

THE UNIVERSITY of TENNESSEE 

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Developmental-Behavioral Pediatrics
Fellowship
Program Handbook
2024-2025**

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Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:

The goals of our program are to train Developmental-Behavioral Pediatric fellows in the expert care of children who present with a wide range of developmental disorders including attention problems, autism spectrum disorder, language disorders, learning disabilities, and intellectual disability and to serve as physician leaders in developmental-behavioral pediatrics for culturally and linguistically diverse populations through clinical care, teaching, research, and advocacy. Consistent with the mission of both the Department of Pediatrics and UTHSC, the Developmental-Behavioral Pediatrics Fellowship strives to establish a culture of diversity and inclusion by fostering an environment of respect, honesty, and integrity to ensure differences are welcome.

Program Aims:

The Developmental-Behavioral Pediatric Fellowship Program will provide in-depth training and use clinical sites chosen for the best learning and fellow experience. Clinical experiences will include both individual and interdisciplinary consultation at Le Bonheur's Children's Hospital and The UTHSC Center on Developmental Disabilities. Fellows will participate in interdisciplinary training and services at the UTHSC Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training program. The fellow will have increasing responsibilities for patient care and clinical proficiency, teach and supervise medical students and pediatric residents in various clinical settings, and participate in interdisciplinary work with other healthcare professionals and systems of care. Strategic partnerships with other divisions allow DBP faculty and fellows to collaborate effectively to address broad and more specific questions relating to clinical care. Fellows perform extensive diagnostic assessments, targeted evaluations, and learn to evaluate patients both as the sole provider and as part of an interdisciplinary team through clinical sessions focused on the longitudinal care of children with developmental and/or behavioral needs throughout their training. Faculty serve as clinical mentors and encourage the fellows to develop increasing autonomy in decision making and patient management. Fellows are responsible for educating patients and their family members during the clinical portions of fellowship. Finally, the fellow will participate in 12 months of dedicated time for scholarly activity over the 3-year fellowship.

II. Department Chair, Program Director, and Associate Program Directors

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Interim Department Chair of Pediatrics

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Program Director

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Toni Whitaker, MD

Associate Program Director/Division Chief

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III. Office Contact

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Program Manager

UTHSC Developmental-Behavioral Pediatrics Fellowship Program

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IV. Core Faculty (alpha order)

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V. 2024-2025 Fellow Contact Information

PGY 4

TBD

**University of Tennessee
Developmental-Behavioral Pediatrics Fellowship
Block Diagram**

Year-1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	1	2	2	2	1	1
Rotation Name	DBP	DBP	DBP	DBP	DBP	Neurology	Psychiatry	CDD	CDD	CDD	Research	Research
% Outpatient	100	100	100	100	100	100	100	40	40	40	20	20
% Research	0	0	0	0	0	0	0	60	60	60	80	80

Year-2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	2	1	1	1	1	1
Rotation Name	DBP	DBP	DBP/Research	Genetics	Elective/ Research	Elective/ Research	CDD	Research	Research	Research	Research	Research
% Outpatient	100	100	60	100	40	40	100	30	30	30	30	30
% Research	0	0	40	0	60	60	0	70	70	70	70	70

Year-3

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	2	1	1	1	1	1	1	1	1
Rotation Name	DBP	DBP	DBP	CDD/ Research	Elective/ Research	Research	Research	Research	Research	Research	Research	Research
% Outpatient	60	60	60	40	40	30	30	30	30	30	30	30
% Research	40	40	40	60	60	70	70	70	70	70	70	70

Notes

- 1) Time devoted to outpatient activities in Neurology, Genetics, and Psychiatry are clinical in nature. Therefore, there is no scheduled research time.
- 2) Research rotations may be completed at any site.
- 3) 3 weeks of vacation per year can be taken in one week increments during all blocks, except the dedicated Research months.

All DBP and CDD rotations involve time spent in multiple clinical settings. Please see the below table for further information.

Rotations	Electives
DBP- Developmental-Behavioral Pediatrics	Adolescent Medicine
Fellow Continuity Clinic	Muscular Dystrophy Association/Neuromuscular Clinic
DBP Clinic	Child Abuse/Neglect
Infant/Toddler Clinic	Sleep Clinic
Tuberous Sclerosis Clinic	Palliative Care
Spina Bifida Clinic	Genetics
Learning/Attention/Behavior Clinic	Neurology
Medication Management	Psychiatry
CDD- Center on Developmental Disabilities	
Social Work Clinic	
Psychology Diagnostic Interviews	
Speech/Language Clinic	
Psychology Evaluation Clinic	
Center of Excellence/Children in State Custody	
Developmental Pediatrics Clinic	
Learning/Attention/Behavior Clinic	

Section 2. Site Information

1. Le Bonheur Children’s Hospital

Ronald R. Espinal, MD – Site Director
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2. Center on Developmental Disabilities

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 Fax:
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Section 3. Educational Activities

I. Didactic Lectures

Grand Rounds	
Day/Time	Wednesday, 8:00 AM
Location	Chesney Auditorium
Description	Conferences on core pediatric topics with local and invited speakers
Attendance %	See attendance requirements

DBP Lectures	
Day/Time	Once weekly on DBP/CDD rotations, Monday, or Tuesday mornings
Location	Virtual or in-person Faculty Office Building Conference room
Description	A core curriculum of fundamental topics
Attendance %	See attendance requirements

