

**FAMILY MEDICINE RESIDENCY
PROGRAM GUIDELINES 2014-2015**

Revised by the Department of Family Medicine
Revised 6-12-14

Administrative Structure

- Chair and Professor - J. Mack Worthington, MD
- Residency Program Director (PD) and Associate Professor – James Haynes, MD
- Family Medicine Chief, UTFP Medical Director and Associate Professor - Paul Dassow, MD
- Residency Program Coordinator (PC)- Sharron Skoretz
- Residency Program Administrative Assistant – Elissa McCoy
- Medical Student Clerkship Director – J. Mack Worthington, MD

The patient care activities and administrative and academic offices are located in the UT Family Practice Center, 1100 East Third Street. The departmental phone is 778-2957; fax number is 778-2959, and the departmental e-mail address is Utfammed@erlanger.org. Calls regarding patient care should be made to 778-8837.

Vacation and Leave Policy

Per American Board of Family Medicine guidelines, each resident is allowed one month (i.e., four weeks or 20 working days) of time away from the academic program each academic year (July to June). Time away includes vacation, sick days, external CME conferences, and personal days.

The University permits no more than three weeks of vacation, including time off during the Christmas/New Year season. Vacation may not be more than one week for any one-month rotation. Vacation is not allowed during 2-week rotations, the Family Medicine Inpatient rotation, Inpatient Pediatrics, Critical Care or OB night float. In order to assure all residents get their allotted vacation time, half of the resident's time away should be taken in the first half of the academic year. Any vacation not taken during the academic year may not be carried over to the following year. A "Request for Time Away" form must be completed and turned in to the Residency Program Coordinator at least 3 months in advance (ex. 15 Nov deadline for February time away requests). Permission from the primary responsible precepting physician should be received verbally or by email to the Program Coordinator and Chief Residents prior to this form being submitted for chief resident review. This form must be signed by the chief resident before the Program Director receives the form for final approval. Vacation is granted on a first-come, first-approved basis. **All residents are required to be on campus the last week of June in order to ensure documentation/out processing is completed and clinical work covered.** Residents are responsible for arranging for another resident to cover his/her FPC patients during absences and should communicate who is covering their EMR desktop and office "hotbox" via the out of office mechanism in the electronic medical record and relay the coverage plan to Elissa McCoy (Program Administrative Assistant) and Pam England (UTFP Clinic Business Manager) via email for dissemination to our staff. All administrative duties, including medical records, must be satisfactorily completed before any time

off will be approved or executed. Medical record deficiencies (discharge summaries, H&Ps, etc.) are sent to the Program Director and Chief Residents weekly. Only the Program Director may make exceptions to these policies. Late requests are unlikely to be considered except in extreme circumstances.

The master rotation schedule will be completed for the upcoming academic year by 31 May. Known vacation requests that will impact the master rotation schedule for the upcoming academic year are due to Ms. Skoretz (UTFP Residency Coordinator) by 15 Apr and any vacation changes need to be made three months in advance.

Sick Leave

Residents may be paid for up to 21 Sick Leave Days per year for personal illness in addition to vacation, but all vacation days must be exhausted before using this option. Regardless of whether or not the time away is paid, any time away from clinical training over and above the ABFM allotted 20 days must be made-up and will be added to the end of the residency (hence delaying expected graduation date). As soon as the resident realizes he/she will be unable to work due to illness, he should contact his rotation attending, the rotation chief resident, and the Department of Family Medicine (778-2957) to notify the Program Director of the illness. If unable to contact the departmental office, the resident must page the attending on call for the practice. The resident is expected to identify or arrange identification of coverage for any clinical responsibilities (to include the electronic medical record desktop and clinic "hotbox"). Every attempt should be made to avoid canceling patient appointments.

Conference Leave

Residents can request up to a 5 work day maximum absence for educational conferences (CME) that are deemed to be sound educational experiences. The CME time away request must be submitted 3 months prior to the event in similar fashion to vacation requests. Additionally residents should receive prior approval from the Program Director regarding the worthiness of the educational experience (at least 6 hours of didactics/study daily) by submitting the brochure to the residency coordinator simultaneous to or before the time away deadline. Once approved by the Program Director, the residency coordinator will submit a UT Travel Authorization form to the Associate Dean/DIO for approval. Do not make any travel arrangements before the residency coordinator gives you feedback that the CME was approved. The University and hospital will reimburse conference registration fees if conference attendance is approved. All other conference expenses approved by policy will be paid for by the resident and reimbursed upon return to duty – up to the available professional development policy limits.

