THE UNIVERSITY of TENNESSEE
HEALTH SCIENCE CENTER™
COLLEGE of MEDICINE

Anesthesiology
Program Handbook
2024-2025

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Section 1. Program Information

I. General Information and Mission Statement

The Department of Medicine at the University of Tennessee Health Science Center (UTHSC) offers a four-year ACGME accredited Anesthesiology residency program in Memphis, Tennessee.

Mission Statement:

We will:

- Graduate anesthesiologists capable of performing all aspects of perioperative medical services in a patient-centered manner who can advance the science of anesthesiology through life-long learning and understanding of the specialty.
- Care for all patients who access our services regardless of their ability to pay and treat every patient with dignity and respect.
- Collaborate with patients, their families, nursing, and other specialty staff to provide holistic care.
- Continually reevaluate our practices, examine advances in scientific literature and implement changes for the benefit of our patients.
- Use our own research to maximize resource utilization, decrease patient length of stay, contain healthcare costs, improve healthcare services, reduce perioperative complications, and challenge traditional pain management strategies with innovative techniques.
- Partner with other academic departments to improve our patient's lives through education, research, and patient-centered care.

Program Aims:

The program is set to graduate physician anesthesiologists who will be leaders in patient-centered physician lead anesthesia care. Rotations are set up to enable residents to get considerable experience in a stepwise manner that supports early, rapid skills attainment that will be used in an ongoing manner. Residents get multiple exposures to critical care, ultrasound-guided procedures and a wide variety of anesthesia locations including trauma anesthesiology in one of the busiest trauma centers in the United States. They will assist with lectures, quality improvement, creating simulation experiences, presenting Morbidity and Mortality cases, presenting Journal Club offerings, and participating in original research. We also have sessions on collaborating with colleagues, nursing, patients, and families to facilitate our focus of patient-centered care.

II. Program Leadership

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V. 2024-2025 Resident Contact Information

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** Denotes Chief resident

University of Tennessee
Anesthesiology
Block Diagram

Clinical Base Year: PGY-1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	1	1	2	2	2	3
Rotation Name	GEN SURG	PAT	OB/GYN	ED	PAL	PULM	GA	GA	IM	CARD	MICU	PEDS
Fundamental Clinical Skills Rotation (Y/N)	Y	N	Y	Y	N	Y	N	N	Y	Y	Y	Y
Required (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
% Inpatient	100	0	50	0	100	90	90	90	100	50	100	100
Hours of Ambulatory/Outpatient	10	100	50	100	5	10	10	0	0	50	0	0
Vacation Permitted	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

CA1: PGY-2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	1	1	1	1	2	5
Rotation Name	GA	GA	GA	OB ANES	OB ANES	APS	PAT/PACU	GICU	BOR	APS	CPS	NEURO
Required (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
% Outpatient	20	20	20	50	0	10	100	0	20	10	100	0
% Research	0	0	0	0	0	0	0	0	0	0	0	0

CA2: PGY-3

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	1	1	3	3	5	5
Rotation Name	GA	OB ANES	TRAUMA	PAT	TRAUMA	GICU	APS	Trauma	PEDS ANES	PEDS ANES	CT	NEURO
Required (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
% Outpatient	20	50	0	100	0	0	5	0	50	50	0	0
% Research	0	0	0	0	0	0	0	0	0	0	0	0

CA3: PGY-4

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	1	1	1	3	3	4
Rotation Name	APS	GA/ACT	GA	TRAUMA	TRAUMA	TRAUMA	RES/OB Anes	PAT/US	GICU	PEDS ANES	PEDS ANES	NORA
Required (Y/N)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
% Outpatient	100	20	20	0	0	0	0	100	0	50	50	50
% Research	0	0	0	0	0	0	50	0	0	0	0	0

Section 2. Site Information

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3. **Le Bonheur Children's Hospital**
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Section 3. Educational Activities

Didactic Lectures

Junior Resident Lectures (PGY-1 and PGY-2/CA-1 Residents) are on Tuesdays at 3 PM. Attendings will decide on the format of the lecture.

Senior Resident Lectures (PGY-3/CA-2 and PGY-4/CA-3) are on Thursdays at 3 PM. Attendings will decide on the format of the lecture.

All lectures take place in the anesthesia conference room in the anesthesia offices, 6th floor of Chandler unless otherwise specified. In-person attendance is expected for credit. Zoom options are available for residents with extenuating circumstances that prevent in-person attendance (post-call, Trauma, & LDD are examples) or in the event a resident is on vacation and wants to attend. Please notify the Program Manager before 2:00pm if you need a zoom link.

Attendance:
Attendance to lectures and conferences is mandatory. The only valid excuses are vacation, severe illness, and FMLA. 85% compliance is required.

Zoom:
To receive credit for approved extenuating circumstances joined via zoom, it must mimic as if you were in-person. You should be sitting down with the camera on, speaker muted, and being attentive. The attendee should not be driving, eating, setting up a room, walking, or anything that is prevents you from devoting full attention. Attendance will not be granted if it is not evident you are fully engaged and attentive.

Conference Schedule

Morbidity Mortality Conference is the first Wednesday of the month at 06:30 AM in the Adams Pavilion Lecture Hall at ROH or via Zoom for circumstances that prevent in-person attendance (such as off-site rotation, post call, early cases...) and are approved by the PD or PM.

Grand Rounds are the second and fourth Wednesday of the month at 06:30 AM in the Adams Pavilion Lecture Hall at ROH or via Zoom for circumstances that prevent in-person attendance (such as off-site rotation, post call, early cases...) and are approved PD or PM.

Special guest lectures will take place at 06:30 AM, on Wednesdays in the Adams Pavilion Lecture Hall at ROH or via Zoom and will be announced in advance.

Journal Club dates will be announced in a timely fashion for residents to attend.

Simulation sessions will be announced in a timely fashion for residents to make plans to attend.

Simulation sessions for residents are mandatory and a requirement from the ACGME.

Residents are expected to communicate in advance and without prompting to their site director or supervising attendings regarding their conference attendance requirements in a timely manner.

Program Meetings

Formal Clinical Competency Committee Meetings take place in the anesthesia conference room with a zoom option. These meeting occur semiannually, and residents are not allowed to attend.

Program Evaluation Committee Meetings take place at least Bi-annually in the anesthesia conference room with a zoom option. Class Representatives as well as faculty must attend.

Semi-annual Review: The review takes place in August and February, date and time to be announces, in the anesthesia library or via Zoom.

End of Year Review takes place in June in the department library or via Zoom.

Division Meetings are announced in advance and take place in the department library.

Required Reading

The following textbooks are required in the latest edition: Miller's Basics of Anesthesia and Anesthesiologist's Manual of Surgical Procedures

Morgan and Mikhail's Clinical Anesthesiology and Stoelting's Anesthesia and Co-Existing Disease are highly recommended but not required.

Subspecialty texts will be available through the department and our online library: Chestnut's Obstetric Anesthesia, Ultrasound Guided Regional Anesthesia, Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Integrative Approaches, Gregory's Pediatric Anesthesia, A Practice of Anesthesia for Infants and Children, A Practical Approach to Neuroanesthesia, Hensley's Practical Approach to Cardiothoracic Anesthesia, Kaplan's Essentials of Cardiac Anesthesia, Anesthesia and Perioperative Care for Organ Transplantation, Essentials of Trauma Anesthesia, Textbook of Critical Care.

Articles to read will be assigned during rotations and these can be accessed through the UTHSC library unless otherwise advised.

Research, Scholarly Activity, and Quality Improvement

Scholarly activity consists of the following elements:

Research: Residents will be required to participate in ongoing research in our department. While not required, residents may participate in research undertaken at our affiliate hospitals or collaborate with other departments within our institution, including in the basic sciences.

Residents are required to present at one journal club day as a graduation requirement. This presentation must involve critical appraisal of a journal article in anesthesiology.

Poster Presentations at regional and national meetings: **Residents are required to give presentations at minimum at one national conference during their residency as part of scholarly activity required for graduation.** Please refer to the section on GME travel policies for details on funding.

Grand Rounds Presentations: **Residents are required to give Grand Rounds presentations during their final year of training.** They may present on any topic of their choosing. The topic must be well researched and include reputable references. Presentations must be for at least 50 minutes with 10 minutes allocated at the end of the presentation for questions. Faculty will grade the presentation and marginal or unsatisfactory presentations will need to be redone satisfactorily before graduation.

Articles: All residents will be invited to assist in writing articles for journals. Articles include case reports or series, research-based articles submitted for publication, and review articles.

Book chapters: When the opportunity arises, residents will be invited to participate in writing book chapters.

Quality Improvement: Residents must participate in quality improvement (QI) projects, and they must present the outcomes of QI projects that they have either initiated or participated in before their final 2 months of training. Residents are required to show elements of quality improvement during their CA3 QI presentation with data points (PDSA cycle(s) and describe an AIM statement using the SMART format).

Residents will be required to serve on Hospital Quality Improvement Committees and initiatives by their PGY-3/CA-2 year for a minimum of one year.

- A publication is not required if you create educational curricula.
    - Example, creation of simulation educational sessions for yearly resident SIMs would count towards the scholarly activity required for graduation.
- If research is done for scholarly activity, publication is not required but the results of the research project must be written up and be suitable for presentation at a national or regional anesthesiology meeting.
- Book chapters, if chosen for scholarly activity, must be accepted for publication before graduation.
- Case reports, if chosen for scholarly activity, must be published before graduation. There is no requirement of publishing in high impact journals.

Residents must choose one project from above to fulfill scholarly activity requirements for graduation.

Section 4. Examinations

I. Documenting Exam Results

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

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

NOTE: All residents who transfer in at the PGY-3 level or higher must submit proof of passage of all USMLE Step 1-3 and/or COMLEX Level 1-3 medical licensing examinations.

