THE UNIVERSITY of TENNESSEE
HEALTH SCIENCE CENTER
COLLEGE of MEDICINE

Vascular Surgery
Program Handbook
2024-2025

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Section 1. Program Information

I. General Information and Mission Statement

Mission Statement:

The mission of the Vascular Surgery fellowship is to provide an organized educational program with guidance and supervision of the fellow, facilitating the fellow's personal and professional development while insuring safe and appropriate patient care. The program's mission is to prepare the fellow to function as a qualified practitioner of vascular surgery at the highest level of performance expected of a board-certified specialist.

Program Aims:

The vascular surgery fellows alternate four-month rotations between Regional One Health, VA Medical Center, and Baptist East, for a period of two years. At each hospital the fellow functions as the leader of the service, helping the attending surgeons care for the patients in both the outpatient and inpatient settings. In the outpatient setting, the fellow is required to attend at least one-half day of clinic per week. In addition, they participate in outpatient surgical procedures. Inpatient care consists of active involvement in providing pre- and post-operative care as well as the management of inpatient consults. Finally, fellows are expected to actively participate in many inpatient surgical and interventional procedures. At the end of the two-year vascular surgery fellowship, the fellows are expected to expand and cultivate knowledge and skills developed during previous training and to achieve the following objectives based on the six general competencies. Under supervision and guidance of faculty of the Division of Vascular Surgery, the fellows will assume graded responsibilities/increasing levels of responsibility as they progress through the program and refine their surgical skills.

Aims:

The purpose of the Vascular Surgery fellowship is to provide an organized educational program with guidance and supervision of the fellow, facilitating the fellow's personal and professional development while insuring safe and appropriate patient care. The program's mission is to prepare the fellow to function as a qualified practitioner of vascular surgery at the high level of performance expected of a board-certified specialist. The educational components are, therefore, of the highest priority. The fellows work with a first- and third-year general surgery resident while rotating at ROH, Baptist East, and VA Medical Center, and with a fourth-year general surgery resident while at VA Hospital. Intermittently, a third- or fourth-year medical student will rotate at ROH and or Baptist East, the resident is responsible for aiding attendings in the teaching of these colleagues and directing them in the care of patients at both institutions.

While rotating at ROH and the VAMC, the fellow will have dedicated time in the vascular lab. This experience will consist of two separate one week blocks per year for a total of four weeks during the fellowship. It is expected that this experience will compliment the didactic teaching gained through the lectures which the junior fellow gives to the division on a bimonthly period. While in the vascular lab, the fellow is expected to observe, perform, and interpret various arterial exams to include interrogation of the carotid, aortic, extremity, renal and mesenteric circulations. In addition, the resident is expected to observe, perform, and interpret venous duplex exams. While rotating at ROH, the resident can review, with the attending, all vascular lab studies performed within the vascular lab. Although the attendings'

signature is required for finalization, the studies are available for review by the resident so that he/she may sit for the Registered Physician in Vascular Interpretation (RPVI) exam. Alternatively, it is the goal that the fellow will gain enough experience within the vascular lab to sit for the Registered Vascular Technologist (RVT) exam.

Finally, it is expected that fellows actively participate in all conferences offered by the Division of Vascular Surgery and Endovascular Therapy and the Department of Surgery.

I. **Patient Care:** The fellow sees patients with the attending in the outpatient setting and as in-patient consultations from other services. Preoperative evaluation and formulation of a treatment plan in conjunction with the attending physician is a critical part of the two-year experience. Furthermore, the fellow is responsible for knowledge of the postoperative care including intensive care. This should include knowledge of relevant pharmacology and invasive monitoring techniques. Finally, the fellow should become well versed in the postoperative follow up of the vascular patient through a combination of clinical exam, vascular lab data, and radiographic studies. Attendance in the ambulatory care center and in the noninvasive vascular laboratory is mandatory.

