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I. OVERVIEW

This Policy Manual contains information, policies, and/or policy overviews which are current as of the listed revision date. Since some policies and practices change periodically, the University and College of Community Health Sciences (CCHS) reserves the right to change eliminate, and supplement employment policies deemed necessary to meet the business needs of the University and CCHS, provided such changes do not conflict with ACGME Institutional Requirements, as last amended. Moreover, this Policy Manual should not be construed as, and does not constitute, an offer of employment by the University for any specific duration, nor is it intended to state any terms of employment not otherwise adopted and incorporated as part of any Fellowship Agreement.

I A. History of the Sports Medicine Program

The Pat Trammell Excellence in Sports Medicine Program and Fellowship was established in 2009. Trammell was the quarterback of the 1961 National Champions. He graduated from The University of Alabama School of Medicine. At the beginning of his residency, he was diagnosed with cancer and died at the age of 28. The Dr. William DeShazo Sports Medicine Center is the clinical site for the fellowship. Dr. DeShazo was a faculty member and the team physician for the Alabama Crimson Tide under Coach Paul “Bear” Bryant.

I B. College of Community Health Sciences at The University of Alabama

1. Mission Statement

We are dedicated to improving and promoting the health of individuals and communities in Alabama and the region through leadership in medical education and primary care; the provision of high quality, accessible health care services; and scholarship.

We accomplish this mission by:

- Shaping globally capable, locally relevant, and culturally competent physicians through learner-centered, community-based medical education and mentoring.
- Addressing the physician workforce needs of Alabama and the region with a focus on comprehensive Family Medicine training.
- Engaging communities as partners, particularly in rural and underserved areas, in efforts that improve the health of Alabama’s citizens.
- Providing high quality, patient-centered, efficient clinical services.
- Fostering scholarship in relevant and innovative community-oriented research to influence population health and support community providers.

Our core values are:
• Integrity
• Social accountability
• Learning
• Innovation
• Patient-centeredness
• Transparency
• Interprofessional collaboration

2. Strategic Plan

The College of Community Health Sciences began a strategic planning process in the fall of 2012. The goal was to develop a five-year plan that builds on the College’s deep roots in primary care and family medicine education while responding to the changing needs of the communities of Alabama.

There are four overarching Strategic Priorities:
• Build on the strong foundation of the Tuscaloosa Family Medicine Fellowship
• Provide an innovative and community-oriented undergraduate medical education experience
• Transform the clinical enterprise to deliver exceptional patient-centered clinical care enabled by a culture of continuous learning at all levels
• Foster an interest in and passion for scholarly pursuit in line with the College’s mission

For each Strategic Priority, the plan outlines a number of initiatives that will guide the College’s day-to-day tactics to achieving the Priority. These Initiatives are presented in three phases. Phase One initiatives will be started as soon as possible. Phase Two initiatives will be started as soon as Phase One initiatives are operationally stable. Phase Three initiatives will be started as soon as Phase Two initiatives are operationally stable.

I C. Overview of Fellowship’s Goals

The fellowship requires its fellows to obtain competencies before graduation in the six ACGME competencies at the level expected of a new practitioner. Toward this end, the fellowship will define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for fellows to demonstrate:

Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to
patient care.

Practice-Based Learning and Improvement that involves investigation and evaluation of patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Fellows are expected to develop skills and habits to meet the following goals:

- Identify strengths, deficiencies, and limits in one’s knowledge and expertise.
- Set learning and improvement goals.
- Identify and perform appropriate learning activities.
- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
- Incorporate formative evaluation feedback into daily practice.
- Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems.
- Use information technology to optimize learning.
- Participate in the education of patients, families, students, fellows, and other health professionals.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals. Fellows are expected to:

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with physicians, other health professionals, and health-related agencies.
- Work effectively as a member or leader of a health care team or other professional group.
- Act in a consultative role to other physicians and health professionals.
- Maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism, as manifested through a commitment to carrying out professional responsibilities and an adherence to ethical principles, with expected demonstration of:

- Compassion, integrity, and respect for others.
- Responsiveness to patient needs that supersedes self-interest.
- Respect for patient privacy and autonomy.
- Accountability to patients, society, and the profession.
- Sensitivity and responsiveness to a diverse patient population, including, but not limited to, diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

System-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Fellows are expected to:

- Work effectively in various health care delivery settings and systems relevant to their clinical specialty.
- Coordinate patient care within the healthcare system relevant to their clinical specialty.
• Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate.
• Advocate for quality patient care and optimal patient care systems.
• Work in interprofessional teams to enhance patient safety and improve patient care quality.
• Participate in identifying system errors and implementing potential systems solutions.

I D. Lines of Authority/Hierarchy

FELLOWSHIP LEADERSHIP: Dr. Jimmy Robinson is the Fellowship Director and is over all aspects of the Fellowship Program.

SPONSORING INSTITUTION: The Fellowship’s sponsoring institution is The University of Alabama’s College of Community Health Sciences, whose Dean is Richard Streiffer, MD. Additionally, the Fellowship reports to the Associate Dean of Academic Affairs, and to Chelley Alexander, MD, the Designated Institutional Official (DIO), Assistant Dean for Graduate Medical Education, and Chair of the Department of Family Medicine.

ADMINISTRATION STRUCTURE: The Graduate Medical Educational Review Committee, referred to as GMEC by the ACGME, is the Fellowship oversight committee. It is chaired by the Designated Institutional Official (DIO) with voting members including the Fellowship Director, Faculty, and Resident(s). This committee deals with institutional and accreditation issues that affect all graduate medical education programs of the College.

The Curriculum Oversight committee is responsible for educational changes that may affect the Fellowship. It is chaired by the Fellowship Director, with voting members including a Faculty member from each discipline contained within the curriculum.

ACCREDITATION: The Accreditation Council for Graduate Medical Education (ACGME) is the accrediting institution for Allopathic fellowship programs in the United States. The TFMRP is fully accredited by the ACGME and complies with the rules and regulations required at an institutional level by the ACGME, as well as those specialty-specific requirements of its Review Committee for Family Medicine residencies. The Institutional Requirements, Common Program Requirements, and Program Requirements can be found on the ACGME website (www.acgme.org). Our last Fellowship Review Committee (RRC) visit was in September 2010. We received a five-year accreditation. The maximum accreditation awarded is five years.

The American Board of Family Medicine (ABFM) maintains its own set of requirements that must be followed in order for a fellow to be eligible for obtaining board certification, including policies relating to continuity of care and leave of absence from Fellowship. Our internal requirements are also written to comply with the ABFM requirements, which can be found on the ABFM website (www.theabfm.org). In addition, the ABFM administers the in-training exam (ITE) every fall; previous in-training exams can be accessed on its website. The in-training exam is an excellent predictor of initial certification exam passage.
The Alabama State Board of Medical Examiners (ALBME) and the Medical Licensure Commission of Alabama are the state agencies that regulate the issuance of all licenses to practice medicine or osteopathy in the state of Alabama. More information about their rules and regulations can be found on the ALBME website (www.albme.org).

II. CLINICAL POLICIES

II A. Duty Hours

1. Duty Hours

In accordance with ACGME requirements, duty hours will be monitored by the program. The schedule of the Sports Medicine Fellowship Program has been designed to comply with ACGME duty hour rules. It is the fellow’s responsibility to log his/her duty hours in New Innovations at the conclusion of each shift. Failure to log duty hours or falsification of duty hours may result in disciplinary action. If you have any concerns about duty hour violations on your own part, or by another fellow, please notify the Fellowship Director. If the Fellowship Director is not immediately available, please contact the Fellowship Office in writing and your concern will be sent to the appropriate faculty or administrative designee. All duty hour violations detected by the New Innovations system will be sent automatically to the Fellowship Office and program director and will generate an inquiry from the program. We ask that you respond to the inquiries via email within 24 hours. Refer to Appendix E for the Adequate Rest Policy and Appendix F for the 24+4 Policy.