Program Specific USMLE Step 3 Requirement

Unlike most specialties, Anesthesiology Residents start their board examination process during their residency, starting with the American Board of Anesthesiology (ABA) BASIC examination administered at the end of the CA-1/PGY-2 year.

To ensure adequate focus to pass the ABA BASIC examinations, UTHSC Anesthesiology Residents are expected to take and pass USMLE Step 3 or COMLEX 3 examinations by the end of their PGY-1 year. The Program manager must receive an official transcript sent directly from USMLE.

UTHSC USMLE Step 3/COMLEX III Requirement

All residents are required to pass USMLE Step 3 before they can advance to the PGY3 level. All residents on the standard cycle must register for Step 3 no later than February 28 of the PGY2 year. Failure to pass the exam prior to June 30 at the end of the PGY2 year will result in the resident being placed on leave without pay until proof of passage is provided to the Program Director and GME office. Failure to do so will result in non-renewal of the resident's contract and the resident will be terminated from the program.

Residents that are off cycle must register for the exam no later than the end of the eighth month of training during the PGY2 year or be placed on leave without pay until registered proof of passage must be provided no later than the last day of the PGY2 year or the resident contract will not be renewed, and the resident will be terminated from the program.

II. In-Service Training Exam

The In-Training Examination will take place yearly in the department conference room, starting at 09:00 AM. The date of the exam is determined in advance by the ABA, usually in the first week of February. The residency program will register its residents through the Record of Training Information Database (RTID). Residents with a PYG-year percentile less than the 25th percentile will be placed on a PIP and must score above the 25th percentile on the fall AKT to be removed. Failure to score above the 25th percentile, on the AKT and ITE will result in academic probation.

For more information, please visit the website: https://theaba.org/training%20info.html

III. Board Examination

The BASIC exam is taken in June at the end of the CA 1 year, by residents who are in good standing. Registration for the exam takes place between March and May. For residents who fail the BASIC exam, they will register to retake the exam in November and be placed on academic probation. Failure to pass the BASIC exam on the second attempt ends the participation in the program unless there are extenuating circumstances.

The ADVANCED exam is taken after completing 30 months of anesthesiology training. Registration for the ADVANCED exam takes place between March and May of the CA 3 year and is taken in July after graduation. Residents are assigned a testing date and site. For residents who finish after July, they can register to take the exam in January. For more information, please visit the website: https://theaba.org/staged%20exams.html In the event of a national emergency, testing will proceed as instructed by the ABA.

Section 5. Policies and Procedures

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

Academic Appeal Process	Observership
Academic Performance Improvement Policy	Offsite Rotation Approval- In Tennessee
Accommodation for Disabilities	Offsite Rotation Approval-Out of State
ACLS	Offsite Rotation Approval-International
HeartCode ACLS & BLS Instructions	Outside Match Appointments
Affirmative Action	Pre-Employment Drug Testing
Agreement of Appointment	Program Closure/Reduction
Aid for Impaired Residents	Program and Faculty Evaluation

Background Checks	Program Goals and Objectives
Certificate	Resident Evaluation Policy
Clinical and Educational Work Hours Logging and Monitoring Procedures	Resident Non-Compete Resident Reappointment and Promotion
Code of Conduct	Resident Selection Guidelines
Disaster	Resident Supervision
Disciplinary and Adverse Actions	Resident Transfers
Drug and Alcohol Use	Resident Wellbeing
Drug Free Campus and Workplace	Salary
Fatigue Management	Sexual Harassment
Fit for Practice Authorization to Release Information of Mental Health Evaluation Drug/Alcohol Testing Reasonable Suspicion Drug/Alcohol Testing Checklist	Social Media Stipend Level Student Mistreatment Support Services
Fit Testing	UT Travel
Grievances	Vendor Relationships Baptist Methodist/Le Bonheur Methodist/Le Bonheur FAQ Regional One Medical Center VA
Handoffs and Transition of Care	
Hospital Procedures for Handling Resident Disciplinary Issues	
Infection Control	
Infection Control Tuberculosis	
Insurance Benefits	Visas
Internal Rotation Agreement for ACGME Programs	Visiting Resident Approval
Leave and Time Off	
Licensure Exemption and Prescribing Information	
Malpractice Coverage	
Medical Licensing Examination Requirements USMLE	
Moonlighting	
New Innovations Protocols	

Workers' Compensation Claims Process: Supervisor

- The TN Division of Claims and Risk Management will assess a $500 departmental penalty each time an employee or employer does not report a work injury within (3) business days after sustaining that injury.
- Contact the CorVel nurse triage line: 1-866-245-8588 (option #1 – nurse triage (resident) or option #2 – report claim (supervisor))
- A departmental fine of $500 will be charged each time a claim report is not completed by a supervisor.an injured worker seeks non-emergency medical treatment prior to treatment (unless it is an emergency) prior to calling Corvel.

On-the-Job Injury Reporting Procedures

Injured Worker

1. Report injury to your supervisor ***when it happens.***
2. Report your injury to CorVel (even minor injuries)

- Call **1.866.245.8588** Option #1 (nurse line)
- If you need medical care, the nurse will send you to an authorized doctor. You **MAY NOT** seek treatment with an **unauthorized provider**!
- **DO NOT** go to the doctor before you report to CorVel.

3. Complete an Incident Report online via the Origami Portal
4. You will receive an email confirmation from Notifications@OrigamiRisk.com

Supervisor

1. You will receive email notification from Notifications@OrigamiRisk.com of the new injury after the injured worker's submission is complete.
2. Follow the instructions in the email to submit Supervisor Statement and complete the reporting process.
3. Follow up with injured worker for the doctor's return to work status.
4. Contact campus Human Resources Workers' Compensation Coordinator to process the return to work.

For Life-Threatening or Serious Bodily Injury *ONLY*:
Immediately Call Campus Police or Go to the Nearest Emergency Room!

Supervisor - Must report emergency on-the-job injuries on behalf of injured worker:

1. Firstly, ensure injured worker has appropriate medical care (nearest ER)
2. Call immediately to report worker's injury to CorVel (24/7)
   - Call **1.866.245.8588** Option #2
3. Report the incident to:
   - Campus Safety Officer
   - Supervisor
   - UT System Office of Risk Management

Injured Worker - Must initiate the online reporting process as soon as possible:

1. Obtain the CorVel claim number from your supervisor
2. Complete an Incident Report online via the Origami Portal

NOTE: CorVel offers a **PPO Lookup** website to assist in locating the closest State of TN-authorized treating physician. This link will allow the injured worker to locate a physician or facility via zip code, city/state, and within a certain radius of their current location. This PPO Lookup website does not replace the requirement to call CorVel to report the injury. All injuries must be reported to CorVel to avoid the penalty.

Program-Specific Policies and Procedures:

I. Clinical and Educational Work Hours

The UTHSC Program Name Residency Program follows the UTHSC institutional policy on Clinical and Educational Work Hours. For more information on the UT Resident Clinical and Educational Work Hours Policy, please visit the GME website: https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/clinical-and-educational-work-hours.pdf

ACGME Resident Clinical and Educational Work Hours

- Limit of 80 hours/week (averaged over 4 weeks), inclusive of all in-house call activities, beeper call and all moonlighting.
- 1 day free every 7 days (averaged over 4 weeks), at-home call cannot be assigned on these free days.
- 8 hours off between scheduled clinical work and education periods.
- Duty periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site to accomplish these tasks; however, this period-of-time must be no longer than an additional four hours. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- 14 hours off free of clinical work and education after 24 hours of in-house call.
- In-house call must be scheduled no more frequently than every third night.
- All clinical work from home and time called into the hospital during home-call counts against the 80-hour weekly limit.

Clinical and Educational Work Hours Logging and Monitoring Procedures

Residents must log clinical and educational work hours including internal and external moonlighting and annual, sick, and educational leave on a **weekly basis** in New Innovations. When residents and fellows have not logged any hours for 5 days, they will receive an automatic email reminder from New Innovations. Program Coordinators must check every Monday to ensure that all residents/fellows have logged their hours for the previous week using either the "Weekly Usage" or "Hours Logged" report in New Innovations. The Program Coordinator will send email reminders to those residents who have not logged their hours for the previous week. The Program Director should be copied on the email. If the resident/fellow has not updated his/her hours in New Innovations to be current by the following Monday, he or she will receive a written leave without pay notice. For each violation, the Program Director or Coordinator must enter a comment into New Innovations that describes the action taken to remedy the violation. A Clinical and Educational work hours Subcommittee will review the hours on a regular basis and look for any problem areas. On a quarterly basis, the Chair of this Subcommittee will present a report that outlines any problem areas and makes recommendations for GMEC action. The GME office also monitors hours through the New Innovations Dashboard.

II. Discrimination, Harassment, and Abuse Policy

This organization is committed to maintaining a work environment that is free from unlawful discrimination and harassment. In keeping with this commitment, University of Tennessee Health Science Center Anesthesiology Program will not tolerate unlawful discrimination or harassment against its residents by anyone, including any supervisor, co-resident, staff member, patient or vendor where such discrimination or harassment is based on age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender identity, gender expression, disability, genetic predisposition or carrier status, marital status, partnership status, and victim of domestic violence, or any other protected status.

Additionally, the organization does not tolerate retaliation against any resident for making a complaint about or opposing discrimination or harassment or for cooperating, assisting, or participating in an investigation of discrimination.

The purpose of this policy is to ensure that residents covered by this policy are provided with equal employment opportunities and a workplace that is free from all forms of prohibited discrimination and harassment in compliance with applicable laws and regulation regarding non-discrimination and non-harassment.

Retaliation

1. Retaliation under this policy is prohibited.

2. Retaliation is any significant action taken to negatively alter an individual's term and conditions of training (such as a demotion or unwarranted disciplinary action) or engagement because that individual engaged in a Protect Activity.

