

THE UNIVERSITY of TENNESSEE 

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HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Pediatric Gastroenterology  
Program Handbook  
2024-2025**

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## **Section 1. Program Information**

### **I. General Information and Mission Statement**

#### **Mission Statement:**

Our mission is to train pediatric gastroenterology fellows in the diagnosis and treatment of pediatric patients with gastrointestinal, liver, and nutrition disorders. We also will train the fellows to be skilled in the performance of the endoscopic and other procedures required to prove the diagnostic and therapeutic investigations needed by the subspecialty. The trainees will also acquire the research and teaching skills needed to be successful in an academic setting.

#### **Aims:**

Our fellowship program is committed to providing trainees with the unique clinical experiences and educational opportunities that will prepare them to pursue a career in gastroenterology. During their training, our fellows develop a solid foundation in clinical gastroenterology and hepatology. Our fellows develop close relationships with our diverse, dedicated faculty. Opportunities for research are available from your first year and there are dedicated resources to both train and support a variety of research interests.

The primary aim of the pediatric gastroenterology fellowship is to equip our fellows to be experts in the care of children with gastroenterology, hepatology, and nutritional diseases. They will be crucial consultants for both diagnosis and treatment with excellent skills in the diagnostic procedures of the specialty. They will also possess the skills to excel in academics and research endeavors whether basic science or clinically focused.

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

### **Jonathan McCullers, M.D.**

Department Chair

Phone: (901) 287-6399

Email: [jmccul10@uthsc.edu](mailto:jmccul10@uthsc.edu)

### **Mark Corkins, M.D.**

Program Director

Phone: (901) 287-6390

Email: [mcorkins@uthsc.edu](mailto:mcorkins@uthsc.edu)

### **Maggie Vickers, M.D.**

Associate Program Director

Phone: (901) 287-5954

Email: [mvickers6@uthsc.edu](mailto:mvickers6@uthsc.edu)

## **III. Office Contact**

### **Nalisha Brown**

Program Manager

University of Tennessee Health Science Center (UTHSC)

Address: 50 N Dunlap St. 6<sup>th</sup> Floor Research Tower

Memphis, TN 38103

Phone: (901) 287-5265

Fax: (901) 287-5062

Email: [nbrown47@uthsc.edu](mailto:nbrown47@uthsc.edu)

#### **IV. Core Faculty (alpha order)**

**Dennis Black, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital  
Phone: (901) 287-5355  
Email: [dblack@uthsc.edu](mailto:dblack@uthsc.edu)

**Mark Corkins, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital  
Phone: (901) 287-6390  
Email: [mcorkins@uthsc.edu](mailto:mcorkins@uthsc.edu)

**Price Edwards, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital  
Phone: (901) 287-7489  
Email: [pedward8@uthsc.edu](mailto:pedward8@uthsc.edu)

**John Eshun, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital  
Phone: (901) 287-5234  
Email: [jeshun@uthsc.edu](mailto:jeshun@uthsc.edu)

**Linda Lazar, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital  
Phone: (901) 287-5197  
Email: [llazar@uthsc.edu](mailto:llazar@uthsc.edu)

**Maggie Vickers, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital  
Phone: (901) 287-5954  
Email: [mvicker6@uthsc.edu](mailto:mvicker6@uthsc.edu)

**John Whitworth, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital  
Phone: (901) 287-4017  
Email: [jwhitmd@uthsc.edu](mailto:jwhitmd@uthsc.edu)

**Dong Xi, M.D.**

Pediatric Gastroenterology  
LeBonheur Children's Hospital

Phone: (901) 287-7489

Email: [dxil@uthsc.edu](mailto:dxil@uthsc.edu)

**V. 2024-2025 Fellow Contact Information**

**PGY 5**

**Stephanie Davenport**

Phone: (812) 569-4135

Email: [sdaven18@uthsc.edu](mailto:sdaven18@uthsc.edu)

**PGY 6**

**Fatema Ali**

Phone: 917-488-8782

Email: [fali8@uthsc.edu](mailto:fali8@uthsc.edu)

**University of Tennessee  
Pediatric Gastroenterology  
Block Diagram**

**Year 1**

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1			
Rotation Name	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	HEPATOLOG / TRANSPLANTY	RADIOLOGY / PATHOLOGY	NUTRITION	RESEARCH	RESEARCH	RESEARCH / VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	0%	0%	0%	0%	0%	0%	80%	80%	20%

**Year 2**

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2					
Rotation Name	IN PATIENT	IN PATIENT	IN PATIENT	IN PATIENT	SURGERY	PROCEDURES	ADULT ENDOSCOPY	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH / VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	0%	0%	0%	0%	80%	80%	80%	80%	20%

**Year 3**

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1									
Rotation Name	IN PATIENT	IN PATIENT	IN PATIENT	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH	RESEARCH / VACATION
% Outpatient	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	5%
% Research	0%	0%	0%	80%	80%	80%	80%	80%	80%	80%	80%	20%

\*RESEARCH CAN OCCUR AT SITE 1 OR SITE 2

The fellows will participate in approximately 16.25 months of dedicated research time which is not allocated to any site. The fellows will have 2.75 months during year 1, 4.75 months during year 2, and 8.75 during year 3. The other 0.75 (0.25/PGY level) of training will be allocated for vacation time.

