

University of Alabama Family Medicine Hospitalist Medicine Fellowship Handbook 2015-2016

CONTENTS

- I. INTRODUCTION**
 - A. History
 - B. CCHS
 - C. Overview of Fellowship Goals
 - D. Lines of Authority
- II. POLICIES**
- III. CLINICAL PRACTICES**
 - A. General Supervision
 - B. Communication
 - C. Outpatient Clinical Duties
- IV. EDUCATIONAL PRACTICES**
 - A. Professionalism
 - B. Curriculum
 - C. Library and Learning Resources
 - D. Assessment
 - E. Working with Medical Students
- V. ADMINISTRATIVE PRACTICES**
 - A. Fellow Agreement
 - B. Other Handbooks
 - C. Compliance Training
 - D. Benefits
 - E. Salary/Paychecks
 - F. Malpractice Coverage
 - G. Leave/Other
 - H. Risk Management, Conversations with Attorneys, Safety Learning Reports
 - I. Immunizations
 - J. Licensure
 - K. Controlled Substance
 - L. Miscellaneous
- VI. SIGNATURES**

I. INTRODUCTION

This Handbook contains both general and specific information regarding the fellowship program, policies and procedures applicable to the fellowship program, and/or policy overviews, which are current as of the listed effective date. The University and College of Community Health Sciences (CCHS) reserve the right to revise policies and other information deemed necessary to meet the business needs of the fellowship program, the University and CCHS, provided such changes do not conflict with ACGME Institutional Requirements, as last amended. Moreover, this Handbook 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.

Equal Opportunity

The University of Alabama, the College of Community Health Sciences and the Hospitalist Medicine 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.

A. History of the University of Alabama Family Medicine Hospitalist Medicine 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.

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 completed its most recent strategic plan in 2013. 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 University of Alabama Family Medicine Fellowship-Tuscaloosa Program
- 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 are well underway. Phase Two initiatives were designed to start once the Phase One initiatives were operationally stable, as such, in 2015 we are well into Phase Two on many of the initiatives. Phase Three initiatives will be started as soon as Phase Two initiatives are operationally stable.

Strategic Priority A: Build on the strong foundation of the University of Alabama Family Medicine Fellowship-Tuscaloosa Program

Goal: Enhance the quality of the Family Medicine Fellowship-Tuscaloosa Program through expanded community-based practice and experience, with continued emphasis on rural communities, to prepare primary care physicians that will be equipped to meet the challenges of a new world of health care.

Initiatives

Phase One:

A1: Conduct a thorough needs assessment and environmental scan to determine the current state, educational priorities, and community-based opportunities for the fellowship; and then, transform the curricular structure of the fellowship to address the growth of the program and the evolution of family medicine training standards.

A2: Expand the family medicine faculty to meet the needs of a growing and high-quality fellowship by recruitment of additional full-time faculty, with specialty interest in obstetrics, procedures, emergency medicine, and population health, among others, as well as selecting and integrating community-based faculty.

Phase Two:

A3: Diversify clinical experiences by opening new continuity clinic sites to further serve rural, University, and other populations.

A4: Provide more comprehensive training, including in population health management skills, and faculty development for all preceptors.

Phase Three:

A5: Transform family medicine clinics to be exceptional learning labs, which are regarded as the cornerstone of training; develop and integrate practice management, team-oriented practice, and clinical quality throughout fellowship experience; incorporate technology, e.g. social media and telemedicine.

A6: Create a marketing plan to improve fellowship recruiting.

3. Capstone Health Services Foundation (CHSF) and University Medical Center (UMC)

The CHSF is a separate 501(c)-3 organization serving as the physician's practice plan. CHSF is an affiliated foundation of The University of Alabama and CHSF operates the UMC and UMC-Northport. UMC, located on the main campus of The University of Alabama is a large multi-specialty clinic serving the West Alabama region. Acting as a teaching facility for a variety of allied health fields, UMC primarily serves as a training site for medical students and our family medicine fellows. One of our two continuity clinics is located at UMC, while the second is a short five miles away at UMC-Northport (UMC-NP). UMC-NP is an ACGME approved continuity clinic as well. Both clinics operate under a common set of UMC policies and procedures and fall under the oversight of CHSF and CCHS leadership personnel.

4. Faculty: CCHS has approximately 60 faculty members in the following departments:

- Community and Rural Medicine
- Family, Internal and Rural Medicine
- OBGYN
- Pediatrics
- Psychiatry
- Surgery

C. Overview of Fellowship's Goals

The fellowship requires its fellows, before graduation, to obtain 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.

D. Lines of Authority/Hierarchy

FELLOWSHIP LEADERSHIP: Dr. Robert Sheppard is the Fellowship Director and is over all aspects of the Fellowship Program. This program is also aligned with the Department of Family Medicine whose Chair is Ricky Friend, MD.

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 for Academic Affairs (Thad Ulzen, MD), and to the Designated Institutional Official (DIO), David Nichols, who also serves as the Chief Operating Officer for the College of Community Health Sciences and as Chair of GMEC. The Sponsoring Institution (SI) has an official Policy and Procedure manual consistent with ACMGE requirements. These Policies address all of the CCHS graduate medical education programs regardless of accreditation or certification status. Each training program adopts the same SI policies, however, the procedures to accomplish each policy may vary from program to program. It is the role of the SI's Graduate Medical Education Committee (GMEC) to review and approve each program's Handbook, which is the set of program-specific requirements and procedures.