3. For purposes of this policy, Protected Activity includes in good faith: (i) reporting a complaint of discrimination, harassment, or abuse; (ii) providing information or otherwise testifying or assisting in an investigation of a discrimination, harassment, or abuse complaint; or (iii) encouraging a discrimination, harassment or abuse compliant.

4. To be deem retaliation under the law, the negative action must have the effect of discouraging a reasonable person from complaining about discrimination, harassment, or abuse.

5. Note that a negative employment action is not retaliatory merely because it occurs after the individual engages in Protect Activity. Such individuals continue to be subject to all training requirements and disciplinary rules.

Definitions

1. The term "discrimination", as used in this policy, refers to the different treatment of a resident, in any aspect of training, because of the resident's age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender identity, gender expression, disability, genetic predisposition or carrier status, marital status, partnership status, and victim of domestic violence, or any other protected status. The range of residency training practices where discrimination is prohibited includes but is not limited to hiring and firing; compensation, assignment; transfer or promotion; recruitment; testing; use of UTHSC facilities; fringe benefits, pay, disability leave; and any other term and condition of residency training.
2. Harassment consists of unwelcome conduct, whether verbal, physical or otherwise, that is based upon a resident's age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender identity, gender expression, disability, genetic predisposition or carrier status, marital status, partnership status, and victim of domestic violence, or any other protected status. The program will not tolerate discrimination, harassing conduct, or abuse of any type that affects training, that interferers with a resident's performance, or that creates an intimidating, hostile, or offensive training environment.

Unwelcome sexual advances, request for sexual favors, and other physical, verbal, or other conduct based on sex constitute sexual harassment when:

a. Submission to the conduct is an explicit or implicit term or condition of employment,
b. Submission to or rejections of the conduct is used as the basis for an employment decision, or
c. The conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive training environment.

Sexual harassment may include persisting in unwelcome sexual propositions, sexual innuendo, suggestive comment, sexually oriented "kidding" or "teasing," "practical jokes," jokes about gender-specific traits, foul or obscene language or gestures, display of foul or obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another's body.

3. A perpetrator of discrimination or harassment can be a superior, subordinate, co-resident, or anyone in the workplace, including an independent contractor, contract worker, vendor, patient, or visitor.

Procedures
To report an incident of discrimination, harassment, or abuse, your program coordinator is a Title 1X Mandatory Reporter or you can report it to: UTHSC's Title VI Coordinator, Dr. Michael Alston in the Office of Access and Compliance, and he can be reached at 901-448-2112 or mialston@uthsc.edu.

To file a discrimination, harassment, or abuse compliant, go to the UTHSC Office of Access and Compliance website https://www.uthsc.edu/access-compliance/

Any UTHSC employee, student, applicant for admission or employment, or other participant in UTHSC programs or activities, who believes that he or she has been discriminated against on the basis of race, color, sex (including sexual harassment, sexual assault, and sexual violence), sexual orientation, gender identity, pregnancy, marital status, parental status, religion, national origin, age, disability or veteran status is encouraged to use the procedures outlined below for the resolution of his or her complaint. University policy prohibits retaliation against any person who in good faith opposes a practice which he or she believes to be discriminatory or who participates in an investigation of a complaint. Complaints of discrimination should be directed to the Office of Access and Compliance 910 Madison Avenue, Suite 826, Memphis, Tennessee 38163 (telephone: 901-448-2112 [voice], 901-448-7382 [TTY]). Complaints alleging discrimination must be put in writing and signed (Discrimination Complaint Form) and filed within 300 days.
A complainant may also have the ability to file complaints with external agencies such as the Equal Employment Opportunity Commission (EEOC), the Tennessee Human Rights Commission (THRC), the Office for Civil rights (OCR), and the courts.

Please note that the deadlines for filing with external agencies or courts may be shorter than the deadline established for filing a complaint under this Procedure.

Examples of shorter deadlines include but are not limited to 180 days to file a complaint under Title VI & Title IX, as well as 300 days to file a complaint under Title VII.

The Tennessee Human Rights Commission (THRC) may investigate allegations of noncompliance with Title VI. If THRC refers a complaint to the University for investigation and resolution, OED will coordinate with the Office of the General Counsel to notify THRC of the commencement of an investigation within ten (10) days of the date of referral. Before OED notifies the complainant about the resolution of a complaint, OED will coordinate with the Office of the General Counsel to submit a summary of the investigation to THRC.

A complaining party may select whether to pursue an Informal or Formal complaint. A complainant may choose to first file an Informal complaint (i.e., excluding sexual assault). If, however, the parties are unable to reach a mutually acceptable resolution of the Informal complaint, a complainant may then file a formal complaint. Additionally, a complainant may during the Informal complaint process choose to file a formal complaint instead.
In certain circumstances, at the discretion of OED, complaints filed outside of referenced time limits or that are not put in writing and signed may be investigated.

1. Employees and students are encouraged, but not required, to attempt to resolve a complaint through the administrative structure of the employment unit or academic department. OED will aid the complainant, employment unit, and/or academic department in order to resolve the complaint.

2. Complaints (other than those involving sexual assault) received directly by OED will be reported by the Assistant Vice Chancellor (or the Assistant Vice Chancellor's designee) to the appropriate administrator(s), who will attempt to resolve the matter working in conjunction with OED. Confidentiality will be maintained to the extent possible.

3. If the complaint is not resolved through the methods described above, OED may use the following:

a. Complaints should be submitted in writing to OED. The complaint must include (1) the name of the complainant; (2) an explanation of the action or conduct complained of; and (3) the person or department responsible for the complained of action. The complaint should include the resolution sought by the complainant. The complaint may identify witnesses and other evidence the complainant wants OED to consider in its investigation. The party against whom the complaint has been lodged (respondent) and the appropriate administrator with supervisory responsibility will be notified of the complaint.

b. OED will investigate, the nature and scope of which will be determined by OED on a case-by-case basis. The investigation may include any or all of the following, as well as such other action as OED deems appropriate: interviewing the complainant; interviewing the respondent; interviewing witnesses; submitting questions to or taking statements from parties or witnesses; and reviewing documents.

c. OED will make findings and recommendations. Those findings and recommendations, together with a statement outlining the basis for them, will be transmitted by OED to the appropriate administrator within forty (45) calendar days of receipt of a complaint. A copy will also be sent to the complainant and respondent.

d. The appropriate administrator(s) will review OED's findings and recommendations, make a determination, and notify the complainant and respondent of the determination in writing within fifteen (15) calendar days of the receipt of OED's findings and recommendations.

e. When the complainant is a student, OED will make a good faith effort to conclude the investigation and resolution of a complaint (i.e., steps 3(b) through 3(d)) within sixty (60) calendar days of the date the receipt of the complaint by OED. If the investigation and resolution of a complaint cannot be completed within that time period, then OED will contact the complainant and respondent and provide an estimated time in which the investigation and resolution of a complaint will be completed.

Appeals

Residents: Within seven (7) calendar days after receipt of the determination described in Section 3(d), a complainant or respondent who is a student and who is not satisfied with the determination may appeal in writing to the next higher administrative level. The University will inform the complainant and respondent in writing of the person to whom an appeal may be made. Any administrator who receives an appeal shall make a decision on the appeal within ten (10) calendar days of the administrator's receipt of the appeal. Decisions on appeals shall be provided in writing to the complainant and respondent.

The time limits above are subject to modification on a case-by-case basis due to operational requirements, travel away from campus, in-depth investigations, or other issues that complicate the process or require additional time to reach a thorough and fair resolution of the matter.

The University will take steps to prevent the recurrence of any prohibited discrimination and to correct any discriminatory effects on the complainant and others, if appropriate.

An individual who is subjected to retaliation (e.g., threats, intimidation, reprisals, or adverse employment or educational actions) because he or she (a) made a report of discrimination in good faith, (b) assisted someone with a report of discrimination, or (c) participated in any manner in an investigation or resolution of a report of discrimination, may make a complaint of retaliation under these procedures.

III. Discrimination, Intimidation, Fear of Retaliation, Professionalism and Due Process.

If the resident is discriminated, intimidated and in fear of retaliation, they are to immediately report to: UTHSC's Title VI Coordinator, Dr. Michael Alston in the Office of Equity and Diversity, and he can be reached at 901-448-2112 or mialston@uthsc.edu. (See the program's Discrimination Policy for additional information and explanations)

If a resident is treated unprofessionally, they are to report this to the Program Director, Associate Program Director, Coordinator, or Chief Resident immediately.

Grievance
Residents may raise and resolve issues without fear of intimidation or retaliation. The Program Director and Associate Program Directors all have an open-door policy.

Academic Appeal
If an adverse academic action is taken, the resident has a right to appeal. Appeal procedures follow the University's Academic Appeal process. See UT GME Remediation Actions and Academic Appeal Process #630.
https://www.uthsc.edu/gme >Policies and Procedures>Academic Appeal Process

The department adheres to those policies set forth by the university. Any resident that feels they have been discriminated against, threatened, or intimidated may report to any responsible reporter - meaning any faculty member or executive assistant within our department or within the department of any rotation and expect to receive due process through the University. If a resident file a complaint, they will not be harassed, assigned additional work or call, or retaliated against by faculty or administration. Due process will be extended to all parties and will be initiated via university channels. If any incident arises out of interactions with a hospital employee, then the policies and procedures must include the HR department within the individual hospitals as well.

IV. Diversity

The department of anesthesiology interviews applicants without regard to race, gender, or religious affiliation. Candidates are evaluated based an accumulation of attributes such as medical school grade point average, letters of recommendation, board scores, undergraduate GPA, education experience, work experience, research experience, and when available, rotations with our department. Because the interview process centers around questions that the candidates have about the program and are allotted 50 minutes apiece, the interviews enable all candidates to ask probing questions. No single attribute determines who will be ranked in the Match. Therefore, the process of choosing residents facilitates the ability to choose a diverse resident population. Ultimately, the diversity of the program rests in within the applicants themselves since the program may rank candidates who do not choose to rank our program.