Key aspects of ACGME duty hour related rules, effective July 1, 2011, are reproduced below:

General Rules:

- Duty hours are defined as all clinical and academic activities related to the fellowship. This includes clinical care, transfer of patient care, and administrative activities related to patient care.
- Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee, or that are accepted practice in fellowship programs, such as fellows’ participation in interviewing fellowship candidates, must be included in the count of duty hours. It is not acceptable to expect fellows to participate in these activities on their hours; nor should fellows be prohibited from taking part in them.
- Duty hours do not include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club.
a. Maximum Hours per Week

VI.G.1. Duty hours must be limited to 80 hours per week, averaged over a four-week period. Any tasks related to the performance of duties, such as completion of medical records and office tasks, even if performed at home, count toward the 80 hours.

b. Mandatory Time Free of Duty

VI.G.3. Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks).

d. Minimum Time Off between Scheduled Duty Periods

VI.G.5.b) Fellows should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

VI.G.5.c) Fellows in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

VI.G.5.c) (1) Preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that fellows in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these fellows must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

VI.G.5.c) (1a) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by fellows in their final years of education must be monitored by the program director.

Fellows are to familiarize themselves with the Sports Medicine Fellowship Program policy (24+4) policy that addresses staying later than 24 hours of continuous duty. See appendix A.

3. Moonlighting

Moonlighting is not permitted.
II B. Fellow Supervision Policy

a. General Supervision

Fellow Supervision Policy

The attending physician (including faculty and preceptors) has the responsibility to enhance the knowledge of the fellow and ensure the quality of care delivered to each patient by any fellow. Attending physicians are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fellows are to familiarize themselves with the Supervision of Fellow/ Responsibility of Attending and Fellow Policy.

1. General Supervision:

The attending physician oversees the care of the patient and provides 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 of the fellow being supervised. Medical services must be rendered under the supervision of the attending physician or be personally furnished by the attending physician. Documentation of this supervision is entered into the record by the attending physician or reflected within the fellow’s progress note at a frequency appropriate to the patient’s condition. The fellow note shall include the name of the attending physician with whom the case was discussed as well as a summary of that discussion. The attending countersigns and adds an addendum to the fellow note detailing his/her involvement and supervision. The attending physician shall review the progress notes and provide constructive commentary on content. These progress notes shall be countersigned in a timely fashion. The attending physician shall provide an addendum to both inpatient and outpatient progress notes detailing his/her involvement and supervision as needed. Fellows are to familiarize themselves with the Supervision of Fellow/Responsibility of Attending and Fellow Policy.

b. Outpatient Supervision

Outpatient Supervision

For outpatients, all evaluation and management (E/M) services, such as office visits and procedures, provided by fellows in the Family Medicine Center (FMC) must be staffed with an attending physician (faculty or community-based staff). For each encounter, the attending physician must: 1) ensure that services provided are appropriate; 2) review with the fellow the patient’s history, physical examination, and diagnosis, and; 3) document the extent of his/her participation in the review and direction of services provided to the patient. This review must occur before or shortly after the conclusion of each visit.

All fellows will function under the supervision of attending physicians. A responsible attending physician must be immediately available to the fellow in person or by telephone
and able to be present within a reasonable period of time (generally considered to be within 30 minutes of contact), if needed.

Fellows should be given progressive responsibility for the care of their patients. The determination of a fellow’s ability to provide care to patients without a supervisor present or to act in a teaching capacity will be based on documented evaluation of the fellow’s clinical experience, judgment, knowledge, and technical skill. Ultimately it is the decision of the attending physician as to which activities the fellow 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 that is the personal responsibility of the attending physician.

During the performance of such diagnostic and therapeutic procedures, an attending physician will provide an appropriate level of supervision. Determination of this level of supervision is generally left to the discretion of the attending within the context of the previously described levels of responsibility assigned to the individual fellow involved. This determination is a function of the experience and competence of the fellow and the complexity of the specific case.

An “emergency” is defined as a situation where immediate care is necessary to preserve the life of, or prevent serious impairment of the health, of a patient. In such situations, any fellow, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and apprised of the situation as soon as possible. The fellow will document the nature of that discussion in the patient’s record.

II C. Communications

1. Email and Cell Phones:

Professional behavior and responsibility is expected of all fellows. The Fellowship Office, the clinic, and your rotation need to be able to reach you at any time, unless you are on approved leave. Our primary means of contact will be through your email or cell phone.

POLICY:
1
5. For non-urgent communication, the Fellowship Office will contact fellows via their @cchs.ua.edu email account, which fellows are responsible for checking at least daily.
6. The University/CCHS will communicate weather and or emergency events via MyBama (http://mybama.ua.edu) and CCHS email. Please forward MyBama emails to your CCHS email account and maintain current contact and emergency information in MyBama at all times.
2. **Faculty-Fellow Communications, Feedback:** Feedback is provided during rotations along with an evaluation completed at the end of the rotation by the attending physician.

II D. **Outpatient Clinical Duties**

1. **Overview:**

The fellow’s patient panel in his/her continuity clinic is assigned for the duration of fellowship. The initial panel is composed of patients from graduating fellows’ panels, patients new to UMC, and patients on follow-up from DCH (Emergency Department). A fellow may add family members of his/her currently assigned patients to his/her panel at any time by notifying the fellowship office.

2. **University Medical Center:**

   a. **General Policies Regarding Fellow Continuity Practice at UMC:**

      1. Fellows will not care for or write prescriptions for their own family.
      2. Nursing and administrative staff may not be treated by a fellow.
      3. Fellows are expected to be at UMC 15 minutes before their first patient. If the fellow must be late for a scheduled clinic, he/she must notify, via email and telephone, the Fellowship Office and the suite charge nurse so that patients can be informed and arrangements can be made for rescheduling or for care by another physician, if necessary.
      4. If the fellow must cancel a scheduled clinic, he/she must request the cancellation from the Fellowship Office via email or in writing at least two weeks in advance. Same-day cancellations may only occur due to emergency situations, and must be done with a personal call to the charge nurse as well as the Fellowship Office.

   b. **Charting**

      i. **General Expectations and the Electronic Medical Record:**

         There is a 24-hour availability of University Medical Center records by computer. Fellows are expected to comply with all UMC policies and procedures regarding the Electronic Medical Records System.

         **Faxing/Receiving Confidential Patient Medical Records:**

         Facsimile transmission of health information should occur only when the original record or mail-delivered copies will not meet the needs of immediate patient care. Health records should be transmitted via facsimile only when: (1) needed for patient care; or (2) required by a third party payer for ongoing certification of payment for a hospitalized patient. The information transmitted should be limited to that necessary to meet the requestor’s needs. The Medical Records Department should make routine disclosure of information to insurance companies, attorneys, or other legitimate users through regular mail or messenger service. Except as required or permitted by law, a properly completed and signed authorization should be obtained prior to the release of patient information. An authorization transmitted via facsimile is acceptable.
Each fax machine should have someone monitoring incoming documents. This individual should remove incoming documents immediately, examine them to assure receipt of all pages in a legible format, and send them in accordance with their instructions. Faxed documents will be scanned into the EMR by the staff of medical records. All actions will be in accordance with HIPAA regulation:

- Faxes should be sent/received using fax machines in a secure, limited area.
- Fax requests from unfamiliar sources should always be verified.
- Highly sensitive health information will not be faxes.
- Psychotherapy notes will never be faxed.