During the Hepatology rotation, the fellow will usually go to MUH 1 day a week for clinics when none are available at Le Bonheur. This is why Year-1, Block 9 lists both Site 1 and Site 2. Around 80% of the Hepatology rotation is spent at Le Bonheur and 20% is spent at MUH.



## **Section 2. Site Information**

### **1. LeBonheur Children's Hospital**

Linda Lazar, M.D. – Site Director

Address: Le Bonheur Faculty Office Building (FOB) - 2<sup>nd</sup> Floor

Memphis, TN 38103

Phone: (901) 287-5197

Email: [lmendoz2@uthsc.edu](mailto:lmendoz2@uthsc.edu)

### **2. Methodist Healthcare**

John Eshun, M.D. – Site Director

Address: 1265 Union Avenue

Memphis, TN 38104

Phone: (901) 287-5234

Email: [jeshun@uthsc.edu](mailto:jeshun@uthsc.edu)

### Section 3. Educational Activities

#### I. Didactic Lectures

Didactic Lectures	
<b>Day/Time</b>	2nd & 4th Wednesday Afternoons
<b>Location</b>	2nd Floor Faculty Office Building (FOB) Conference Room
<b>Description</b>	Typically, one to two lectures presented depending on rotation schedules.
<b>Attendance %</b>	All Fellows are expected to attend all didactic lectures, educational activities, etc., so long as rotation/duty hour violations/etc. are not interfering.

Faculty Lead Lectures	
<b>Day/Time</b>	1st & 3rd Friday Afternoons
<b>Location</b>	2nd Floor Faculty Office Building (FOB) Conference Room
<b>Description</b>	Typically, one to two lectures presented depending on rotation schedules.
<b>Attendance %</b>	All Fellows are expected to attend all didactic lectures, educational activities, etc., so long as rotation/duty hour violations/etc. are not interfering.

Educational Activities – Hospital wide Grand Rounds	
<b>Day/Time</b>	Every Wednesday Morning
<b>Location</b>	Le Bonheur Virtual Grand Rounds (held over Zoom)
<b>Description</b>	Speakers include current faculty, fellows and visiting faculty.
<b>Attendance %</b>	All Fellows are required to attend so long as rotation/duty hour/ etc. are not interfering.

#### Conference Schedule

Conference	Frequency	Role of the Fellow
Journal club	Monthly (1 <sup>st</sup> Monday @ 8am)	Presents one article
Pathology conference	Monthly (2 <sup>nd</sup> Monday @ 8am)	Discussion participant
Research conference	Monthly (3 <sup>rd</sup> Monday @ 8am)	Presents his/her progress
Book Club	Monthly (4 <sup>th</sup> Monday @ 8am)	Presents chapter as part of rotation
Pediatric Grand Rounds	Weekly	Required Attendance - CME
CFRI Research Conference	Monthly	Attends and presents
CFRI Journal Club	Monthly	Attends and presents
K-Club	Monthly	Attends
Resident Ethics Conference	Monthly	Attends
Schwartz Rounds	Monthly	Attends
Ped Surgery Joint Case Conference	Quarterly	Attends and presents
Radiology	Quarterly	Attends and presents

## Program Meetings

- Annual Program Evaluation: <http://www.uthsc.edu/GME/policies/program-evaluation.pdf>
- Clinical Competence Committee /Quality Improvement Committee –CCC/QIC: <https://www.uthsc.edu/GME/policies/resident-evaluation.pdf>
- In addition, fellows receive a *Semi-Annual Review* typically in the fall and an *End-of-year Evaluation* spring of each academic year.

## II. Required Reading

It is suggested that all fellows read and review topics that are in the North American Society for Pediatric Gastroenterology, Hepatology & Nutrition (NASPGHAN) educational set.

<https://naspghan.org/professional-resources/continuing-education-resources/>

## III. Research and Scholarly Activity

### Fellows' Scholarly Activities

The fellows will be required to select a scholarly activity as a part of the fellowship. After several months of fellowship, the fellow will have a research rotation to expose them to various research opportunities. At the end of the month, it is expected that they will have selected a project and mentor and prepared an outline of the project.

