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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. 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 Hospitalist Fellowship

As the role of Hospitalist Medicine expands exponentially across America, opportunities abound for Family Physicians who have a special interest in inpatient medicine. Specifically, this program is placing a special emphasis on Family Physicians who may have an interest in practicing in rural and or urban communities, where the role of Hospitalist Medicine is still to be defined. The importance of Family Medicine’s role in the practice of medicine in these areas cannot be overemphasized as Family Medicine has traditionally provided the backbone of primary care in these areas. As such, it is only fitting that Family Medicine physicians assume the leadership roles in defining how Hospitalist Medicine will be incorporated into these areas.

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 undeserved 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 Residency
• 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 Hospitalist Fellowship’s Goals

The specific knowledge, skills, and attitudes required for hospitalist fellows to excel will be promoted 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.

II. CLINICAL POLICIES

II A. Moonlighting

VI.G.2.a) Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

The Fellowship Program Director will monitor the fellow’s performance to determine if moonlighting is adversely affecting his/her performance and to monitor compliance with duty hour requirements and limitations.

Fellows are advised that the Alabama State Board of Medical Licensure and the DEA have the authority to independently investigate and prosecute individual fellow physicians with regard to compliance with the following:
• That moonlighting fellows are fully licensed and have their own malpractice and DEA number.
• Pre-signing prescriptions.
• Using University Medical Center (UMC) prescriptions outside UMC. This is prohibited – your UMC number is site specific.
• Narcotics prescriptions must be properly completed, with the patient’s name and address plus the date.
• Following accepted practice guidelines for everything, especially weight loss and pain patients.
• All moonlighting fellows should be cognizant of Medicare fraud and abuse guidelines, be aware of state ethics requirements, and remain clear about their individual accountability for contracts, attestations, or statements that they sign in their roles as independent moonlighting physicians.

a. Moonlighting Policy-Appendix A

II B. Hospitalist Fellow Supervision Policy

Fellow Supervision Policy

1. Supervision: Hospitalist Preceptor in concert with the Hospitalist Fellowship Director

II C. Communications

1. Pagers and Email:
Professional behavior and responsibility is expected of all fellows. The hospital and your attendings 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 pager, cell phone and/or email.

POLICY:
1. Fellows are expected to have their pager/cell phone on at all times (except while on approved leave) and to respond to pages in a reasonable amount of time – no longer than 15 minutes.
2. If tied up in an emergency, a procedure, or other situation that will not allow a prompt reply, another health professional should be asked to respond on the paged fellow’s behalf until free of the limiting activity.
3. If paged in error, it is the fellow’s responsibility to help that person contact the correct fellow.
4. If the fellow forgets his/her pager, the appropriate personnel (attendings, upper levels, Residency Office, etc.) must be notified and given alternate contact information. Should the Residency Office be unable to reach a fellow by pager, the fellow will be contacted by cell phone, if necessary. Should reasonable response time to pages become a problem (e.g., 30 minutes), the program director will respond and request a personal meeting with the fellow. Any ongoing or repeated instances will be considered unprofessional behavior and disciplinary action may follow.
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.

Faculty-Fellow Communications, Feedback: Feedback is provided during rotation along with an evaluation completed quarterly by the attending physician preceptor. Each fellow is also assigned a preceptor to assist them with

II E. Inpatient Clinical Duties

1. Overview:

Admissions:
1. All patients admitted will have an H&P documented in Meditech within 24 hours by the admitting fellow.
2. H&Ps should incorporate not only what you learn from your interview at the time, but also notable information from previous visits/notes in Meditech, pertinent past diagnostic studies, lab values and historical trends, consultant notes, and more. Utilize all resources available to you to obtain the whole clinical picture.