LEND Didactics	
Day/Time	Twice monthly sessions with supplemental assignments
Location	Virtual with some in-person, location varies
Description	Targeted content areas include leadership, interdisciplinary practice, research, advocacy, cultural humility, autism and other neurodevelopmental disabilities, mentoring, communication, and family and community.
Attendance %	See attendance requirements

Fellows Research Conference	
Day/Time	Monthly, Noon
Location	CRFI Conference room or virtual
Description	Targeted content areas include leadership, interdisciplinary practice, research, advocacy, cultural humility, autism and other neurodevelopmental disabilities, mentoring, communication, and family and community.
Attendance %	See attendance requirements

K-R0 Club	
Day/Time	2 nd Tuesday of each month, noon
Location	CRFI Conference room or virtual
Description	Provides information and guidance for preparing and submitting applications for NIH Research grants (K awards) and Research Project grants (R01 awards). Topics include specific aims, mentors, effective communication, and strategy.
Attendance %	See attendance requirements

Conference Schedule

- A journal club is held once a month with fellows and faculty.
- Weekly conferences in specific electives (Genetics, Psychiatry, Neurology)
- Pediatric Academic Half-Day is held every Thursday afternoon

Attendance Requirements:

Conferences are held to promote continued self-motivated learning. Attendance is required as follows:

- | | |
|---------------------------------------|--|
| • Grand Rounds | Required |
| • K-Club Monthly | Optional |
| • Fellows Research Conference Monthly | Required |
| • CFRI Discussions | Optional |
| • Pediatric Academic Half-day | Optional |
| • LEND program didactics | Required 1 st year, optional thereafter |
| • DBP Journal Club Monthly | Required on DBP/CDD rotations |
| • DBP Lecture Weekly | Required on DBP/CDD rotations |
| • Elective Rotation lectures | Required on Elective rotations |

The program director or designee must authorize prolonged absence due to demands from any other rotation. Failure to meet this requirement will be addressed on a per person basis. The results will be discussed with the fellow and included in semi-annual and annual evaluations. Conference attendance will be a part of the requirements for promotion/graduation. Delinquencies can be rectified by completing additional assigned educational tasks by the program director.

Program Meetings

Meeting	Held in
Semi-Annual Fellow Evaluations	December and June
Clinical Competency Committee	December and May
Annual Program Evaluation	May
Program Evaluation Committee	December and May
Developmental-Behavioral Faculty Meeting	Quarterly
Patient Safety Quality Improvement meeting	Monthly at Methodist University
Fellow's Meeting	Monthly

II. Required Reading

Search:

- PubMed <https://pubmed.ncbi.nlm.nih.gov/>

Main Sites:

- American Academy of Pediatrics AAP.org
- American Board of Pediatrics ABP.org
- Society of Developmental & Behavioral Pediatrics SDBP.org

Textbooks:

- *Capute & Accardo's Neurodevelopmental Disabilities in Infancy and Childhood, 4th Edition*, Vol 1-2, Pasquale J. Accardo
- *Encounters with Children, Pediatric Behavior and Development 4th Edition*, Suzanne D. Dixon, Martin Stein
- *AAP Developmental and Behavioral Pediatrics, 2nd Edition*, Robert Voigt, MD
- *Developmental-Behavioral Pediatrics, 5th Edition*, Heidi Feldman, MD
- *Diagnostic and Statistical Manual of Mental Disorders, DSM-5, Fifth Edition*
- *Children with Disabilities, 8th Edition*, Mark L. Batshaw
- *Child Development, A Practitioner's Guide, 4th Edition*, Douglas Davies

III. Research and Scholarly Activity

Research Interests in the Division of Developmental Pediatrics

- Improving health outcomes for children and adolescents with autism spectrum disorders
- Evaluating developmental and educational services for children experiencing prolonged hospitalization
- Care and management of developmental and behavioral concerns, including autism and ADHD
- Developing best practices for care of children with developmental needs and associated medical complexity.
- Evaluating early developmental milestones
- Evaluating early language development
- Exploring the roles of interprofessional teams and systems of care for children with complex medical and behavioral needs

- Assessing training and implementation of developmental surveillance and screening in primary care
- Continuous quality improvement in clinical service delivery

The fellow will participate in 12 months of dedicated time for scholarly activity over the 3-year fellowship. The UTHSC Pediatric Fellowship Office provides a centralized resource for all pediatric fellowship programs at Le Bonheur. All fellows participate in a core curriculum for fellows through the Children's Foundation Research Institute that presents various research skills in scholarly activities.

Beginning in their first year and extending throughout their training: Faculty will supervise the fellow's scholarly activity closely. It will be monitored by the fellow's research/scholar mentor and supervised by the Scholarship Oversight Committee (SOC).

Each fellow must complete a scholarly project as outlined by the American Board of Pediatrics. Fellows are expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education and public policy. Involvement in scholarly activities must result in a specific written "work product" as outlined by the American Board of Pediatrics. Examples include, but are not limited to:

- A peer-reviewed publication in which a fellow played a substantial role,
- An in-depth manuscript describing a completed project,
- A thesis or dissertation written in connection with the pursuit of an advanced degree,
- An extramural grant application that has either been accepted or favorably reviewed, or
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial.

Section 4. Examinations

I. Documenting Exam Results

Official documentation of exam results should be sent from USMLE/COMLEX to the Program Manager and gme@uthsc.edu as soon as received for inclusion in Fellow personnel file.

