior to beginning training. All eligible applications are reviewed. We do accept applications from international medical graduates. We have a large number of highly qualified applicants and are only able to consider the top international graduates. The application deadline for the academic year 2016 – 2017 is November 18, 2016.

**Confidentiality/HIPAA**

All patient information is confidential and subject to HIPAA regulation. Service lists, discharge summaries, op notes and all other papers or material containing patient information should be guarded. Papers should be placed in the shredders provided, not in the trash. All patient identifiers should be removed for presentation at conference. All residents are required to complete the HIPAA module provided by the GME office annually.

**Curriculum**

**Conferences**

Mandatory Conferences are held on *Wednesday morning* in the Coleman Building, South Auditorium (956 Court Avenue). 75% attendance is the minimum acceptable (an ACGME requirement). Compliance with duty hours in an acceptable reason to miss conference and should be documented by email to the residency coordinator.

- **Mortality and Morbidity Conference:** 7 – 8:30 a.m.
  - Case presentations of morbidity, mortality and interesting cases
- **Surgery Grand Rounds:** 8:45 – 9:45 a.m.
  - Topics of interest by faculty, including visiting faculty, and senior residents
  - Every other week – this may vary if there is a visiting professor
- **Basic Science Conference:** 9:50 – 10:50 a.m.
  - Based on the SCORE curriculum
  - Includes topics such as quality improvement, professionalism, etc.
- **Simulation Lab:** 9:50 – 10:50 a.m.
  - Alternating weeks with Grand Rounds
  - 75% attendance required

Additional Conferences (attendance is rotation specific)

- Vascular Conference (held weekly at Baptist East Hospital, Methodist University Hospital, or VA Hospital).
- Trauma Conference/PI (Thursday morning, 7:35 a.m.) Trauma Training Center, Regional One Health [ROH]
Multidisciplinary Oncology Treatment Planning Conferences - The Surgical Oncology Division Multidisciplinary schedule is available from the Division Office. It changes frequently and is too complicated to list in the handbook.

**Reading Assignments**
Residents are responsible for development of a program of self-study. All residents receive subscriptions to the SCORE curriculum ([http://www.surgicalcore.org](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 5 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.

**Rotation Goals and Objectives**
The rotation goals and objectives were developed and approved by the SEC, appropriate site directors and division chiefs and implemented by the program director. These objectives are used for the evaluation of residents and are located on the surgery webpage, ([https://www.uthsc.edu/surgery/residency/rotations.php](https://www.uthsc.edu/surgery/residency/rotations.php)). Goals and objectives are emailed to residents the day before a new rotation begins, and they should be reviewed before the rotation.

**Simulation Labs/ Virtual Reality Trainer**
Participation in scheduled simulation labs is mandatory. Schedules will be provided and all residents are expected to attend the labs as scheduled, unless it would be a violation of duty hours regulations (in which case an explanation should be sent to the program director or coordinator). You must attend 75% of the labs assigned. If you miss a scheduled session, you can make it up in a similar session for another group. You will also be required to complete the assigned VR simulation modules for your PGY. These will be assigned in quarterly segments. Failure to satisfy the requirements for lab attendance and VR module completion may result in failure to progress through the residency, based on failure to meet the required milestones.

**Exams**

**ABSITE**
All residents are required to take the annual American Board of Surgery in Training Exam (ABSITE) each year. This examination is most helpful in the resident’s and the faculty’s assessment of clinical and basic science fund of information. Although performance on this exam is not the sole determinant in promotion and progression in the residency, it is used as part of the global evaluation. It is a helpful tool in assuring that the resident will be able the pass the Qualifying Exam of the American Board of Surgery (QE). Performance below the 25th percentile on this exam will result in a performance improvement plan. Failure to abide by performance improvement terms and continued poor performance on the exam may result in termination. If poor performance on this exam is thought to be based upon learning disabilities, the program director may refer the resident to the Learning Resource Center for evaluation.
**Mock Oral Examination**
All residents will take a “mock oral” examination in May. This examination is used as a practice for the Certifying Examination of the American Board of Surgery (CE). The results are provided to the residents to be used as feedback in their preparation for the CE. The results will also be used as part of the global evaluation for each resident.

**Exam Schedule**
ABSITE: January
Mock Orals: May

**Duty Hours (Also see GME Policy #310)**

Duty hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting (internal and external), 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 duty hour standards incorporate the concept of graded and progressive resident responsibility leading to the unsupervised practice of medicine.