Discharges: (REPEATED UNDER H&Ps AND DISCHARGE SUMMARIES)
1. When discharging a patient, a discharge summary must be typed or dictated within 48 hours.
2. If a patient is seen and sent home from the ED or OB Triage, a Short Stay Summary must be documented (i.e., an abbreviated H&P with History of Present Illness, Physical Exam, Assessment and Plan, and follow-up instructions) within 24 hours from the discharge.
Progress Notes:
1. Progress notes should be typed daily in FileMaker/Meditech.
2. Notes should be clear, readable, and accurate. No extraneous material should be carried forward in daily notes.

c. Notes & Dictation

i. Hospital Orders:
Attendings generally leave the writing of orders to the fellows. If additional orders are needed from the Attending, the fellow should communicate this during rounds or in the progress note. Verbal orders must be signed within 24 hours. Orders written by medical students are invalid until countersigned by a physician.

1. H&Ps and Discharge Summaries:

   *Discharges:
   When discharging a patient, a discharge summary must be typed or dictated within 48 hours

   *Discharge Summaries:
   Per hospital policy, discharge summaries must be dictated at the time of the patient’s release or within 24 hours. The discharge summary must be copied (via transcription) to the primary care physician and to all consultants involved in the case. All fellows should be aware of referring physicians and state at the beginning of dictation that a copy should be sent to Dr. (name) at (address). If a fellow dictates a discharge summary on a patient of a private physician, that physician will get a copy of the discharge summary only if his/her name is stated at the beginning of the dictation.

   Discharge summaries should be concise yet thorough. Abbreviations and initials for diseases, procedures, and so forth are common sources of error in transcription. Dictation of whole words rather than abbreviations is preferable. Fellows are to familiarize themselves with the “Do not use abbreviations” at DCH Regional Health System.

3. ICU Notes:
ICU notes will be completed daily

f. Miscellaneous Inpatient Policies
   i. Consultations: Should be completed within 24 hours, preferably within 12 hours.
   ii. Continuity Inpatients:
      1. Of Attending:
         Every effort should be made to ascertain the patient’s primary care physician at the time of discharge by sending him/her a copy of the discharge summary.
      2. Of Fellows:
         Every effort should be made to ascertain the patient’s primary care physician at the time of discharge by sending him/her a copy of the discharge summary.
   iii. Death Certificates:
      The death certificate is the permanent legal record of the patient’s death and is important in court, epidemiological studies, and to the family. Death certificates are important legal documents, which may not be spindled, folded, mutilated, erased, stapled, or have lines struck through. They must be completed and mailed to the Health Department (or completed online) within five days. They are never given to the family. The Health Department will list the name of the physician it assumes should complete the certificate. It should be completed by the physician who has the most knowledge about the patient’s death.
   iv. Code Blue:
      The hospitalist fellow should attend any nearby inpatient code on the hospitalist service and codes on all his/her own patients.

3. Other Inpatient Services:

   Signatures
   All handwritten signatures should be followed with your legible printed first and last name or your DCH dictation number.

III. EDUCATIONAL POLICIES

III A. Professionalism

Attaining a professional degree and performing a job repeatedly, 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 Residency 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 their Preceptor or the Fellowship Director so that the faculty 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 residency training.

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. Scrubs should not be worn outside the surgical, obstetric, or high-risk nursery areas without a white coat. Scrubs should not be worn elsewhere in the hospital during the day unless there are extenuating circumstances. Scrubs are not to be worn outside the hospital. On hospital services and in private offices, fellows are expected to conform to these physician standards when seeing patients. Repeated violations of the dress code will be considered unprofessional behavior and be grounds for further action as deemed appropriate by the Residency 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 Fellowship Program 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. CCHS 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](http://facultysenate.ua.edu/handbook/append-j.html)

5. **Drug Testing:**
   As per the Fellowship’s pre-employment drug screening policy, may 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.

### III B. Curriculum

1. **Rotations:** Hospitalist work rotation in concert with other hospitalists.

### 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. To preserve anonymity, these evaluations are compiled every four to six months and a composite average of the evaluations and comments are presented to the faculty. The evaluations remain completely anonymous.