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

American Board of Pediatrics (ABP) Certification

(Requirement for Progression and Promotion)

All first-year Developmental-Behavioral Pediatrics Fellows (PG4) must sit for and successfully pass the American Board of Pediatrics Certification Examination in August of their first year of Developmental-Behavioral Pediatrics Fellowship or have passed the examination prior to Fellowship Training. The Program Director will make every effort to ensure that first-year Fellows who have not passed the examination will be scheduled on less demanding rotations before their exams to allow ample study time. The Fellow must notify the Program Director of the exact date and location the examination is scheduled, and you will be excused from duties. The Program Director highly suggests the exam be taken at the nearest location. The Fellow must present evidence to the Program Director that they have successfully passed the ABP Certification Examination within one week of the release of board results. Failure to pass the ABP exam during your first year of fellowship will result in academic remediation. A formal remediation plan will be established to facilitate the passage of the ABP examination. If the fellow complies with the remediation plan, they will be tentatively promoted to the second year. The examination must be retaken in the second year. Failure to pass the ABP Certification Examination a second time will result in immediate dismissal from the program. No credit will be given for any rotations/months completed during the second year should you transfer to another program. Any first-year fellow (PG4) who does not sit for the ABP Certification Examination during their first year of training for any reason will only have one opportunity to pass the ABP Certification Examination during their next year of fellowship (PG5). Failure to pass the exam during their PG-5 year of training will result in immediate dismissal from the program with no credit given for July-December of year two training, should you decide to seek a fellowship elsewhere or transfer to another program.

II. In-Service Training Exam

The American Board of Pediatrics administers the Developmental-Behavioral Pediatrics Subspecialty In-Training Examination (SITE) annually in February. The SITE is a four-hour exam that consists of approximately 150 multiple-choice questions. Because the SITE is designed as an abbreviated version of a subspecialty certifying exam and is based on the same content outlines, it provides a global assessment of one's current knowledge in a subspecialty, and allows fellows, to some extent, predict their performance on a subsequent certifying examination.

All fellows are required to take the exam during each year of training. Results of the exam are received by the Program Director and are used to develop a progression plan. Dates, locations of exams and full details can be found at the American Board of Pediatric website.

<https://www.abp.org/content/subspecialty-training-examination-site>

III. Board Examination

Developmental-Behavioral Pediatrics Certification Exam

The American Board of Pediatrics (ABP) administers the Developmental-Behavioral Pediatrics certification exam in early-April. Qualifications and details may be obtained on their website:

<https://www.abp.org/content/developmental-behavioral-certification>

<https://www.abp.org/content/general-criteria-subspecialty-certification>

Section 5. Policies and Procedures

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

Academic Appeal Process	New Innovations Protocols
Academic Performance Improvement Policy	Observership
Accommodation for Disabilities	Offsite Rotation Approval - In Tennessee
ACLS	Offsite Rotation Approval - Out of State
Affirmative Action	Offsite Rotation Approval - International
Agreement of Appointment	Outside Match Appointments
Aid for Impaired Residents	Pre-Employment Drug Testing
Background Checks	Program Closure/Reduction
Certificate	Program Director Protected Time Policy
Clinical and Educational Work Hours	Program and Faculty Evaluation
Code of Conduct	Program Goals and Objectives
Disciplinary and Adverse Actions	Resident Evaluation Policy
Drug and Alcohol Use	Resident Non-Compete
Drug Free Campus and Workplace	Resident Reappointment and Promotion
Fatigue Mitigation	Resident Selection Guidelines
Fit for Practice	Resident Supervision
Fit Testing	Resident Transfers
Grievances	Resident Wellbeing
Handoffs and Transitions of Care	Salary
Hospital Procedures for Handling	Sexual Harassment and Other Forms of Discrimination
Resident Disciplinary Issues	Social Media
Infection Control	Stipend Level
Infection Control - Tuberculosis	Student Mistreatment
Insurance Benefits	Substantial Disruption in Patient Care or Education

<u>Internal Rotation Agreement for ACGME Programs</u>	<u>Support Services</u>
<u>Leave</u>	<u>Technical Standards</u>
<u>Licensure Exemption and Prescribing Information</u>	<u>UT Travel</u>
<u>Malpractice Coverage</u>	<u>Vendor/Industry Conflict of Interest</u>
<u>Medical Licensing Examination Requirements</u>	<u>Visas</u>
<u>Moonlighting</u>	<u>Visiting Resident Approval</u>

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**](tel:18662458588) 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. Wellbeing

The UTHSC Developmental-Behavioral Pediatrics fellowship is committed to promoting the health and welfare of fellows by creating a supportive educational culture so that fellows can develop lifelong skills to support and maintain well-being.

PROCEDURE

GME Responsibilities

1. Provide resources to educate faculty and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions and how to recognize those symptoms in themselves, and how to seek appropriate care.
2. Identify resources for fellow burnout, fatigue, depression, and substance abuse.
3. Provide access to appropriate self-screening tools.
4. Encourage fellows and faculty members to alert designated personnel when they are concerned about a fellow or faculty member who is displaying signs of burnout, depression, fatigue, substance use, suicidal ideation, or potential for violence.
5. Provide access to confidential, affordable, mental health counseling and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
 - a. Fellows have access to the University Health Services and Student Assistance Program
 - b. Fellows have 24/7 access to personal consultation for situations that can affect their well-being or academic performance through a professional counseling organization by the name of Eni.
 - c. Fellows have access to appropriate tools for self-screening.
6. Ensure policies and procedures are in place to ensure coverage of patient care; attention to scheduling, work intensity, and work compression that impacts fellow well-being; and the evaluation of workplace safety data and addressing the safety of fellows and faculty members.
7. Provide a way for fellows to report unprofessional behavior and a respectful process for reporting without fear of negative consequences for the resident who is or was unable to provide the clinical work.
8. Ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home.