Duty hours must be recorded in New Innovations **weekly**, as required by the GME office. Residents must enter a justification for **all** violations. The residency coordinator will enter vacation leave.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period.
- Residents must have 1 day in 7 free from all educational and clinical activities, averaged over a four-week period.
- A 10-hour period between shifts **must** be provided.
- 14 hours duty free after 24 hours of in-house duty.
- Maximum duty period
  - PGY 1 – 16 hours
  - All other residents 24 hours of continuous duty + 4 hours for transition of care
    - No new patients, no clinic, no surgery
- Residents in the final years of education, PGY 4 and 5 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 in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Examples include:
  - Continuity of care for a severely ill or unstable patient
  - A complex patient with whom the resident has been involved
  - Events of exceptional educational value
  - Humanistic attention to the needs of a patient or family

**Evaluation and Promotion**

Resident
Residents are evaluated in each of the six ACGME core competencies. Multiple methods are used to assess each of these areas. Online evaluations for each rotation are performed by the attending staff, chief residents and nursing personnel (360° evaluation).

- **Patient Care**
  - Daily service rounds
  - Attending rounds
  - Clinic
  - Surgical technique
  - Conference presentation

- **Medical Knowledge**
  - Daily rounds
  - Attending rounds
  - Clinic
  - ABSITE
  - Mock orals examination
  - Conference participation

- **Practice Based Learning and Improvement**
  - M&M preparation
  - Skills lab participation
  - SCORE curriculum completion
  - Conference attendance

- **Professionalism**
  - Interaction with multidisciplinary team and other services
  - Conference preparation
  - Adherence to policies and procedures
  - Patient evaluations

- **Interpersonal Relationships and Communication**
  - Interaction with multidisciplinary team and other services
  - Comments from patients and families
  - Medical student evaluations
  - Evaluation by other residents

- **Systems Based Practice**
  - Conference attendance
  - Conference preparation
  - Medical record and case log completion
  - Duty hour log completion
  - Compliance with policies and procedures

Rotation specific evaluations are done through the New Innovations® system. The evaluation process is based on the ACGME Milestones of progress. The Clinical Competency Committee (CCC), which includes five (5) faculty and the program director, is responsible for determining residents' progression based on the educational milestones,
making recommendations on promotion and graduation decisions, and recommending performance improvement or disciplinary actions to the program director.

Mid-year and end of the year evaluations: Mid-year and at the end of each residency year, the program director will provide a summative evaluation for each resident documenting progression or promotion to the next year. This evaluation assesses current performance based on written evaluations, faculty observations, simulation lab participation, and other performance measures that have been reviewed by the program's QIC. The summative evaluation will be discussed with the resident and a copy signed by the mentor and/or the program director and resident and will be placed in the confidential resident file.

Graduating residents: The program director will also provide a summative evaluation to graduating residents upon completion of the program. The end-of-program summative evaluation will include documentation of the resident's performance during the final period of education and verification that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Appointment to the surgical residency program is made on a year-to-year basis and is dependent upon satisfactory performance by the resident. There is an implied responsibility by the Department of Surgery and the resident surgeon to renew this appointment on a yearly basis as long as work is satisfactory, the position is desired by the resident and the needs of the department and the institution are met. It must be emphasized, however, that not everyone learns at a consistent rate and that additional training may be necessary.

Academic Performance Improvement Actions
A full description of these actions may be viewed on the GME website under academic performance improvement policy.

Single Incident Form
Documentation of poor performance, not requiring a formal action.

Performance Improvement Plan (PIP)
This is an official notice to the resident of unsatisfactory performance and expectations for improvement. Examples of indications for PIP include (but are not limited to): poor performance on exams (mock orals or ABSITE), clinical performance and/or surgical skills below the level expected for the level of training, unprofessional behavior, failure to complete medical records and/or case logs in a timely manner.
If the resident fails to satisfactorily meet the expectations in the PIP, actions implemented may include additional improvement plans, repeating the academic year, or other disciplinary actions.

Repeat Academic Year
A resident will receive written notice four (4) months prior to the end of the academic year of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs in the last four (4) months, notice will be provided as circumstances reasonably allow.