The pediatric department has a curriculum for fellows through the Children's Foundation Research Institute that presents various research skills. It is expected that before completion of the fellowship that they will have generated enough data to prepare an abstract and submit it for presentation at a national meeting. Fellows are required to complete scholarly activity projects based on ACGME guidelines. These projects help prepare each fellow gain critical knowledge in the area and establish their developing capability to evaluate medical research/literature.

### Fellow Research Activities

**Beginning in their first year** and extending throughout their training: Faculty will supervise the fellow's research experience closely. It will be monitored by the fellow's research mentor and supervised by the Scholarship Oversight Committee (SOC). After several months in training, to gain some insight the fellow will rotate onto a research month. This month allows them to meet with potential mentors and discuss research ideas. The expectation is that by the end of the month they will have settled on a mentor and a project. (First SOC meeting is normally near the 6-month mark, and then they continue every 6 months depending on how in-depth the research projects are).

They will be expected to then search and read the available background literature. Then they will prepare an outline of the project describing the research question and methods to perform the study necessary to answer the chosen question. This protocol is accomplished with the guidance of their selected mentor.

This will be presented to the SOC. It is expected that the Committee may request further refinement or suggest alternative approaches. The protocol will be revised until the SOC is satisfied with the content.

**As a second-year** fellow the trainee is to initiate the research and begin data collection. The fellow should have weekly meetings with their selected mentor and receive guidance on the research progress. The progress will be presented as a brief update at the monthly division research conference.

**The third-year** fellow should be able to function in a more independent fashion. Enough data should have been collected to prepare an abstract with the goal being presentation at a national meeting. Before completion of the fellowship, the trainee should have prepared a manuscript of the findings and submitted to an appropriate peer-reviewed journal. The SOC will also be meeting with the fellow twice yearly to ensure the trainee is making adequate progress. Feedback and recommendations for the fellow will be produced as a result of these meetings. The fellow will participate in 12.75 months of dedicated research time over the 3-year fellowship.

## **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 Fellow personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3 or COMLEX 1, 2 and 3 – Prior to the start of their 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>

### **II. Training Exam**

The Pediatric Gastroenterology Fellowship partakes in the yearly Pediatric Gastroenterology In-Training Examination with the American Board of Pediatrics. 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 Pediatrics website.

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

The Subspecialty In-Training Examination (SITE) is a 4-hour, computer-based 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.

The SITE also contains a 15- minute tutorial and a 15-minute end-of-exam survey. SITE is offered in Adolescent, Neonatal-Perinatal Medicine, Nephrology, Pulmonology and Rheumatology.

SITE does not have a passing score, but it does provide:

- Individual overall percentage correct score and scaled score
- National statistics by year of training for comparison purposes
- Individual item performance indicates how one performed on each item (i.e., test question)

The American Board of Pediatrics (ABP) will notify fellows and their program directors by email when results are available, which is approximately 3 months after the examination. Fellows must log onto the ABP Portfolio to access the results of SITE. Program directors must log onto the Program Portal to view/print program reports.

### **III. Board Examination**

American Board of Pediatrics demonstrates that physicians have met rigorous standards through intensive study, self-assessment, and evaluation. Additionally, Certification encompasses the six general competencies established by the Accreditation Council for Graduate Medical Education

(ACGME) and sets the stage for continual professional development through values centered on lifelong learning. To be certified, a physician must:

- Complete the requisite predoctoral medical education
- Meet the training requirements
- Meet the licensure requirements and procedural requirements
- Pass an ABMS Certification examination

During their fellowship, the fellows will be expected to take and pass the general pediatrics certifying exam. This is a required step to be eligible to take the pediatric gastroenterology certifying exam upon graduation which is an expectation of most faculty positions.

Our program is under the umbrella of the American Board of Pediatrics so for more detailed information about certification and the Certification Exam please visit the ABP Website:

<https://www.abp.org/content/pediatric-emergency-medicine-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>