Original receipts must be turned in within 5 days of your returning from your trip in order that appropriate documentation can be submitted to the UTCOM Chattanooga Business Office within 30 days of your return from travel. Conferences from which residents should consider are those that are approved for AAFP credit and those that provide an average of six hours of study each day. The University and Erlanger provide annual reimbursement of up to \$500 per PGY-1 resident, \$750 per PGY-2 resident and \$1000 per PGY-3 resident for professional development (e.g., educational travel, book reimbursement, etc.) in accordance with UT and Erlanger guidelines. Reimbursement is subject to availability of

funds. Specific information regarding receipts, allowable expenses, documentation, etc., should be addressed with the Residency Coordinator prior to the trip. [Note: Residents must seek pre-approval from both the Program Director and the UTCOM Chattanooga Business Manager if requesting a rental car. Such expenses will not be reimbursed unless approved by both in advance of the trip.]

Moonlighting

Moonlighting is not permitted without the prior approval of the Program Director. Residents interested in moonlighting must have prior approval from the Program Director by submitting a Moonlighting Request Form to the Residency Coordinator. *All moonlighting activities, including location and duty times, must be reported to the Program Director no less than monthly.* This information must be provided by the institution you are working for and kept on file by the residency coordinator. First year residents are not allowed to moonlight. Residents are responsible for their own professional liability insurance coverage when moonlighting. Regular and on-call duties must be attended to before consideration of moonlighting and the ACGME 80-hour per week limitation includes all moonlighting activities. A resident should never obligate themselves to an extent that moonlighting becomes a necessity or interferes with personal time, family time, or residency training. The department reserves the right to discontinue a resident's permission to moonlight based on academic standing and/or performance.

Personal Leave

A limit of six "personal days" may be granted to attend to personal needs each year. A resident may not use a Personal day on either a Monday or a Friday. **Any exceptions** to this must be cleared by the Program Director. Personal days **cannot** be taken on a day in which office patients are scheduled. A one-week notice must be given. A form requesting a Personal day must be signed by the appropriate rotation attending physician and the Program Director, then submitted to the Program Coordinator. The Request for Time Away form will have a space for the resident to indicate which resident will cover their office/clinic responsibilities while absent as noted above. A resident may not take more than one Personal day in a given month. Any personal days taken count against the 20 day total allotted for time away by the ACGME unless used for interviewing for jobs or fellowships. The Department of Family Medicine will allow 5 working days to pursue job/fellowship opportunities if the time away are scheduled during a longitudinal learning experience in the practice management rotation.

Book Reimbursement

Erlanger provides reimbursement for books each year. Original receipts must be submitted to the Residency Coordinator as soon as possible after purchase date in order to allow the Department time to prepare the check request and submit to the UTCOM Chattanooga Business Office within 30 days of the purchase date. Reimbursed book expenses will be deducted from the annual allotted professional development funds by PGY status as noted above.

Holidays

The University recognizes the official holidays; however, due to patient care and educational responsibilities, residents are not guaranteed these days off:

New Year's Day

Martin Luther King's Birthday

Good Friday
Independence Day (July 4th)
Labor Day
Thanksgiving Day (2 days)
Christmas Day
| Memorial Day

Resident schedules are dependent upon the rotation to which they are assigned and whether or not outpatient services are operating on the holiday. Residents may have hospital or call responsibilities on some of these days.

Patient Care

Each resident will be assigned a panel of families for whom they will serve as primary physician. All patient encounters in the UTFP clinic should be discussed with a preceptor. For patient safety and education, interns should precept every encounter with an attending physician prior to the patient leaving the office (no exceptions). As a general guideline, PGY-2 residents should precept after every other patient at a minimum and PGY-3 residents should precept after every 3rd patient at a minimum. Any exceptions to these guidelines should prompt notification of the preceptor.

Residents (and faculty) will provide comprehensive care to their patients at all times. This includes care in the office, as well as the hospital so that full continuity of care can be assured. Residents are responsible to check their EMR desktop for phone calls, test results and other correspondence daily. When away or not available, prior arrangements must be made with another resident to cover their clinical and administrative responsibilities during their absence as noted previously in this document. The office staff and faculty should be notified (via email to Elissa McCoy and Pam England) of the absence and who is covering in their absence using the EMR desktop alert system (out of office assistant). All clinical phone calls should be addressed within 24 hours of notification of the call with rare exceptions.

The Family Practice Center is the primary place we care for our patients. Family Practice Center patient care hours will be Monday through Friday from 8:30 AM – 12 PM and 1 PM - 5 PM. All residents, faculty and support staff that are scheduled for a morning office session should be present for the 8:15 am UTFP “huddle” which is held in the center area of our clinical area. This huddle is part of physician development and is how we choose to practice. Residents will typically be assigned half day sessions as follows:

PGY-1	2 half day sessions
PGY-2	3 half day sessions
PGY-3	4-5 half day sessions

Variations to this schedule are rotation dependent and it is the resident’s responsibility to check the scheduling system (www.amion.com) as well as the EMR schedule frequently for any changes which may occur after original publishing of the monthly schedule. In order to better serve our patients, it is our goal to have the clinic schedule finalized three months in advance which will undoubtedly produce frequent changes.