Determination by the department chair and program director (along with the faculty Quality Improvement committee) that the resident fails to
correct a deficiency or that the deficiency or violation of University rules is of sufficient gravity to warrant dismissal, the resident may be dismissed without being placed on probation. However, the program director must consult with the Office of Graduate Medical Education prior to instituting a dismissal that is not preceded by a period of probation. In that instance, the resident may obtain review under the Graduate Medical Education policy of Academic Due Process. This policy is delineated in the housestaff manual. **All disciplinary actions, including probation, suspension and dismissal will become a permanent part of the resident training record.**

*Grievance and Due Process*

The Department of Surgery follows the Grievance policy of the Graduate Medical Education office of UTHSC. Residents may raise and resolve issues without fear of intimidation or retaliation. For academic or other disciplinary actions, grievances are processed according to the GME Academic Appeal Policy, available on the GME website. The Grievance policy is attached to this handbook.

**Faculty Evaluation**

The residents evaluate each faculty member annually, anonymously on the New Innovations website. These evaluations are part of the faculty member’s annual evaluation by the division chief and the chairman. They are reviewed for trends, positive and negative.

**Program Evaluation**

The Program Evaluation Committee (PEC) consists of 14 faculty members and resident representatives from each PGY year. This committee is responsible for reviewing the curriculum and developing and implementing new educational activities. It is responsible for reviewing and updating rotation goals and objectives. It will review ACGME standards and ensure compliance. It will render a formal, written annual program evaluation with a plan for improvement.

The residents and faculty submit evaluations of the program as a whole and individual rotations (anonymously) on the New Innovations website annually. All aspects of the program are evaluated, including conferences, personnel, rotations and faculty. The PEC reviews these evaluations, resident and faculty scholarly activity, ABS (American Board of Surgery) pass rates. These are presented at the Annual Program Evaluation (APE) meeting. The program effectiveness is formally reviewed. This meeting ensures the residency program is in compliance with ACGME standards. An action plan is devised for areas that need improvement and/or change.

Results of the faculty and rotation evaluations are shared with the program chairman and the faculty members, including division chiefs.

**Handoffs/Transitions of Care**

In addition to UT GME Handoffs and Transitions of Care policy #312 ([http://www.uthsc.edu/GME/policies/handoffs2011.pdf](http://www.uthsc.edu/GME/policies/handoffs2011.pdf)), residents must follow these
program specific policies:
Transitions may occur:

- Face to face
- Over the telephone
- Via secure computer network

Information transferred must include:

- Patient name
- Account number
- Room number
- Responsible attending and resident contact information
- Patient age
- Diagnosis and surgeries performed or pending
- Allergies
- Resuscitation status
- Antibiotics
- Pending tests
- “To do” list
- A sample list is attached

All information must be transmitted in compliance with HIPPAA

Alertness and Fatigue Mitigation

In an attempt to incorporate proper fatigue awareness into the General Surgery Residency program, a required lecture/presentation dedicated to this topic will be given during the Basic Science conference. The accompanying slide presentation will be available on the General Surgery website (http://www.uthsc.edu/surgery/conferences_schedule.php). Additional Alertness and Fatigue training may be available for the UTHSC GME office.

A resident suffering from fatigue will be relieved by the most senior resident on the service, who will then designate remaining responsibilities to available residents as necessary. Residents who are unable to arrange relief shall contact an Administrative Chief Resident or the Program Director for assistance.

Leave Policy

UT GME Leave policy #220

All residents are allowed three (3) weeks, consisting of 21 days (Monday – Sunday) of paid annual (vacation) leave per year, plus leave as noted in the institutional requirements for family, maternity and paternity leave. The deadline to submit vacation requests to the program director is June 15, 2016 via website, https://uthsc.co1.qualtrics.com/SE/?SID=SV_2rdbaWQ0ereebzF. Educational leave (for meetings) is not counted as vacation if approved by the program director. Vacation leave does not carry over from year to year and residents are not paid for unused leave. Leave for interviews must be requested by email to the program director. After five (5) days off for interviews, interviews will count as vacation days.
Residents are allotted three (3) weeks of paid sick leave per twelve-month period for absences due to personal or family (spouse, child, or parent) illness or injury. A physician’s statement of illness or injury may be required for absences of more than three (3) consecutive days or an excessive number of days throughout the year. Sick leave is non-cumulative from year to year. Residents are not paid for unused sick leave. Under certain circumstances, additional sick leave without pay may be approved.