A printed confirmation record should be used to confirm that the fax was delivered to the correct number.

iii. Delinquent Charts
Delinquency is defined as any clinic visit note or procedure note not completed within 48-hours of the encounter. The Fellowship Office receives a weekly delinquent chart list. This list is emailed to the fellows, who are given a week to complete their delinquent charts. If the fellow has not completed his/her charts by the following week, he/she has until 8:00 am the following business day to complete them. At that time, if the charts are still not complete, the fellow will be pulled off his/her rotation and docked a vacation day. The fellow will also be required to meet with the program director. Any fellow found to have a significant number of delinquent charts and/or a repetitive pattern of delinquency is subject to disciplinary action.

c. Charges

Patient Charges and Discounts:
At UMC, professional physician charges are competitive with those of local physicians. Fellows, using the fee schedule available in each clinical suite, are expected to assign charges to the patient’s bill that would be similar to charges given by a private physician. Fellows shall be responsible for coordinating any questions or concerns on charges to patients. Specific policies are outlined below.

i. Identification of all Services at University Medical Center:
Each patient who receives medical care at UMC should be billed in the computer at the time of the visit by the fellow identifying the services provided and the charges incurred. In the event a special circumstance warrants a modification of this policy, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), and the Director of Billing and Compliance should be consulted.

ii. Fee Adjustments:
Fellows may offer professional courtesy adjustments only after consultation with the attending.

iii. ComCare (charity) Policy:
Indigent patients should be referred to the Social Worker at 348-7195

e. Other Clinical Policies

i. Medical Transportation:
Patients who require transfer to DCH for emergency care or admission will be presented to an attending, and will not be transported to or from DCH without authorization from the attending.

ii. Transfer of Patients:
All patients who request a change in their assigned physician should be referred to an attending in that suite, who will arrange the transfer. Changes should be made according to a random list of physicians in each suite. The old physician and new physician should be informed of the change and the circumstances surrounding it.

iii. Termination of Patients:
A physician may request that a physician-patient relationship be ended. Fellows must initially get approval from an attending to terminate a patient. The attending must review the patient’s chart carefully, ensuring there are no omissions in the standard of care and that no indiscreet remarks have been made in the chart. The attending will then ask the clinic director and department chair to end the relationship. If the patient is being seen by a physician in another department, the attending must get termination approval from the other physician. The clinical director will request a form letter to be signed by the fellow and attending. A copy of the signed letter will be placed in the patient’s chart. Terminations do not affect the patient’s immediate family members, except in the case of outstanding bills.

If administration initiates a request for patient termination due to an outstanding bill, an attending will be asked to review the patient’s chart, as above. The clinical director will then request a form letter to be signed by the fellow and attending.

A patient has 30 days from the date on the termination letter to find a new physician. If medical care is needed during this time frame, the fellow on referred call must see the patient if the patient so desires.

iv. Referrals:
When a patient is referred to another physician in or out of UMC, the fellow must complete a Referral Request Form and fax it to the consultant. The “Plan” section of the chart note should reflect why the patient is being referred. It is customary to refer primarily to physicians who are involved in the teaching of fellows.
EDUCATIONAL POLICIES

III A. Professionalism

Professionalism is one of the core competencies that the Accreditation Council of Graduate Medical Education (ACGME) has identified as being vital to the clinical practice of medicine and to fellow development. Appendix G must be signed and turned into the fellowship office.

Attaining a professional degree and performing a job repeatedly, however, does not instill the quality of professionalism. There are other components that help define this quality. According to the National Board of Medical Examiners, elements of professionalism include:

- Altruism
- Integrity
- Honesty
- Respect
- Courtesy
- Excellence
- Scholarship
- Responsibility
- Accountability
- Leadership
- Compassion
- Communication skills

The Resident Review Committee (RRC) also specifies that professionalism entails:

- A commitment to ethical behavior
- Confidentiality
- The consideration of religious, ethnic, gender, educational, and other differences in interacting with patients and other members of the health care team

A medical professional has an awareness of the impact of his/her actions on others, has an appropriate attitude, is caring, and exhibits attention to detail. Professional behavior as a fellow involves being on time, attending required meetings and assignments, being aware of one’s schedule, accepting feedback constructively, and following up on test results and patient progress. Professionalism also entails a self-awareness of one’s physical and mental health; if problems arise that interfere with performance it is expected that a fellow seek help. If such problems occur, fellows are expected to report them to the fellowship director, so the program can help the fellow succeed.

Examples of unprofessional behavior include:

- Rude or discriminatory language
- Disrespectful or arrogant attitude
- Refusal to admit mistakes or ask for appropriate help
- Repeated resistance to feedback
- Failure to comply with required paperwork and documentation
• Failure to respond in a timely manner to pages, text messages, email, or telephone calls
• Unexcused absences
• Inappropriately casual appearance
• Repeated inappropriate patient care
• Deliberate breach of confidentiality
• Abuse of physician power
• Manipulating schedules for personal gain
• Misrepresentation of patient data or other information
• Failure to seek help for an impairment

Lack of professionalism and disruptive behavior is grounds for administrative and/or academic probation and dismissal from the program. I have read this policy and commit to maintain these standards of professionalism during my fellowship training.

Windfall” and Professionalism:
Occasionally you will be on a rotation where your preceptor takes a day off or releases you to go home early. Your preceptor being off does not free you from responsibility to your patients. You are expected to be reachable by phone during the workday, unless you notify the fellowship office that you will be taking leave.

1. Dress Code:
Fellows are expected to be neat and professional. Fellows will wear a white coat and clothes appropriate to the setting with a visible name tag. **While at University Medical Center (UMC), professional attire should be worn.** Appropriate dress is an important part of our professionalism policy. Repeated violations of the dress code will be considered unprofessional behavior and be grounds for further action as deemed appropriate by the Fellowship Director or designee.

2. Impaired Physicians:
Impairment is defined as the inability of a fellow to physically, mentally, or morally meet his/her responsibilities as caused by dependency on alcohol and/or controlled pharmaceuticals, psychiatric disease, physical injury/illness, or dementia as a consequence of age or other conditions.

The Primary Care Sports Medicine Fellowship and the College of Community Health Sciences (CCHS) recognize their responsibilities to patients, medical staff, fellows, and the community-at-large to ensure that fellows enrolled in graduate medical education programs are physically, mentally, and morally competent to meet their designated responsibilities. The program does not assume a punitive role in cases of impairment, but recognizes the importance of identifying and facilitating the treatment of any fellow who is incapable of meeting his/her responsibilities due to impairment. Any fellow who feels they may have a condition that may affect his/her abilities should seek immediate assistance and the counsel of the Fellowship Director. Other avenues of assistance include, but are not limited to, use of private counseling, Alcoholics Anonymous, the University’s Employee Assistance Program (EAP), the Alabama Physicians Health Program of the Medical Association of the State of Alabama, and physician rehabilitation programs.
In cases of suspected impairment, the Fellowship Director, or designated member of the program’s faculty, shall follow the procedures indicated below:

- A discreet investigation shall be conducted of any complaint, allegation, or concern expressed by other fellows, program faculty, medical staff, patients, hospital employees, or fellow’s family members.
- If there is sufficient evidence of impairment, the Fellowship Director will intervene with the fellow, present the concerns and evidence reported, and determine if additional diagnostic testing is indicated. See reasonable suspicion drug/alcohol screening policy, Appendix D.
- If the fellow accepts the results of the investigation, the Fellowship Director will work with the fellow to develop a plan of action for appropriate counseling, treatment, and/or rehabilitation.
- The Fellowship Director shall facilitate referral of the fellow in accordance with the plan of action developed. The Fellowship Director should work with the fellow to monitor the rehabilitation process and act as an advocate for the fellow with medical and teaching staff, other fellows, and state review boards.
- If a fellow does not accept the demonstration of impairment and accept the plan of action, the Fellowship Director shall have authority for immediate suspension or revocation of the fellow’s appointment.
- All paid and unpaid leave taken by the fellow will be in accordance with Annual Leave policies. During any period of unpaid leave, the fellow must make arrangements for the payment of premiums for continuance of benefits, including health insurance. The fellow is responsible for the cost of counseling, treatment, and rehabilitation exceeding the limits of coverage provided under his/her health insurance.
- The Designated Institutional Official (DIO) must be notified of all cases of fellow impairment and receive reports on the results of the intervention, the plan for and results of diagnosis, treatment, and/or rehabilitation, the inclusive dates of the leave of absence, the dates of the leave of absence, the dates of any leave planned as unpaid leave, and arrangements for continuance of benefits during unpaid leave.
- All records concerning impairment of a fellow will be treated with strict confidentiality in accordance with existing state and federal laws.