Admission: Patients are usually admitted from the Emergency Department, the Family Practice Center, a nursing home or by direct admission from an outlying facility. The resident seeing the patient will complete the H&P and admitting orders. The Family Practice attending must be notified of all potential admissions with discussion of each patient prior to admission. Any admitted patient's primary physician must be notified as early as possible regarding the admission and must make regular visits to his/her patients for continuity purposes as stipulated in the ACGME Family Medicine requirements. While all care and documentation of admitted patients is the responsibility of the UTFP inpatient team, a VERY brief PCP note should be entered when seeing your admitted patients for continuity purposes.

UTFP Inpatient Call Assignments

1. The Call Schedule will be made by the Chief Resident. Any changes to the UTFP Inpatient call schedule must be approved by the faculty liaison for the Inpatient Rotation (Dr. Leslie Griffin).
2. Weekend call will be considered 24 hours (plus 4 hours for continuity of care) hours on Saturday (6 a.m. to 10 a.m. the next day & 12 hours on Sunday (6 a.m. to 6 p.m. the same day). Hours may on rare occasions be extended to facilitate continuity of care but should be an exception rather than the rule.
3. Week day call (Nightfloat), is considered Monday through Friday, is 5 p.m. to 7 a.m. An exception will be the Friday night Nightfloat call which will last until 10:00 am the next morning to facilitate continuity of care for UTFP inpatients.
4. Holidays will be considered similar to weekends and an attempt will be made to distribute these evenly at each level.
5. Holiday call will be 24 hours (plus 4 hours for continuity of care) hours (6 a.m. to 10 a.m. the following day) unless configured otherwise.
6. Friday will not be considered in tabulating weekend call.
7. All UTFP inpatient team weekend or holiday post-call residents should be available to round with the UTFP inpatient the day following their night call unless waived by the supervising attending.
8. Post call residents shall not be responsible for assessing new patients in the four hour continuity of care window. Residents must keep track of their duty hours and notify their attending if they are approaching the RRC defined limits. The duty hour limits shall not be exceeded except in extenuating circumstances, as defined by the Family Medicine RRC rules (section VI.G.4.b).(4)). Examples of extenuating circumstances include:
 - A. Care of a critically ill or unstable patient
 - B. Situations where humanistic concerns for the resident or family require additional attention.
 - C. Cases of great educational importanceThe resident who exceeds duty hours shall notify the program director of the circumstances of the event via New Innovations (electronic residency management system) and shall appropriately hand over the care of the patient prior to going off duty.

UTFP Continuity OB Requirements

1. All UTFP OB patients will have an assigned primary and secondary continuity resident. Every effort should be made to have either the primary or secondary resident see the patient for their routine prenatal visits.
2. When presenting for delivery, the primary or secondary resident must be available to provide oversight and management of their respective continuity obstetric patient's management while in labor. It is preferable to have both primary and secondary residents present for delivery.
3. At least 1 UTFP resident must be present at all UTFP OB deliveries regardless of the route of delivery.
4. Exceptions to these policies must be coordinated through the faculty obstetric attending managing each patient.

Teaching Responsibilities

The education of junior residents, M-3 and M-4 students is expected of all residents, especially senior residents.

Completion of Records

Medical records are to be completed proximate to a patient's visit in the Family Practice Center and must be completed no later than two business days following an outpatient encounter. A complete H&P and EMR database must be completed by the third office visit. Inpatient H&Ps must be dictated at the time of the patient's admission to the hospital. Inpatient Discharge summaries must be dictated on the day of discharge from the hospital. Medical records should be checked at least once per week to sign current dictations/orders, etc. All phone orders must be signed within 24 hours. All inpatient H&Ps and Discharge Summaries must be dictated to include observational status admissions. It is expected that these documents will be dictated the day of the event/encounter. Completing records in a timely manner is a significant aspect in a physician's professional development.

Inpatient Rounds

Inpatient rounds are conducted on a daily basis with review of pertinent history, physical, diagnostic data, assessment and plan and recorded in a progress note in SOAP format. All inpatient progress notes should be completed by the start of rounds each day.

Procedure Log Books

All procedures must be logged into New Innovations by the resident and are monitored on a quarterly basis. If the procedure is done with a preceptor outside of the Family Medicine Department, the resident must record the preceptor's name and send the confirmation to their advisor for verification/authentication. All procedures done with departmental attendings should be routed to that preceptor for verification. Procedures must be kept up to date and will be reviewed at each advisor meeting and Clinical Competency and Residency Quality Improvement Committee. Careful documentation is needed to support a recommendation for hospital privileges in various procedures. Each resident will provide annual procedure summaries for Program Director review prior to the annual evaluation.

Scholarly Activity Expectations

All residents are required to complete scholarly activity projects per ACGME guidelines. These projects help prepare each resident for a lifetime of self-education and demonstrate their developing ability to critically evaluate medical research/literature. They also reflect the resident's awareness of the basic principles of study design, performance, analysis, and reporting, as well as the relevance of research to patient care.

Residents have options to select from to meet their scholarly activity requirements. Each resident selects their scholarly activity project in consultation with their faculty advisor, and residency research directors (Dr. Haynes or Dr. Zylstra). **Each resident must complete two scholarly activity projects total (1 from each category)**

Category 1 (Clinical)

- a) Primary Clinical or Medical Educational research project (abstract must be submitted to UTCOM-Chatanooga Annual Research Day) **OR**
- b) Integrative Research consisting of one Family Practice Inquiry Network (FPIN) Help Desk Answer (HDA) **OR** Family Practice Inquiry Network Clinical Inquiry (CI) **OR**
- c) Clinical Case Report submitted to the UTCOM-Chatanooga Annual Research Day **OR**
- d) Co-authoring *an American Family Physician* or equivalent evidence-based article

Category 2 (Quality Improvement/Patient Safety)

- a) One Quality Improvement/Patient Safety project submitted to the UTCOMC Annual Patient Safety/Quality Improvement Day

NOTE: To receive credit for any of the above scholarly activity items, residents must at a minimum present their findings to a group of peers.

CATEGORY 1

1a) Primary Research Project

Residents can choose to actively participate in a primary research project. Due to the time limitations of the residency program, residents who select this option are highly encouraged to collaborate with faculty members, or other hospital staff, on existing or new research studies. Their involvement in the project should, at a minimum, include IRB approval, review/summary of available research literature, formulation of possible hypotheses, creation of the research design, data collection, statistical analysis, and development of conclusions. They should also present their study findings to the residency and/or other professional medical forums as available. Submission of an abstract to the UTCOM-Chatanooga Research Day is the minimum requirement for this option.

2a) Integrative Research

This option allows the resident to conduct one integrative research task (FPIN product (Help Desk Answer, Clinical Inquiry). FPIN products (Help Desk Answer, Clinical Inquiry) are published research answers to practical family medicine clinical questions. They provide the ideal answers to clinical questions: using a structured search, critical appraisal, authoritative recommendations, clinical perspec-

tive, and rigorous peer review. Help Desk Answers / Clinical Inquiries deliver best evidence for point of care use. FPIN HDA's are published in the FPIN publication "Evidence-Based Practice". FPIN/CI's are published in Journal of Family Practice or American Family Physician. More information about FPIN products can be found at their website: <http://www.fpin.org>.

3a) Clinical case reports

Case reports are focused reviews of medically unique patient presentations of common disorders or medically unique conditions that lend themselves to general medical education. Residents may select a case report from their clinical case load or from one of their rotations. They are co-authored with a staff physician and are submitted for publication to a professional medical journal or for presentation to an appropriate medical conference (UTCOCM Resident Research Day is sufficient.)

Suggested Scholarly Activity Timelines

Month/Yr	Primary Research	Integrative Research
June PG 1	-----	Select Case Report or FPIN product topic / mentor
Jul -Sept PG 2	Draft Proposal/Abstract	Complete Lit search/ Submit 1st draft
Oct PG 2	Complete Lit search	-----
Nov PG 2	Submit Proposal to Scientific Review Committee and IRB for Approval	Submit revisions
Feb PG 2 - Sep PG 3	Ongoing data collection	Submit Final
Jan PG 2	-----	
Mar PG 2	-----	
July PG 3	-----	Select Case Report or FPIN product topic / mentor
Jul -Sep PG 3	Complete data analysis	Complete Lit search/Submit 1st draft
Oct PG 3	Complete Abstract	-----
Nov PG 3	Submit Abstract	Submit revisions
Jan PG 3	Compose manuscript	Submit Final
Mar PG 3	Submit Final	
Apr PG 2 or 3	Scholarly presentation (DEAN's RESEARCH DAY)	Scholarly presentation (DEAN's RESEARCH DAY)
Jun PG 2 or 3	Scholarly presentation (UTFP)	Scholarly presentation(UTFP)

An abstract of 250 words must be submitted to the institution's Scientific Review Committee for the Annual Research Day Week in order to be considered for presentation. The Department of Family Medicine and the College of Medicine enthusiastically supports and assists in these efforts, including typing the abstract and preparation of professional slides or poster.

I acknowledge that I have read and understand these Residency Guidelines.

Resident

Date