In addition to approval from the PD, a leave request form must be completed by the resident and signed by the chief resident.

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.” (from the ABS website) The resident may be required to make up any time missed in accordance with the Residency Program and Board eligibility requirements.

Legal Inquiries

All inquiries from attorneys (unless they are from the University of Tennessee Office of General Counsel) should be referred to the attending. Inquiries from insurance officials or hospital officials should also be answered in generalities, and then referred to the attending. This is the case, even if you are assured that no litigation is intended. If you are served with papers or there are hints at litigation, the attending surgeon and program director should be informed immediately and you will be assisted in contacting the University Counsel (901-448-5615).

Medical Records

Medical records are legal documents. They are maintained for continuity of patient care, document quality care, justify payment, reporting to government agencies, and serve as a defense against malpractice claims. They should never be used to air disagreements with other services or comment on the care of other services or hospital personnel. Correct terminology is important.

All records must be timed and dated and signed, and include block letter of your name after the signature and a pager number (or other contact number). A preop note should be entered on all patients. A History and Physical must be performed within 30 days prior to admission and updated within 24 hours of admission or before transport to the operating room. All operative reports must be dictated within 24 hours of surgery. Discharge summaries should be dictated at the time of discharge.
Residents who are delinquent with medical record completion are subject to the same penalties as the faculty – suspension of operative and/or admitting privileges. Suspension of privileges may result in loss of vacation days.

Never alter a medical record after a query is made regarding the care of the patient.

**Meeting Attendance/Travel**

Residents are eligible to attend meetings for presentation (oral or poster) of their research. The Department of Surgery will fund (at University rates) the meeting registration, travel and hotel fees. The Department of Surgery will also fund (at University rates) a major meeting for each chief resident in their PGY-5, up to $2000, and the fall meeting of the American College of Surgeons for the PGY-3 resident(s) who makes the highest score on the ABSITE. This educational leave does not count as vacation.

Leave must be requested via email to the program director for approval six-weeks in advance of the meeting for scheduling purposes. Once travel is approved, the resident must complete and email a travel request form [here](http://www.uthsc.edu/surgery/residency/documents/travel-request.pdf) to Tanya Morgan, tmorga19@uthsc.edu, and copy Cynthia Tooley, ctooley@uthsc.edu, one month in advance.

Travel reimbursement is based on GME policy [here](http://www.uthsc.edu/GME/documents/policies/travel.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.**

Receipts submitted for reimbursement of all other expenses MUST show total and payment information. All travel reimbursement will be direct deposited into the resident's account.

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

**Moonlighting**

Moonlighting is not permitted. Violation of this policy may result in dismissal.
**Operative Log**

All residents are required to keep an accurate operative log of all procedures performed while a resident in the Department of Surgery. The log is provided on the ACGME website. This log is used for application for the American Board of Surgery Qualifying Exam and for RRC monitoring of the experience provided at this institution. Procedures should be logged at least monthly, and will be monitored by the residency coordinator and program director. Failure to keep up with case logs will result in loss of OR privileges and may result in loss of vacation days.

**Professionalism**

Honesty is expected at all times. Violation of this policy is grounds for immediate dismissal.

All residents on the General Surgery Service are expected to look and act as a responsible physician. Professional appearance and manner are to be exercised in all environments, even though the work and conditions may be very stressful. All patients are to be treated with the respect you would wish afforded to your family members.

It is never acceptable to swear at a patient, regardless of the language used by the patient or family member. It is never acceptable to strike a patient.

Residents are expected to dress professionally whenever at work. Scrubs are acceptable attire, but should be clean and free of blood and other body fluids. Attire should be changed as soon as possible after a contaminated or bloody case. Your white coat should be clean.

Collegiality and respect for other members of the health care team is essential to good patient care. When called for a consult or called by a nurse for a question, the response should, at all times, be professional and courteous.

**Research**

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

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.