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

3. Graduation:

In order to successfully graduate from the program, the fellow must meet the following criteria:

- 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.
- Abide by all medical records policies of DCH Regional Health System.
- Fulfill all obligations and duties specified by the program.

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 residency 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.

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.

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. 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 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.

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 residency 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 program 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. Terminate, limit, or suspend a House Officer’s appointment or privileges
   v. Non-renewal of a fellow’s appointment
   vi. Dismiss a fellow from the residency
   vii. Any other action that the residency 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, non-reappointments, non-promotion, 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 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 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 Residency 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 Program 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 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 Residency Ombudsman.

2. Ombudsman:

Dr. Heather Taylor, Associate Dean for 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 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 from time to time.

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 initial year. Each fellow will receive a copy of the agreement.

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 University of Alabama allows fellows to be given a graduated salary. 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.

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://echs.ua.edu/faculty-staff/hipaa-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. American Academy of Family Physicians membership
2. Alabama State Board of Medical Examiners fees
3. Alabama Medical Licensure Commission fees
4. Alabama Controlled Substance fees
5. Federal Drug Enforcement Agency (DEA) license – one time only
6. Occurrence Malpractice Insurance
7. DCH Regional Medical Center Medical Staff privileges
8. Disability Insurance (with buy-up plans available at extra cost to the fellow)
9. 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
10. Pager – to be returned at completion of fellowship
11. Parking permit codes to DCH parking lot
12. University of Alabama Staff ACT card
13. University of Alabama Parking Pass
14. University of Alabama Business Cards

The University of Alabama offers insurance plans for the fellows, which can be found on its website at http://hr.ua.edu/benefits/.
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](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 unless on one of the program’s hospitalist services.**

   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.

2. **For Moonlighting**: Refer to Appendix A.
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 Residency Director. Do not return an attorney’s telephone calls without first speaking to the Residency 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 all shifts required in the hospitalists’ 7 on/7 off rotation schedule plus nights.
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. Leave is not permitted on primary services except in extraordinary circumstances. In such situations, fellow must provide written justification as to why the leave should be approved.
4. No one may take annual leave during the first two weeks of July OR the last two weeks of June. No exceptions.
5. Administrative or Educational leave requires a copy of the brochure/related email before request can be considered. No more than five days of educational or administrative leave will be granted per academic year and does not roll over if unused.
6. Cancellations and changes to approved leave must be made in writing.
7. Once a fellow has exhausted leave (annual/sick), additional time off will be taken as leave without pay.
8. 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.

1. Vacation: Because of the 7 on/7 off work schedule, no additional vacation time is provided for hospitalist fellows. However, they may ask for other hospitalists to swap for appropriate time off as long as the work schedule maintained.

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 and completion of the fellowship.

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 Residency (e.g., national and regional residency meetings, presentation of papers, residency 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. These Holidays and not considered off time on the Hospitalist Service unless they should fall on the 7 off part of your schedule.

Thanksgiving, Christmas, and New Year’s Day have their own holiday schedules generated by the Hospitalist Service.

Martin Luther King Jr. Day, Fourth of July, and Labor Day observe the following rules (see call schedule for details):
The hospitalist service have these Holidays included the same as other holidays into the work schedule

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 870326
Tuscaloosa, AL 35487

Business mail arrives at UMC and is sorted. The Residency 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 RESIDENCY 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 residency 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 Residency Office Assistant (Stephanie Beers) or the Residency 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.

The DCH Regional Medical Center operators are not asked to page a fellow unless it is an emergency and the fellow cannot be reached through the number above. At night, the fellow can be reached by calling the Fellow's Lounge at 205-750-5860 and asking that the fellow be paged.

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

Committees:
Fellows may be assigned to committees of the College. Assignments may be made by the Chief Fellows or by election with the approval of the Dean. Fellows will receive notification of their assignment to a committee by the Dean.

Licensure
Medical

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 DEA certificates are good for three years. 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 Fellowship Program 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.
I hereby certify that I have received the mandatory 2013-14 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