3. Mental Health:

Medicine has its rewards and considerable stresses. Fellow physicians are confronted for the first time with the loneliness of having responsibility for the lives and health of their patients. The effort to develop an attitude of detached concern for patients may be complicated by cynicism. Crises may occur when fellows are nearing the end of their training and face major adjustments in choosing and establishing a practice. Physicians have a higher frequency of drug abuse, affective disorders, and marital disharmony than other people of similar social standing. Suicide is more frequent among physicians, possibly because doctors are reluctant to acknowledge illness or difficulties. The faculty of the College of Community Health Sciences (CCHS) recognizes the potential for emotional difficulties among fellows and the need for assistance. Physicians in training who are suffering may bring this to the attention of the Fellowship Director or their advisor without fear or disapproval. Confidentiality is important. Fellows are encouraged to consult with the psychiatry faculty in CCHS. If there is interest in obtaining assistance outside the
College, several good resources are available. A brief directory of community resources include:

- University of Alabama Employee Assistance Program (EAP) = (205) 759 -7890
- Indian Rivers Community Mental Health Center = (205) 345 - 1600
- Psychology Clinic/Parents Anonymous = (205) 348 - 5000
- UMC Psychiatry Department = (205) 348 - 1265
- Alcoholics Anonymous = (205) 759 – 2497

4. Workplace Relationships:
Those who are romantically involved cannot be in the same reporting structure, and one party cannot have undue influence over the other’s career and/or advancement. The University of Alabama has a Consensual Relationship Policy that fellows are required to abide by: http:// facultysenate.ua.edu/handbook/append-j.html

5. Drug Testing:
As per the Sports Medicine Fellowship’s pre-employment drug screening policy, fellows will be required to undergo drug testing as a condition of employment. Drug testing may also be required during employment for reasonable suspicion or post-accident for cause and for individuals who have signed Fitness For Duty and/or Drug Testing Continuation of Employment contracts.

A prospective fellow undergoing post-job offer drug testing who declines to consent to testing or who receives a confirmed positive drug test result shall have the conditional offer of employment withdrawn and shall be subject to disqualification from employment consideration for a period of one year from the date of the drug test.

In order for incoming house officers to be paid through the Payroll system they must undergo drug testing prior to their start date.

6. Drug Rep Policy: Samples are not permitted in clinic and drug vouchers are only to be distributed to our patients. See appendix for our complete policy. Refer to Appendix D.

III B. Curriculum

1. The 12 months consists of 4 months of primary care, 4 months of ortho, 1 month of radiology, 1 month of physical therapy, 1 month of nutrition/exercise physiology, and 1 month of research. Two months of the orthopedic rotations take place in Birmingham.

3. Conferences and Scholarly Activities:
   a. Academic Afternoon and other Academic Conferences:

   Fellows are required to give lectures to the residents during Academic Afternoon. The lectures are monthly.
b. Scholarly Activities and Research:

All Sports Medicine fellows are required to participate in a scholarly activity/research project, which typically include poster presentations at national conferences. It is a graduation requirement.

4. Other Requirements:

a. Quality Improvement:

Quality Improvement (QI) is increasingly becoming a part of private practice in the form of insurance-initiated pay-for-performance programs and annual American Board of Family Medicine Maintenance of Certification QI Chart Reviews. All Sports Medicine Fellows are required to participate in a QI project (AAFPs METRIC).

III D. Library and Learning Resources

The Health Sciences Library is located on the ground floor of the College of Community Health Sciences and is available to fellows 24 hours a day.

III E. Assessment

1. Overview:

   a. Evaluation of the Fellow:

   Fellows evaluate the faculty and rotations. The evaluations remain completely anonymous.

   Preceptors from each rotation evaluate fellows monthly. These evaluations are released for the fellow to review at his/her request. Each quarter, fellows will meet with their advisor to review these evaluations. Quarterly Summative Evaluations are conducted by the Family Medicine faculty and are kept on file in the Fellowship Office.

   i. Formative, Summative, and Final: Fellows will be evaluated securely and electronically by the faculty at the conclusion of each rotation. Access to these formative evaluations will be available securely and electronically online once the fellows have completed their own evaluations of the faculty and rotation.

   During the academic year, the Sports Medicine faculty shall meet quarterly to consider the academic progress of all fellows.

b. Evaluation by the Fellow of Rotations: Fellows are required to complete an evaluation of each rotation in New Innovations.
c. Evaluation by the Fellow of Teachers: Fellows are required to complete an evaluation on each of their attendings at the end of a rotation in New Innovations.

3. In-training Exam:

The American Board of Family Medicine (www.theabfm.org) administers the In-Training Exam (ITE) annually in the fall. The purpose of the examination is to provide an assessment of each fellow's progress, while also providing programs with comparative data about the program as a whole. The examination consists of 240 multiple-choice questions and uses a content outline that is identical to the blueprint for the ABFM Certification Examination.

It is the goal of the Tuscaloosa Family Medicine Fellowship (TRMR) to create an environment that fosters scholarship and lifelong learning. Thus, preparation for the ITE and for Boards is highly emphasized.

Scores will be discussed with the fellow’s Academic Advisor and the Fellowship Director. If scores are lower than the internal benchmark listed above, formal assistance with examination preparation will be provided. (NOTE: This is NOT academic probation. It is expected that several fellows will not be at this benchmark this early in the year. The goal of this process is to identify those struggling with standardized tests and provide assistance and training.)

III F. Graduation

Each fellow is expected to achieve standards of knowledge, skills, and attitudes in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, systems-based practice, and professionalism.

It is the intent of the fellowship that every fellow complete the program successfully.

3. Graduation and CAQEligibility:

In order to successfully graduate from the program, the fellow must:
Demonstrate appropriate competence in the following areas:
- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Professionalism
- Interpersonal Communication Skills
- System-Based Practice
- Complete all required rotations.
Each fellow must satisfactorily complete 12 months in order to graduate and be eligible to sit for the CAQ. Expenses are the responsibility of the fellow, who may be reimbursed from his/her CME funds, if available.

III G. Probation and Disciplinary Procedures

1. Academic or Administrative Probation:
   The Fellowship Director shall be authorized to place a fellow on academic probation. This may include a recommendation from the fellowship or College Faculty. Grounds for academic probation include performance judged to be unsatisfactory for the fellow's level of training, unprofessional attitudes or conduct, or failure to comply with institutional and/or departmental policies and procedures.

   The Fellowship Director shall be authorized to place a fellow on administrative probation for violations of the eligibility standards for becoming and remaining a fellow in the training programs, as outlined in this Policy and Procedure manual. This may include a recommendation from the fellowship or College Faculty. Grounds for administrative probation include, but are not limited to, failure to complete the employment physical (if applicable), failure to obtain certification in ACLS, failure to meet deadlines for obtaining passing scores for USMLE Steps 2 and 3, and/or failure to meet the deadline for obtaining the appropriate Alabama medical license.