First Year Fellow

At the conclusion of the first year of fellowship, the junior fellow should have the following abilities:

- Be able to perform a complete vascular assessment and relate findings to a plan
- Understand risks and benefits of intervention and be able to explain them to patients requiring a procedure
- Relate vascular lab findings and radiographic imaging to the clinical management of the patient
- Possess an understanding of vascular anatomy as it relates to operative exposure.
- Gain proficiency and confidence operating on arterial and venous disease
- Recognition of patients requiring urgent vascular intervention.
- Understand the basics of catheter and wire manipulation.
- Understand the basics of operating a fluoroscopy table and radiation safety
- Management of the post intervention vascular patient with supervision from attendings

Second Year Fellow

At the conclusion of the second year of fellowship, the senior fellow should have the following abilities:

- Current competencies as consistent with the first-year fellow.
- Be able to perform a thorough vascular assessment and relate findings to a

complete plan with minimal to no attending input

- The fellow will possess the ability to discuss and resolve complex complications as a result of percutaneous or open management of vascular disease. This will include both emergent and non-emergent complication remedies. The fellow should also be able to discuss surgical and non-surgical options for complications.
- Thorough understanding of vascular anatomy with the ability to integrate this knowledge into a complete surgical plan
- Gain independence in operating on arterial and venous disease with open techniques.
- Have a complex understanding of catheter and wire manipulation, being able to direct a percutaneous case with minimal to no attending input

II. **Practice-based Learning and Improvement:** a s sessed during conferences as well as daily interaction with the fellows. weekly vascular topics conference consists of a monthly journal club as well as divisional morbidity and mortality. During journal club, the fellows present journal articles selected by the senior fellow. These articles will focus on the management of a specific medical problem a patient on the service is facing or discuss different methods of managing similar medical or surgical issues. Not only do the fellows actively participate in our divisional morbidity and mortality conference, but they also participate in the department of surgery's morbidity and mortality conference which is held on a weekly basis. Furthermore, both junior and senior fellow are required to present the divisions complications using the SBAR/RCA format

First Year Fellow

- Review and evaluate care as compared to the current scientific literature.
- Familiarity with the current literature
- Ability to present complications at M&M conferences and discuss prevention with colleagues.
- Understand appropriate decisions on patient care based on established knowledge and newly attained knowledge gained through reading and discussions with attendings.

Second Year Fellow

- Perform a complex review and evaluation of care as compared to the current scientific literature.
- Obtain an in-depth knowledge of the current literature
- Ability to thoroughly present complications at M&M conferences to include preventative measures or changes in care that need to be initiated
- Make appropriate decisions on patient care based on established knowledge and newly attained knowledge gained through reading and discussions with attendings.

III. **Interpersonal & Communication Skills:** assessed by direct observation with verbal feedback given for appropriate as well as inappropriate interactions. Furthermore, both

junior and senior fellow are required to attend the Grand Rounds given by the department of surgery

First Year Fellow

- The fellow learns to communicate with patients and their families in varied social conditions.
- Cooperation with other consultants when the patient is being cared for by multiple services.
- Perform limited discussions with patients relating to conditions, surgery and post-operative complications in a manner that is understandable
- Discuss the advantages and disadvantages of both percutaneous and open interventions with patients.

Second Year Fellow

- The fellow effectively communicates with patients and their families in varied social conditions.
- Cooperation and effective communication with other consultants when the patient is being cared for by multiple services.
- Perform complete discussions with patients relating to conditions, surgery and post-operative complications in a manner that is understandable
- Thoroughly discuss the advantages and disadvantages of both percutaneous and open interventions with patients.

IV. **Professionalism:** assessed by direct observation with verbal feedback given for appropriate as well as inappropriate interactions. Furthermore, both junior and senior fellow are required to attend the Grand Rounds given by the department of surgery

First Year Fellow

- Administer patient care conscientiously, maintaining highest standards of compassionate and ethics and technical knowledge.
- Communicate with students, peers, superiors, nurses and consultants in a courteous and thoughtful manner.
- Respect confidentiality of patients and medical information (HIPPA)

Second Year Fellow

- Administer patient care conscientiously, maintaining highest standards of compassionate and ethics and technical knowledge.
- Communicate with students, peers, superiors, nurses and consultants in a courteous and thoughtful manner.

- Respect confidentiality of patients and medical information (HIPPA)

V. **System-based Practice:** assessed by direct observation with verbal feedback given for appropriate as well as inappropriate performance.