<a href="#">Academic Appeal Process</a>	<a href="#">New Innovations Protocols</a>
<a href="#">Academic Performance Improvement Policy</a>	<a href="#">Observership</a>
<a href="#">Accommodation for Disabilities</a>	<a href="#">Offsite Rotation Approval - In Tennessee</a>
<a href="#">ACLS</a>	<a href="#">Offsite Rotation Approval - Out of State</a>
<a href="#">Affirmative Action</a>	<a href="#">Offsite Rotation Approval - International</a>
<a href="#">Agreement of Appointment</a>	<a href="#">Outside Match Appointments</a>
<a href="#">Aid for Impaired Residents</a>	<a href="#">Pre-Employment Drug Testing</a>
<a href="#">Background Checks</a>	<a href="#">Program Closure/Reduction</a>
<a href="#">Certificate</a>	<a href="#">Program Director Protected Time Policy</a>
<a href="#">Clinical and Educational Work Hours</a>	<a href="#">Program and Faculty Evaluation</a>
<a href="#">Code of Conduct</a>	<a href="#">Program Goals and Objectives</a>
<a href="#">Disciplinary and Adverse Actions</a>	<a href="#">Resident Evaluation Policy</a>
<a href="#">Drug and Alcohol Use</a>	<a href="#">Resident Non-Compete</a>
<a href="#">Drug Free Campus and Workplace</a>	<a href="#">Resident Reappointment and Promotion</a>
<a href="#">Fatigue Mitigation</a>	<a href="#">Resident Selection Guidelines</a>
<a href="#">Fit for Practice</a>	<a href="#">Resident Supervision</a>
<a href="#">Fit Testing</a>	<a href="#">Resident Transfers</a>
<a href="#">Grievances</a>	<a href="#">Resident Wellbeing</a>
<a href="#">Handoffs and Transitions of Care</a>	<a href="#">Salary</a>
<a href="#">Hospital Procedures for Handling</a>	<a href="#">Sexual Harassment and Other Forms of Discrimination</a>
<a href="#">Resident Disciplinary Issues</a>	<a href="#">Social Media</a>
<a href="#">Infection Control</a>	<a href="#">Stipend Level</a>
<a href="#">Infection Control - Tuberculosis</a>	<a href="#">Student Mistreatment</a>
<a href="#">Insurance Benefits</a>	<a href="#">Substantial Disruption in Patient Care or Education</a>
<a href="#">Internal Rotation Agreement for ACGME Programs</a>	<a href="#">Support Services</a>
<a href="#">Leave</a>	<a href="#">Technical Standards</a>
<a href="#">Licensure Exemption and Prescribing Information</a>	<a href="#">UT Travel</a>
<a href="#">Malpractice Coverage</a>	<a href="#">Vendor/Industry Conflict of Interest</a>
<a href="#">Medical Licensing Examination Requirements</a>	<a href="#">Visas</a>
<a href="#">Moonlighting</a>	<a href="#">Visiting Resident Approval</a>
<p><b>Workers' Compensation Claims Process: Supervisor</b></p> <ul style="list-style-type: none"> <li>○ 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.</li> </ul>	

- 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. Wellbeing

The Pediatric Gastroenterology fellowship program has a Faculty Wellness Champion that is accessible to trainees if needed. The Faculty Wellness Champion is a part of a wellness group that meets monthly along with the General Pediatric Residents to address concerns. The university GME has constructed a wellness website with access to resources such as Self-assessment tools, a university counselor, local resource centers around the city, student assistance programs, university health services, and even campus recreation.

The fellow must be unimpaired and fit for duty to engage in patient care. If the fellow 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 fellow for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. The program provides the fellow with facilities for rest/sleep and access to safe transportation home. When the fellow 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 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 Pediatric Gastroenterology Fellowship Program follows the UTHSC institutional policy on Fellow leave. Fellows are responsible for completing the required Leave request sheet, having the Program Director to sign, and then sending the completed form to the Program Manager with 30 days advanced notice. Once approved, the fellow is responsible for tracking this within New Innovations when they log their duty hours. The only restriction regarding leave request is when Fellows are on their in-patient rotations. When planning leave, the following policies should also be considered:

- You must complete at least 3 weeks of a required rotation to receive credit for that rotation.
- The ABP requires completion of 33 out of 36 months of fellowship training to be eligible for the PHM boards. This considers vacations, sick and other leave. However, Program directors may waive of up to six weeks of elective training over the full duration of training

(more than the allowable one month per year of training) for parental, medical, or caregiver leave.

### **Educational Leave**

- The Pediatric Gastroenterology fellowship program provides educational leave up to seven (7) days per academic year for regional and national conferences and follows the UTHSC GME policy.
- Educational leave to attend approved conferences will be granted on a case-by-case basis. Prior authorization should be obtained before making travel plans or paying registration.

### **Sick Leave**

#### **Sick Leave follows UTHSC GME Policy and is as follows:**

- Fellows are allotted three (3) weeks of paid Sick Leave per twelve (12) month period for absences due to personal or family (spouse, child, or parent) illness or injury.
- In the UT GME System, annual paid Sick Leave consists of a maximum of fifteen (15) regular “working days” (Monday through Friday), plus up to six (6) “weekend days” (Saturday and Sunday).
- A physician's statement regarding illness or injury and “fitness for duty” may be required for absences of more than three consecutive days or an excessive number of days throughout the year.
- Sick Leave is non-cumulative from year to year. fellows cannot be paid for unused Sick Leave.