**Supervision**

The Department of Surgery follows the University of Tennessee Resident Supervision Policy #410, which is available on the UT website/GME.
The attending physician is responsible for the overall care of each individual patient admitted to the surgical service and for the supervision of the resident(s) assigned to the patient. **There is a clear chain of command centered around graded authority and clinical responsibility.**

**Levels of Supervision:**

- **Direct** – supervising physician is physically present with the resident and the patient
- **Indirect**
  - With direct supervision immediately available – supervising physician is physically present in the hospital or other site of patient care, and is immediately available
  - With direct supervision available – supervision physician is not physically present within the hospital or other site of patient care, but is immediately available by electronic or telephone modalities, and is available to provide direct supervision
- **Oversight** – supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

**Admissions**

The attending surgeon must be notified of each admission. Each patient is admitted under the name of an attending.

**Surgery**

The senior resident must immediately notify and receive concurrence for any patient going to the operating room. Supervision of residents will always meet or exceed hospital policy. Attendings will document their participation in the supervision process. An attending must always be available for consultation and support. Information regarding the responsible attending should be available to residents, faculty members and patients. Site directors of all integrated and affiliated hospitals in the program must assure the program director that these policies are being followed.

The attending surgeon is expected to:

- Confirm (or change) the diagnosis.
- Approve the operative procedure and procedure timing.
- Be immediately available or physically present (as dictated by his/her judgment) during the operative procedure and assure that it is properly carried out. Exceptions are only allowed for life/limb threatening emergencies.
- Supervise the postoperative care.
- Assure continuing care after the patient leaves the hospital.

**Procedures outside the OR**

The specific Clinical Activities and Level of Supervision for General Surgery Residency Program is attached to this handbook. This outlines the method of
instruction and the level of supervision required before certification to perform activities outside the OR (i.e. central lines, laceration repair, etc.) without direct supervision.

**PGY 1 Residents**
Should be supervised directly or indirectly with direct supervision immediately available.
Must complete the procedure log to be competent to perform the listed procedures with indirect supervision, with direct supervision available.

**Supervising Physicians**
Faculty members delegate portions of care to residents, based on the needs of the patient and the skills of the residents. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on patient needs and the skills of the individual resident or fellow.

**Transfer**
The attending surgeon must be notified of patient transfer to a higher level of care, such as transfer from the floor to the intensive care unit.

**End of Life Decisions**
The attending surgeon should be informed of and involved in end of life decisions, including, but not limited to, do not resuscitate orders and withdrawal of care.

**USMLE Requirements**

**Steps 1 and 2 (CK and CS):**
All residents/fellows entering any Memphis-based graduate medical education program sponsored by the University of Tennessee College of Medicine on or after July 1, 2009 must have passed USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE).

Any Agreement of Appointment or offer letter will be contingent upon passing Steps 1 and 2 (or equivalent exams). Each resident/fellow is responsible for providing copies of passage of Steps 1 and 2 (CK and CS) or equivalent examinations to the program director and the GME Office and will not be allowed to start training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof for international medical school graduates.

**Step 3:**
All residents are required to pass USMLE Step 3 before they can advance to the PGY 3 level. All residents on the standard cycle must register to take Step 3 no later than December 31st of the PGY 2 year. Residents must provide proof of passage by June 30th to be promoted to the PGY 3 level. Failure to provide proof of passage by June 30th will result in non-renewal of the resident's contract and the resident will be terminated from the program. It is the responsibility of the resident to provide the necessary proof to the program director and coordinator. Any Agreement of Appointment or offer letter to begin training at the PGY3 or higher
level will be contingent upon passing Step 3 (or equivalent exam). Accepted or matched residents and fellows who have not passed the required U.S. Medical Licensing Examinations (or equivalent exams) prior to their scheduled start date do not meet eligibility requirements and will be released from their appointment.
Hospital Contacts

Baptist Memorial Hospital - Memphis
Graduate Medical Education
Regina “Gina” Rogers
6025 Walnut Grove Road, Suite 417
901-226-3843 or 901-226-1350 (Office)
901-226-1351 (Fax)
Regina.Rogers@bmhcc.org

Medical Records
Linda King
901-226-5157 or 901-226-5088

LeBonheur Children’s Hospital
Dictation
287-5100

Meal Allotments
Cheryl Wilkinson
c/o Physician and Referral Services
850 Poplar Avenue, Bldg. 2
Memphis, TN, 38105
901-287-5158 (Office)/901-287-4790 (Fax)

Medical Records
901-287-6076

Security (Badges and Parking)
901-287-4456

Methodist University Hospital
Meal Allotments
Sherina Gordhan
1265 Union Avenue
T-624 Thomas Wing
Memphis, TN 38104
901-516-7169 (Office)
Sherina.Gordhan@mlh.org