Fellow Responsibilities

1. Report to UTHSC fit for duty and able to perform clinical duties in a safe, appropriate, and effective manner free from the adverse effects of physical mental, and emotional impairment, including impairment due to fatigue.
2. Alert their program director, DIO, and other designated personnel when there is a concern that another fellow or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
3. Voluntarily seek assistance before clinical, education, and professional performance is adversely affected, if experiencing problems. Fellows who voluntarily seek assistance for physical, emotional and/ or personal problems including drugs or alcohol dependency will not jeopardize their status as a fellow by seeking assistance.
4. Maintain their health through routine and necessary medical, dental, and mental health care.
5. Nonurgent appointments may be scheduled in advance with appropriate permission in accordance with the relevant sick leave policies.

6. Utilize appropriate self-screening tools as provided the UTHSC Graduate Medical Education office.

Fellowship Training Program Responsibilities

1. Educate faculty and fellows in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions; and how to recognize those symptoms in themselves and how to seek appropriate care.
2. Educate faculty members and fellows to recognize the signs of fatigue and sleep deprivation, alertness management and fatigue mitigation processes.
3. Encourage fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
4. The program director or faculty member must take steps to verify the impairment and take appropriate actions upon observance of physical, mental, or emotional problems affecting the performance of a fellow, including impairment due to excessive fatigue.
5. Encourage fellows and faculty members to alert program director or designated personnel when they are concerned about a fellow trainee or faculty member who is displaying signs of burnout, depression, fatigue, substance use, suicidal ideation, or potential for violence.
6. Chief fellows should also be aware of the behavior and conduct of junior fellows. If a chief fellow observes physical, mental, or emotional problems affecting the performance of a fellow, including impairment due to excessive fatigue, the chief fellow should immediately notify the program director or designated personnel.
7. Provide fellows time off from service for health care appointments for acute care illnesses (physical or mental) or dental emergencies during work hours.
8. Provide reasonable accommodations (e.g., duty assignments, on-call schedules) to enable the fellow to participate in mandated counseling.
9. Provide opportunities for excessively fatigued fellows to take therapeutic naps and facilities to sleep if they are too tired to return to their homes following clinical duties. Free transportation to the fellow's place of residence if the trainee is unable to safely travel home due to extreme fatigue, illness, or impairment should be available. Allow time off for visits. There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities.

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

II. Leave

The UTHSC Developmental-Behavioral Pediatrics Fellowship Program follows the UTHSC institutional policy on Fellow leave. For more information on the UT Fellow Leave Policy, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/leave.pdf>

Fellows may take up to:

- three (3) weeks of annual leave per a twelve-month period
- three (3) weeks of sick leave per a twelve-month period
- up to 10 days per twelve-month period for educational leave (granted with the approval of the Program Director)
- up to 12 weeks FMLA and/or four months leave (paid or unpaid) for the birth or adoption of a child
- three (3) days of paid leave for the death of an immediate family member

Fellows are required to work through their last day unless they have available leave. Leave attestation form must be signed by the Program Director only for any fellow that will be turning in this form and/or leaving prior to June 25th.

Program Director Leave Attestation form:

<https://www.uthsc.edu/graduate-medical-education/administration/coordinator-corner/documents/pd-attestation.pdf>

III. Family Medical Leave

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

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

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

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

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

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

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

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

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

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

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the

Designated Institutional Official. In the event both parents are residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit.

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

B. Resident Medical.

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

C. Caregiver Leave.

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

V. Bereavement Leave

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

VI. Moonlighting Procedure

The UTHSC Developmental-Behavioral Pediatric Fellowship Program does not participate in any moonlighting opportunities for Fellows. For more information on UT Moonlighting policy, please visit the GME website:

<https://uthsc.edu/comc/gme/documents/moonlighting.pdf>

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.

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

The Developmental-Behavioral Pediatrics Fellowship does not tolerate discrimination for any cause. We demand equal excellence regardless of any differences between fellows. Any such discrimination by other fellows or faculty will be reported to the Program Director for correction. Cultural or religious issues that require adjustment to a fellow's schedule will be accommodated whenever possible while respecting the rest of the fellows' needs and maintaining established educational goals. Recruitment of new fellows will be strictly nondiscriminatory as well. We are committed to a culture to remove the fear of retaliation. Public berating of fellows or emotional outbursts directed at fellows will not be allowed and should be reported to the Program Director for correction. Such reporting can be in person or anonymously through the chief fellow with adequate detail for the Program Director to correct inappropriate behavior. Disagreements with the fellowship program itself can be voiced directly to the Program Director without fear of retaliation or anonymously through the senior fellow. The senior fellow will hold regular meetings with the other fellows without faculty present to evaluate system problems. Professionalism at the fellow level is more likely caught than taught. Our faculty will be held to a high standard of professionalism with corrective educational opportunities provided for faculty who are unprofessional. Faculty development will include education in professionalism. Primary teaching of professionalism to fellows will be provided during clinical encounters with patients and in the research arena by individual faculty members. A formal mentoring system between each fellow and a faculty member will also be established where a primary goal will be the impartation of professionalism.