   Additionally, in all such cases of academic or administrative probation, fellows may be placed on probation for, among other things, issuance of a warning or reprimand; or imposition of a remedial program. Remediation refers to an attempt to correct deficiencies which, if left uncorrected, may lead to a non-reappointment or disciplinary action. In the event a fellow’s performance, at any time, is determined by the Fellowship Director to require remediation, the Fellowship Director shall notify the fellow in writing of the need for remediation. A remediation plan will be developed that outlines the terms of remediation and the length of the remediation process. Failure of the fellow to comply with the remediation plan may result in termination or non-renewal of the fellow’s appointment.

   A fellow who is dissatisfied with a Fellowship Director decision to issue a warning or reprimand, impose a remedial program, or impose probation may appeal that decision to the Family Medicine Department Chair informally by meeting with the Family Medicine Department Chair and discussing the basis of the fellow's dissatisfaction within 10 working days of receiving notice of the departmental action. If fellow fails to prescribe to the above time line, fellow will automatically waive their right to further appeal. The decision of the Family Medicine Department Chair shall be final.

2. Informal Adjudication:
   A fellow may request Informal Adjudication if the Fellowship Director initiates an action (other than the actions that are subject to Academic or Administrative Probation described above or to review pursuant to the Hearing Process below) that could significantly threaten a fellow’s intended career development, as determined solely by the Sports Medicine Fellowship Program. These actions do not include performance evaluations, which are in the sole discretion of the faculty completing the evaluations. To request Informal Adjudication, the fellow must submit a written request to the Dean of Graduate Medical Education no
later than five days after imposition of the action. Failure to submit a written request within this time-period shall constitute a waiver of the fellow’s right to request an Informal Adjudication.

The Informal Adjudication will be conducted by the Dean for Graduate Medical Education and will consist of a record review of the file and any materials submitted by the Fellowship Director and fellow. The Dean may, in her/his sole discretion, choose to interview the fellow and Fellowship Director and to consult with any other individual deemed appropriate. The Dean will issue a written decision that will constitute the College of Community Health Sciences’ final decision and is not subject to appeal.

3. Summary Suspension:
The Fellowship Director, or designee, or the Family Medicine Department Chair or designee shall have the authority to summarily suspend, without prior notice, all or any portion of the fellow’s appointment and/or privileges granted by The University of Alabama or any other fellow training facility, whenever it is in good faith determined that the continued appointment of the fellow places the safety of University or other training facility patients or personnel in jeopardy or to prevent imminent or further disruption of University or other fellow training facility operations.

Except in those cases where suspension occurs as part of other appealable disciplinary actions, within two working days of the imposition of the summary suspension, written reason(s) for the fellow’s summary suspension shall be delivered to the fellow and the Dean for Academic Affairs. In those other appealable cases the due process is described in the above section of this manual labeled Termination, Non-Reappointment, and Other Adverse Action. The fellow will have five working days upon receipt of the written reasons to present written evidence to the Dean for Academic Affairs in support of the fellow’s challenge to the summary suspension. A fellow who fails to submit a written response to the Dean for Academic Affairs within the five-day deadline waives his/her right to appeal the suspension. The Dean for Academic Affairs shall accept or reject the summary suspension or impose other adverse action. Should the Dean for Academic Affairs impose adverse action that could significantly threaten a fellow’s intended career, the fellow may utilize the due process delineated above.

The Family Medicine Department may retain the services of the fellow or suspend the fellow with pay during the appeal process. Suspension with or without pay cannot exceed 90 days, except under unusual circumstances.

4. Termination and Other Adverse Action:
A fellow may be dismissed or other adverse action may be taken for cause, including but not limited to:

i. Unsatisfactory academic or clinical performance
ii. Failure to comply with the policies, rules, and regulations of the fellowship program, University of Alabama, or other facilities where the fellow is trained
iii. Revocation, expiration, or suspension of license
iv. Violation of federal and/or state laws, regulations, or ordinances
v. Acts of moral turpitude
vi. Insubordination
vii. Conduct that is detrimental to patient care
viii. Unprofessional conduct
ix. Patient abandonment

The fellowship may take any of the following adverse actions:

i. Issue a warning or reprimand
ii. Impose terms of remediation or a requirement for additional training, consultation, or treatment
iii. Institute, continue, or modify an existing summary suspension of a fellow’s appointment
iv. Non-renewal of a fellow’s appointment
v. Dismiss a fellow from the fellowship
vi. Any other action that the fellowship deems is appropriate under the circumstances

III H. Due Process

All communication regarding due process will occur by official campus email, certified letter, or hand delivery. Dismissals, or other adverse actions excluding probation that could significantly jeopardize a fellow’s intended career development are subject to appeal and the process shall proceed as follows:

Recommendation for dismissal, non-reappointment, or other adverse action that could significantly threaten a fellow’s intended career development shall be made by the Fellowship Director in the form of a Request for Adverse Action. The Request for Adverse Action shall be in writing and shall include proposed disciplinary action, a written statement of deficiencies and/or charges registered against the fellow, a list of all known documentary evidence, a list of all known witnesses, and a brief statement of the nature of testimony expected to be given by each witness. The Request for Adverse Action shall be delivered in person to the Family Medicine Department Chair. If the Department Chair finds that the charges registered against the fellow appear to be supportable on their face, the Department Chair shall give Notice to the fellow in writing of the intent to initiate proceedings that might result in dismissal, non-reappointment, summary suspension, or other adverse action. The Notice shall include the Request for Adverse Action and shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or may be hand delivered to the fellow.

Upon receipt of Notice, the fellow shall have five working days to meet with the Department Chair and present evidence in support of the fellow’s challenge to the Request for Adverse Action. Following the meeting, the Department Chair shall determine whether the proposed adverse action is warranted. The Department Chair shall render a decision within five working days of the conclusion of the meeting. The decision shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or hand delivered to the fellow and copied to the Fellowship Director and Dean of Graduate Medical Education.

If the fellow is dissatisfied with the decision reached by the Department Chair, the fellow shall have an opportunity to prepare and present a defense to the deficiencies and/or
charges set forth in the Request for Adverse Action at a hearing before an impartial subcommittee of the Graduate Medical Education Committee, which shall be advisory to the Dean of Graduate Medical Education. The fellow shall have five working days after receipt of the Department Chair’s decision to notify the Dean of Graduate Medical Education in writing or by email whether the fellow would challenge the Request for Adverse Action and desires that a Subcommittee be formed. If the fellow contends that the proposed adverse action is based, in whole or in part, on race, sex (including sexual harassment), religion, national origin, age, Veteran status, and/or disability discrimination, the fellow shall inform the Dean of Graduate Medical Education of that contention. The Dean of Graduate Medical Education shall then invoke the proceedings set out in the Section entitled “Sexual Harassment Policy” of this Manual. The hearing for adverse action shall not proceed until an investigation has been conducted pursuant to the Section entitled “Sexual Harassment Policy.”

The Subcommittee shall consist of three full-time (75 percent or greater effort) clinical faculty members from the Graduate Educational Committee, who shall be selected in the following manner:

The fellow shall notify the Dean of Graduate Education of the fellow’s recommended appointee to the subcommittee within five working days after the receipt of the decision reached by the Department Chair. The Dean of Graduate Medical Education shall then notify the Department Chair of the fellow’s choice of subcommittee Member. The Department Chair shall then have five working days after notification by the Dean of Graduate Medical Education to notify the Dean of Graduate Medical Education his/her recommended appointee to the Subcommittee. The two Committee Members selected by the fellow and the Department Chair shall be notified by the Dean of Graduate Medical Education to select the third Committee Member within five working days of receipt of such notice; thereby the Committee is formed. Normally, members of the committee should not be from the same program or department. In the case of potential conflicts of interest or in the case of a challenge by either party, the Dean of Graduate Medical Education shall make the final decision regarding appropriateness of membership to the subcommittee.

Once the Subcommittee is formed, the Dean of Graduate Medical Education shall forward to the Subcommittee the Notice and shall notify the Subcommittee members that they must select a Subcommittee Chairman and set a hearing date to be held within 10 working days of formation of the Subcommittee. A member of the Subcommittee shall not discuss the pending adverse action with the fellow or Department Chair prior to the hearing. The Dean of Graduate Medical Education shall advise each Subcommittee Member that he/she does not represent any party to the hearing and that each Subcommittee Member shall perform the duties of a Committee Member without partiality or favoritism.

The Chairman of the Committee shall establish a hearing date. The fellow and Department Chair shall be given at least five working days’ notice of the date, time, and place of the hearing. The Notice may be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or may be hand delivered to the fellow, Department Chair, and Dean of Graduate Medical Education. Each party shall provide the
Dean of Graduate Medical Education five copies of the witness list, a brief summary of the testimony expected to be given by each witness, and a copy of all documents to be introduced at the hearing at least three working days prior to the hearing. The Dean of Graduate Medical Education will assure that all parties will receive the other parties’ documents.

The hearing shall be conducted as follows:

The Chairman of the Subcommittee shall conduct the hearing. The hearing shall include the following persons: the fellow appealing the action; the members of the Subcommittee; the Fellowship Director with or without the Department Head; counsel, if present; and any other persons deemed by the Chairman of the Subcommittee to carry out the hearing. Each party shall have the right to appear, to present a reasonable number of witnesses, to present documentary evidence, and to cross-examine witnesses. The parties may be excluded when the Subcommittee meets in executive session. The fellow may be accompanied by an attorney as a nonparticipating advisor. Should the fellow elect to have an attorney present, the program may also be accompanied by an attorney. The attorneys for the parties may confer and advise their clients upon adjournment of the proceedings at reasonable intervals to be determined by the Chairman, but may not question witnesses, introduce evidence, make objections, or present argument during the hearing. However, the right to have an attorney present can be denied, discontinued, altered, or modified if the Committee finds that such is necessary to insure its ability to properly conduct the hearing. Rules of evidence and procedure are not applied strictly, but the Chairman shall exclude irrelevant or unduly repetitious testimony. The Chairman shall rule on all matters related to the conduct of the hearing and may be assisted by University counsel.

There shall be a single verbatim record, such as a tape recording, of the hearing (not including deliberations). Deliberations shall not be recorded. The record shall be the property of The University of Alabama.

Following the hearing, the Committee shall meet in executive session. During its executive session, the Committee shall determine whether or not the fellow shall be terminated or otherwise have adverse actions imposed, along with reasons for its findings, summary of the testimony presented, and any dissenting opinions. The Dean of Graduate Medical Education shall review the Committee’s report and may accept, reject, or modify the Committee’s finding. The Dean of Graduate Medical Education shall render a decision within five working days from receipt of the Committee’s report. The decision shall be in writing and sent by campus email or certified mail to the fellow, and a copy shall be sent to the Family Medicine Department Chair and Dean of the College.

If the Dean of Graduate Medical Education’s final decision is to terminate or impose adverse measures and the fellow is dissatisfied with the decision reached by the Dean of Graduate Medical Education, the fellow may appeal to the Dean of the College with such appeal limited to alleged violations of procedural due process only. The fellow shall deliver Notice of Appeal to the Dean of the College within five working
days after receipt of the Dean of Graduate Medical Education’s decision. The Notice
of Appeal shall specify the alleged procedural defects on which the appeal is based.
The Dean of The College’s review shall be limited to whether the fellow received
procedural due process. The Dean of The College shall then accept, reject, or modify
the Dean of Graduate Medical Education’s decision. The decision of the Dean of
The College shall be final.

A fellow who at any stage of the process fails to file a request for action by the
deadline indicates acceptance of the determination at the previous stage.

Any time limit set forth in this procedure may be extended by mutual written
agreement of the parties and, when applicable, the consent of the Chairperson of the
SubCommittee.

1. Grievance Proceedings:

Fellows are encouraged to work within the Fellowship to address and resolve any
issues of concern to the fellows, including concerns related to the work environment,
faculty, or the fellow’s performance in the program. The fellows should present all
such concerns to the Fellowship Director for Resolution. Claims of harassment or
hostile work environment based on one’s race, color, religion, ethnicity, national
origin, sex, sexual orientation, age, disability, veteran status, or other legally protected
status should be directed to the College of Community Health Sciences’ Designated
Harassment Officer.

There are additional procedures for fellows to request review of certain academic or
other disciplinary actions taken against fellows that could result in dismissal
(revocation of the fellow’s appointment), non-renewal of a fellow’s agreement, or
other actions that could significantly threaten a fellow’s intended career
development.

Other Grievance Procedures

Grievances other than those departmental actions described above, or
discrimination, should be directed to the Fellowship Director for review,
investigation, and/or possible resolution. Complaints alleging violations of The
University of Alabama or Capstone Medical Foundation policy or sexual harassment
policy should be directed to the appropriate supervisor, Program Director, Director
of Human Resource Management, and EEO/AA Programs.

Fellow complaints and grievances related to the work environment or issues related
to the program or faculty that are not addressed satisfactorily at the program or
departmental level should be directed to the Associate Dean for Academic Affairs.
For cases that the fellow believes cannot be addressed directly to the program or
institution he/she should contact the Tuscaloosa Family Medicine Fellowship
Ombudsman.
2. **Ombudsman:**

Dr. Heather Taylor, Director of Medical Student Affairs, is available to serve as an impartial third party for fellows who believe their concerns cannot be addressed directly to their program or institution. Dr. Taylor will work to resolve issues while protecting fellow confidentiality. She can be reached at 205-1384 or 1304.

### III I. Restrictive Covenants

The ACGME does not allow restrictive covenants.

### III J. Working with Medical Students

The College of Community Health Sciences serves as an academic and clinical home for the Tuscaloosa Regional Campus of the University Of Alabama School Of Medicine. Third- and fourth-year medical students are assigned to the various specialty services at University Medical Center. While the ultimate responsibility for students’ education remains with the faculty, fellows are expected to be involved in the teaching of medical students.

Fellows are to allow and expect medical students to perform histories and physicals, formulate ideas concerning impressions and diagnoses, and suggest treatments. Fellows are to see the patients either with or following the students to make sure findings and assessments are accurate and to provide opportunity for necessary instruction. Fellows are expected to assist students with these presentations whenever time permits. Students will be allowed to perform procedures under direct supervision of fellows. Orders are to be countersigned immediately in all instances by the fellow responsible for the patient.

Fellows should familiarize themselves with the rotation goals and objectives for each medical student rotation for which they are assigned. Fellows will also attend a lecture/seminar on providing appropriate feedback and teaching skills directed towards medical students.

The fellows may require the student to do reasonable reading and research on a patient. The student should be familiar with all pertinent laboratory and clinical facts.

At University Medical Center, a fellow or attending must review all patients seen by a medical student. All orders and prescriptions must be signed by a licensed fellow or attending. Under no circumstances is a patient to be allowed to leave University Medical Center until the student’s findings and plans are confirmed and approved by a senior fellow or Attending.