Medical Records
P.J. Hayes
901-516-8493

Medical Education
Judy Watts
251 S Claybrook 2nd Floor
Memphis, TN 38104
901- 516-2362
judy.watts@mlh.org
Regional One Health
Help Desk (IT)
901-545-7480

Meal Allotments
Sheri Wahl Yendrek, BPS-HA
Director – Medical Staff Services and Payor Enrollment
Regional One Health and UT Regional One Physicians
Phone: 901-545-8336; fax: 901-515-9486
swahl@regionalonehealth.org

Medical Records
Buffy Bell
901-545-6319

Scrubs Access
Brenda McFarland
Supervisor, Laundry Services
877 Jefferson Avenue
Memphis, TN 38103
901-545-7990 (Office)
901-685-4065 (Pager)
BMcFarland@regionalonehealth.org

VA Medical Center
Elston Howard
1030 Jefferson Avenue
Education Office
Memphis, TN 38104
901-577-7395
elston.howard@va.gov

Medical Records
Rebecca England
1030 Jefferson Avenue, 136F
Memphis, TN 38104
(Room 6018, Ground Floor)
901-523-8990, ext. 7859
rebecca.england@va.gov
# Resource Links

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<td>American Board of Surgery</td>
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<td>University Health Services</td>
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Other
GME policies

These and other policies are available on the GME website
www.uthsc.edu/gme
Program Eligibility and Selection Criteria

All application information should be submitted to the Department of Surgery through the Electronic Residency Application System (ERAS): https://www.aamc.org/students/medstudents/eras/. All eligible applications are accepted. The application deadline for the academic year 2016 – 2017 is November 11, 2016.

In addition to the University of Tennessee Graduate Medical Education (UT GME) Selection Policy #110 (http://www.uthsc.edu/GME/policies/ResidentSelection.pdf), applicants must meet the following criteria:

Visa Status – Visa status for international Medical Graduates must fall within the following categories:

- Eligible to seek J-1 Visa
- Permanent resident or Alien status (i.e. "Green Card")
- In accordance with UT GME guidelines, this program does not sponsor residents for "H" type visas.

Interviews are required for consideration. Invitations will be sent beginning in September and interviews will be held on Wednesdays, early November through mid-January. Applicants are selected for interviews based on:

- Medical school transcript
- Personal statement
- Three letters of recommendation
- USMLE or COMLEX scores

Note: To ensure that all residents/fellows meet minimal standards, the Graduate Medical Education Program requires that all residents/fellows entering any Memphis-based graduate medical education program sponsored by the University of Tennessee College of Medicine on or after July 1, 2009 must have passed USMLE Steps 1 and 2 (CK and CS) or equivalent examinations (COMLEX-USA or MCCQE).

Any Agreement of Appointment or offer letter will be contingent upon passing Steps 1 and 2 (or equivalent exams). Each resident/fellow is responsible for providing copies of passage of Steps 1 and 2 (CK and CS) or equivalent examinations to the program director and GME Office and will not be allowed to start training until this documentation is submitted. A valid ECFMG certificate will be accepted as proof for international medical school graduates.

Accepted or matched residents and fellows who have not passed Steps 1 and 2 (or equivalent examinations) by July 1 will be released from their contract.

- US Clinical Experience (USCE) is not required; however, it is encouraged.

Applicants are selected for residency based on the above criteria and on personal interviews.
Policy
Additional policies related to professionalism are located at the following link (http://policy.tennessee.edu/hr_policy/hr0580/) under Code of Conduct, Disciplinary Actions, and Personnel Policies (Disciplinary Actions).

Grievance Procedures
GME Policy 350
http://www.uthsc.edu/GME/policies/grievances2010.pdf

Travel Policy
UT Travel Policy FI0705
http://treasurer.tennessee.edu/travel/policy-and-forms.htm

Health and Wellness
University Health offers a number of services to support all employees including house staff. UH is committed to providing a healthy and safe work environment for employees and students through education, prevention and treatment programs.
Some of the services of UT include:
• Immunizations and other preventative services to protect against work-related exposures.
• Routine screening for exposure to work place hazards.
• Evaluation and treatment of work-related illness or injury.
• Facilitation of proper reporting and documentation of work-related injury or injury.