Under certain circumstances, additional Sick Leave without pay may be granted with the written approval from the Program Director, who will send a copy of this approval to the Office of Graduate Medical Education (GME). The fellow may be required to make up any time missed (paid or unpaid) in accordance with Residency or Fellowship Program and board eligibility requirements.

### **III. Family Medical Leave**

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

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

UTHSC Human Resources (“HR”) office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Program Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the

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

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

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

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

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

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

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

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave. Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. In the event both parents are residents, the residents may each use their leave concurrently,

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

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

**B. Resident Medical.** 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 Pediatric Gastroenterology Fellowship Program does not participate in any moonlighting opportunities for Fellows.

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**

Fellows may raise and resolve issues without fear of intimidation or retaliation. The Program Director, DIO and the chair of the Graduate Medical Education Committee (GMEC) maintain an open-door policy. Additional mechanisms for communicating and resolving issues include Grievances regarding academic or other disciplinary actions are processed according to the Graduate Medical Education Academic Appeal Policy. Grievances related to the work environment or issues concerning the program or faculty can be addressed by discussing problems with a coordinator, chief resident, program director, departmental chair, individual program education committees, or resident member of the GMEC, or GME Administration. GMEC resident representatives hosts a House staff Association Open Forum once a year. The resident-led forum provides an opportunity for all house staff to discuss issues or topics of mutual concerns. Fellows may submit anonymous comment or concerns through the Resident Comment Form on the GME website. Anonymous evaluations completed by residents include faculty, rotations, and program.

## **VIII. Discrimination, Harassment, and Abuse Policy**

We encourage a safe working environment free from discrimination, harassment, and any abusive behaviors. If it is needed to address any of these areas, the Pediatric Gastroenterology Program follows the UTHSC institutional policy on discrimination, harassment, and abuse.

Staff, faculty, students, medical residents, post docs, applicants for employment or patients may raise complaints of discrimination, harassment, and violations of policy with the Office of Equity and Diversity (OED). Individuals who feel they are being treated unfairly because of a protected status or in retaliation for engaging in a protected activity, or individuals who believe they are subjected to behavior that rises to the level of violating UT policy are encouraged to contact OED to arrange a confidential appointment with an appropriate staff member to discuss their concerns.

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.

At the time of the initial consultation, the OED staff member will determine if the complaint falls within the scope of responsibility of the Office of Equity and Diversity. If it does not, the complainant will be referred to the appropriate office.

Complaints must be put in writing and filed within 300 calendar days of the alleged discriminatory action. In certain circumstances, at the discretion of OED, complaints filed outside of this time limit or that are not put in writing may be investigated.

Informal and Formal complaints are official University complaints of discrimination and/or harassment; however, there are some key distinctions between the two types of complaint processes.

More information is available at [File a Complaint | Office of Equity and Diversity | UTHSC](#)

## **IX. Fellow Eligibility and Selection Policy**

- 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.
- Satisfactory completion of the United States Medical Licensing Examination (USMLE), Step 1, 2, and 3 exams.
- Review and approval of the applicant's educational qualifications including, their CV, Personal Statement, Scores, and Letters of Recommendation.

### **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.

## **Resources**

- Space in an ambulatory setting for optimal evaluation and care of outpatients.
- An inpatient area staffed by pediatric residents and faculty.
- Fully equipped and staffed procedure facilities that include diagnostic and therapeutic endoscopic instruments, staff skilled in the care of pediatric patients, and appropriate equipment for patients ranging in age from the neonate to the young adult.
- Full support services, including Physical/Occupational Therapy, Social Services, Nutrition, and Feeding Therapy.
- Pediatric and neonatal intensive care unit.
- An on-site or an established commercial laboratory.

We are continually seeking qualified fellows for our fellowship program by interviewing and attempt to recruit diverse, qualified candidates each year. We are a small program as such average roughly 30 total applicants a year. These are screened by board scores and academic output (publications, posters, presentations, etc.) without knowledge of any demographic parameters. All candidates that are acceptable by screening are invited to interview. The faculty undergo mandatory training prior to the interview process concerning implicit bias. The eventual candidate ranking for the fellowship match is done by the entire faculty based on the entirety of the application packet.

## **X. Fellow Supervision Policy**

### **I. PURPOSE**

The Pediatric Gastroenterology Supervision Policy serves to ensure that fellows in the division of Pediatric Gastroenterology 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 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 pediatric gastroenterology at the completion of fellowship training.

### **II. BACKGROUND**

All fellows will provide patient care under the supervision of an appropriately credentialed pediatric gastroenterology faculty, who is ultimately responsible and accountable for that patient's care. All faculty members supervising the pediatric gastroenterology 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 attending's name whenever requested, including the name of the covering attending if necessary.

### III. LEVELS OF SUPERVISION

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.

#### 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
<i>Inpatient wards, PGY 4</i>	1
<i>Inpatient wards, PGY 5-6</i>	2



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

Core Procedures	PGY	PGY	PGY	PGY	PGY	PGY	PGY
	1	2	3	4	5	6	7
Endoscopic procedures	1	1	1				

**I. SUPERVISION POLICIES**

- The division of pediatric gastroenterology maintains an inpatient service schedule for 6 months in advance and monthly on-call schedule that shows faculty coverage for the various services for every single day of the month. The schedule is distributed by the Amion application before the start of the new month.
- Faculty supervision assignments on inpatient are two weeks in duration. The faculty assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.
- If the fellow is not able to reach her/his supervising attending physician, (s)he should call these back-up physicians: Mark R. Corkins, M.D. (program director and division chief) or Lybil Mendoza Alvarez (associate program director).
- In certain situations, the fellow is expected to consult with the attending physician irrespective of the time of the day or level of their training:
  - Regarding decisions about admissions/transfers or possible endoscopic procedures.
  - For consultations on patients that may require emergency procedures
  - If a referring physician requests immediate involvement of the attending physician
  - Whenever uncertainties exist regarding the patient’s evaluation or management
- The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care is delegated to each fellow by the program director and faculty members.
- Faculty members functioning as supervising physicians will delegate portions of care to fellow based on needs of the patient and the skills of each fellow.

**Rotation-Specific Supervision**

Any procedure-based rotation requires the direct supervision of the respective supervising faculty.

For standard inpatient care, the first-year fellow rounds with the faculty to assess the patients and then rounds with the resident team. The second- and third-year fellows will assess the patients and round with the inpatient resident team. They will also supervise the care provided by the residents. The consults will be seen and assessed by the fellows at all levels. The faculty will then round with the fellow to personally see the primary service patients. The fellows will present the consults to the faculty and then will accompany the faculty for their patient assessment. The first-year fellows will initially listen on rounds as the faculty discusses the findings and suggested diagnostic studies/treatments. As the fellows gain experience and knowledge, they will be expected to undertake the communication with the families.

### **Supervision of Hand-Offs**

The fellow will discuss (either in person or via phone call) all patients who have clinical concerns or new consults in critical care units with the on-call fellow or faculty (when no fellow is on call). The sign-out will include anticipated problems or concerns, laboratory tests and imaging studies that require follow-up, and plans for procedures on the following day. The on-call attending faculty will discuss any concerns with the on-call fellow and prepare a communication plan for the on-call night.

### **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.

## **XI. Transitions of Care Policy**

Monitoring for effective, structured hand-over processes to facilitate both continuity of care and patient safety is accomplished via morning and evening check-out on a daily basis 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 Pediatric Gastroenterology Fellowship Program utilizes the following mechanisms in the hand-over process:

<u>Setting</u>	<u>Frequency of Hand-over</u>	<u>Mechanism</u>	<u>Supervision and frequency of supervision of hand-over process</u>
Inpatient Pediatrics	7:30 AM and 5:00 PM	Verbal-phone patient review	Faculty and/or fellows on a daily basis
Inpatient Pediatrics	Weekly on Monday mornings	Oral review of all primary pediatric gastroenterology patients	Fellow or faculty (if no fellow on call), verbally reviews all of the pediatric GI primary patients and active consults every Monday morning, following the educational seminar for the entire division.

The Pediatric Gastroenterology Fellowship Program ensures that fellows are competent in communicating with team members in the hand-over process by weekly direct observation by the faculty and completion of New Innovations evaluation documenting competency in the hand-over process.

The schedule of the faculty physician and fellow currently responsible for inpatient care is available on the Amion application. This application also lists the assigned individuals for evening and weekend call.

In the event a fellow is unable to perform his/her patient care responsibilities due to excessive fatigue, illness or family emergency, continuity of patient care is ensured via the assigned faculty assuming the call and rounding responsibilities.

## **XII. Process by which faculty receive fellow feedback**

Fellows are given the opportunity to evaluate their program and teaching faculty at least once a year. This evaluation is confidential and in writing. The program director provides such feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from

Fellow evaluation of rotations. This information is then passed onto the department chair, who provides an annual performance evaluation of each faculty member.

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

Each program director must evaluate the teaching faculty on an annual basis. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program. Feedback should include information garnered from Fellow evaluation of rotations. This information is then passed onto the department chair, who provides an annual performance evaluation of each faculty member.

### **XIV. Method for reporting improper behavior in a confidential manner**

Pediatric Gastroenterology Fellows may raise and resolve issues without fear of intimidation or retaliation. The Pediatric Gastroenterology program also follows all GME policies regarding this. The details may be found on the GME website.

In addition, if you witness harassment or believe you have been harassed, contact the individuals/offices below:

- a. If you have been harassed or are a witness to the sexual harassment of students, residents, post docs, faculty, staff or patients/clients notify your Program Director, Faculty, or the Office of Equity and Diversity.
- b. If you receive a report of harassment from a medical student or witness the harassment of a medical student, notify 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 oed@uthsc.edu, or complete an [OED incident form](#) on-line.
- c. You can report any comments or concerns anonymously via our program website: [https://uthsc.co1.qualtrics.com/jfe/form/SV\\_8DiH5UG6mni6ihM](https://uthsc.co1.qualtrics.com/jfe/form/SV_8DiH5UG6mni6ihM)

### **XV. Assessment Instruments and Methods**

#### **Faculty Evaluation of Program and Fellows**

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

#### **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 Fellow/fellow performance evaluations and assessments of progress at least semi-annually. The QIC/CCC will advise the Program Director regarding Fellow 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. Fellow/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. A Clinical Competency Committee must be appointed by the program director.
  - 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 Fellows.
2. The Clinical Competency Committee must:
  - c. Review all Fellow evaluations at least semi-annually.
  - d. Determine each Fellow's progress on achievement of the specialty-specific Milestones.
  - e. Meet prior to the Fellows' semi-annual evaluations and advise the Program Director regarding each Fellow's progress.

The CCC members for the Pediatric Gastroenterology Fellowship program consist of the following:

<b>Clinical Competency Committee (CCC)</b>	
Responsibilities: Appointed by the Program Director to review all fellow evaluations; determine each fellow's program on achievement; of [Insert specialty name] Milestones; meet prior to fellow's semi-annual evaluation meetings; and advise Program Director regarding fellow's progress.	
<b>NOTE:</b> Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
Lybil Mendoza Alvarez, MD	CCC Chair and Associate Program Director
Mark Corkins, MD	Program Director
John Whitworth, MD	Faculty Member
Linda Lazar, MD	Faculty Member
Nalisha Brown	Program Manager

**Program Evaluation Committee (PEC)**

Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; reviews the program's self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

Mark Corkins, MD	Program Director
Lybil Mendoza Alvarez, MD	Associate Program Director
John Whitworth, MD	Faculty Member
Fatema Ali, MD	PGY 6 Fellow
Nalisha Brown	Program Manager

## 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

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

Each fellow in Pediatric Gastroenterology will be supplied with an educational stipend of \$1,000.00 each year. The stipend can cover books, conferences, and items related to the curriculum. Fellows must follow UTHSC policy & procedures when requesting reimbursement from their stipend.

**White Coats:** Fellows in Pediatric Gastroenterology will receive 3 white lab coats yearly. This information is sent through the GME office prior to the start of each academic year. New Fellows need to call Landau - (901) 523-9655; to be fitted for their coats, existing fellows, can just call and ask for their new coats for the year, unless they need a different size, which can be ordered without being refitted. When they are ready, Landau is doing curbside pickup for the coats at 1004 Madison Ave, Memphis, TN 38104.

**Business Cards:** Each fellow in Pediatric Gastroenterology will be provided with business cards for work related usage.

## V. Travel

The UTHSC Pediatric Gastroenterology 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: [http://policy.tennessee.edu/fiscal\\_policy/fi0705/](http://policy.tennessee.edu/fiscal_policy/fi0705/)

### **Travel Reimbursement Form:**

<https://www.uthsc.edu/graduate-medical-education/administration/documents/Fellow-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 always be 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.

### **Travel and Reimbursement Policy:**

#### **Travel Authorization**

ALL PG fellows must obtain approval from the Program Director before any educational travel can be authorized. Once travel has been approved, the fellow must send an e-mail to the Program Manager one month in advance including the following:

- Name of Conference
- Travel Dates (arrival/departure)



- Conference Dates- you are permitted to travel one day before the conference begins and one day after conference has ended
- Location

\*Also note whether you will be presenting (poster or platform) and attach title and summary of research.

Once the fellow has sent the e-mail, a Travel Authorization Number (TAN) must be obtained from the UT GME office. Travel cannot be reimbursed without a previously issued TAN.

The fellow is responsible for keeping up with all required receipts and conference information in order to obtain full travel reimbursement (see Fellow Travel Form). If any specific documentation is missing, the fellow will fail to receive reimbursement for that item (hotel, flight, rental car etc.). The Pediatric Gastroenterology Program suggests that the fellows become familiar with the Fellow Travel Form and take it with them while traveling. All travel reimbursement will be direct deposited into the fellow's account.

**\*Airline tickets purchased through Expedia, Hotwire, or Travelocity are not reimbursable by the University of Tennessee. ALL airline receipts must show Main Cabin or equivalent. First Class Flights will not be reimbursed.**

#### **Rules and Procedures for the GME Travel Awards:**

- Available to any fellow in an ACGME fellowship program that is on GME payroll for 6 months.
- Available only one time during each fellowship program
- Funds are available to help offset the cost of travel for the fellow to present research done at the University in their training program at a national or specialty society meeting.
- Amount of travel award is \$1,000. (subject to change 6/30/2024 per GME)
- The resident or fellow must be presenting to be eligible.
- Additionally, fellows may have up to two posters printed at the UT Print Shop only at GME expense during their training program.
- To receive the funds the Program Director or Program Manager must fill out a travel award request form and email it to [GMEFinance@uthsc.edu](mailto:GMEFinance@uthsc.edu)
- Proof of acceptance for the presentation prior to traveling must be sent with the travel award request form.
- A PDF copy of the presentation/poster must be emailed to [GMEFinance@uthsc.edu](mailto:GMEFinance@uthsc.edu) that shows the residents name FIRST on the poster.
- The presentation must be entered into New Innovations under scholarly activity before the travel reimbursement will be processed.
- If you have specific questions, you may send them to the [GMEFinance@uthsc.edu](mailto:GMEFinance@uthsc.edu) email.

## 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/pediatricssubspecialtymilestones.pdf>

### III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations [https://www.new-innov.com/Curriculum/Curriculum\\_Host.aspx?Control=CurriculumGrid](https://www.new-innov.com/Curriculum/Curriculum_Host.aspx?Control=CurriculumGrid)

- 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>

	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7	
<b>Procedures</b>								
Bravo pH capsule deployment				X				
Colonoscopy with Biopsy				X				
Colonoscopy with snare polypectomy				X				
EGD Diagnostic				X				
EGD with dilation (guidewire and through the scope)				X				
EGD with foreign body removal				X				
EGD with pancreatic stimulation				X				
Endoscopic Deployment WCE				X				
Endoscopic Placement of Transpyloric Feeding tubes or catheters, including motility catheters				X				
Enteroscopy using Colonoscope				X				
Flexible Sigmoidoscopy				X				
Hemoclipping/ Endoclipping				X				
Injection of Ulcer				X				
Percutaneous Endoscopic Gastrostomy				X				
Perianal Botox				X				
Polypectomy				X				
Rectal Biopsy				X				
Rectal Dilation				X				
Sclerotherapy				X				
Upper Endoscopy (EGD) Diagnostic				X				
Therapeutic endoscopy EGD with control of bleeding variceal or nonvariceal-various methods and /or colonoscopy with control of bleeding-varies methods				X				
	<b>All other procedures are performed under direct supervision of a faculty member.</b>							

## Section 8. Resource Links

Site	Link
New Innovations	<a href="https://www.new-innov.com/Login/">https://www.new-innov.com/Login/</a>
UTHSC GME	<a href="http://www.uthsc.edu/GME/">http://www.uthsc.edu/GME/</a>
UTHSC GME Policies	<a href="http://www.uthsc.edu/GME/policies.php">http://www.uthsc.edu/GME/policies.php</a>
UTHSC Library	<a href="http://library.uthsc.edu/">http://library.uthsc.edu/</a>
GME Wellness Resources	<a href="https://uthsc.edu/graduate-medical-education/wellness/index.php">https://uthsc.edu/graduate-medical-education/wellness/index.php</a>
ACGME Residents Resources	<a href="https://www.acgme.org/residents-and-Residents/Welcome">https://www.acgme.org/residents-and-Residents/Welcome</a>
GME Confidential Comment Form	<a href="https://uthsc.col.qualtrics.com/jfe/form/SV_3NK42JioqthfQF">https://uthsc.col.qualtrics.com/jfe/form/SV_3NK42JioqthfQF</a>
ACGME Program Specific Requirements	<a href="https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/332_PediatricGastroenterology_2020.pdf?ver=2020-06-29-163354-377&amp;ver=2020-06-29-163354-377">https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/332_PediatricGastroenterology_2020.pdf?ver=2020-06-29-163354-377&amp;ver=2020-06-29-163354-377</a>

## 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:

<b>Date</b>	<b>Time</b>	<b>Title</b>
July 1, 2024	7:30 am - 5:00 pm	PGY-2 - 7 Orientation
September 19, 2024	7:30 am - 5:00 pm	SVMIC Conference (Mandatory for all Shelby County fellows)
February 27, 2025	7:30 am - 5:00 pm	GME Global Retreat

**AGREEMENT for HANDBOOK OF Pediatric Gastroenterology**

- I.** I have received the 2024-2025 Handbook for the UTHSC Pediatric Gastroenterology 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 July 15, 2024.**