First Year Fellow

- Assess result of care provided to patients including return to a pre-hospitalization lifestyle
- Understand hospital policies and inter-hospital transfers
- Identify need to consult other services (primary care, social work, placement agencies)
- Be able to identify and guide the patient who is not an ideal candidate for elective surgery secondary to comorbidities

Second Year Fellow

- Assess result of care provided to patients including return to a pre-hospitalization lifestyle with minimal input from attending
- Understand hospital policies and inter-hospital transfers to the point of being able to successfully accept or transfer a patient when in practice
- Identify need to consult other services (primary care, social work, placement agencies) and effectively communicate these needs to both the other service and the patient
- Identify and guide the patient who is not an ideal candidate for elective surgery secondary to comorbidities with minimal input from attending

II. Department Chair, Program Director and Associate Program Directors

David Shibata, M.D.
Department Chair
901-448-5914
dshibata@uthsc.edu

Erica Mitchell, MD
Program Director
901-448-5725
emitch61@uthsc.edu

Sira Dusan
Associate Program Director
901-545-7222
sduson@uthsc.edu

III. Office Contact

Twain Wilkerson
Program Coordinator
University of Tennessee Health Science Center
910 Madison Ave.
Suite 314
Memphis, TN 38163
901-448-1683
Twilker6@uthsc.edu

IV. Core Faculty (alpha order)

Manuil Bhatt, M.D.
Department of Surgery
Regional One
901-448-3511
Mbhatt1@uthsc.edu

Sira Duson
Department of Surgery
Regional One
901-545-7222
sduson@uthsc.edu

H. Edward Garrett, M.D.
Department of Surgery
Baptist Memorial Hospital
901- 747-1249
egarrettmd@cvsclinic.com

Mark McGurrin, M.D.
VA Medical Center
901-523-8990
mark.mcgurrin@gmail.com

Erica Mitchell, M.D
Department of Surgery
Regional One
901-448-5725
emitch61@uthsc.edu

Timothy Weatherall, M.D
Department of Surgery
Regional One
tjweather@gmail.com

Jorge Weber-Guzman

Department of Surgery
Baptist Memorial Hospital
jwebergu@uthsc.edu

V. 2023-2024 Fellow Contact Information

PGY6

Benjamin Dixon,
Phone**:** 570-336-3278
Email: bdixon14@uthsc.edu

Hamda Almaazmi, MD
Phone: 202-809-6701
Email: halmaazm@uthsc.edu

Peter Ali, MD
Phone**:** 260-615-9725
Email: pali@uthsc.edu

Angelle Hogan, MD
Phone: 985-438-4940
Email: ahogan9@uthsc.edu

PGY7

Patrick Albert, MD
Phone**:** 318-655-4444
Email: palbert@uthsc.edu

Nicholas Pelliccio, MD
Phone: 318-401-5588
Email: ahogan9@uthsc.edu

University of Tennessee
Vascular Surgery Fellowship
Block Diagram

Vascular Year One

!Period	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Site	1	1	1	1	1	1	2	2	2	3	3	3
Service	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg
!Inpatient/Outpatient	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0

Vascular Vear Two

!Period	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Site	1	1	1	1	1	1	2	2	2	3	3	3
Service	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg	Vasc Surg
!Inpatient/Outpatient	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0	1/0

Site 1- Baptist
Site 2 - Regional One
Site 3-VAMC

Section 2. Site Information

1. **Baptist Hospital**
   H. Edward Garrett, M.D. - Site Director
   Phone: 901-747-1249
   Email: Jgarratt1@uthsc.edu

2. **Regional One Hospital**
   Erica Mitchell, M.D. - Site Director
   Phone: 901-448-5725
   Email: emitch61@uthsc.edu

3. **Veterans Affairs Medical Center**
   Mark McGurrin, M.D. - Site Director
   Phone:901-523-8990
   Email: mark.mcgurrin@gmail.com

Section 3. Educational Activities

1. Didactic Lectures

!Day/Time	Tuesdays, 7am
!Location	!zoom/Baptist conference room

Description	Didactic educational goals are accomplished through the conference schedule. A weekly vascular conference is held at 7:00 a.m. Tuesday morning alternating between the Baptist, Regional One, and VA's surgical conference room and attended by vascular staff, general surgery residents and medical students in addition to the vascular fellows, who must attend at least 75% of conferences. The vascular fellows alternate presenting a 30-minute discussion of an assigned topic using power point presentation. This presentation is designed for the education of the medical student and general surgery resident but also for preparation of the vascular fellow for the written board examination. The vascular fellow is expected to complete a review of the literature and be prepared to discuss controversial aspects of the topic. For the second half-hour, interesting clinical cases are presented every other week, often by vascular surgeons in the community. On alternate weeks, the fellows discuss any recent morbidity and mortality which has occurred on their service. On the third Thursday of every month, the Journal of Vascular Surgery is discussed with each fellow alternately evaluating the merits of the published manuscripts.
attendance %	p5%