ADMINISTRATION STRUCTURE: The Graduate Medical Education Committee, referred to as GMEC by the ACGME, is the graduate medical education oversight committee. It is chaired by the Designated Institutional Official with voting members including the Fellowship Director, fellowship program director, peer-selected Fellows and Fellows, a Patient Safety/Quality Improvement Officer and a representative from our Major Participating Site (DCH Regional Medical Center). This committee deals with institutional and accreditation issues that affect all graduate medical education programs

of the College. All aspects of the fellowship program to include policies, clinical, educational, administrative practices along with recruitment, and approval of funding sources fall under the purview of GMEC.

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](#).

ACCREDITATION: While this Program is not accredited by the Accrediting Council for Graduate Medical Education (ACGME), the University/CCHS intends to follow Institutional and Common Program requirements for one-year Fellowship programs and will structure its review and accountabilities according to ACGME standards.

II. POLICIES

As previously stated, The Sponsoring Institution (SI) has an official Policy and Procedure manual consistent with ACMGE requirements. This program has adopted the SI policies, however, the procedures to accomplish these policies are tailored to fit the fellowship program. In addition, there are some specific fellowship policies, procedures and practices which are applicable to the fellowship program. It is the role of the SI's Graduate Medical Education Committee (GMEC) to review and approve each program's Handbook, which is the set of program-specific requirements and procedures.

The SI Policy Manual is maintained online and accessible via the CCHS Intranet Site. At any time you may request a copy of a policy from the Fellowship Office, however, it is the fellow's responsibility to ensure the paper copy is the same updated policy that is online. The online version is considered the official policy.

The SI Manual contains the following policies:

1. [Eligibility, Recruitment, and Appointment](#)
2. [Promotion, Appointment Renewal and Dismissal](#)
3. [Due Process](#)
4. [Grievances](#)
5. [Leave](#)
6. [Impairment](#)
7. [Harassment](#)
8. [Accommodation for Disabilities](#)
9. [Supervision](#)
10. [Duty Hours](#)
11. [Moonlighting](#)

12. [Vendors](#)
13. [Non-competition](#)
14. [Disasters](#)
15. [Closures and Reductions](#)
16. [Drug and Alcohol](#)
17. [Probation-Remediation-Suspension](#)
18. [Professional Appearance Policy](#)

Fellowship Policy Enhancement - Program requirements beyond the above Sponsoring Institution Policies that apply to fellows in the Hospitalist Medicine Fellowship program can be found on the [fellowship](#) page.

The Fellowship Handbook is further sub-divided into the following sections: Clinical and Educational Practices as well as Administrative issues you need to be familiar with.

III. CLINICAL PRACTICES

A. General Supervision (see also Supervision Guidelines from the [Policies and Procedures page](#))

The fellow must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform. **The fellow is responsible for communicating to the attending physician any significant issues regarding patient care.**

B. Communications

1. Cellphone and Email:

Professional behavior and responsibility is expected of all fellows. The program director, clinic personnel, the answering service and your team members 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 cell phone and/or email.

2. Faculty-Fellow Communications/Feedback: Feedback is provided throughout the year along with an evaluation completed at the end of each quarter by the attending physician.

C. Inpatient Clinical Duties

1. Overview:

Admissions:

1. All patient admitted will have a 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, historical trends, consultant notes, and more. Utilize all resources available to you to obtain the whole clinical picture.

Discharges:

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 hour 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.

2. Notes and Dictation

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.

H&Ps and Discharge Summaries

Discharge: 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.

ICU Notes: ICU notes will be completed daily

3. **Miscellaneous Inpatient Duties**

Consultations: Should be completed within 24 hrs, preferably within 12 hrs.

Continuity Inpatients:

Of Attendings:

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.

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.

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.

Code Blue:

The hospitalist fellow should attend any nearby inpatient code on the hospitalist service and codes on all his/her own patients.

4. **Other Inpatient Services:**

Signatures

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

IV. **EDUCATIONAL PRACTICES**

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. The Professionalism Policy must be signed and turned into the fellowship office.

B. Curriculum

1. Overview of the Curriculum:

Acute Coronary Syndrome
Acute Renal Failure
Alcohol and Drug Withdrawal
Asthma
Cardiac Arrhythmias
Cellulitis
COPD
Community Acquired Pneumonia
Congestive Heart Failure
Delirium and Dementia
Diabetes
Gastrointestinal Bleeding
Hospital Acquired Pneumonia
Pain Management
Sepsis Syndrome
Stroke
Urinary Tract Infection
Venous Thromboembolism

2. Conferences and Scholarly Activities:

a. Academic Afternoon:

Once a quarter, a special-called meeting of all fellows and residents currently in graduate medical education training programs within the College will be held during Tuesday Academic Afternoon. This “Forum” is consistent with ACGME requirements to ensure the availability of an opportunity for fellows and residents within and across the Sponsoring Institution’s graduate medical education programs to communicate and exchange information with each other relevant to their programs and their learning and working environment. At the Forum:

- