

**Department of Orthopaedic Surgery
Responsibilities and Policies
2022-2023 Academic Year**

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University of Tennessee College of Medicine Chattanooga
Department of Orthopaedic Surgery
2022 – 2023 Academic Year

Interim Chair: Richard Alvarez, MD

Program Director: Jeremy Bruce, MD

Associate Program Directors: Jesse Doty, MD, Mark Freeman, MD

Residency Program Coordinator: Kim Davis

Rotations are divided into two-month specialty blocks PGY 2-5.

The call responsibilities for the Department of Orthopaedic Surgery average every sixth night during PGY 2-5.

OITE – Friday, November 11, 2022 Orthopaedic Library

USMLE Step 3 must be passed before promotion to PGY-3 level. This is an institutional requirement.

Formal USMLE report verifying scores must be provided to the program coordinator. If USMLE scores were not available from ERAS, a copy of an official report must also be provided.

Vacation Policy

- ◆ 2 weeks (10 week days) PGY1-5; recommendation is one week during each six month period
- ◆ Christmas/New Year's vacation (up to four days)
- ◆ No vacations:
 - During the week preceding OITE (November 7-10, 2022)
 - Last week of June
 - First two weeks of July
 - During the two weeks of Christmas/New Year Holiday season the vacation days are determined by agreement of the resident staff and Program Director, not to exceed four work days.
- ◆ No more than *one week* of vacation in May and June
- ◆ Residents are typically off on Erlanger office holidays unless they are on call:
 - July 4th
 - Labor Day
 - Thanksgiving and the day after
 - Christmas Day
 - New Year's Day
 - Memorial Day
- ◆ Must have prior approval per standard process (**2 weeks in advance**)
 - Required courses take precedence
 - Approval will not be granted if adequate number of residents will not be available, including weekends. Requests should be submitted as far in advance as possible. No more than one week of vacation may be taken during PGY-1 when on rotations, with the Dept. of Surgery.

Courses/Meetings

- ◆ Required
 - PGY-1 AO Basic Fracture Course – TBD
 - PGY-2 AANA Arthroscopy Course – October 20-22, 2022 Rosemont, IL
 - PGY-3 AAOS Arthroplasty Course – TBD
 - PGY-4 AO Advanced Fracture Course – TBD
 - PGY-5 AAOS Annual Meeting – March 7-11, 2023, Las Vegas, NV
Miller Review Course – May 24-28, 2023, Denver, CO

- ◆ Other
 - PGY 1-3 receive 2 optional conference days for an approved conference of choice
 - PGY 4 receive 10 optional conference days for fellowship interviews/conference of choice
 - PGY 5 receive 8 optional conference days for fellowship/job interviews/conference of choice
 - Paper or poster presentation at regional or national meetings, if approved and time available
 - Away meetings with faculty sponsor with approval

Daily Schedule: Specific for each rotation

Call Schedule: Per schedule

ACGME Operative Experience Data Log

- ◆ Must log **Primary Code**
 - Record information weekly
 - Include procedures in the ER and clinics
 - Check box for oncology or microsurgery

Duty Hours

- ◆ Must be entered weekly on New Innovations

Core Competencies

- ◆ Patient care
- ◆ Medical knowledge
- ◆ Practice-based learning and improvement
- ◆ Interpersonal and communication skills
- ◆ Professionalism
- ◆ Systems-based practice

Conferences

- ◆ Priority and ON TIME
- ◆ Healthcare Principles (8-9/year) – 2nd Tuesday at noon; Required for PGY 1, 2 & 3 (video available)
- ◆ SVMIC – Malpractice Seminar – required
- ◆ Required unless otherwise notified of cancellation
 - Monday morning Grand Rounds
 - Morning conferences
 - Arthroplasty every 1st Tuesday & 3rd Friday
 - Pediatrics every 2nd Tuesday
 - Trauma every 1st & 3rd Thursday
 - Hand every 2nd Wednesday
 - Fracture every 3rd Wednesday
 - Musculoskeletal/Oncology every 3rd Tuesday
 - Sports – varies
 - Sports/Radiology - odd months July and March-Monday; September and January- Thursday; November and May-Wednesday
 - Thursday morning 7 – 9 AM – labs, Basic Science
 - Spine conference – 1st Friday
 - Foot & Ankle Conference – 4th Wednesday
 - M & M Conference – 3rd Monday of month; information must be documented
 - Journal Club – 3rd Wednesday evening of month, off-site, dinner included
 - Case presentations – one per class during a grand rounds slot
- ◆ Clean up your mess after completion of conference

Medical Records

- ◆ Follow consistent format (OP notes, H&P, DCS)
- ◆ OP notes – dictated immediately following surgery
- ◆ Timely completion of DCS
- ◆ Records are electronic - EPIC

Research

- ◆ Design, implement and complete at least one research project during the residency, written in publishable form and submitted to and approved by the program director by December 31 of the PGY 5 year. All residents must substantially contribute to a Quality Improvement/ Patient Safety project before graduating. Additionally, the research project will be presented at a Monday morning grand rounds conference in May of PGY 4 year.
- ◆ ½ day per week research time. To be worked out with rotation director.
- ◆ Additional time for work on specific projects to be determined by agreement with rotation chief.
- ◆ When submitting abstracts, please list the Academic office address as the return address:

Department of Orthopaedic Surgery
975 East Third Street, Hospital Box 260
Chattanooga, Tennessee 37403

Conduct

- ◆ Professional & personal
 - Faculty
 - Program office
 - Hospital employees
 - Fellow residents

Policy:

- ◆ When attending approved meeting for paper/poster presentations, the department will pay for two full days at the meeting (three night stay + three days per diem) as available from UTCOM
- ◆ Residents: Time-off maximum of 10 working days / per rotation. Exceptions will be reviewed.
- ◆ No more than one week of vacation in May/June.

PGY-1

- Two weeks vacation
- One week each half of academic year
- Two additional days to attend a conference of choice with approval
- No more than one week during General Surgery Department rotations (GS-Trauma, SICU)
- Required courses: Basic Fracture Management Course
- Up to one week off during Christmas Holidays (approval of ortho program director and rotation director for non-ortho rotations).

PGY-2

- Two weeks vacation
- Two additional days to attend a conference of choice with approval
- Up to one week Christmas holidays (with program director approval)
- Required courses: Arthroscopy Course
- Paper/poster presentations – as approved

PGY-3

- Two weeks vacation
- Two additional days to attend a conference of choice with approval
- Up to one week Christmas holidays (with program director approval)
- Required courses: Arthroplasty course
- Paper/poster presentations – as approved

PGY-4

- Two weeks vacation
- Five additional days are allowed to provide time for interviews for fellowship and/or practice opportunities.
- Three additional days to attend a conference of choice with approval
- Up to one week Christmas holidays (with program director approval)
- Required courses: Advanced Fracture Management course
- Paper/poster presentations – as approved

PGY-5

- Two weeks vacation
- Five additional days are allowed to provide time for housing search for fellowship and/or practice opportunities.
- Three additional days to attend a conference of choice with approval
- Up to one week Christmas holidays (with program director approval)
- Attend AAOS Annual Meeting, board review course
- Paper/poster presentations – as approved

Note: ABOS requires forty-six weeks of full-time educational activities each academic year. Time off cannot be accrued. Promotion to the next PGY level or graduation is delayed until the 46 week requirement is met.

Resident Resources Supplied by Department

Books/Journals Currently Provided

- ◆ *Journal of Bone and Joint Surgery* (PGY-1 – 5)
- ◆ JAAOS (PGY-1 – 5)
- ◆ *Orthopaedic Basic Science Text* (PGY-1) ebook
- ◆ *Skeletal Trauma & Skeletal Trauma in Children* via UT Library
- ◆ *Primer on Rheumatic Diseases* via UT Library
- ◆ *OKU12 (ebook) or Comprehensive Review 2* (PGY-1)
- ◆ *Tachjian's Pediatric Orthopaedics* –via UT Library
- ◆ *Campbell's Operative Orthopedics* –via UT Library

- ◆ 256GB iPad

- ◆ Lead (PGY-1) – basic lead apron and thyroid collar

- ◆ Loupes (PGY-1) - basic set of loupes

- ◆ AAOS Res Study provided, accessed with AAOS ID and password

- ◆ OrthoBullets subscription provided

Most texts and journals residents need are now provided online via the UT Library.

Additional texts and journals for specific rotations **must be checked out of program office. At the end of each rotation the books must be returned to the program office in good condition.**

- | | | |
|---|-----------|-------------------------|
| ◆ <i>Foot and Ankle Surgery</i> by Mann – (2-vol set) | \$427.50 | Foot & Ankle |
| ◆ <i>The Foot: Examination and Diagnosis</i> by Ian Alexander | Priceless | Foot & Ankle |
| ◆ <i>Green's Hand Surgery Text</i> 2-volume set | \$359.10 | Hand |
| ◆ <i>Delee & Drez Orthopaedic Sports Medicine</i> , 2 nd edition | \$274.50 | Sports/Shoulder/General |

*The UT College of Medicine provides access to the American Medical Association's *Introduction to the Practice of Medicine* (IPM) online educational series. Information on this series is distributed by the Office of Graduate Medical Education.

Department of Orthopaedic Surgery Successful Completion of USMLE as a Training Requirement

The Department of Orthopaedic Surgery accepts only candidates who have passed the United States Medical Licensing Examination (USMLE) Steps 1 and 2. Each resident must pass USMLE Step 3 prior to progression to the third year of postgraduate training (PGY-3 level). **All PGY-2 level residents must register for Step 3 no later than February 28 of the PGY-2 level.** Failure to register will result in the resident being placed on leave without pay until proof of registration is provided to the Program Director and the Director of GME. For residents on a standard cycle, they must provide proof of passing Step 3 by June 30 in order to be promoted to the PGY-3 level. Failure to pass the examination will result in non-reappointment to the program.

Any examination fees would be the responsibility of the resident. The Department reimburses the examination fee if the resident provides an official USMLE report documenting a passing score and a payment receipt.

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Resident Leave Policy

Annual Leave (Vacation)

Paid Annual Leave is available to each Resident during each 12-month period of training: three (3) weeks, which are comprised of **15 work days (Monday through Friday) – which would be 21 days if you include one weekend with each week of Annual Leave**. These decisions are at the discretion of the Program Director. If the program grants time off during the Christmas–New Year’s holiday period, that time off must be counted as Annual Leave. Not every program grants additional time off during this period – it is dependent upon clinic and patient care schedules and must be determined by individual Program Directors. Annual Leave must be approved in writing and in advance by the Program Director. Annual Leave must be used for any time away from the program not specifically covered by other leave benefits below. Annual Leave does not carry over from year to year, and Residents may not be paid for unused leave at the end of each academic year. Residents terminating before the end of their training year will be paid only through their final active working day and will not be paid for unused Annual Leave. GME disciplinary policy permits the Program Director to take up to one week of Annual Leave as a disciplinary measure (*i.e.*, up to one week of Annual Leave may be at risk for disciplinary action as well as additional leave without pay).

Note: Interview days are considered Annual Leave unless taken during regularly scheduled days off. Also, at the discretion of each department, your program may permit a limited number of paid personal or well-being days each year. Residents should confirm this with their specific departments and document with forms submitted to the Coordinator. They must also document this when reporting educational clinical work hours (Duty Hours) or “Time Off” forms.

Sick Leave

Residents are allotted three (3) weeks of paid Sick Leave per twelve (12) month period for absences due to personal or family (spouse, child, or parent) illness or injury. In the UT GME System, annual paid Sick Leave consists of a maximum of **15 regular “working days” (Monday through Friday)** – which would be up to 21 days if the program includes weekend days. Your Program Director may require a physician’s statement of fitness for duty to return to work for absences beyond 3 days. If you have numerous or sporadic sick days, your Program Director may require a physician’s statement before you return to work each time.