Conference Schedule

A weekly vascular conference is held at 7:00 a.m. Tuesdays morning via Zoom.
Vascular lab and M&M is held at 7:00 a.m. Thursdays morning via zoom

Program Meetings

The program has monthly faculty meetings, a bi-annual CCC/Milestone Review meeting, and an annual Program Evaluation meeting. Each fellow meets with the Program Director twice a year - a mid-year and end of year review.

II. Required Reading

Rutherford's Vascular Surgery

Section 4. Examinations

I. Documenting Exam Results

Documentation of exam results should be forwarded to the Program Coordinator 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. In-Service Training Exam

The American Board of Surgery's Vascular Surgery In-Training Exam (VSITE) is offered on a Saturday morning in February or March each year. The five-hour exam is given in the Coleman Building computer lab on the UTHSC campus and is proctored by the fellowship coordinator.

III. Board Examination

Successful completion of the Vascular Surgery Qualifying and Certifying Exams is required for board certification in vascular surgery. The Qualifying Exam is a 6-hour, multiple-choice examination held once per year on a single day at computer-testing centers across the U.S. The Certifying Examination is an oral exam consisting of 3 consecutive 30-minute sessions. It is held once per year in Philadelphia.

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

Workers' Compensation Claims Process: Supervisor

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

On-the-Job Injury Reporting Procedures

Injured Worker

1. Report injury to your supervisor ***when it happens.***
2. Report your injury to CorVel (even minor injuries)
    - Call **1.866.245.8588** Option #1 (nurse line)
    - If you need medical care, the nurse will send you to an authorized doctor. You **MAY NOT** seek treatment with an **unauthorized provider**!
    - **DO NOT** go to the doctor before you report to CorVel.
3. Complete an Incident Report online via the Origami Portal
4. You will receive an email confirmation from Notifications@OrigamiRisk.com

Supervisor

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

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

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

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

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

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

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

replace the requirement to call CorVel to report the injury. All injuries must be reported to CorVel to avoid the penalty.

Program-Specific Policies and Procedures:

I. Wellbeing

The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in his or her duties due to fatigue or impairment, he or she must transition his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. The program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new residents are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

II. Fellow Responsibilities

- Patient care, both inpatient and outpatient.
- Education of house staff and medical students.
- Personal education with regards to both basic science and clinical management of vascular surgical patients
- Attendance and presenting at conferences. Attendance and departmental conference is strongly encouraged and required in instances where maintenance of the core competences is covered. Sign-in is required to document attendance.
- Acceptable performance on VSITE and other in-training exams to include mock oral exams
- Medical records - quality and timeliness.
- Timely maintenance of surgical operative log, fellows will meet with the attendings on a monthly basis to ensure operative requirements are being fulfilled
- Participation in the vascular lab, both performing exams and reviewing studies.
- Authorship or co-authorship of one paper and/or presentation of one abstract at a scientific meeting during the course of the two-year program

III. Evaluation Process

Fellows will be evaluated based on their clinical, academic, and administrative performance. Parameters to be evaluated will include:

- Performance as recorded by Faculty.
- Completion of fellow evaluation of Clinical Ward Rotations and of Surgical Faculty
- Attendance and participation in Fellow Core Curriculum Conferences, Grand Rounds, Vascular Lab Conference, Vascular Topics Conference, etc.
- Performance on the VSITE
- Teaching effectiveness as rated by Medical Students
- Completion of Medical Records
- Publications and Presentations
- Self-Assessment

Fellows will meet with the Program Director biannually to discuss their performance and progress in the program as well as future plans. Fellows will have the opportunity to review their respective portfolios at this time to include all written evaluations
Should clinical, academic, or administrative performance be judged by the faculty to be of concern, several potential actions will be entertained.