Evaluations of students’ performance may be requested from fellows for each student under his/her instruction. These are to be filled out online and returned to the clerkship directors.
IV. ADMINISTRATIVE POLICIES

IV A. Fellow Agreements

The Fellowship Agreements (contracts) are valid for the entire training period effective 2013-2014 and are signed by the fellow prior to commencement of the year. Each fellow will receive a copy of the agreement. Originals are available in the Fellowship Office for reference. In addition to the Fellowship Agreement and the Policy and Procedure Manual, fellows are required to comply with:

- UA HR Policy Manual – http://hr.ua.edu/benefits/HRpolicymanual.html

The current salary is specified in the Fellowship Agreement. Fellows will be paid in 12 equal monthly installments on the last day of each month and will be subject to such withholdings as are required by law or authorized by the fellow. Any questions concerning monthly paychecks should be directed to the University of Alabama Payroll Office at 348-7732. Fellows are considered staff of The University of Alabama with regard to participation in fringe benefit programs, athletic/social/cultural events, use of University facilities, participation in University governance, parking privileges, and University services. Fellows are neither employees nor agents of the University, and the University assumes no liability for negligence or other wrongful acts of the fellow.

Salaries are determined each year based on the budget of the Fellowship Program from the College of Community Health Sciences. The fellow shall be paid the salary approved for the appointed postgraduate year, as specified below:

Such salaries are not intended as compensation for services rendered by the fellow. Although it is believed that it is an essential part of fellowship that the fellow will be assigned responsibility for care of patients under the supervision of faculty physicians and consistent with his/her skills and experience, receipt of the agreed upon salary shall in no way be conditioned upon, measured by, or related to any patient care service rendered by the fellow incidental to the training program. Furthermore, the fellow understands that receiving direct patient care compensation is considered “moonlighting,” which is subject not only to the rules of the Tuscaloosa Family Medicine Fellowship and the ACGME, but also to various federal laws stipulated by the Centers for Medicare and Medicaid Services (CMS).

IV B. Compliance Training

1. HIPAA Privacy: HIPAA training is required at the beginning of employment and must be renewed each year along with completing the acknowledgement form. The HIPAA training powerpoint and acknowledgement form can be found at:
http://cchs.ua.edu/faculty-staff/hippaa-information/hipaa-powerpoint/
2. Harassment:

The University of Alabama is committed to providing an environment for employees, students, and campus visitors that is free from illegal harassment based on race, color, religion, ethnicity, national origin, sex, sexual orientation, age, disability, or veteran status. Such illegal harassment violates federal civil rights laws and University nondiscrimination policy and may lead to personal liability of the results of such behavior. Fellows should become familiar with the University’s Harassment Policy, located at http://eop.ua.edu/harassment/html. Fellows are encouraged to review the University’s online training tutorial on harassment (http://training.newmedialearning.com/psh/ua/) so that they understand what inappropriate behavior is and what should be reported. The Designated Harassment Person in the College of Community Health Sciences is Allison Arendale, and complaints about harassment may be directed to her.

Pornographic material of any kind (videos, screen savers, posters, etc.) is prohibited in the lounge or other place.

3. Working with Minors: Minors are a part of your patient panel as well as the possibility of shadow students; therefore training is required to protect yourself as well as the minor child. Child protection training must be completed yearly and is found at http://hr.ua.edu/train_develop/index.html

IV C. Benefits

The College of Community Health Sciences (CCHS) and the Capstone Health Services Foundation (CHSF) will provide the fellows with the following:

1. Alabama State Board of Medical Examiners fees
2. Alabama Medical Licensure Commission fees
3. Alabama Controlled Substance fees
4. Federal Drug Enforcement Agency (DEA) license – one time only
5. Occurrence Malpractice Insurance
6. Disability Insurance
7. DCH Regional Medical Center Medical Staff privileges
8. Educational Reimbursement (CME funds) – up to $1,000 for each of the three years
9. Relocation Reimbursement – up to $1,500
10. Copays are waived for services provided at UMC for you and your dependents who are on UA’s Blue Cross/Blue Shield Health Insurance plan
11. Lab Coats (2)
12. University of Alabama Staff ACT card
13. University of Alabama Parking Pass
14. University of Alabama Business Cards

If a fellow receives a bill/statement from any of the above, he/she should promptly submit it to the Fellowship Office for payment.

The University of Alabama offers insurance plans for the fellows, which can be found on its website at http://hr.ua.edu/benefits/.
Fellows are responsible for paying:

1. American and Alabama Academy of Family Physicians Fellow Chapter Dues – $20 annually (optional)
2. American Board of Family Practice Certification Examination fee – may be reimbursed from fellow’s CME funds

1. Health Insurance: The University of Alabama is self-insured with BCBS of Alabama administering the plan. Information about the health insurance can be found at: http://hr.ua.edu/benefits/HRhealthbenefits.html

2. Paychecks: You are considered an exempt employee and are paid on the last day of each month. An email notification of your direct deposit will be sent a few days before the deposit is made. The first paycheck must be picked up at Rose Administration. The email notification will go to your MyBama email.

IV D. Malpractice Coverage

1. For Fellowship Duties – Policy on Professional Liability Claims:

The University provides an occurrence-based malpractice policy through the University of Alabama at Birmingham Professional Liability Trust Fund. This policy covers the fellow during his/her official duties. Moonlighting is not covered by this policy.

If a fellow receives communication from a lawyer, patient, or insurance company about possible litigation, the fellow should report this immediately to the Director of Risk Management, the Chief of the service directly related to the case, and the Fellowship Director. It is the responsibility of the Chief of the service to collect and review all related records, notify our insurance carrier, and forward appropriate records as necessary. No fellow should give any information personally or over the phone to an insurance carrier or lawyer other than our own without the permission of our own insurance carrier.

If a fellow is involved in a PATIENT CARE INCIDENT THAT MAY RESULT IN A LAWSUIT, the Fellowship Director and the Chief of the appropriate service should be notified. This will allow us to notify the insurance carrier and start collection and review of records early, if appropriate.

Early recognition and full documentation of potential claims will often lead to clarification and resolution of patient dissatisfaction and prevention of litigation. When this process reveals a legitimate error, early resolution of the issue often prevents long, drawn out, costly, and emotionally wearing litigation.

Sensitivity to dissatisfaction on the part of the patient, his or her family, or “significant others” is an essential skill for successful practice. Clear communication with patients and
families, coupled with that sensitivity, is the best protection against professional liability claims.

The intent of incident reporting is to document those instances where patients or families even hint that they are dissatisfied or that they are considering seeking legal advice. Suspicion of such incident reports will not be construed as evidence of poor performance on the part of the fellow, but rather that the fellow is sensitive and aware of patient and family attitudes that are not favorable to the doctor-patient relationship.

3. Communications with Attorneys:

All requests for medical records should be given to the University Medical Center Director of Medical Records, who will review the chart with the Fellowship Director. Do not return an attorney’s telephone calls without first speaking to the Fellowship Director and the Chief of the relevant service.

IV E. Leave

If there is no properly prepared leave request with the approval signature of the Fellowship Director or his/her designee, THERE IS NO LEAVE.

Summary:

1. Fellow must be present for a minimum of 15 days to pass a one month rotation (which normally has 20-22 working days).
2. Leave requests must be submitted at least 60 days in advance. No leave requests will be considered if they are less than 30 days in advance unless extraordinary circumstances can be demonstrated.
3. Cancellations and changes to approved leave must be made in writing.
4. Once a fellow has exhausted leave (annual/sick), additional time off will be taken as leave without pay.
5. Sick leave may only be used for illness of fellow or other family member as outlined below. Sick leave may not be used as annual time. Once sick leave is exhausted a fellow may use annual leave as sick leave.

NOTE: At any given time between 8:00 am and 5:00 pm Monday through Friday, fellows should either be on rotation, in clinic, in academics, or have a properly prepared and approved leave request.