Sick Leave is non-cumulative from year to year. Residents cannot be paid for unused Sick Leave. Under certain circumstances, additional Sick Leave without pay may be granted with the written approval from the Program Director, who will send a copy of this approval to the Office of Graduate Medical Education (GME). The Resident may be required to make up any time missed (paid or unpaid) in accordance with Residency or Fellowship Program and board eligibility requirements.

Educational Leave

Educational leave may be granted at the discretion of the Program Director, but may not exceed ten (10) calendar days per twelve-month period. Residents should be advised that some Medical Boards count educational leave as time away from training and may require an extension of their training dates.

Holidays

Due to the twenty-four (24) hour nature of patient care, Residents are not entitled to holiday leave. A Program Director may approve time off on a holiday for a Resident who is assigned to a clinic or service that closes for that holiday.

Family and Medical Leave (FML)

Residents who have been employed for at least 12 months and have worked at least 1,250 hours during the previous 12 month period are eligible for qualified family and medical leave under provisions of the federal Family Medical Leave Act (FMLA). FMLA provides eligible employees up to 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. Residents are required to use all available sick and Annual Leave days to be paid during FML leave.

- [Click here to view and download the FML Request Form.](#)
- [Click here to view information about UTHSC Family Medical Leave.](#)
- [Click here to view the UT Policy on Family Medical Leave, Policy #HR0338.](#)
- [Click here to view your rights and responsibilities under FMLA.](#)

The UT College of Medicine Chattanooga Graduate Medical Education Office recognizes the importance of the early development of a relationship between parent and child and supports the use of time off for Resident leave related to the recent birth or adoption of a child. Under Tennessee law, a regular fulltime employee who has been employed by the university for at least 12 consecutive months is eligible for up to a maximum of four months leave (paid or unpaid) for pregnancy and adoption. After all available paid Sick and Annual Leave has been used, 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.

Maternity, Parental, or Adoptive leave will be granted in conjunction with Family Medical Leave and Tennessee law. Except in case of emergency, all Maternity, Parental, or Adoptive leave should be requested at least three (3) months in advance of the expected date of birth or adoption in order to ensure adequate coverage in the program. The Program Director and Resident should verify whether the length of leave will require extending training in order to meet program or board eligibility criteria.

The UTHSC Human Resources office has administrative oversight for the FML program. The Program Coordinator or Director should notify the GME Department when it appears a Resident may qualify for FML leave. The GME Department will coordinate with UTHSC HR and the Program Coordinator/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 via the last bulleted link above.

In accordance with ACGME Institutional Requirements effective July 1, 2022 (IV.H.I.), the UTCOM Chattanooga GME Leave Policy includes:

- ◆ Residents will be eligible to have an additional 6 weeks of paid leave (medical, parental, or caregiver leave) ONE time during their training program.
- ◆ Must be used prior to GME annual/sick leave.
- ◆ Must be used in its consecutive entirety in one block.
- ◆ Available to mother and father for birth or adoption.
- ◆ Additional paid and unpaid leave may be added to this 6-week benefit and be used immediately following the birth/placement of the child.
- ◆ Should both parents be UT residents, each may use their concurrently or consecutively, but the total time off (paid and unpaid) can be no more than 16 weeks.

Bereavement Leave

Residents may take up to three (3) days of paid leave for the death of an immediate family member. Immediate family shall include spouse, child, parent, grandparent, grandchild, brother, or sister of the

trainee. With approval of the Program Directors, additional time may be taken using Annual Leave or leave without pay.

Jury Duty

A Resident who receives a summons for jury duty, and is not excused from duty, must provide a copy to the Program Coordinator and the GME Department. The University will excuse the Resident from clinical responsibilities for each day serving on a jury. Upon returning from jury duty, the Resident will need to provide a statement from the Court Clerk each day the Resident served on a jury. This time will count as time away from the program; however, it will not be counted against Annual Leave or Sick Leave, and the Resident will continue to remain on the University Payroll. It is possible that time spent on jury duty could contribute to requiring an extension of training time depending on the specialty board's requirements. If a Resident were to be involved a personal legal matter or prior training malpractice related matter from another institution, the Resident would have to use Annual Leave or leave without pay for court days not involving the University of Tennessee.

Military Leave

Military leaves of absence will be administered in accordance with the provisions of University of Tennessee Personnel Policy #370:

<https://universitytennessee.policytech.com/dotNet/documents/?docid=129&public=true>.

Residents must notify their Program Director when military leave will be required and must provide their Program Director with appropriate documentation of their military service. Depending on the length of leave and specialty board requirements, training time may be extended.

Extended Absence from Training or End of Leave

An extended absence, for any reason, may prevent a Resident from fulfilling the requirements for participation in educational and scholarly activities and achieving the residency/fellowship responsibilities (See GME Resident Agreement of Appointment). Generally, leaves of absence may be granted for a maximum of six (6) months. Residents are subject to termination upon:

- a) exhaustion of all available Annual Leave, Sick Leave and other approved or statutory leave, or
- b) failure to return to work as scheduled at the end of the authorized or statutory leave

An absence will be charged against any accrued Annual, Sick, or other available approved unpaid leave program. If all such paid and unpaid leaves are exhausted, the absence will be unexcused, and the Resident will be subject to dismissal for job abandonment. The GME Director, in her discretion, may authorize additional leave but only in extraordinary circumstances.

Notes:

- Residency positions will be protected during the period of approved Family Medical Leave or as required by law.
- Residency positions in a prescribed AIRS Program may be protected as described in the GME AIRS Policy #320.
- An unpaid leave of absence may affect a Resident's visa status.
- A leave of absence, including paid leave, may require extension of training in order to complete the program or to meet program or board eligibility criteria.