- **Academic Warning** - The fellow is in jeopardy of being placed on academic probation based on troublesome clinical or educational performance. The fellow will be counseled as to specific deficiencies and potential steps for remediation. This status will be reassessed at the subsequent semi-annual evaluation (or at the discretion of the Program Director) and either is removed or changed to academic probation. Academic warning is not considered a disciplinary action.

- **Academic Probation** - Academic probation, either with or without prior academic warning, will be considered based on one or more of the following: clinical scores from performance evaluations significantly lower than peer group (average is usually 3.0), ranking below the 35th percentile of VSITE participants, substandard teaching of medical students, or attendance rate of less than 80% at mandatory conferences.
  Academic probation will entail a structured plan for remediation of identified deficiencies through a personalized tutorial program with a designated faculty member. A tutorial plan will be outlined by the Program Director and reviewed with the fellow. Periodic progress meetings with documentation will occur. All faculty will be notified of fellows on academic probation. Probationary status will be reassessed at the subsequent semi-annual evaluation or at the discretion of the Program Director and either is continued or rescinded.

- **Administrative Warning** - The fellow is in jeopardy of being placed on administrative probation based on concerns about performance of administrative duties such as medical record upkeep or operative log maintenance. The fellow will be counseled as to specific deficiencies and methods to remediate them. This status will be reassessed at the subsequent semi-annual evaluation and either removed or changed to probation. This is not considered a disciplinary action.

- Grounds for administrative probation include: a consistent pattern of medical record delinquency, propensity of unsigned verbal orders, failure to comply with operative log submission policies and unsanctioned moonlighting. Administrative probation may involve any or all of the following: suspension from clinical duties, delay in approval to qualify for examination by the American Board of Surgery, loss of educational leave time or immediate use of vacation days to remediate deficiencies.

IV. Leave

Fellows are allowed two weeks of vacation per year which must be scheduled apart from other fellows' vacation. In addition, fellows may attend one vascular meeting per year or additional

meetings of which the fellow is presenting at the podium or a poster. Fellows are also allowed time away from work to interview for a future job. Leave must be scheduled with the site director for the rotation affected by the vacation.

V. 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.

VI. 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.

VII. 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.

VIII. Moonlighting Procedure

Fellows are not permitted to moonlight.

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.

IX. Duty Hours

- Compliance with the ACGME duty hours' requirements is a responsibility shared by faculty, residents, and fellows. Infractions are to be reported to the Office of Education or to the Administrative Chief Fellow so that corrective action may be taken.
- Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do no include reading and preparation time spent away from the duty site
- Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- Fellows are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- A-10 hour time period for rest and personal activities should be provided between all daily duty periods, and after in-house call.

X. On-Call Activities

- The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when fellows are required to be immediately available in the assigned institution.
- In-house call occurs no more frequently than every third night, averaged over a four-week period.
- Fellows should have 10 hours of rest between shifts.
- Continuous on-site duty, including in-house call, does not exceed 24 consecutive hours. Fellows remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the fellow has not previously provided care.
- It is the responsibility of the program director and faculty to monitor the demands of at-home and in-house call.

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

Residents are advised that there are multiple channels for any confidential discussions they may have. These channels include the Program Director, Associate Program Director, Program Coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Concerns and issues can also be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

XII. Discrimination, Harassment, and Abuse Policy

Residents are encouraged to report complaints of discrimination, harassment and abuse to the Program Director, Associate Program Director, program coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Residents may also contact the Office of Equity and Diversity (OED). Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum. The UTHSC Discrimination Complaint Procedure is located at: https://uthsc.edu/oed/documents/uthsc-complaint-procedure.pdf

XIII. Fellow Eligibility and Selection Policy

The UTHSC Vascular Surgery Fellowship Program follows the UTHSC institutional policy on Fellow Selection. For more information on the UT Fellow Selection Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/FellowSelection.pdf

Application Process and Interviews:

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

The UTHSC Vascular Surgery Fellowship Program engages in recruitment and retention practices of a diverse workforce (Black, Hispanic, Pacific Islander, Native American, Women) of Fellows and faculty. The final decision is made by the Program Director in consultation with the Associate Program Directors and core faculty.

Program and Eligibility and Selection Criteria

Positions for the Vascular Surgery fellowship are offered through the National Residency Matching Program (NRMP). Candidates must have completed General Surgery Board Certification or be Board eligible.