V. Duties and Responsibilities

Daily duties encompass but are not limited to the following:

- Reporting to attendings for reading assignments, discussion of assigned cases and planning for all perioperative phases of a patient's care.
- Performing anesthesia machine checks for your assigned OR. This is a patient safety issue and must be done competently. Please do not start cases without a safely working anesthesia machine.
- Ensuring adequate room set for assigned cases including obtaining special equipment for those cases for example Glidescopes, fiberoptic carts, double lumen tubes, prone-positioning pillows, invasive arterial line setups.
- Make certain sufficient supplies are present to carry out cases. If supplies are low residents must inform the anesthesia techs. If there are no available anesthesia techs, residents will need to go to the workroom and/or Omnicell to obtain supplies. If any medications drawers are low, pharmacy needs to be alerted.
- For OB and trauma rotations, unless an OR is occupied, residents should perform machine checks on all empty ORs. In the trauma ORs, Belmonts need to be checked and prepared with a clean cartridge to be ready for use.
- *All in house patients should have their preoperative assessments done at minimum the day before surgery.* Pre-admissions should have a basic preop in the Electronic Health Record (HER), with which the resident should be familiar.

- At all sites, residents should place Intravenous catheters (IVs) for their patients as part of the preoperative care if no IV has already been placed.
- Obtaining informed consent as well as ascertaining consent for blood and blood products. These consents should occur in a timely manner so as not to delay cases.
- All preoperative assessments must be fully completed in the EHR for all elective cases before the patient leaves the perioperative area to have surgery.

Required Documentation for each Rotation

To satisfy residency review requirements for Anesthesiology Residency training, the following documentation must be completed during or at the completion of each rotation and submitted to the residency coordinator or submitted in New Innovations in a timely manner:

Only count those completed by the resident: Intubations, epidurals, combined-spinal-epidurals, spinals, peripheral nerve blocks, complex nerve blocks for chronic pain, central lines, arterial lines, awake fiberoptics, asleep fiberoptics or any other special procedures.

Required Adverse Event Disclosure Training

All physicians are expected to be familiar with adverse event disclosure to patients. UTHSC provides training to resident physicians through the IHI website on this matter. Please visit www.ihi.org/OnlineCourses to register for this training and be sure to do the PS105 course on adverse event disclosure training. We expect that you will finish this training within the first week of your official start date of this UTHSC residency. Please turn in your completion certificate the program coordinator when you have finished the course.

VI. HIPAA

The Health Insurance and Portability and Accountability Act (HIPAA) necessitated updating and standardizing our privacy and security practices to comply with the federal regulations. The HIPAA Privacy Rule came into effect in April 2003 and the Security Rule came into effect in April 2005.

The Privacy Rule regulates the use and disclosure of certain information held by "Covered Entities" and establishes regulations for the use and disclosure of Protected Health Information (PHI). The Security rule complements the Privacy Rule. While the Privacy Rule pertains to all PHI including paper and electronic, the Security Rule deals specifically with Electronic Protected Health Information (EPHI). The general Security Rule is defined by three types of security safeguards required for compliance: administrative, physical, and technical.

VII. Leave

- For ACGME required rotations in the Clinical Base Year (CBY), requests for vacation should be avoided.
- Vacation requests should be submitted 2 or more months in advance.
- Rotations where only one month occurs; vacation should be avoided.
- No more than 5 days may be taken per rotation.
- If more than five (5) business days are approved for a rotation due to extenuating circumstances, then the rotation may need to be repeated due to possible incomplete status.
- Requests for vacation should be planned as far as possible in advance.
- 2 of the 3 weeks allotted for vacation must be in 1-week increments.

- Vacation leaves during Trauma Anesthesia, LDD, and cardiac will not be approved unless there are extenuating circumstances and are approved by the Program Director, Program Manager, and site director.
- Interns are not allowed vacation on Inpatient pediatrics unless there are extenuating circumstances.
- Interns are not allowed vacation during anesthesia rotations.
- If there are multiple residents on a rotation, only one resident at a time will be allowed vacation unless there are extenuating circumstances.
- **To request vacation, the following order should be observed:**
  a) An e-mail to the Program Director, Program Manager, chiefs, and site director (if schedule known) should be sent requesting vacation, two or months in advance.
  b) Submit the request into QGenda for approval: https://app.qgenda.com/Account/Login
  c) Administrative chiefs running the service rotations, site directors and/or chief residents or fellows must be notified in writing by the resident.
  d) Once the service lines, site directors and/or chief residents or fellows have approved vacation requests, the program director, DCOPS or Department Chair will approve the vacation leave and reflect this in QGenda.
- In all cases, the anesthesiology program manager must be notified of all requests.
- If a resident falls short of required ABA cases in any subspecialty due to vacations or misses more than 5 business days of a rotation, the resident may need to work additional shifts in order to obtain those types of so as not to extend training.
- *The ABA does not allow residents under any circumstances to miss more than 60 days of training in total for the CA-1 to CA-3 years. This includes vacation, sick leave, or other kinds of leave.*
- The ABA allows 5 days of conference leave total for the CA-1 to CA-3 years.
- Leave other than vacation must adhere to the UTHSC GME rules.

The UTHSC Anesthesiology Residency Program follows the UTHSC institutional policy on Resident leave. For more information on the UT Resident Leave Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/leave.pdf

VIII. Family Medical Leave- Maternity and Bereavement

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

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

UTHSC Human Resources ("HR") office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Program Director to approve or disapprove a resident's request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: http://uthsc.edu/GME/pdf/fmlarights.pdf.

Health and disability insurance benefits for residents and their eligible dependents during any approved FML shall continue on the same terms and conditions as if the resident was not on leave. After all available paid sick, annual and other paid leave under Section IV has been taken, unpaid leave may be approved under FML and Tennessee law provisions, addressed below.

A. Tennessee State Law ~ 4-21-408. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) months leave

(paid or unpaid) for adoption, pregnancy, childbirth, and nursing an infant. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

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

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

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

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

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

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

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. In the event both parents are residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit.

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

B. Resident Medical. Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leave that are

less than a two-week block period must be approved in advanced by the Designated Institutional Official. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training.

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

X. Bereavement Leave

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

XI. Mentorship / Advisors

The UTHSC Anesthesiology Residency Program aims to foster an environment of life-long career development and values faculty mentorship of residents. A mentorship program will assign residents to a faculty member for regular meetings. Development of other mentor-mentee relationships are also encouraged, outside of the formal program.

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

Faculty are evaluated using UTHSC guidelines:
https://www.uthsc.edu/faculty-senate/documents/2014-handbook-edits-under-review.pdf

XIII. Method for reporting improper behavior in a confidential manner:

To report discrimination, harassment, and policy violations:
https://www.uthsc.edu/oed/file-complaint.php

To report improper behavior not otherwise specified, residents may report to any faculty member, or the program director and such complaints will be kept confidential provided there are no legal implications such as sexual harassment. For anonymous reports**,** people may use the anonymous reporting system in place for the department. Complaints may be printed and placed in the departmental mailbox of the program coordinator or the program director. Residents or faculty may file complaints.

XIV. Moonlighting Procedure

UT/GME Policy #320 – Residents must not participate in Moonlighting if it violates the GME Work Hour scheduling and reporting requirements described below. PGY-1 residents are not allowed to Moonlight and Programs are

prohibited from requiring residents to Moonlight. Residents on J-1 or J-2 visas are not permitted to Moonlight activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Any resident requesting to Moonlight must be in good academic standing. Residents on active Performance Improvement Plans are not eligible for moonlighting experiences. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

To ensure that professional activities outside the program do not interfere with the ability of the resident to achieve the goals and objectives of the educational program, all extramural professional activities must be approved in advance by the program director. If approved, the program director will include a written statement of permission in the resident's file and will monitor the effect of these moonlighting activities. Adverse effects on the resident's performance may lead to withdrawal of permission.

XV. Extra Paid Call

The following outlines the extra paid call policy for the Residents in the Department of Anesthesiology at UTHSC, Memphis.

-'Extra' Paid call is defined as extra voluntary work beyond normally scheduled clinical shifts for Residents. Within our department, various weekend OR shifts in Trauma and the Labor and Delivery unit at Regional One Health will be eligible for extra paid call.
Residents may volunteer for monthly shifts. The Program Director along with the Chief Residents will make the assigned schedule for the month in advance, and then add in the volunteer shifts to eligible paid shifts. Residents are required to sign up for the extra paid call once the available shifts are emailed to them. All extra call hours must fit within the 80 hours/week cap. All Extra call hours must be logged in New Innovations as 'Call' and all extra call hours are eligible for faculty evaluation and feedback. The pay rate will be 80$/hr; so a 24 hr shift will be $1920. All payments will be processed and paid through GME within the following month of the shift.

-Eligibility: Residents need to meet all the criteria:
All PGY3 and PGY 4 Anesthesiology Residents who are in good standing with the Program, having met a satisfactory in all ACGME milestones in the previous CCC summative evaluation.
Resident must have completed at least 2 months of the rotation in which they can volunteer to moonlight. The rotation Director along with the Chair and Program Director must sign off on the Resident to be eligible for the shift.
Resident must not currently be on a Performance Improvement Plan for any reason.
Resident must have passed the American Board of Anesthesiology basic exam.
Resident must obtain at a minimum of 25th percentile on the ITE (In Training exam). Failure to obtain that will require the Resident to obtain a minimum of 25th percentile on the AKT (Anesthesia Knowledge test) and then become eligible.
Resident cannot be on a visa.