VIII. Discrimination, Harassment, and Abuse Policy

The University of Tennessee Health Science Center and the Developmental-Behavioral Pediatrics Fellowship program are committed to fostering an environment that prevents discrimination, abuse, or harassment of residents. In accordance with University of Tennessee Health Science Center Personnel Procedure #280 and University of Tennessee System Policy HR0280, Sexual Harassment, the Developmental-Behavioral Pediatrics Fellowship program is committed to providing a harassment free environment for residents. Sexual harassment will not be tolerated and will be grounds for disciplinary action.

The fellowship is committed to fostering an environment that prevents sexual harassment of fellows, residents, and students. The program has a commitment to professionalism, fostered by an atmosphere of mutual trust and respect. These commitments are threatened when persons in the program, including individuals in positions of authority abuse the trust placed in them.

The program follows the Equal Employment Opportunity Commission's guideline definition of sexual harassment as its guideline for defining sexual harassment. This guideline defines sexual harassment as unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or status in a program, (2) submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's academic performance or work environment. These definitions apply to residents, as well as to employees who may have a complaint of sexual harassment. For behavior to be considered sexual harassment, the behavior must be unwelcome and of a sexual nature. Examples include:

- Verbal harassment or abuse of a sexual nature
- Subtle pressure for sexual activity
- Commenting on a person's body, dress, appearance, gender, sexual relationships, activities, or experience
- Unwanted touching, patting, or pinching.
- Demanding sexual favors which may be accompanied by implied or overt threats concerning one's job, grades, letters of promotion, pay, recommendation, etc.
- Displaying sexually suggestive objects, pictures, videotapes, graffiti and/or visuals that are not germane to any business or academic purpose; in addition to displaying or transmitting sexually suggestive electronic content, including inappropriate emails.

Who should I contact?

If you witness sexual harassment of others or believe you have been harassed, you should immediately notify the Program Director, Associate Program Director, Program Coordinator, a faculty member, or Chief Resident. As required by Title IX, all faculty and staff are mandatory reporters.

Additionally, the incident should be reported to the Office of Equity and Diversity:

Office of Equity and Diversity

Michael Alston, EdD

Assistant Vice Chancellor for Student Rights and Conduct & OED Director

920 Madison Ave., Suite 825

Memphis, TN 38163

(901) 448-2112

loed@uthsc.edu, or complete an OED incident form on-line.

A prompt investigation will be conducted in an attempt to determine all of the facts concerning the alleged harassment. UT HR Policy 0280 prohibits retaliation against any employee or student who reports a claim of sexual harassment or against any employee or student who participates in the investigation of a complaint will not be tolerated by the University. For more information, review the UTHSC complaint procedure. If it is determined that sexual harassment has occurred, corrective action will be taken. Depending upon the circumstances, this corrective action may include disciplinary action, up to dismissal from the program. A person bringing an intentionally false allegation of sexual harassment may be subject to disciplinary action, which could include dismissal from the program. All residents and faculty members are required to complete the annual Sexual Harassment Avoidance Training compliance module.

IX. Fellow Eligibility and Selection Policy

The UTHSC Developmental-Behavioral Pediatrics Fellowship Program follows the UTHSC institutional policy on Fellow Selection. For more information on the UT Fellow Selection Policy, please visit the GME website: <https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/resident-selection.pdf>

Program Eligibility and Selection Criteria

- Prerequisite training for entry into a pediatric subspecialty program should include the satisfactory completion of an ACGME-accredited pediatric residency.
- Fellowship programs must receive verification of each entering fellow's level of competency in general pediatrics, upon matriculation, using ACGME milestones from the core pediatric residency program. These typically document in the letter of recommendation from the residency program.

- Review and approval of the applicant’s educational qualifications including, their CV, Personal Statement, Scores, and Letters of Recommendation.

All new residents/fellows entering GME programs at the PGY3 or higher level must have passed USMLE Step 3 or COMLEX-USA Level 3 before beginning training at UT. The resident/fellow is responsible for providing evidence of passage of USMLE Step 3 or COMLEX-USA Level 3, via official transcript, to the Program Director and GME Office.

Any Agreement of Appointment or offer letter to begin training at the PGY3 or higher level will be contingent upon passing USMLE Step 3 or COMLEX-USA Level 3. Accepted or matched residents and fellows who have not passed the required U.S. Medical Licensing Examinations (USMLE) or National Board of Osteopathic Medical Examiners (NBOME) exam prior to their scheduled start date do not meet eligibility requirements and will be released from their appointment. Any program that releases a resident or fellow who matched through the NRMP will be required to obtain a waiver from NRMP. The waiver must be granted before offering the position to another applicant.

Application Process and Interviews:

- All applications will be processed through the Electronic Residency Application Service (ERAS).
- 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 Developmental-Behavioral Pediatrics Fellowship Program engages in recruitment and retention practices of a diverse workforce of Fellows and faculty. The University of Tennessee is an EEO/AA/Title VI/Title IX/Section 504/ADA/ADEA institution in the provision of its education and employment programs and services. All qualified applicants will receive equal consideration for employment without regard to and will not be discriminated against on the basis of, race, color, national origin, religion, sex, pregnancy, marital status, sexual orientation, gender identity, age, physical or mental disability, or covered veteran status. The final decision is made by the Program Director in consultation with the Associate Program Directors and core faculty.