XIV. Fellow Supervision Policy

The UTHSC Vascular Surgery Fellowship Program follows the UTHSC institutional policy on Fellow Supervision. For more information on the UT Fellow Supervision Policy, please visit the GME website: http://www.uthsc.edu/GME/policies/supervision_p1a2011.pdf

Fellow and Faculty Policy Awareness

Fellows and faculty members should inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of methods. Portions of care provided by the fellow can be adequately supervised by the appropriate availability of the supervising faculty member or fellow, either on site or by means of telecommunication technology. Some activities, including all surgery, require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. The physical presence of a supervising physician is required during all surgery.

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

- **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.

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

Gaps in Supervision

If for any reason, a resident is unable to contact his or her supervising physician, they are to notify the program director or associate program director immediately.

The program director or associate program director will then activate the faculty- specific chain of command to ameliorate the gap in supervision.

XV. Transition of Care Policy

The UTHSC vascular surgery service provides high-quality, high-value, patient-centered care. Vascular surgery patients often have complex medical problems that require both attention to detail and an understanding of the "big picture." Because the vascular surgery service is often busy, with simultaneous patient care activities in multiple locations, residents are expected to work as a team. Regular patient assessment and communication between members of the team is essential.
The organization of the Vascular Surgery service is designed to minimize the number of transitions in patient care. These guidelines outlined in this document are intended to help ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Attending vascular surgeons and senior level trainees will supervise PGY-1 residents to ensure they are competent in communicating with other team members in the hand-over process. Published call schedules will list the attending physicians and residents currently responsible for each patient's care.

General expectations for patient care are outlined in the Vascular Surgery Resident Manual.

Morning Work Rounds

The organization of the resident schedule is intended to optimize continuing of care. Morning resident rounds should be focused on updating the team on new issues. Most of the time on morning rounds will be related to evaluation of patients admitted overnight, ICU patients, and patients recovering from a procedure within the past 24 hours. Resident duty days should not start prior to 0500, unless there are unusual circumstances.

Use of a computer workstation on rounds (bedside or mobile) is appropriate. This allows orders to be entered as the team rounds. The immediate accessibility of vital signs, medication records, nursing documentation, flow sheets, and other information makes is unnecessary to spend an excessive amount of time transcribing information prior to morning rounds.

The fellow or residents assigned to the OR should evaluate patients prior to procedures. This means spending extra time ensuring readiness for the planned procedure. If possible, this should be done prior to morning report or staff rounds.

Morning Report and Staff Rounds

Morning report (running the list with the staff) and/or attending rounds on the service by the senior resident or fellow provides an opportunity to discuss questions about patient care, communicate new information, and confirm plans of care. Discussions are generally focused on the immediate care of the patient as well as planned intervention for each patient. Details (labs, cultures, imaging studies, antibiotics, and anticoagulation) will be discussed for each patient.

Junior residents can enter orders and update medical records during morning report or staff rounds, as this meeting is considered a "working meeting." All participants are encouraged to contribute to the discussion, to ensure patient care issues

are communicated and understood. Residents should not assume there will be time to repeat morning rounds ("run the list") after morning report, as residents should be in the OR prior to case start times.

Afternoon and Evening Rounds and "Sign Outs"

Most patient care issues should be discussed on afternoon or evening rounds with a senior resident or fellow. Continuing of care is enhanced by maximizing the number of residents participating in afternoon or evening rounds. Reports from consultants, results of imaging studies and laboratory tests, and any other new clinical information should be reviewed. Orders for the next day should be entered. Existing care and medication orders should be reviewed, and those no longer needed should be cancelled.

Evening sign outs by the departing late resident may be accomplished in several ways. Significant clinical issues that arise after that time should be documented in a progress note. Other issues that need to be communicated to residents coming in the morning can be transmitted in an EMR staff message.

If the presence of a resident physician is needed for patient care after end of the resident's assigned shift, the resident may stay for up to two additional hours, as long as there is no violation of duty hour limits. The resident may need to start the next day's shift later than scheduled to ensure sufficient rest between duty periods. The resident should send an EMR staff message to the senior resident and fellow, documenting the reason for staying late, any patient care issues to address, and the planned time of arrival the next day (if later than scheduled).