-All 'Extra' paid call are entirely supervised by an Attending Anesthesiologist with no room for unsupervised practice.
-These "extra" shifts must NOT interfere with or overlap regular clinical assignments in the operating rooms, nor must they create any violation of the duty hour rules.

-All Residency program and GME policies (i.e. supervision, evaluation, work hours, etc.) are applicable to the extra call shifts.

-The Program Director at any time can revoke a Residents eligibility to pick up extra call shifts if he/she finds the extra hours interfering with the Residents well-being, performance or education.

--Paid weekend call reimbursement is limited to a maximum of 48 hours per month per reside

XVI. Process by which faculty receive resident feedback

Unidentified Evaluations in New Innovations are shared with faculty via the program director or chair periodically to maintain privacy. Anonymity will be maintained. Residents may also discuss feedback with faculty directly.

XVII. Resident Candidate Eligibility and Selection

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

Application Process and Interviews:
• All applications will be processed through the Electronic Residency Application Service (ERAS) except in those programs in specialty matches or those fellowship programs which handle their own application process.
• Opportunities for interviews will be extended to applicants based on their qualifications as determined by USMLE scores, medical school performance, and letters of recommendation.

The UTHSC Anesthesiology Residency Program engages in recruitment and retention practices of a diverse workforce (Black, Hispanic, Pacific Islander, Native American, Women) of residents and faculty. The final decision is made by the Program Director in consultation with the Associate Program Director(s), Program Manager, and core faculty.

Program Eligibility and Selection Criteria
Eligible candidates must have passing scores on the USMLE 1 and 2. While failing once may not eliminate a candidate from selection, candidates with no failing attempts will be considered first. Though we do not require a specific GPA from either undergrad or medical school, more than one failing grade will not be considered favorably. We do not require audition rotations for potential candidates. We require a minimum of three letters of recommendation to consider an application.

XVIII. Resident Supervision

Residents and faculty will be educated on supervision policies and procedures, including the ACGME requirement that residents and faculty members should inform patients of their respective roles in each patient's care. The program will annually review faculty supervision assignments and the adequacy of supervision levels.

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed, and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for the patient's care. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient's care. The program will provide the appropriate level of supervision for the residents who care for patients. The clinical responsibilities for each resident and level of supervision will be based on patient safety, severity and complexity of patient illness/condition, available support services and resident education and experiences.

XIX. PGY Specific Clinical Activities and Level of Supervision

Each program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. The requirements for on-site supervision will be established by each Program Director. This template can assist the Program Director in listing specific patient care activities of trainees and the level of supervision required.

- Clinical Activity, Resident Level, Method of Instruction, Instructor Level, Supervision Level Certification Requirements to Perform Activity without Direct Supervision, Method to Confirm Competent to Perform Procedure/Activity

- Intubation (direct laryngoscopy), PGY 1, Direct clinical instruction and SIM, PGY 3 -5, or Attending, Attending, 80 successful intubations without complications, Direct Observation of Attendings and activity log of resident.
- Awake fiberoptic intubation, PGY 1-4, Direct Clinical Instruction, SIM, and embedded videos, Attending or PGY 4 - 5 with sufficient experience, Attending, 25 successful awake fiberoptic intubations, Direct Observation of Attendings and activity log of resident.
- Arterial Line Placement, PGY 1-4, Direct clinical instruction and SIM, Attending or PGY 2 - 5 with sufficient experience, Attending, 20 Direct Observation of Attendings and activity log of resident.
- Central line placement, PGY 1-4, Direct clinical instruction, SIM, and embedded videos. Attending or PGY 3 - 5 with sufficient experience, Attending, 30 Direct Observation of Attendings and activity log of resident
- Double lumen tube placement, PGY 1-4, Direct clinical instruction, SIM and embedded videos Attending or PGY 3 - 5 with sufficient experience, Attending, 40 Direct Observation of Attendings and activity log of resident.
- Epidural for labor, PGY 1-4, Direct clinical instruction, SIM, and embedded videos, Attending or PGY 3 - 5 with sufficient experience, Attending, 50 Direct Observation of Attendings and activity log of resident.
- Spinal anesthesia, PGY 1- 4, Direct clinical instruction, and SIM, Attending or PGY 3 – 5 with sufficient experience, Attending, 50 Direct Observation of Attendings and activity log of resident.
- Ultrasound guided peripheral nerve block, PGY 1-4, Direct clinical instruction, SIM, and embedded videos, Attending or PGY 3 – 5 with sufficient experience, Attending, 50 Direct Observation of Attendings and activity log of resident.
- Hemodynamic ultrasound, PGY 1-4, Direct clinical instruction and embedded videos, Attending or PGY 3-5 with sufficient experience, Attending, 25 Direct Observation of Attendings and activity log of resident.
- TEE, PGY 1-4, Direct clinical instruction, SIM, and embedded videos, Attending or PGY 3-5 with sufficient experience, Attending, 25 Direct Observation of Attendings and activity log of resident.
- ACLS, PGY 1-4, ACLS course, SIM Certified ACLS instructors, Attending in clinical arena, ACLS certification.

NOTE: Lists of approved clinical activities should be maintained for each resident so they can be made available for review by all patient care personnel.

Definitions:

Resident Level – at which an activity can be performed (your RRC may define a list of achieved competencies under which PGY1 residents progress to be indirectly supervised, with direct supervision available).

Method of Instruction – e.g., Direct Clinical Instruction, Course (ACLS)

Level of Instructor and Direct Supervisor – PGY year or Attending Faculty (your RC may specify who is qualified to supervise, in addition to attendings).

Supervision Level – Direct (physical presence of supervisor), Indirect (w/ direct immediately available or direct available, e.g., home call backup).

Certification Requirements to Perform Activity without Direct Supervision – e.g., PGY year; a given # of successfully performed, observed procedures; a total # of procedures performed; general impression of competence/professionalism perceived by faculty.

Method to Confirm Certification of Resident to Perform Activity without Direct Supervision – e.g., Program Certification, Direct Observation, PGY year.

XVIII. Supervision and Graduated Level of Responsibility

Level of Supervision

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

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

1. Direct Supervision: The supervising physician is physically present with the Resident during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2. Indirect Supervision: The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

3. Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Supervision Policy

I. PURPOSE

Anesthesiology Residency is a four-year postgraduate training period, during which residence take greater responsibility in patient care and develop independent patient management skills.
The Anesthesiology Residency Supervision Policy serves to ensure that Residents in the division of Anesthesiology department are provided with adequate and proper levels of faculty supervision during their training and, at the same time, are able to deliver high-quality patient care with increasing levels of autonomy. The effective supervision of the Residents requires progressive delegation of responsibility and conditional independence in the provision of all clinical settings with concurrent oversight by the faculty members with the goal of developing skills, knowledge, and attitudes in each Resident to allow successful entry into the unsupervised practice of medicine at the completion of Anesthesiology residency training.

II. BACKGROUND

All Residents will provide patient care under the supervision of an appropriately credentialed Anesthesiologist, who is ultimately responsible and accountable for that patient's care. All faculty members supervising the Anesthesiology Resident must have a University of Tennessee Health Science Center (UTHSC) faculty appointment. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. The Resident should give the patient the attending's name whenever requested, including the name of the covering attending if necessary.

III. LEVELS OF SUPERVISION

Level of Supervision required for different clinical settings and level of training.

Clinical Base Year (CBY) (PGY1)

Prior to start of specific training in anesthesiology (Clinical Anesthesia Years), Anesthesia residents are required to participate in one year of basic clinical training (Clinical Base Year). CBY includes rotation on different medical services, including care of patients in ICUs, the emergency room as well as inpatient services. They may take part in procedures performed in the ICU, procedure suite or operating room under the supervision of a supervising physician or senior trainee.

Clinical Anesthesia (CA) years 1-3 (PGY 2-4)

All patient care is under the supervision of and attending physician, residents may provide direct patient care or participate in consulting services. The care is provided in the following areas of the hospital:

Operating room – care of anesthetized patient during surgical procedure
Intensive Care Units – Patients with multisystem organ failure
Emergency Room
Outpatient Surgery Center

Obstetric unit
Pre-anesthesia clinic
Post Anesthesia Care Unit
In-patient or out-patient Pain Relief Services

"off-site" areas like CT, MRI scanners, GI endoscopy suite, IR department, Cardiac Catheterization lab, electrophysiology suite

Residents' duties include evaluation of the patients under their care, they will determine relevant surgical and medical pathologies and develop an appropriate care plan and carryout required invasive procedures. Residents care outside of operating room will include to advanced airway management, intravenous and intra-arterial cannulation. Residents will be a part of the patient care team in above mentioned areas.

We use the following ACGME suggested classification of supervision to promote oversight of supervision while providing for graded authority and responsibility. Levels of supervision may be enhanced based on patient safety, complexity, urgency, and risk of serious adverse events.

1. **DIRECT SUPERVISION:** The supervising physician is physically present with the Resident and patient during key portions of the patient interaction.

2. **INDIRECT SUPERVISION:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and direct supervision if needed.

3. **OVERSIGHT:** The supervising physician is available to provide a review of procedures/encounters with feedback provided after care is delivered.

	Direct Supervision	Indirect supervision with immediately available direct supervision	Oversight
Designated Levels	1	2	3

Level of Supervision required for different procedures and years of training.

PROCEDURES / PATIENT INTERACTIONS	PGY- 1	PGY-2	PGY-3	PGY-4
Preoperative Evaluation	**1,2**	**2**	**3**	**3**
New Critical Care Evaluation	**1,2**	**1,2**	**1,2**	**2,3**
Any patient safety issue	**1**	**1**	**1**	**1**
Induction of anesthesia	**1**	**1**	**1**	**1,2**
Maintenance of anesthesia	**1,2**	**1,2**	**2**	**2,3**
Emergence from anesthesia	**1**	**1**	**1**	**1,2**
Tracheal intubation	**1**	**1**	**1**	**1**
Supraglottic airway placemen	**1**	**1**	**1**	**1**
Peripheral venipuncture/catheterization	**1,2**	**1,2**	**2,3**	**3**
Arterial puncture/catheterization	**1**	**1,2**	**2,3**	**3**
Central venous catheterization	**1**	**1**	**1**	**1**
Pulmonary artery catheterization	**1**	**1**	**1**	**1,2**
On/off cardiopulmonary bypass	**NA**	**1**	**1**	**1,2**
Peripheral nerve block placement	**1**	**1**	**1**	**1**
Epidural analgesia/bloodpatch	**1**	**1**	**1,2**	**1,2**
Interventional pain procedures	**1**	**1**	**1**	**1**

All supervision levels depend on Resident meeting the required number for each procedure list under the Procedure Competency Requirement section. Once the Resident meets these minimum requirements, they may advance to indirect supervision depending on procedure and training year.

Total requirement of procedures and cases to graduate the program

Residents throughout their training years will keep the log of cases and procedures, provided through UTHSC website. Minimum number of cases in each category are listed in the table.

Category of Cases of Procedures	**Required Numbers of Procedures**
Cardiac	
Cardiac with CPB	10
Cardiac without CPB	
Total Cardiac	20
Cesarean Section	
Cesarean Section	
Cesarean Section high Risk	
Total Cesarean Section	20
Epidural	
Combined Spinal Epidural (CSE)	
Epidural	
Total Epidural	40
Intracerebral	
Intracerebral (endovascular)	
Intracerebral Nonvascular (open)	
Intracerebral Vascular (open)	
Total Intracerebral	11
Total Intrathoracic non-cardiac	20
Pain Evaluation – New Patient	
Acute pain consult	
Cancer pain consult	
Chronic pain consult	
Total Pain Evaluation – New Patient	20
Peripheral Nerve Block	
Peripheral Nerve Block Continuous	
Peripheral Nerve Block Single Shot	

Total Peripheral Nerve Block	40
Spinal	
Combined Spinal Epidural (CSE)	
Spinal	
Total Spinal	40
Vascular, major vessels	
Vascular, major vessels (endovascular)	
Vascular, major vessels (open)	
Total Vascular, major vessels	20
Life-Threatening Pathology	
Non-Trauma Life-Threatening Pathology	
Trauma Life-Threatening Pathology	
Total Life-Threatening Pathology	20
Patients less than 12 yrs. Old	
a. <3 months	5
b. <3 Years	20
c. < 12 Years	100

IV. SUPERVISION POLICIES

CA1 (PGY2) Resident Responsibilities

CA1 residents will function in a role of a team member requiring direct supervision from the attending physicians and senior trainees. They are expected to evaluate patients, develop and execute their revised management plan under close supervision. Cases, assigned to the residents should match their level of experience, starting with healthier patients undergoing minor or moderately complex procedures, and progressing to sicker patients for more complex surgeries. Overnight Trauma OR call duties start this year as part of Anesthesia call team. Specialty OB rotation will start during second part of the first year. Occasional exposure to ASA4 patients with direct support of their attending is also expected.

CA2(PGY3) Resident Responsibilities

This year residents participate in the anesthesia subspecialty rotations with further exposure in OB and more complex trauma cases as well as beginning in off-site work (cardiac, neurosurgery, pediatrics, etc.). Residents spend at least 2 months in subspecialty rotation with expectation of greater autonomous performance at the end of the first month. At this stage they should be the first point of contact for questions in regards of patient care. Attending supervision is required, and should be consulted to answer questions, which residents cannot immediately answer. CA2 residents should be able routine take care of the complex patients.

CA3 (PGY4) Resident Responsibilities

Senior residents are expected to assume leadership role, interacting with nursing and other administrative staff, coordinating the actions of the team. They should function autonomously in care of the patients, though ultimate

responsibility lies with the supervising physician. They care for the most complex patients and perform in off-site locations. They provide for the educational needs of any junior residents and students, along with the attending.

Guidelines for Circumstances and Events When Residents Must Communicate with the Supervising Attending

The following circumstances and events may be performed after the trainee has achieved sufficient training as determined by the attending anesthesiologist: Phlebotomy, placement of peripheral intravenous catheters, dressing changes, suture placement and removal, central venous catheter removal, epidural catheter removal, nasogastric tube placement, arterial puncture/cannulation, maintenance of anesthesia management, management of hemodynamics, management of oxygenation and ventilation, evaluation for blood product transfusion. Communication with the attending anesthesiologist is required when the trainee has questions, is uncertain, or is unable to carry out the above tasks safely or efficiently.

The resident is REQUIRED to communicate with the attending anesthesiologist in the following circumstances and events:

- Any perceived patient safety issue
- Any significant change in patient clinical status
- Induction of general anesthesia
- Emergence from anesthesia
- Critical portions of any anesthetic procedure
- Tracheal intubation
- Supraglottic airway placement
- Fiberoptic/flexible bronchoscopy tracheal intubation
- Placement of an epidural catheter
- Placement of spinal anesthesia
- Epidural blood patch placement
- Placement of peripheral nerve block
- On and off cardiopulmonary bypass
- Transesophageal echocardiography
- Procedures performed under fluoroscopy
- Invasive procedures greater than 5 minutes in duration (e.g. complicated arterial line cannulation, central line cannulation)

<u>Emergency Procedures</u>

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The trainee may attempt ANY of the procedures normally requiring direct supervision in a case where the death or irreversible loss of function of a patient or fetus is imminent, and an appropriate supervisory physician is not immediately available. The assistance of more qualified individuals should be requested as soon as practically possible.

- The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care is delegated to each Resident by the program director and faculty members.
- Faculty members functioning as supervising physicians must delegate portions of care to Resident, based on needs of the patient and the skills of each Resident.

Gaps in Supervision

- If for any reason, a Resident is unable to contact his or her supervising physician, they are to notify the program director or associate program director immediately.
- The program director or associate program director will then activate the faculty-specific chain of command to ameliorate the gap in supervision.

Transitions of Care Program Policy

Monitoring for effective, structured hand-over processes to facilitate both continuity of care and patient safety is accomplished via an intraoperative/perioperative handoff checklist that is used at least daily at the Program level. The Sponsoring Institution provides oversight for transitions of care at the Program level via GME/GMEC review of Annual Program Evaluations, Internal Reviews on a pre-determined cycle and periodic direct observation of the hand-over process. The Anesthesiology Residency Program utilizes the following mechanisms in the hand-over process:

Setting	**Frequency of Hand-over**	**Mechanism**	**Supervision and frequency of supervision of hand-over process**
Intraoperative Areas	At least Daily between 7am-7pm	Handoff checklist	Faculty anesthesiologists daily or with each in-room provider change.
Post Anesthesia Care Unit (PACU)	Can be several times a day between 7am7pm with the end of each anesthetic to the PACU nurse and/or PACU resident	Handoff checklist	Faculty anesthesiologists at the end of each anesthetic

Transition of care occurs regularly under the following conditions:

• Change in level of patient care, including inpatient admission from the ambulatory setting, outpatient procedure, or diagnostic area.
• Inpatient admission from the Emergency Department
• Transfer of a patient to or from a critical care unit
• Transfer of a patient to the Post Anesthesia Care Unit (PACU)
• Transfer of care to other healthcare professionals within procedure or diagnostic areas
• Discharge, including discharge to home or another facility such as skilled nursing care
• Change in provider or service change, including resident sign-out, inpatient consultation sign-out, and rotation changes for residents.

PROTOCOL FOR IMPLEMENTATION OF TRANSITIONS OF CARE POLICY

The transition/hand-off process should involve real-time communication, which includes both verbal and written/computerized communication, along with the opportunity for the receiver of the information to ask questions or clarify specific issues. The hand-off process may be conducted by telephone conversation. Voicemail, text message, e-mail, and/or any other unacknowledged message is not an acceptable form of patient handoff. A telephonic hand-off must follow the same procedures outlined in this Section, and both parties to the hand-off must have access to the electronic medical record and an electronic or hard copy version of the sign-out evaluation. Patient confidentiality and privacy must be guarded in accordance with HIPAA guidelines.

1. The transition process should include, at a minimum, the following information in a standardized format.
   • Identification of patient, including name, medical record number, and date of birth
   • Identification of attending physician of record and contact information
   • Diagnosis and current status/condition (level of acuity) of patient
   • Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures, and actions to be taken

• Outstanding tasks – what needs to be completed in the immediate future
• Outstanding laboratories/studies – what needs follow up or review during shift
• Changes in patient condition that may occur requiring interventions or contingency plans

2. Scheduling and transition/hand-off procedures ensure that:
   • Residents comply with specialty specific/institutional duty hour requirements
   • Faculty are scheduled and available for appropriate supervision according to the requirements of the scheduled residents.
   • Patients are not inconvenienced or endangered in any way by frequent transitions in their care and efforts to minimize the number of transitions is ensured by Attending staff.
   • All parties directly involved in the patient's care before, during, and after the transition have opportunity for communication, consultation, and clarification of information.
   • Safeguards exist for coverage when unexpected changes in patient care may occur due to circumstances such as resident illness, fatigue, or emergency.
   • Residents have an opportunity to both give and receive feedback from each other or faculty physicians about their handoff skills.
3. The transition of care process is a prominent component of our curriculum.
4. Residents must demonstrate competency in performance of this task. These include:
   • Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment
   • Assessment of handoff quality in terms of ability to predict overnight events
   • Assessment of adverse events and relationship to sign-out quality through:
   Survey Online
   Reporting
   Chart review
5. Trainees are evaluated in their ability to communicate patient information clearly, accurately, and responsibly to support the safe transfer of care from one provider to another.
   • The program optimizes transitions in patient care, including their safety, frequency, and structure by minimizing the number of handoffs for a given patient encounter.
   • The program monitors effective, structured hand-over processes by direct observation.
   • Program ensures residents are competent in communicating with the team members in the hand-over process through direct observation.
   • The program and clinical sites maintain and communicate schedules of attending physicians and residents/fellows, currently responsible for care, by utilizing QGenda.
   • The program ensures continuity of patient care, consistent with the program's policies and procedures in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency by implementing a jeopardy call system.

Sample of hand off sheet:

Patient	Patient Identification (Nameband check)	
	Time In	
	Allergies	
	Surgical Procedure and Reason for Surgery	
	Type of Anesthesia (GA, TIVA, regional)	
	Surgical or anesthetic complications	
	PMH and ASA Scoring	
	Preoperative Cognitive Function	
	Preoperative Activity Level (METs)	
	Limb Restriction	
	Preop Vitals	
Procedure	Positioning of Patient (if other than supine)	
	Intubation conditions (grade of view, airway, quality of bag mask ventilation, bite block?)	
	Lines/catheters (IVs, a-lines, CVSs, foley chest tubes, surgical drains, VP shunt)	
	Fluid Management	Fluids= EBL= UO=
Medications	Analgesia Plan - During Case, Postop Orders	
	Antiemetics Administered	
	Medications due during PACU (antibiotics, etc.)	
	Other Intra-Op Medications (steroids, antihypertensives)	

"Do you have any questions or concerns?"

Describe how the Program and clinical sites maintain and communicate schedules of attending physicians and fellows currently responsible for care.

Room assignments and clinical work area assignments are sent out daily via email for the following workday so that residents are well informed of their supervising attendings in all work areas. Residents may also use the "QGenda App" to see the department schedules and supervising attendings in each clinical area in real time. In the event a resident/fellow is unable to perform his/her patient care responsibilities, continuity of patient care is ensured by contacting the chief resident, attending on call or site director, alternate coverage of duties will be arranged, and the resident will be sent home.

Resident Supervision by Program information (supervision chart below) can be found at:
https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php

	PGY1	PGY2	PGY3	PGY4
The following chart shows when an Anesthesiology resident is approved to perform certain procedures or clinical activities safely and effectively without direct supervision:				
Intubation Adult Operative				
Intubation Pediatric Operative				
LMA placement Adult				x
LMA placement Pediatric				
Awake Fiberoptic Intubation				
Double Lumen Tube Placement				
Bronchial Blocker Placement				
Peripheral IV Placement		x	x	x
Arterial Line Placement			x	x
Midline or RIC Catheter				x
Central Line IJ			x	x
Central Line Subclavian			x	x
Ultrasound Guided Nerve Block				x
Labor Epidural			x	x
Thoracic Epidural				x
Chronic Pain Procedures				x
Spinal (OB/GYN)				x
Spinal (Non-OB/GYN)				x
Combined Spinal Epidural			x	x
Caudal (Pediatric)				
Nerve Block Pediatric				
TTW/FAST			x	x
IMACOR Hemodynamic Ultrasound			x	x
TEE				x
Coming on and off Bypass				
Epidural Blood Patch				x
All other procedures are performed under direct supervision of a faculty member.				

XIX. Safety Policies and Procedures

- Hand hygiene must be performed prior to performing patient exams (and after), any invasive procedures, and any time contamination is suspected.
- Gross contamination requires hand washing.
- Double glove for doing intubations, placing epidurals, or any other procedure where contamination of gloves is likely to occur, but the need to continue to be able to touch equipment is necessary.

- Skin preparation for any invasive procedure should include the use of Chloraprep, Duraprep or other combination chlorhexidine 2%/alcohol 70% solution. If the patient is allergic to chlorhexidine, then a betadine/alcohol prep may be used instead.
- Any time any anesthesia equipment is used, it must be cleaned using proper cleaning wipes while wearing clean gloves. That includes patient monitors, the anesthesia machine, medication, and equipment carts.
- For cases where bodily fluids pose a real and constant hazard such as in Shock trauma assessment or multitrauma patients - fluid-resistant long gowns should be worn.
- If scrubs become contaminated with any bodily fluids, residents should be excused as soon as safe for patient care, to change scrubs. Enter your program specific safety policies and procedures here.
- If residents do not have dedicated OR shoes, they should wear shoe covers for cases.
- Residents should not wear scrubs to and from the hospital. That represents a contamination risk for the resident as well as patients.

XX. Wellbeing

As a faculty, we endorse multiple means of supporting well-being such as bringing the residents snacks, taking them out to dinner, the rest of the day off after resident lecture to further their educational efforts, building in additional time off in the workweek for study and personal growth. Residents also have ready access to the program director for personal meetings and group meetings. The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. We have adequate staff resources to make certain that patient safety is not sacrificed. There are sleep rooms, showers, and eating spaces. **The program provides the resident with facilities for rest/sleep and access to safe transportation home. If a resident is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new residents are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.**

Section 6. Resident Benefits

I. Salary

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

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

2024-2025 TRAINEE COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits
PGY 1	$60,492.00	$61,152.00
PGY 2	$62,880.00	$ 63,540.00
PGY 3	$ 64,896.00	$ 65,556.00
PGY 4	$ 67,596.00	$ 68,256.00

PGY 5	**$ 70,476.00**	**$ 71,136.00**
PGY 6	**$ 73,068.00**	**$ 73,728.00**
PGY 7	**$ 75,876.00**	**$ 76,536.00**

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

I. Health Insurance

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

II. Liability Insurance

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

III. Stipends

Stipends may vary year to year. July 1 of each year residents will be informed of the amount of funds they will be allotted. There are no resident stipends available for 2024-2025 year.

IV. Travel

The UTHSC Anesthesiology Residency Program follow the UTHSC institutional policy on Resident Travel. For more information on the UT Resident Travel Policy, please visit the University of Tennessee policy websites:
http://policy.tennessee.edu/fiscal_policy/fi0707/
https://finance.tennessee.edu/travel/

Travel reimburse form: https://www.uthsc.edu/graduate-medical-education/administration/documents/travel-reimbursement.pdf

Important Guidelines:

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be followed at all times – with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UT Resident Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UT and the Program Director. Please see the GME travel policy for further information.

International Travel (Educational purposes only)

International Travel Registration: https://uthsc.edu/international/travel/itrp.php

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

- As the last step in this process, purchase **ISIC/ITIC travel insurance card**:
- Residents/Fellows must purchase the International Student Identity Card (ISIC).
- Faculty/Staff must purchase the International Teacher Identity Card (ITIC).

This card provides basic travel insurance and is valid for one year from date of issue. Myisic.com describes the travel, medical evacuation, and repatriation insurance (Basic plan) covered through the card. Purchase your card online or call 1-800-781-4040.
All travelers to U.S. territories are also required to register. These territories include Puerto Rico, Guan, U.S. Virgin Islands. American Samoa, and Northern Mariana Islands. Travel to neighboring countries such as Canada is also considered "international travel" and requires compliance with this registration program.

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

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

Section 7. Curriculum

I. ACGME Competencies

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

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

II. Milestones

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

Competency Based Goals – The UTHSC Anesthesiology Residency Program follows the mandate of ACGME competency-based education and training. Residents will be evaluated during their training in the six general competencies as defined by the ACGME guidelines.

III. Assessment Instruments and Methods

1. **Resident Evaluation of Program and Faculty -** Residents are given the opportunity to evaluate their program and teaching faculty at least once a year. This evaluation is confidential and in writing.
2. **Program Director's Evaluation of Faculty -** The program director must evaluate the teaching faculty on an annual basis. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from resident evaluation of rotations.
3. **Faculty Evaluation of Program and Residents -** Faculty have the opportunity to annually evaluate the program confidentially and in writing. The results will be included in the annual program evaluation.
4. **Annual Program Evaluation -** Each ACGME-accredited residency program must establish a Program Evaluation Committee (PEC) to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

Procedure:

1. The Program Director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
2. The PEC will be composed of at least 2 members of the residency program's faculty, at one of who is a core faculty member, and include at least one resident (unless there are no residents enrolled in the program). The PEC will function in accordance with the written description of its responsibilities, as specified in item 3, below.
3. The PEC's responsibilities include:
    a. Acting as an advisor to the program director, through program oversight.
    b. Review of the program's self-determined goals and progress toward meeting them.
    c. Guiding ongoing program improvement, including development of new goals, based upon outcomes.
    d. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.
4. The PEC should consider the following elements in its assessment of the program:
    a. Curriculum
    b. Outcomes from prior Annual Program Evaluations
    c. ACGME letters of notification, including citations, areas for improvement, and comments
    d. Quality and safety of patient care
    e. Aggregate resident and faculty: well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Resident and Faculty Surveys; and written evaluations of the program.
    f. Aggregate resident: achievement of the Milestones; in-training examinations (where applicable); Board pass and certification rates; and graduate performance.
    g. Aggregate faculty: evaluation and professional development

A copy of the annual program evaluation must be sent to the DIO. If deficiencies are identified, the written plan for improvement should be distributed and discussed with teaching faculty and residents.

Quality Improvement/Clinical Competency Committee

Peer review evaluation by a Quality Improvement (QIC)/Clinical Competency Committee (CCC) is integral to the graduate medical education process. The CCC will review all resident/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC will advise the Program Director regarding resident progress, including promotion, remediation, and dismissal. Under the Tennessee Patient Safety and Quality Improvement Act of 2011, the records of the activities of each QIC/CCC are designated as confidential and privileged. Resident/fellow evaluation documentation and files that are reviewed by a program's QIC/CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.

Procedure

1. The program director must appoint a Clinical Competency Committee.
   a) At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member.
   b) Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.
2. The Clinical Competency Committee must:
   a) Review all resident evaluations at least semi-annually.
   b) Determine each resident's progress on achievement of the specialty-specific Milestones.
   c) Meet prior to the residents' semi-annual evaluations and advise the Program Director regarding each resident's progress.

Resident Evaluation

The program utilizes the following methods for resident evaluation:

1. Competency-based formative evaluation for each rotation, including competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. All residents are expected to be in compliance with University of Tennessee Health Science Center (UTHSC) policies which include but are not limited to the following: University of Tennessee personnel policies, University of Tennessee Code of Conduct, sexual harassment, moonlighting, infection control, completion of medical records, and federal health care program compliance policies.

Formative Evaluation

1. Faculty must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. Each program is required to use the web-based evaluation system in New Innovations to distribute a global assessment evaluation form.
2. Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
3. These evaluations should be reviewed for completeness by program leadership, with follow-up by the program director or coordinator to address inadequate documentation, e.g., below average performance ratings without descriptive comments or inconsistencies between written assessments and statistical data.
4. Completed electronic evaluations are reviewed by the resident. Any evaluations that are marginal or unsatisfactory should be discussed with the resident in a timely manner and signed by the evaluator and resident.
5. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide an overall assessment of the resident's competence and professionalism. These methods may include narrative evaluations by faculty and non-faculty evaluators, clinical competency examinations, in-service

examinations, oral examinations, medical record reviews, peer evaluations, self-assessments, and patient satisfaction surveys.

6. The program must provide assessment information to the QIC/CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.
7. Using input from peer review of these multiple evaluation tools by the QIC/CCC, the program director (or designee) will prepare a written summary evaluation of the resident at least semi-annually. The program director or faculty designee will meet with and review each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones and strengths as well as plans for improvement. The program director (or designee) and resident are required to sign the written summary that will then be placed in the resident's confidential file. The resident will receive a copy of the signed evaluation summary and will have access to his or her performance evaluations.
8. If adequate progress is not being made, the resident should be advised, and an improvement plan developed to provide guidance for program continuation. The improvement plan must document the following:
    - Competency-based deficiencies;
    - The improvements that must be made;
    - The length of time the resident has to correct the deficiencies; and
    - The consequences of not following the improvement plan.
    - Improvement plans must be in writing and signed by both the program director and resident.
9. If unacceptable or marginal performance continues and the resident is not meeting program expectations, another review should take place in time to provide a written notice of intent to the resident at least 30 days prior to the end of the resident's current if he or she must extend training at the current level or will not have their contract renewed. If the primary reason(s) for non-promotion or non-renewal occurs within the last 30 days of the contract period, the residency program must give the resident as much written notice as circumstances reasonably allow.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each resident documenting their readiness to progress to the next year of the program, if applicable. This evaluation should assess current performance based on written evaluations, faculty observations and other documented performance measures that have been reviewed by the program's QIC/CCC. The summative evaluation will be discussed with the resident and a copy signed by the program director and resident will be placed in the confidential resident file.
2. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the resident's permanent record maintained in the GME office and will be accessible for review by the resident. The end-of-program final evaluation must:

- Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure residents are able to engage in autonomous practice upon completion of the program.
- Verify that the resident has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
- Consider recommendations from the CCC.

Clinical Competency Committee (CCC)	
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident's program on achievement; of [Insert specialty name] Milestones; meet prior to resident's semi-annual evaluation meetings; and advise Program Director regarding resident's progress. **NOTE:** Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
Ex.: John Smith, MD	*CCC Chair and Associate Program Director*
Chris Parker-Rajewski, MD	CCC Chair and Associate Program Director
Arturas Grazulis, MD	Associate Program Director
Mary Billstrand, MD	Chief and Core Faculty
Cleo Carter, MD	Core Faculty
Samuel Fasbinder, MD	Core Faculty
Jonathan Sherrod, MD	Site Director- VA
Cassandra Armstead-Williams, MD	Site Director-LeBonheur
Kavita Raghavan, MD	Site Director- St. Jude

Program Evaluation Committee (PEC)	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; revies the program's self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.	
Ex.: John Smith, MD	*CCC Chair and Associate Program Director*
Arturus Grazulis, MD	PEC Chair and Associate Program Director
Arvind Chandrashekar, MD	Program Director
Chris Parker-Rajewski, MD	Associate Program Director
Mary Billstrand, MD	Chief and Core Faculty
Cleo Carter, MD	Core Faculty
Susan Mokhtari, MD	Core Faculty
Aaron Rank, MD	Core Faculty
Brandy Sweeney, DO	Chief Resident
Zachary Lundby, MD	Chief Resident
Kaci DeJarnette, MD	Resident (CA-2)
Cristian Betancourt Perez	Resident (CA-2)
Kenyi Segura, MD	Resident (CA-1)

The 2024-2025 rotation block schedule is given below, with a brief description of the rotations.

PGY1 Rotations	**# of Blocks**
General Surgery	1
Obstetrics and Gynecology	1
Palliative	1
Emergency Department	1
Medical Intensive Care Unit	1
General Anesthesia UT	2
Cardiology	1
Internal Medicine	1
Pulmonology	1
Pre-Admission Testing Service	1
General Pediatrics	1

PGY2 Rotations	**# of Blocks**
Obstetric Anesthesia	2
Acute Pain Service	2
Burn Operative Room	1
Chronic Pain Medicine	1
Pre-Admission Testing Service/PACU	1
General Intensive Care Unit	1
Neuroanesthesia	1
General Anesthesia UT	3

PGY3 Rotations	**# of Blocks**
Acute Pain Service	1
Neuroanesthesia	1
Cardiothoracic Anesthesia	1
Trauma Anesthesia	3
General Intensive Care Unit	1
Pediatric Anesthesia	2
Pre-Admission Testing Service/PACU	1
Obstetric Anesthesia	1
General Anesthesia	1

PGY4 Rotations	**# of Blocks**

General ICU	1
Trauma Anesthesia	3
Acute Pain Service	1
Pre-Admission Testing Service	1
General Anesthesia UT	2
Non-OR Pediatric Anesthesia	1
QUIPS/Research/Ultrasound	1
Obstetric Anesthesia	1
Peds Anesthesia	1

Section 8. Resource Links

Site	Link
New Innovations	https://www.new-innov.com/Login/
UTHSC GME	http://www.uthsc.edu/GME/
UTHSC GME Policies	http://www.uthsc.edu/GME/policies.php
UTHSC Library	http://library.uthsc.edu/
GME Wellness Resources	https://uthsc.edu/graduate-medical-education/wellness/index.php
ACGME Residents Resources	https://www.acgme.org/residents-and-Residents/Welcome
GME Confidential Comment Form	https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF
ACGME Program Specific Requirements American Board of Anesthesiology American Society of Anesthesiology	https://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/6/Anesthesiology/ https://www.theaba.org/ABOUT/About –the-ABA/ https://www.asahq.org/

Section 9. Appendix

I. GME Information and Dates
II. Moonlight Approval Form
III. Handbook Agreement

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

Natascha Thompson, MD
Associate Dean of Graduate Medical Education
ACGME Designated Institutional Official
Phone: 901.448.5364
Fax: 901.448.6182

Resident Orientation Schedule

New Resident Orientation for 2024 will be held on the following dates: (All sessions are in the SAC except Baptist, which is on that campus (Garrett Auditorium 6025 Walnut Grove Road).

Other Important Dates:

Date	Time	Title
June 21, 2024	8:00 am - 12:00 pm	Memphis Veteran's Hospital (VA)
June 21, 2024	12:00 pm – 5:00pm	Baptist
June 24 & 25, 2024	8:00 am - 5:00 pm	UT PGY 1 Orientation
June 26, 2024	8:00 am - 12:00 pm	Regional One Health (ROH)
July 1, 2024	7:30 am - 5:00 pm	UT PGY-2 - 7 Orientation

July 30-Deadline for incoming residents to provide documentation of ACLS or PALS

September 19 & 20 - Mandatory SVMIC (you will sign up for one session one day)

February 27 & Feb 28 – Mandatory Global Retreat (you will sign up for one session one day)

Fellow Request for Approval to Moonlight
(External: non-UTHSC affiliated, non-rotation site)

Name _____

PGY Level _____

Site of Activity or Service _____

Start Date _____

End Date _____

Estimated average number of hours per week _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Phone Number _____ Supervisor's Email _____

- **The ACGME and UTHSC GME policies require program director pre-approval of all moonlighting activities. Any Fellow moonlighting without written pre-approval will be subject to disciplinary action.**
- **Residents on a J-1 visa are not allowed to moonlight.**
- **All moonlighting counts towards the weekly 80-hour duty limit.**
- **The Resident is responsible for obtaining separate malpractice insurance. The Tennessee Claims Commission Act does not cover Residents' external moonlighting activities.**
- **Moonlighting activities must not interfere with the Fellow's training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.**
- **The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines the Fellow's performance does not meet expectations, permission to moonlight will be withdrawn.**
- **Each Fellow is responsible for maintaining the appropriate state medical license where moonlighting occurs.**

By signing below, I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UTHSC GME and ACGME. I will obtain prior approval from my program director if any information regarding my moonlighting activity changes, including hours, location, type of activity or supervisor.

Signature of Resident: _____ Date: _____

Signature of Program Director: _____ Date: _____

AGREEMENT for HANDBOOK OF ANESTHESIOLOGY

I. I have received the 2024-2025 Handbook for the UTHSC Anesthesiology Residency Program.

II. I have been informed of the following requirements for house staff:

1. Requirements for each rotation and conference attendance
2. Formal teaching responsibilities
3. Reporting of duty hours and case logging
4. Safety policies and procedures
5. On call procedures
6. Vacation requests

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

IV. I understand that this is a fluid document and at times updated may be necessary. In the event that update are made, it will be conveyed in a timely manner to the resident.

Printed Name: _____

Signature: _____

Date: _____

*** Please submit this signature page to your Program Manager no later than June 25, 2024.**