Reporting Time Off

UT requires that all employees report time off, whether paid or unpaid, including GME Residents. Residents must report time off each month via the UT Resident Time Off Sheet, sign the form, and submit the form to the Program Director for approval. Copies will be uploaded in the New Innovations Personnel Data files each month and maintained by the program and the GME Department.

University of Tennessee College of Medicine Chattanooga
Erlanger Medical Center

House Staff Application for Leave of Absence or Vacation

Due to Coordinator **2 weeks** prior to date of time off requested

I, _____, MD, request to be absent from my duties as a member of the House Staff of the University of Tennessee College of Medicine Chattanooga, Department of Orthopaedic Surgery and Erlanger Health System from _____ to _____. (Please include weekend dates)

I will return to duty on _____.

The purpose of the time of is: _____

I understand that *all my records must be completed* at the time that my leave of absence or vacation starts, that in case they are not that my leave may be canceled. I also understand that *someone must be assigned or agree to cover my service during my absence.*

Clinic Missed: _____ Resident Coverage: _____

Signature of Resident Covering Clinic: _____

Resident Rounding on Patients: _____

Signature of Resident Rounding on Patients: _____

Date Submitted: _____

APPROVED:

Chief Resident

Date

Rotation Director

Date

Program Director

Date

Copies of this request must be given to:

Kim Davis
Renee Crouch

<u>Office Use Only</u>
Total Days:
Days Used:
Days Remaining

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Resident Selection Policy

The Department of Orthopaedic Surgery has adopted the institutional policy on Resident Selection and Eligibility. This policy states that all programs acknowledge and follow the selection and eligibility criteria for resident applicants stated in the *Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements* as well as the rules of the National Resident Matching Program (NRMP).

In addition to meeting the general eligibility requirements, the Orthopaedic Surgery Program expects that candidates:

1. Have passed the USMLE Step 1 (First attempt)
2. Have scored 235 or greater on USMLE Step 2 (First attempt)
3. Be a member of a current graduating medical school class
4. Be ranked within the top 25 percent of their class

Residency applications for PGY1 must be received through the Electronic Residency Application System (ERAS) and are screened according to the preferences detailed above. Screened applications are then reviewed by the Program Director to determine which candidates will be invited for personal interviews. Interviews are conducted by the selection committee which consists of the Chair, Program Director, two additional faculty members and the PGY-3 orthopaedic surgery residents. Once the interviews have been completed, each applicant is assigned a priority score based on their academic performance in medical school, Dean's letter and other faculty member's letters of recommendations, class standing, USMLE scores and the assessments of faculty and residents who are members of the selection committee.

Note: Medical students from the main medical school campus (UT, Memphis) may elect the 4-week Orthopaedic Surgery elective at the Chattanooga campus. However, to be invited for an interview they must meet criteria stated above. Medical students from other medical schools must apply for an elective rotation and, in order to be accepted, are expected to meet our criteria. Interviews will be offered to rotators who meet the above listed expectations based on data contained in the application through ERAS. Contact the Orthopaedic Residency Coordinator, Kim Davis (kim.davis@erlanger.org), to request medical student elective application forms.

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Guidelines for Evaluation of Orthopaedic Surgery Residents

Residents will be evaluated at the end of each rotation by faculty members involved in that rotation. It is expected that the attending will discuss goals and expectations with the resident on the initial day of the rotation. Formal feedback should be given mid-point of rotation and again at the end of the rotation. The attending will then complete an evaluation on the resident. The Orthopaedic Surgery Milestones incorporate specific surgical skills as well as:

- ◆ Clinical Judgement
- ◆ Medical Knowledge
- ◆ Clinical Skills
- ◆ Humanistic Skills
- ◆ Attitudes and Professional Behavior
- ◆ Utilization and Overall Clinical Competence

Each rotation director has compiled skills and procedures unique to their rotation, so each rotation evaluation is different. The Orthopaedic Surgery Milestones may be found at www.abos.org.

The Program Director will meet with each resident in January and July to go over the individual evaluations and give feedback as to how the resident is progressing through the residency program. The resident may request a copy of his or her summary evaluation, which is kept on file.

The evaluation process will incorporate:

- ◆ Rotation-Specific Evaluations
- ◆ Milestones
- ◆ 360° Evaluations
- ◆ Case Logs
- ◆ OITE Scores

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Guidelines for Evaluation of Faculty by Residents

In order to maintain a high quality teaching program, it is important for all residents to evaluate faculty members, rotations and the overall program. The Residency Review Committees of the Accreditation Council for Graduate Medical Education require that residents provide written confidential evaluations for their rotations, faculty members with whom they work, and the overall program. UTCOM Chattanooga has determined that, in order to demonstrate to the ACGME that we are taking a system-wide approach to compliance with these requirements, we utilize a web-based software program, New Innovations Residency Management Suite, to accomplish these evaluations (www.new-innov.com/suite). All residents are required to log into the New Innovations website and provide confidential, **anonymous evaluations** of rotations and faculty after each rotation and at least an annual evaluation of the overall program. Once evaluations have been logged by residents, the Chair/Program Director and institutional leadership will be able to view the summary results in order to use the information for program improvement, feedback for the faculty, etc. Again, note that the system is designed so that *no one* can identify a specific resident's comments or evaluation responses.

The summaries will allow

- ◆ feedback to the individual attending on his or her performance
- ◆ comparison to other attendings within subspecialty
- ◆ comparison among rotations

These evaluations will be an important tool for promotion, evaluation of the attendings as teachers and lecturers, and for dismissing poor teachers. Positive as well as negative comments are vital to give us the appropriate information.

Faculty evaluation should include a review of their teaching skills, commitment to the educational program, clinical knowledge, and scholarly activities. Summary reports and comments will be considered by the Chair when he/she conducts annual faculty evaluations. Rotation and program evaluations should include quality of the curriculum and the extent to which educational goals and objectives have been met by the Residents. Summary reports will be shared periodically with the GMEC members. Results and comments from these evaluations should be considered by the program when it conducts its Annual Program Evaluation (APE) as well as by the GMEC during Special Focused Reviews.