Location: 910 Madison Avenue, 9th Floor
Phone: 448-5630
Emergency Phone: 448-4444 (Campus Security)
Website: www.uthsc.edu/univheal

Workers' Compensation Claims Process
If you have a workers comp issue (i.e. needle stick, cut yourself with a scalpel, fall down the stairs) you must call the vendor and put in the claim. The vendor is CorVel and the number is 866-245-8588. It is staffed 24/7 by a nurse. Once that is done, they will instruct you where to go to get your treatment. Most all of our hospitals are in-network with them as well as University Health. Generally, you will be referred to the same hospital you are current at but you can request to have it done at University Health or another location. We prefer that you go to University Health if it is during business hours.
as GME can intervene if you run into issues. Wherever you get your initial treatment is where you will be required to get your follow-up care. After you call your claim in and get your initial treatment, you must complete the Workers’ Comp Instructions/Procedures (http://www.uthsc.edu/hr/benefits/documents/employee-and-supervisor-workers-compensation-instructions-and-procedures.pdf), Report on the Job Injury (http://www.uthsc.edu/hr/benefits/documents/report-of-on-the-job-injury-or-illness.pdf), and Initial Medical Checklist (http://www.uthsc.edu/hr/benefits/documents/Initial_Med_Info_Checklist.pdf) forms. Your supervisor (can be your attending or your coordinator) must call CorVel to verify and complete the initial medical checklist report within 5 days. It is important that you follow this process so that the State will pick up the cost of the treatment and you are not billed for it. If there is any problem calling the number, you can get your initial treatment at the hospital and call it in the next day and say it was an emergency treatment. This should be the exception, as the number should always be staffed. For additional information about Workers’ Comp, please click on or copy and paste the following link into your web browser: http://www.uthsc.edu/hr/benefits/workers_compensation.php

Return the forms to GME, 920 Madison Avenue, Room 447 or directly to HR, 910 Madison Avenue, Room 764.

The Office of Risk Management will fine departments $1,000 each time a claim is not done, including the coordinator or supervisor calling, within 5 days of the incident.

The State of Tennessee manages the workers comp program for every agency and public university. This is not a GME or UT process that we can change. The campus has been working with the UT System Office to make some suggestions for improvement, as what we do at the Health Science Center is different from your typical State agency. If you have any issues call the GME Office, 901-448-5128 or call HR directly at 901-448-5600.

## Off-Site Rotation

**University of Tennessee**  
**Graduate Medical Education Program**  
**Offsite Rotation Approval Process**

The purpose of offsite rotations is to meet training requirements that cannot be satisfied within University of Tennessee (UT) affiliated hospitals or clinical training sites. In order to avail itself of an offsite rotation opportunity, the requesting program must first receive approval from the Designated Institutional Official (DIO). The program director is ultimately responsible for the ability of his/her program to meet ACGME and RRC requirements within UT facilities whenever possible. In the event that training requirements cannot be satisfied within facilities, completion of the following procedure is required before an offsite rotation may begin:

1) At least three months prior to the start of the requested offsite rotation, the program director will submit the following documentation to the Office of Graduate Medical Education:
(a) Request for Approval of Offsite Rotation Form  
(b) Program Director Statement  
(c) Offsite Affiliation Agreement including Acceptance / Waiver of Compensation  
(d) Goals and Objectives for the rotation

2) Upon receipt of completed Request for Approval of Offsite Rotation Form and accompanying documentation, GME staff will present the request to the Offsite and DIO for approval.

3) GME staff will send notice of approval of request to the program director when the DIO gives final approval. Likewise, the GME Office will send notice of denial to the program director if the request is denied.

4) Unless the resident’s department reimburses GME for the associated costs, the resident will not be paid by UT during the dates of the offsite rotation and will be responsible for paying the full cost of group medical insurance (both UT and employee portion). The resident is also responsible for meeting the licensure requirements in the state where the rotation occurs.

5) The resident and program director are jointly responsible for determining that the resident has obtained professional liability coverage for the off-site rotation. Under the provision of the Tennessee Claims Commission Act, the University of Tennessee cannot provide medical liability coverage for out-of-state rotations or for unpaid in-state rotations. In-state institutions may also require commercial coverage with pre-determined limits in lieu of Claims Commission coverage.

Additional information on Off-site rotations is located at:  
https://www.uthsc.edu/GME/policies/offsite2010.pdf