Applicant must complete application on ERAS

A completed application file will include:

- Completed application form.
- Current curriculum vitae.

- Personal statement (The personal statement should include previous research and clinical experience, reason for interest and an indication of your career goals.)
- Three letters of reference. One letter should be from the Director of your Residency.
- USMLE Score Reports, Official Medical School Transcript, and a recent photograph.

X. Fellow Supervision Policy

Supervision Policy

PURPOSE

The Developmental-Behavioral Pediatrics Fellowship Supervision Policy serves to ensure that fellows in the division are provided with adequate and proper levels of faculty supervision during their training and, at the same time, can deliver high-quality patient care with increasing levels of autonomy. The effective supervision of the fellows 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 fellow to allow successful entry into the unsupervised practice of medicine at the completion of fellowship training.

BACKGROUND

All fellows will provide patient care under the supervision of an appropriately credentialed appropriately credentialed physician, who is ultimately responsible and accountable for that patient's care. All physicians supervising the UTHSC Developmental-Behavioral Pediatrics fellow must have a University of Tennessee Health Science Center (UTHSC) faculty appointment. Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. The fellow should give the patient the supervising physician's name whenever requested.

Level of Supervision

There are three levels of supervision to ensure oversight of fellow 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 Fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow 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 Fellow 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.

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

Level of Supervision required for different clinical settings.

Supervision Settings	Supervision Level
Le Bonheur Hospital, outpatient clinics, PGY 4	1
Le Bonheur Hospital, outpatient clinics, PGY 5-6	2→3
CDD, Learning/Attention/Behavior Clinic, PGY 4	1
CDD, Learning/Attention/Behavior Clinic, PGY 5-6	2→3
CDD, Psychology, Social work, Speech-Language, COE, medical inter-/multi-disciplinary clinics, PGY-4	1
CDD, Psychology, Social work, Speech-Language, COE clinics, medical inter-/multi-disciplinary clinics PGY-5-6	2→3

XI. Transitions of Care Policy

All rotations

To establish protocol and standards to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances. Transitions of care are necessary for various reasons. The hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another.

- Transition of care occurs regularly under the following conditions:
 - Change in provider or service change, fellow sign-out, and rotation changes for fellows.
 - Temporary transfer of care to other healthcare professionals within clinical areas;
 - Discharge, including discharge to home or another facility;
- The hand-off process must involve interaction with both verbal and written communication. At a minimum, the transition process should include the following information in a standardized format that is universal across all services:

- Identification of patient, including name, medical record number, and date of birth;
- Identification of primary care physician;
- Diagnosis and current status/condition of patient;
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated actions to be taken;
- Changes in patient condition that may occur requiring interventions or contingency plans.

Gaps in Supervision

- If for any reason, a fellow 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.

XII. Process by which faculty receive fellow feedback.

Faculty evaluation is done at the end of each rotation via New Innovation. Feedback from the evaluations is collated; they are shared (anonymously) with the faculty and reviewed with them during the annual faculty evaluation. If there is any situation that needs to be addressed urgently, the program director or associate program director will then activate the faculty-specific chain of command to address the issue.

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

The New Innovation evaluations of the faculty by the fellows are pulled and given to the chair for review and use during the performance of the annual faculty evaluation.

XIV. Method for reporting improper behavior in a confidential manner

The fellows may go to the program director or coordinator at any time to report such behavior without fear of retaliation. The GME office has an online complaint portal that is completely anonymous and can be used by the fellows if they are uncomfortable with going directly to the program director or coordinator.

XV. Assessment Instruments and Methods

Fellows are evaluated by faculty at the end of every rotation. The overall evaluation is reviewed semi-annually by CCC and used for mid-year and annual evaluations or final evaluation as the case may be. Faculty evaluation is done at the end of each rotation via New Innovation. Feedback from the evaluation will be collated, shared (anonymously) with the faculty and reviewed with them during the annual faculty evaluation. The program is evaluated by both fellows and faculty annually as well as by PEC.

Fellow Evaluation

The program utilizes the following methods for Fellow 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 Fellows 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 Fellow 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 Fellow. Any evaluations that are marginal or unsatisfactory should be discussed with the Fellow in a timely manner and signed by the evaluator and Fellow.
5. In addition to the global assessment evaluation by faculty, multiple methods and multiple evaluators will be used to provide a 360-degree assessment of the Fellow'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 CCC for its synthesis of progressive Fellow performance and improvement toward unsupervised practice.
7. Using input from peer review of these multiple evaluation tools by the CCC, the program director (or designee) will prepare a written summary evaluation of the Fellow at least semiannually. The program director or faculty designee will meet with and review each Fellow 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 Fellow are required to sign the written summary that will then be placed in the Fellow's confidential file. The Fellow 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 Fellow 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 Fellow 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 Fellow. The fellow's refusal to sign the improvement plan does not negate its existence. The improvement plan will become active immediately and the fellow is expected to carry out requirements set forth by the program director/CCC as listed in the improvement plan.
9. If unacceptable or marginal performance continues and the Fellow is not meeting program expectations, another review should take place in time to provide a written notice of intent to the Fellow at least 30 days prior to the end of the Fellow'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 Fellowship program must give the Fellow as much written notice as circumstances reasonably allow.