[Subject Name]
[Subject Status]
[Subject Program]
[Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
[Evaluator Status]
[Evaluator Program]

As a guide to your evaluation, some characteristics of the ideal role model have been suggested under the headings of the six categories. Rank the individual staff person on a scale of 1-5, with 5 being the ideal role model and 1 being totally unacceptable as a role model. Use N/A if you didn't spend enough time with the faculty member to evaluate. Please clarify response of 1 or 2 in the final space.

Personal Attributes

- 1) Rate the faculty member on personal attributes that make him an effective role model. These may include attitude toward executing professional duties, rapport with patients and co-workers, ability to lead, etc. The ideal role model is the orthopaedist who has the desirable attributes to enhance professional performance. He helps the resident to gain and maintain a positive attitude toward professional responsibilities, to establish patient rapport, and to attain proficiency in leadership and decision-making.

1
Poor-
Unacceptable 2 3 4 5
Marginal Average Above Average Ideal Role Model N/A

Availability

- 2) Rate the faculty member according to availability when you need advice, guidance and questions answered. Ideally, the faculty member is always available in the area of responsibility or can quickly be found when needed. He finds the time to go over cases and related material and is available for discussions and special tutorial sessions if required.

1
Poor-
Unacceptable 2 3 4 5
Marginal Average Above Average Ideal Role Model N/A

Academic Characteristics

- 3) Rate the faculty member on helping you with the pursuit of your academic goals. The ideal faculty member is a consultant chosen by residents and other staff as well. He stimulates the Resident's intellectual curiosity, keys him to literature, and helps him to evaluate issues critically.

1
Poor-
Unacceptable 2 3 4 5
Marginal Average Above Average Ideal Role Model N/A

Case-Related Teaching

- 4) Rate the faculty member according to his contribution to your knowledge in clinical orthopaedics through case supervision and case-related teaching in the operating room, or through comments during case conferences. The ideal faculty member assists the Resident in conducting an organized, thorough patient evaluation. He also assists the Resident in developing rational plans and alternatives for pre- and post-operative care. He encourages follow-up and retrospective evaluation, and makes helpful clinical and technical suggestions during the conduction of the case.

1
Poor-
Unacceptable 2 3 4 5
Marginal Average Above Average Ideal Role Model N/A

Clinical Skills Teaching

- 5) Rate the faculty member according to his ability to teach you clinical skills. The ideal role model is able to teach the Resident his own technical ability. He supplies the Resident with the skills necessary to master the most difficult clinical situations.

1	2	3	4	5	
Poor- Unacceptable	Marginal	Average	Above Average	Ideal Role Model	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Contribution to Learning

- 6) Rate the faculty member's overall contribution to your education. Consider contributions made to your knowledge, clinical skills or any other positive influences on your professional development. The ideal faculty member makes an important contribution to the Resident's education. He creates an environment that is conducive to hearing and appreciates the special needs of the Resident at any level of training, and for the Resident as an individual.

1	2	3	4	5	
Poor- Unacceptable	Marginal	Average	Above Average	Ideal Role Model	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Comments:



Remaining Characters: 5,000

Close Window

Confidential Resident Evaluation of Rotation - Orthopaedic Surgery Program



[Subject Name]
 [Subject Program]
 [Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
 [Evaluator Program]

For each of the following criteria, please rate the rotation you have just completed, providing additional comments that would explain your answer. Your responses will remain confidential -- shared only as cumulative data and never identifying the individual evaluator. Thank you.

Rating Scale 1 - 5:

1=Poor/Unsatisfactory, 2=Below Average, 3=Average, 4=Above Average, and 5=Outstanding

1) Adequate volume of patients

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2) Variety of cases

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3) At the beginning of the rotation, I was made aware of the goals and educational objectives for the rotation.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) The rotation provided training and opportunity to meet the established goals and objectives.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5) Attending faculty were available for consultation for both elective and emergent cases.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6) Teaching rounds were conducted appropriately

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7) Responsibilities and opportunities were appropriate for my PGY level.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8) The rotation was an educational opportunity as opposed to a service function.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9) My attending faculty were available as needed when on call.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10) My attending faculty participated in clinics.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11) Resident Work Hours Policies were followed.

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12) Ancillary hospital support services were:

1	2	3	4	5	N/A
Poor/Unsatisfactory	Below Average	Average	Above Average	Outstanding	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13) List the strengths of the rotation:

Comments

Remaining Characters: 5,000

14) List areas which could be improved:

Comments

Remaining Characters: 5,000

15) Comments required for ratings of 1 or 2:

Comments

Remaining Characters: 5,000

Overall Comments:

Remaining Characters: 5,000

Close Window



Subject Name

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by:

Evaluator Name

Status
Employer
Program

UT COLLEGE OF MEDICINE

Instructions:

The ACGME Common Program Requirements stipulate that residents be given the opportunity to evaluate, in writing, the overall program on an annual basis. Please respond to the questions below considering the program's strengths and weaknesses over the past year. At the time of the site visit, the surveyor will usually review a summary report of the most recent annual program evaluations from the residents.

Overall Program Evaluation

1* The residency program adequately prepares residents for academic careers.

(1) Strongly Disagree (Must provide comment.)	(2) Disagree (Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

2* The residency program adequately prepares residents for private practice careers.

(1) Strongly Disagree (Must provide comment.)	(2) Disagree (Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

3* The Program Director effectively organizes and administers the program, meeting accreditation requirements and providing opportunity for faculty and residents to meet educational objectives.