Total Absence from the Fellowship

In accordance with guidelines from the American Board of Family Medicine (ABFM), total time away from fellowship should not exceed 30 calendar days (20 work days) a year. This includes vacation time, sick leave, etc. Time in excess of 30 days must be made up prior to graduation. In addition, fellows may not be away from their continuity clinic for more than one month in the first year and two months in each of the second and third years. This total time away includes Supervised Practice Experiences and rural rotations in which fellows do not continue their continuity clinic.
1. Vacation:

Each fellow is permitted one week (5 working days) of paid vacation per year, and can only be taken after July.

Leave may not exceed one week during any rotation. Requests for two consecutive weeks of leave spanning two different rotations in two different months will be considered on a case-by-case basis. No leave will be allowed on split rotations or two week rotations.

It is the responsibility of the fellow to notify via email the rotation preceptor, Family Medicine suite, the Fellowship Office, the service, and clinic to which he/she is assigned of his/her forthcoming absence.

2. Family and Medical Leave Act:

In accordance with the Family and Medical Leave (FML) Act of 1993, eligible fellows may take FML as provided in the University Policy #701. More information may be found at http://hr.ua.edu/empl_rel/policy-manual/fmla-2-1-06.htm.

FML provides up to 12 weeks of leave for the following reasons:
- Birth and care of the fellow’s child or the placement of a child with the fellow for adoption or foster care.
- The serious health condition of the fellow OR the serious health condition of the fellow’s spouse, dependent child, or parent.
- A military qualifying exigency OR military caregiver leave to care for the fellow’s spouse, child, parent, or next of kin.

Fellows should be aware that protracted FML absences may affect time toward board eligibility. Interns should be aware that they will not qualify for FML and should seek guidance and assistance from the Office of Disability Services. More information may be found at the following link: http://ods.ua.edu/.

3. Administrative Leave:

Fellows may be granted administrative leave for activities whereby they directly represent the College of Community Health Sciences and the Tuscaloosa Family Medicine Fellowship (e.g., national and regional fellowship meetings, presentation of papers, fellowship fairs, etc.). Applications for administrative leave will be submitted and processed in the same manner as all leave requests. No administrative leave will be granted for more than five working days per academic year.

4. Holidays:

The seven stated holidays of The University of Alabama are New Year’s Day, Martin Luther King Jr. Day, Fourth of July, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, and Christmas Day. University Medical Center is closed on these days and hospital services operate on weekend schedules.
Thanksgiving, Christmas, and New Year’s Day have their own holiday schedules generated by the Fellowship Office.

6. **Sick Leave:**

Fellows accrue sick days at one per month for a total of 12 a year. Sick leave is cumulative. On the morning of an absence, the fellow must notify via phone or email his/her service and preceptor, his/her suite, and the Fellowship Office as soon as possible. Fellow should arrange coverage for responsibilities as able. Sick days may be requested in advance for physician appointments or scheduled medical procedures. Unexpected illness occasionally occurs. All days taken for sick must be claimed upon return to work. Any sick leave in excess of 72 hours must be accompanied a physician’s statement and release to return to work.

**Additional Guidelines for Use of Sick Leave:**

Sick leave is not an earned right, but a privilege, and should be taken only for reasons provided in this policy. Fellows may be required to provide documentation for absences.

Eligible fellows may be granted sick leave when they:
- Are unable to perform their duties because of personal illness or injury.
- Must attend to the serious illness of relatives who reside in the immediate household.
- Must attend to the serious illness of their parents (including current step-parents or legal guardians).
- Must obtain health-related professional services that cannot be obtained after regular working hours.

When conditions within the work unit dictate the necessity, the supervisor may require a fellow to reschedule an appointment.

**IV F. Immunizations**

- **Hepatitis Immunization** – Since fellows are among the high-risk group for hepatitis B, they will be screened for susceptibility if they have not been screened previously. All individuals found to be susceptible will be notified and required to obtain hepatitis immunization. Capstone Health Services Foundation will pay for the immunization.
- **TB Testing** – Fellows will receive free yearly PPD tests.
- **Varicella Testing** – All fellows who have not had chickenpox will receive two doses of varicella vaccine (VARIVAX).
MMR – All fellows are required to have two doses of measles/mumps/rubella (MMR) vaccine since their first birthday. Fellows who are unsure of their immunization will receive MMR.

N95 Mask Fitting – All fellows will be required to be fitted for an N95 mask annually.

Flu Shot – Fellows will receive free yearly flu shots. Those who choose not to have a flu shot will be required to wear a mask in the clinic areas throughout flu season in keeping with University Medical Center.

IV G. Miscellaneous

1. Mailing Address:

   **Business Address**
   850 5th Avenue East, D209
   Tuscaloosa, AL 35401

   or

   Box 870374
   Tuscaloosa, AL 35487

   Business mail arrives at UMC and is sorted. The Fellowship Office opens insurance and patient related mail. To avoid personal mail being opened by mistake, please use your home address. **ALL LICENSES SHOULD BE SENT TO THE FELLOWSHIP OFFICE RATHER THAN YOUR HOME ADDRESS.** All magazines must be sent to your home address and not University Medical Center to avoid cluttering of mailboxes. The fellowship will pay for fellows’ American Academy of Family Physician membership dues. All fellows will thus receive a bi-monthly copy of the *American Family Physician* journal. This is REQUIRED reading and bi-monthly quizzes are a part of our required curriculum. An average quiz score of 80 percent is required for promotion from one post-graduate year to the next.

   **Personal Mail**

   Again, to avoid personal mail being opened by mistake, please use your home address. All magazines (except as noted above) must be sent to your home address and not University Medical Center to avoid cluttering of mailboxes.

2. Phone Calls for Fellows:

   Friends or family members needing to reach a fellow should first call the Fellowship Office Assistant (Stephanie Beers) or the Fellowship Program Coordinator (Alison Adams) at 205-348-1370. The staff of these offices will either page the fellow (if it is an emergency) or email the fellow a message.

   Please do not give these numbers to physician recruiters. Make arrangements to take recruiting calls at home.
Licensure

Medical
First-year fellows are issued a limited license that is paid for by the University. This license limits the fellows to activity within the supervision of the Program only. After one year of training and passing USMLE Step 3, the fellow may apply for a full license paid for by the University. Thereafter, the license must be renewed annually by the fellow. Fellow CME funds may be used for this purpose.

Controlled Substance
Each fellow is required to have an Alabama Controlled Substance Certificate. The University pays this fee. The fellow is also required to have a Federal DEA Certificate in order to prescribe controlled drugs. The Fellowship Office makes arrangements for Federal DEA numbers when fellows enter the program. The DEA certificates are good for three years. Approximately six months before completing the program, the DEA will send renewal information directly to PGY-3 fellows who will then be responsible for the renewal fee. No fellow will be allowed to work without an active and fully-unrestricted DEA permit.

The University of Alabama, the College of Community Health Sciences and the Tuscaloosa Family Medicine Fellowship annually reaffirms their commitment to equal opportunity, acknowledging publicly its obligation to operate in a constitutional and non-discriminatory fashion, both as an Equal Opportunity Employer and as an Equal Opportunity Educational Institution. Applicable laws that are followed include, but are not limited to, Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act, Executive Order 11246, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Vietnam Era Veterans Adjustment Assistance Act, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008, and the Genetic Information Nondiscrimination Act of 2008 and does not discriminate on the basis of genetic information, race, color, religion, national origin, sex, sexual orientation, age, disability or veteran status in admission or access to, or treatment of employment in, its programs and services.
VI. SIGNATURES

I hereby certify that I have received the mandatory 2014-15 Policy and Procedure Manual. I understand that I will be accountable for conducting duties in the workplace in accordance with the information contained in this manual.

________________________________________________       __________
Printed Name/Signature                                    Date