Summative Evaluation

1. At least annually, the program director will provide a summative evaluation for each Fellow documenting his or her 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 CCC. The summative evaluation will be discussed with the Fellow and a copy signed by the program director and Fellow will be placed in the confidential Fellow file.

1. The program director will also provide a final evaluation upon completion of the program. This evaluation will become part of the Fellow’s permanent record maintained in the GME office and will be accessible for review by the Fellow. The end-of-program final evaluation must:
 - a. Use the specialty-specific Milestones, and when applicable the specialty-specific case logs, to ensure Fellows are able to engage in autonomous practice upon completion of the program.
 - b. Verify that the Fellow has demonstrated knowledge, skills, and behaviors necessary to enter autonomous practice.
 - c. Consider recommendations from the CCC.

Clinical Competency Committee (CCC)	
Responsibilities: Appointed by the Program Director to review all fellow evaluations; determine each fellow’s program on achievement; of Developmental-Behavioral Pediatrics Milestones; meet prior to fellow’s semi-annual evaluation meetings; and advise Program Director regarding fellow’s progress.	
NOTE: Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
Toni Whitaker, MD	CCC Chair, Associate Program Director
Tanjala Gipson, MD	Core Faculty
Debra Hanna, MD	Core Faculty
Bruce Keisling, PhD	Core Faculty

Program Evaluation Committee (PEC)	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; reviews the program’s self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.	
Toni Whitaker, MD	PEC Chair, Associate Program Director
Tanjala Gipson, MD	Core Faculty
Debra Hanna, MD	Core Faculty
Bruce Kiesling, PhD	Core Faculty
Ron Espinal, MD	Program Director
Fellow [TBD]	Fellow

Section 6. Fellow Benefits

I. Salary

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

2024- 2025 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY Level	Base Annual	with Disability & Life Benefits *
PGY 1	60,492	61,152
PGY 2	62,880	63,540
PGY 3	64,896	65,556
PGY 4	67,596	68,256
PGY 5	70,476	71,136
PGY 6	73,068	73,728
PGY 7	75,876	76,536

* In addition to the base salary, those residents participating in the disability and group life insurance programs provided through GME currently receive an additional \$660 per year for disability and life insurance benefits as shown above in Column 3. Residents not participating do not receive this stipend.

For information on the UT Salary and Insurance please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures>

II. Health Insurance

For information on UTHSC fellow insurance benefits, please visit the GME website:

<https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

III. Liability Insurance

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

IV. Stipends

The Developmental-Behavioral Pediatrics Fellowship has some funding that may be used each academic year to each fellow. This can be used for attending conferences and/or buying books and other medical educational tools. This funding is NOT accumulative - money cannot be carried over to the next year. This money cannot be transferred to another individual or used for other expenses. These funds are based on the annual GME allotment to the program and are increased or decreased accordingly.

V. Travel

The UTHSC Developmental-Behavioral Fellowship Program follows the UTHSC institutional policy on Fellow Travel. For more information on the UT Fellow Travel Policy, please visit the University of Tennessee policy website: <https://policy.tennessee.edu/policy/fi0705-travel-2/>

Travel Reimbursement Form:

<https://www.uthsc.edu/graduate-medical-education/administration/documents/resident-travel-request-form.pdf>

Important Guidelines:

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be always followed – with no exceptions.
- A travel request form must be completed well in advance of traveling to have a travel authorization (trip number) assigned by the GME office.
- The UT Fellow 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)

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

Who is Required to Register?

- **Faculty/Staff:** All faculty and staff traveling abroad using UTHSC funds or on UTHSC business without University funds (example: a faculty member is invited to give a keynote address at a conference and his/her costs are fully paid by the conference).

- **Students/Postdocs/Residents/Fellows:** All students, postdocs, medical residents, and clinical fellows traveling abroad to participate in official UTHSC-sponsored programs (including research, for-credit electives, travel to conferences and non-credit educational activities sponsored by UTHSC).

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

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

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

How to Register

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

Section 7. Curriculum

I. ACGME Competencies

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

- **Patient Care:** Fellows 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:** Fellows 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:** Fellows 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:** Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
- **Professionalism:** Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
- **Systems-Based Practice:** Fellows 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 Fellow physicians in the context of their participation in ACGME accredited Fellowship programs. The Milestones provide a framework for the assessment of the development of the Fellow 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/developmentalbehavioralpediatricmilestones2.0.pdf>

III. Rotation Goals and Objectives

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

*The 2024-2025 rotation block schedule is given below, followed by a brief description of the rotations

Rotation	PGY-4	PGY-5	PGY-6
DBP	5	2.5	3
CDD	3	1	0.5
Neurology	1		
Genetics		1	
Child & Adolescent Psychiatry	1		
Research	2	6.5	8
Elective		1	0.5

Core Rotations in Developmental-Behavioral Pediatrics

- **Developmental-Behavioral Pediatrics (DBP)**
 - The DBP rotations are located at Le Bonheur Children’s Hospital in Memphis, TN, the only subspecialty children’s hospital within a 100-mile radius. Fellows work with their patients longitudinally in their Fellow Continuity Clinic as well as in specialty clinics including the Infant/Toddler, Tuberous Sclerosis, Spina Bifida, and Medication Management clinics.
 - The DBP rotations allow sufficient exposure and breadth of experience in developmental-behavioral pediatrics.
- **Center on Developmental Disabilities (CDD)**
 - At the University of TN Health Science Center (UTHSC) Center on Developmental Disabilities (CDD) site fellows work with an interdisciplinary team with a clinical teaching focus. The CDD provides interdisciplinary experiences with other healthcare professionals, including developmental-behavioral pediatricians, psychologists, social workers, audiologists, speech-language pathologists, and occupational and physical therapists. The federally funded UTHSC Leadership