One to two hours prior to the end of the late shift, the PGY-1 resident should evaluate all inpatients and should directly communicate with the nurses responsible for their care. Issues of concern should be addressed and plans for care discussed. If there are active issues that are expected to require calls from nurses to a physician, a plan can be made for <u>essential</u> communications to go directly to the senior resident or fellow on call. In general, however, communication of non-urgent matters should be deferred until morning.

During periods without in-house resident coverage, calls from the Emergency Room or new requests for consultations should be directed to the attending vascular surgeon on call.

Interprofessional Communications

By regularly communicating with the nursing staff and others involved in patient care, the resident team should minimize the need to be paged to attend to routine care issues. The senior resident or fellow are encouraged to meet at least weekly with nurse managers on the units that routinely care for vascular patients. While these issues are attended by the PA on the service it is important for the team members to understand the communication issues related to discharge planning.

Home Call by Senior Level Trainees

A PGY-3/4 resident and vascular surgery fellow (or PGY-6/7) will share senior level call responsibilities for the UTHSC vascular surgery service. The senior level trainees will organize the service and supervise the PGY-1 residents to ensure continuity of care.

Senior level trainees will split call responsibilities. The individual on call should make afternoon/evening rounds with the team, but both are encouraged to do so.

If the presence of a resident physician or fellow is needed for patient care after the PGY-1 resident leaves the hospital, the PGY-3 resident or fellow on call should be contacted by the departing PGY-1. The "back up" senior resident or fellow on call will assume primary responsibility. This <u>may</u> require a return to the hospital.

Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The work schedule must satisfy the ACGME requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must allow rest and reasonable personal time for each resident or fellow. If nighttime telephone calls or returns to the hospital for patient care are excessive, the service chief or program director should be notified.

Attending Vascular Surgeon Availability

The attending vascular surgeon will provide coverage any time the clinical workload exceeds residents' ability to cover. In addition, if residents or fellows have are a the limit of their assigned work periods or cumulative duty hours, or if the residents or fellow perceive that they are limited by fatigue or other factors, the attending vascular surgeon on call will assume primary responsibility for patient care.

Transition of care to the supervising attending surgeon when residents' abilities to provide care are limited by any factor is considered to be a mark of mature judgment and professionalism on the part of the trainees.

The service chief or program director should be notified if service workload results in frequent overload of residents or prolonged work hours. Changes in the call schedule or assigned work hours will be made, if needed.

The senior trainee on call will notify the attending vascular surgeon on call any time residents or fellows will be temporarily unavailable for patient care.

Discharge Planning

Planning for post-procedure or post-hospital care should start prior to (or at the time of) admission.

The team should communicate daily about discharge plans. In addition to engaging the patient and the family, input from nurses, physical therapists, consultants and others involved in the patient's care should be sought.

Planned discharges should be completed early enough to allow the patient to leave before 11:00 am. Discharge orders and other documentation needed for hospital discharge should be completed and "pended" prior to the day of anticipated discharge. If the patient is found to have met criteria for discharge, the orders can be signed and released during morning work rounds.

Written patient instructions should be provided. This should include information about any changes in medications, instructions for wound care, contact information for the service and clinic, and plans for follow up.

The PA and clinic NP will assist with transitions and follow up. The typical post-discharge follow up includes a call from the nurse within one week and a clinic visit in 2 - 4 weeks.

End of Service Rotations

When residents rotate services, it is particularly important that problem lists are updated and accurate and that the final progress note by the outgoing residents provides a clearly stated plan of care. PGY-1 residents leaving the service should provide a detailed EMR note that summarizes the hospital course of any patients who have been hospitalized more than one week.

Incoming PGY-1 residents should review the EMR notes on service patients and contact the senior resident or fellow prior to the first day of the rotation to ensure they are prepared to provide care when they assume their roles on the vascular surgery team.

PGY-3 residents and fellows rotating off service must provide a detailed sign out to the person replacing them. This general involves rounding to see patients together on the day prior to the service change, but an abbreviated sign out is appropriate if the service census is low and there are no patients with complicated problems. The service transition should include a discussion of patients on the secondary list and patients who are scheduled for procedures.

XVI. Process by which faculty receive fellow feedback

The fellows provide a confidential review of each faculty member once per year which is summarized by the program director and reported to each faculty member.

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

The department chair conducts a review of the program director on a yearly basis.