(1) Strongly Disagree (Must provide comment.)	(2) Disagree (Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

4* The Residency Program Coordinator Is effective and works well with the Program Director, faculty, and residents to oversee the program.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

5* Other Orthopaedic Surgery Residency support staff are responsive and helpful to faculty and residents.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

6* Chief Residents function appropriately, accepting increased responsibility and handling administrative issues. They work well with both faculty and more junior residents.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

7* The overall quality of residents in the program is good, and residents achieve educational goals and objectives.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Teaching Conferences/Grand Rounds

8* The organized teaching conferences provide a comprehensive overview of the basic sciences appropriate for the residency program.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

9* The organized teaching conferences provide a comprehensive overview of the clinical sciences appropriate for the residency program.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Teaching Faculty

10* Teaching faculty are provided sufficient time to teach residents in the inpatient setting.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

11* Faculty are provided sufficient time to teach residents in the outpatient setting.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

12 What aspects of resident education would you like to learn more about?

comment

Resident Supervision

13* Faculty provide appropriate levels of resident supervision in the inpatient setting.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

14* Faculty provide appropriate levels of resident supervision in the outpatient setting.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

GOALS AND OBJECTIVES

15* Faculty are supportive of the educational goals of the residency program.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

16* Faculty are provided with overall program and rotation goals and objectives on an annual basis.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

17* Faculty review rotation specific goals and objectives with residents at the beginning of each rotation.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Fatigue and Sleep Deprivation

18* I am able to recognize signs of fatigue and sleep deprivation in residents.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

ACGME Duty Hours

19* Residents adhere to the ACGME Duty Hour Requirements within the program.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

ACGME General Competency Domains

20* I understand the ACGME General Competency Domains. The program has educated faculty about these requirements and how to teach and evaluate them: **Medical Knowledge Patient Care Interpersonal and Communication Skills Practice-Based Learning and Improvement Professionalism Systems-Based Practice**

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Faculty Development

21* I am aware of faculty/educator development activities offered through the medical school.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Scholarly Activity and Research

22* The residency program provides opportunities for residents to participate in scholarly activities and research.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

23* The program encourages and provides opportunities for faculty to be involved in scholarly activity and research.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Assessment and Feedback

24* I understand how to use the program's various assessment and evaluation tools to document resident performance and improvement.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

25* The program is receptive to faculty feedback regarding the educational program.

(1) Strongly Disagree(Must provide comment.)	(2) Disagree(Must provide comment.)	(3) Neither Agree nor Disagree	(4) Agree	(5) Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comment

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Policy on Promotion

1. Philosophy

Our program makes decisions for promotion separate from those for dismissal.

2. Policy

Orthopaedic Surgery Residents must successfully progress within the residency program in accordance with their rotation assignments, defined skills for each rotation and level of training, and the General Competency Areas and Milestones stipulated by the Accreditation Council for Graduate Medical Education.

If a resident does not demonstrate satisfactory performance, the Program Director/Chair may determine that promotion is not warranted. The decision as to whether or not to suggest remediation or whether or not to suggest non-reappointment, in accordance with the institution's policies, is at the discretion of the Program Director/Chair.

A passing grade on USMLE Part 3 is required by the institution for promotion to the PGY-3 level.

If non-reappointment is deemed appropriate, the resident has a right to appeal the decision in accordance with University procedures.

According to the RRC, 46 weeks of educational activity are required for promotion.

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga

Policy on Dismissal

The Department of Orthopaedic Surgery can dismiss a resident for academic reasons. The Program Director/Chair will make an effort to help a resident successfully repeat rotations or an entire academic year if the resident shows evidence of cooperation and progress. Attendance at required conferences, OITE scores, performance of required procedures, completion of medical records, and faculty evaluations will be scrutinized closely to help the Clinical Competency Committee and the Program Director/Chair make this determination. If a resident fails to meet remediation requirements, the resident will be dismissed from the program.

The Program Director/Chair can dismiss a resident at any time for egregious conduct, especially in light of dereliction of professional responsibilities or non-compliance with University policies. Egregious conduct includes failure in humanistic attitudes and professional attitudes and behaviors.

If dismissal is deemed appropriate, the resident has a right to appeal the decision in accordance with University procedures.

Immediate dismissal will occur if the resident is listed as an excluded individual by any of the following:

- ◆ Department of Health and Human Services Office of the Inspector General's "List of Excluded Individuals/Entities"
- ◆ General Services Administration "List of Parties Excluded from Federal Procurement and Non-Procurement Programs"
- ◆ Convicted of a crime related to the provision of health care items or services for which one may be excluded under 42 USC 1320a-7(a)

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Resident Clinical and Educational Work Hours Policy

Resident & Fellow Clinical and Educational Work Hours in the Learning and Working Environment Clinical and educational work hours are defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative work related to patient care, the provision for transfer of patient care, time spent in-house during call activities, moonlighting (internal and external), and scheduled academic activities such as conferences. Clinical and educational work hours do not include reading and preparation time spent away from the work site. Graduate medical education (GME) clinical and educational work hour standards incorporate the concept of graded and progressive Resident responsibility leading to the unsupervised practice of medicine.

Clinical and Educational Work Hours Oversight

Clinical and educational work hour compliance is a collective responsibility of GME leadership, Faculty, and Residents. Each program is required to use the Duty Hour Module in New Innovations to monitor compliance with ACGME requirements, particularly in accordance with the revised Common Program Requirements (Section VI), effective July 1, 2017. Program Directors must monitor Resident clinical and educational work hours and adjust Resident schedules as needed to mitigate excessive service demands and/or fatigue and to prevent negative effects of clinical and educational work hours on learning and patient care. This includes monitoring the need for and ensuring the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged. Residents and Faculty have a personal role and professional responsibility in the honest and accurate reporting of Resident clinical and educational work hours. Duty Hour logs reported in New Innovations must accurately and truthfully reflect hours counted as part of the clinical and educational work hours reported and documented. Failure to report truthful information about duty hours is a violation of ethical and professional standards and may impact a Resident's evaluations and recommendations.

Clinical and educational work hour reports will be submitted by all our GME programs as requested by the GME Department with a frequency to ensure compliance with requirements. Reports will be reviewed by the GMEC and compliance issues addressed as needed.

Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call clinical and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

The program must design an effective program structure that is configured to provide Residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when Residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Clinical Work and Education Period Length

Clinical and educational work periods for Residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or Resident education.

Clinical and Educational Work Hour Exceptions

In rare circumstances, after handing off all other responsibilities, a Resident, on his/her own initiative, may elect to remain or return to the clinical site in the following circumstances:

- to continue to provide care to a single severely ill or unstable patient;
- humanistic attention to the needs of a patient or family; or,
- to attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

Maximum In-House Night Float

Residents & Fellows must not be scheduled for more than six consecutive nights of night float. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

Maximum In-House On-Call Frequency

PGY-2 Residents and above (including fellows) must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by Residents & Fellows on at-home call must count towards the 80-hour maximum weekly hour limit. PGY-1 Residents are not allowed to take at-home call.

The frequency of at-home call is not subject to the every-third- night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.

Residents & Fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient care must be included in the 80-hour maximum weekly limit.

Moonlighting

Moonlighting must not interfere with the ability of the Resident to achieve the goals and objectives of the educational program, and must not interfere with the Resident's fitness for work nor compromise patient safety. Time spent by Residents in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

PGY-1 Residents are not permitted to moonlight.

Moonlighting is strongly discouraged and must be approved in advance by the Program Director. Before seeking permission to moonlight, Residents should closely review the UT College of Medicine Chattanooga GME Policy on Moonlighting.

Professionalism, Personal Responsibility, Patient Safety and Quality Improvement

Residents, Fellows, & Faculty must be educated concerning the professional responsibilities of physicians, including their obligation to appear for duty be appropriately rested and fit to provide the care required by their patients. The GME program must be committed to and responsible for promoting patient safety and Resident well-being in a supportive educational environment. The Program Director must ensure that Residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; accomplished without excessive reliance on Residents to fulfill non-physician obligations; and, ensure manageable patient care responsibilities.

Residents and Faculty must demonstrate an understanding and acceptance of their personal role in the following:

- provision of patient- and family-centered care;
- safety and welfare of patients entrusted to their care; including the ability to report unsafe conditions and adverse events;
- assurance of their fitness for work
- management of their time before, during, and after clinical assignments;
- recognition of impairment, including illness and fatigue, and substance abuse, in themselves, their peers, and other members of the health care team;
- commitment to lifelong learning;
- monitoring of their patient care performance improvement indicators; and,
- accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

All Residents, Fellows, & Faculty must demonstrate responsiveness to patient needs that supersedes self- interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

Reviewed and Approved by the GMEC 5/16/2017. Administrative edits 6/12/2019.

Logging Duty Hours

Go to the New Innovations website: <http://www.new-innov.com/login/>

The Institution login is: UTC (all caps)

Your username is: first initial last name (lower case with no spaces)

Your password: same as your username (may be changed after initial login)

This brings you to your *Welcome Screen*.

Across the top menu bar, click on the *Duty Hours* link

This will bring up the Duty Hours screen so you can enter your hours that have already been worked.

Identify the type of hours being entered:

Regular Duty Hours (most of the hours you work, even if you are on Night Float)

Call (meaning overnight call in-house at the hospital)

Home Call (called in or not called in)

Post Call/Transitions in duty (hours you work from when your overnight call ends until you go home)

Moonlighting (only with Program Director approval)

Location: The system is set to automatically select Erlanger Health System. If you are in a physician office, Erlanger East, or Children's, select the correct facility from the drop down menu.

You can click and drag the bar down to fill the appropriate hours. If you wish to remove a cell, simply click on it again. You may also right click a cell to enter a range of hours.

Click *Save* and you are done!

If your hours trigger an exception, please enter an explanation.

Please do not enter hours ahead of time, but do keep them caught up as reports must be run monthly.

****New Innovations (330) 899-9954 M-F 8 am – 5 pm**

***You can also click the *Help* tab in the upper right corner and enter a ticket for help.**

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Resident Supervision Policy

The Department of Orthopaedic Surgery has adopted the institutional policy on resident supervision. The general policy states that, the Chair of the department to whom the resident is assigned and/or the resident's Program Director is responsible for supervision of the resident. Responsibility for specific supervision may be assigned to a faculty member supervising the resident on various academic rotations. Residents are not members of the hospital's Medical Staff but are recognized as health care providers who will be involved in patient care under the supervision of an appropriate Medical Staff/Faculty Member, as defined in the hospital's Medical Staff Bylaws and Rules and Regulations. Residents may provide assistance in the care of patients of physicians on the service to which they are assigned.

All patients receiving care at the participating hospital facilities are assigned to a member of the hospital's Medical Staff, designated as that patient's attending physician. The attending physician responsible for the care of patients with whom residents are involved will provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, and the experience and judgment demonstrated by the residents being supervised. The Medical Staff/Faculty Member, within the limits of his clinical privileges and with continued supervision, may extend specific patient care responsibilities to the resident, commensurate with the resident's demonstrated competence.

As part of the training program, residents should be given progressive responsibility for the care of patients and to act in a teaching capacity themselves and provide supervision to less experienced residents and students. It is the decision of the Medical Staff/Faculty Member, with advice from the Program Director and/or Chair, as to which activities the resident will be allowed to perform within the context of the assigned levels of responsibility. The overriding consideration must be the safe and effective care of the patient.

Documentation of supervision will be by progress note or signature from the attending physician or reflected within the resident's progress notes at a frequency appropriate to the patient's condition."

- (a) The institution and the Orthopaedic Department require a high level of supervision of residents throughout the training program. The clinics are not allowed to process patients unless a teaching staff member is present. Teaching staff are required to be present for the significant portions of all major operative procedures, and all procedures must be supervised in a manner consistent with the level of supervision mandated by the supervision form on file with the department.

(b) Progression of level of responsibility for patient care is inherent in the educational system at this institution. During the training program as a resident's professional maturity and skills increase, the teaching staff gives him increasing patient care responsibility for the medical and surgical management of the patients. Responsibility steadily increases over their five years so that at the end of their training they are making the majority of the decision with minimal amount of supervision to encourage the development of surgical and medical independence.