Education in Neurodevelopmental and related Disabilities (LEND) program, housed within the Division, engages trainees at multiple locations, primarily at the CDD and Le Bonheur Hospital. The LEND program provides interdisciplinary graduate training (didactic and clinical), opportunities for scholarly activity, and outreach to the community. DBP fellows participate as trainees, then teachers and mentors for more junior trainees for the program

- **Electives**

- Elective experiences may include clinical rotations in the Sleep Clinic, MDA Clinic, and a variety of other clinical programs at Le Bonheur Children's Hospital (predominantly outpatient with some experience with inpatients with DBP and other specialty rotations).

- **Genetics Rotation**

- The Genetics Service provides diagnostic services and genetic counseling. consultation in the outpatient genetics Clinic and the inpatient pediatric units and Neonatal Intensive Care Unit]. DBP fellows join the genetics service for a block rotation during their second year of training. Fellows gain experience in obtaining comprehensive histories, performing physical examinations, and making preliminary assessments in patients with congenital abnormalities and possible or confirmed genetic conditions.

- **Child and Adolescent Psychiatry**

- The Child and Adolescent Psychiatry Services serves children and adolescents up to age 18 with psychiatric illness such as depression, psychosis, anxiety disorders, and substance abuse. The DBP fellow receives practical training and experience in client intake, interviewing and counseling. They will participate in individual case conferences to provide training in case management.

- **Neurology Rotation**

- Neurology at Le Bonheur Children's Hospital serves patients who present with a variety of neurological and developmental conditions including motor disabilities, movement disorders, seizure disorders, tic disorders, developmental delays, and traumatic brain injury. Fellows gain experience with complex neurological disorders and diagnostic techniques employed in evaluating these conditions.

IV. Resident (Procedural) Supervision by Program (see chart below) can be found at:

<https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php>

1. **Direct Supervision:** The supervising physician is physically present with the Fellow during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Fellow 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 Fellow 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.

Core Procedures	PGY 4	PGY 5	PGY 6
Kaufman Brief Intelligence Test-2 nd Edition, Revised (KBIT2)	1→2	2→3	3
The Capute Scales (CLAMS/CAT)	1→2	2→3	3
Peabody Picture Vocabulary Test, 5 th Edition (PPVT5)	1	1→2	2→3
Expressive Vocabulary Test, 3 rd Edition (EVT3)	1	1→2	2→3
Wide Range Achievement Test, 5 th Edition (WRAT5)	1→2	2→3	3
Bracken Basic Concepts Scale, 3 rd Edition, Receptive	1	1→2	2→3
Bracken Basic Concepts Scale, 3 rd Edition, Expressive	1	1→2	2→3
Behavior Rating Inventory of Executive Function (BRIEF), 2 nd Edition	1	1→2	2→3
Adaptive Behavior Assessment System, 3 rd Edition (ABAS-3)	1	1→2	2→3
Autism Diagnostic Observation Schedule, 2 nd Edition (ADOS-2)	1	1→2	2→3
TSC-Associated Neuropsychiatric Disorders Checklist (TAND) Checklist	1→2	2→3	3
OTHER(s)	TBD	TBD	TBD

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

Procedures	Required Numbers of Procedures
Kaufman Brief Intelligence Test-2 nd Edition, Revised (KBIT2)	5
The Capute Scales (CLAMS/CAT)	5
Peabody Picture Vocabulary Test, 5 th Edition (PPVT5)	5
Expressive Vocabulary Test, 3 rd Edition (EVT3)	5
Wide Range Achievement Test, 5 th Edition (WRAT5)	5
Bracken Basic Concepts Scale, 3 rd Edition, Receptive	5
Bracken Basic Concepts Scale, 3 rd Edition, Expressive	5
Behavior Rating Inventory of Executive Function (BRIEF), 2 nd Edition	5
Adaptive Behavior Assessment System, 3 rd Edition (ABAS-3)	5
Autism Diagnostic Observation Schedule, 2 nd Edition (ADOS-2)	5
TSC-Associated Neuropsychiatric Disorders Checklist (TAND) Checklist	5

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.col.qualtrics.com/jfe/form/SV_3NK42JioqthfQF
ACGME Program Specific Requirements	https://www.acgme.org/globalassets/pfassets/programrequirements/336_developmentalbehavioralpediatrics_2022.pdf

Section 9. Appendix

- I. GME Information and Dates
- II. Handbook Agreement

GME Information and Dates

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

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

Phone: 901.448.5364
Fax: 901.448.6182

Fellow Orientation Schedule

New Fellow Orientation for 2024 will be held on the following dates:

Date	Time	Title
July 1, 2024	7:30 am - 5:00 pm	PGY-2 - 7 Orientation

**AGREEMENT for HANDBOOK OF DEVELOPMENTAL-BEHAVIORAL PEDIATRICS
FELLOWSHIP PROGRAM**

- I.** I have received the 2024-2025 Handbook for the UTHSC Developmental-Behavioral Pediatrics Fellowship Program.

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

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

Name: _____

Signature: _____

Date: _____

*** Please submit this signature page to the Program Manager no later than June 15, 2024.**