XVIII. Method for reporting improper behavior in a confidential manner

Residents are encouraged to report experiencing or witnessing of improper behavior or abuse. These complaints can be taken to trusted senior residents, faculty, Associate Program Directors, Program Director, Department Chair, Program Coordinator, DIO, Assistant Dean of GME, and the GMEC resident-representative. Concerns and issues may be reported anonymously via the GME online comment form. Residents are invited to attend the GMEC resident-representative-led annual House Staff Association Forum.

XIX. Assessment Instruments and Methods

The program utilizes New Innovations and paper evaluations for its fellows and staff. The fellows are evaluated after each rotation by the faculty. The program and faculty are evaluated annually and anonymously by the fellows.

Clinical Competency Committee (CCC)
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident's program on achievement; of Vascular Surgery Milestones; meet prior to resident's semi-annual evaluation meetings; and advise Program Director regarding resident's progress. **NOTE:** Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.

Timothy Weatherall, MD Chair	Manuil Bhatt, MD
Mark McGurrin, MD	Shaun Stickley, MD

Program Evaluation Committee (PEC)	
Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; revies the program's self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.	
Erica Mitchell, MD	Manuil Bhatt, MD
Mark McGurrin, MD	Shaun Stickley, MD
PGY-7 Fellows	

Section 6. Fellow Benefits

I. Salary

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
PGYI	$60,492.00	$ 61,152.00
PGY2	$62,880.00	$63,540.00
PGY3	$64,896.00	$65,556.00
PGY4	$67,596.00	$68,256.00
PGYS	$70,476.00	$71,136.00
PGY6	$ 73,068.00	$73,728.00
PGV7	$75,876.00	$76,536.00

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

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 program will fully support fellow attendance to two courses during their fellowship. In their first year, fellows will attend the UCLA/SVS Symposium. In their second year, fellows may attend the Southern Association for Vascular Surgery Annual Meeting.

V. Travel

The UTHSC Vascular Surgery 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/fisca1_policy/fi0705/

Travel Reimbursement Form:
https://www.uthsc.edu/graduate-med_ica1-ed_ucation/administration/docu_ments/Fel_low-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 followed at all times - with no exceptions.
- A travel request form must be completed well in advance of traveling in order to have a travel authorization (trip number) assigned by the GME office.
- The UT 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 key-note 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 or 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/Portals/0/PDFs/Milestones/VascularSurgeryMilestones.pdf?ver=2015-11-06- 120518-530

III. Rotation Goals and Objectives

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

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

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

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

1. **Direct Supervision:** The supervising physician is physically present with the Resident during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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

	PGY1	PGY2	PGY3	PGY4	PGYS	PGY6	PGY7
Procedures							
History and Physical Examination						X	X
Interpretation of Laboratory studies						X	X
Basic Cardiopulmonary Resuscitation						X	X
Venipuncture						X	X
Arterial Puncture						X	X
Nasotracheal or Orotracheal intubation						X	X
Interpretation of Basic Radiologic exams						X	X
Emergency Drug therapy						X	X
Write admission, preoperative or postoperative orders						X	X
Bronchoscopy						X	X
Swan Ganz Catheterization						X	X
Peritoneal Lavage						X	X
Thoracentesis						X	X
Tube Thoracostomy						X	X
Central Venous Pressure Line						X	X
	All other procedures are performed under direct supervision of a faculty member.						

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 Fellows Resources	https://www.acgme.org/Fe11ows-and-fe11ows/We1come
GME Confidential Comment Form	https://uthsc.col.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF
ACGME Program Specific Requirements	https://www.acgme.org/Portals/O/PFAssets/ProgramRequirements/CPRFellowship2020.pdf

Section 9. Appendix

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

GME Information and Dates

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

Natascha Thompson, MD
Associate Dean
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:

July 1, 2024	**7:30am-5:00pm**	**PGY- 2 - 7 Orientation**

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

Name _____

PGYLevel _____

Site of Activity or Service _____

Start Date _____

End Date _____

Estimated average number of hours per week _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Phone Number _____ Supervisor's Email _____

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

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

Signature of Fellow: _____ Date: _____

Signature of Program Director: _____Date: _____

I. I have received the 2023-2024 Handbook for the UTHSC Vascular Surgery 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 Coordinator no later than June 15, 2023.**