- (1) Outpatient: In the earlier phases of training, the residents see new patients in the clinics and private offices and are taught basic examination techniques in addition to general educational information. Management plans for new patients or revision of management plans will be reviewed by the end of the clinic session. As the residents progress with their experience, they are allowed to assume more of the actual management decisions and technical requirements for the patient.
- (2) Inpatient: Typically, residents caring for patients admitted to the hospital who are in stable condition will receive general, direct and/or personal supervision. The supervising teaching staff member is considered the patient's attending physician. No patient shall be admitted to the hospital without the approval of an attending physician. The attending physician will be expected to see the patient and/or review the management plan with 24 hours and at appropriate intervals during the patient's hospitalization. Responsibility starts with supervised evaluation of the patient. As experience is gained, the responsibility of the resident increases regarding management and treatment measures, and they are allowed more opportunities to address more difficult problems.
- (3) Operative: Operative experience is extensive for each resident. This starts with the basic surgical techniques that can be learned in PGY-1 year on a busy Trauma service. Since all operative procedures are supervised, residents are allowed to participate more and more as the resident surgeon rather than an assistant as they gain experience. Usually, the resident's increase in responsibilities is related to their personal skills and level of development.
- (4) Emergency: Emergency Department experience is gained under supervision primarily by the Emergency Department teaching staff, both in the adult and the pediatric emergency rooms. In the earlier phases of training, frequently a senior resident will assist a junior resident in evaluation and management of an emergency room patient. With progression through the various levels of training and levels of experience, these opportunities steadily increase.

Definitions:

Faculty Member: refers to a physician who has been appointed to the faculty of the University of Tennessee College of Medicine Chattanooga and is also a member of the Medical Staff of the affiliated hospital facilities in which our residents train.

Supervision will consist of four levels:

- ◆ Direct supervision- the supervising physician is physically present with the resident and patient.
- ◆ Indirect supervision with direct supervision immediately available- the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
- ◆ Indirect supervision with direct supervision available- the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
- ◆ Oversight- the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Social Networking Guidelines

The Office of Graduate Medical Education recommends that Residents and Fellows exercise caution in using social networking sites such as Facebook, Twitter, Instagram, LinkedIn, etc. Items that represent unprofessional behavior posted by Residents and Fellows on such networking sites are not in the best interest of the University and may result in disciplinary action up to and including termination. All Residents and Fellows in the University of Tennessee Graduate Medical Education (GME) Program are student employees of the University of Tennessee. As such, they are responsible for adhering to all University policies, including the University's Code of Conduct as set forth in UT Policy No. HR0580.

This policy states that, "Each member of the university community is expected to exhibit a high degree of professionalism and personal integrity consistent with the pursuit of excellence in the conduct of his or her responsibilities."

The policy can be accessed in its entirety on the UTHSC and UT College of Medicine Chattanooga (UTCOCM) GME websites and identifies certain commonly held values and associated behaviors by which the University as a community is measured and governed. Residents and Fellows must avoid identifying their connection to the University if their online activities are inconsistent with these values or could negatively impact the University's reputation. If using social networking sites, Residents and Fellows should use a personal email address as their primary means of identification. University and hospital email addresses should never be used for identification on these social networking sites or when expressing personal views. Residents and Fellows who use these websites or applications must be aware of the critical importance of privatizing their webpages or posts so that only trustworthy "friends" have access to the websites and applications. In posting information on personal social networking sites, Residents and Fellows may not present themselves as an official representative or spokesperson for a Residency or Fellowship program, hospital, or the University.

Patient privacy must be maintained, and confidential or proprietary information about the University or hospitals must not be shared online. Patient information is protected under the Health Insurance Portability and Accountability Act (HIPAA). Residents and Fellows have an ethical and legal obligation to safeguard protected health information. **Posting or emailing patient photographs is a violation of the HIPAA statute.**

Any social media site developed to promote the UTCOCM Chattanooga GME Program must adhere to both University and Erlanger (or other affiliated hospital) guidelines and must be approved through the appropriate officials on the main UTHSC Campus.

Department of Orthopaedic Surgery University of Tennessee College of Medicine Chattanooga Policy on Patient Handoffs

Patient handoffs are an important patient safety measure which our department takes seriously. Our protocol is during weekdays Monday through Friday there is a morning checkout round where all new patient admissions are reviewed and a plan established with attendings present. The handoff tool includes the patient's name, room number, orthopaedic diagnosis, past medical history and other comorbidities, review of medications and pertinent past family and social history. Any significant allergies that relate to orthopaedic treatment are also reviewed. The action plan for the day and master plan is also reviewed.

For admissions that occur on subspecialty services not related to orthopaedic trauma, the on-call resident has direct communication reviewing the same information with the appropriate attending on that service.

If a subspecialty in-patient is being care for by residents on that service, then there is no handoff necessary on a day-to-day basis because the same residents are caring for their patient through their stay. If for any reason those residents are going to be away, then that resident signs his in-patients out to a resident who will cover for him and the handoff procedure with all pertinent information is directly discussed. Residents sign a vacation form which is co-signed by the resident who will assume care for his patients.

For weekend continuity of patient care, there is a morning conference prior to commencement of weekend surgical procedures whereby the same methodology of review of in-patients is covered with the appropriate attendings for the weekend.

Our faculty have direct conversations with both junior and senior level residents so that the competency of each resident regarding the material presented and conveyed can be determined. These evaluations are included on their routine rotation evaluations. As appropriate, their competency is also evaluated in the orthopaedic milestone evaluations.

1/2014

Orthopaedic Surgery Handoff Checklist

Patient Name:
Location/Room #:
Diagnosis- Orthopaedic:
Date of Surgery:
Medical Comorbidities:
Labs:
Hospital course:
Allergies:
Meds:
Weight bearing status:
To do: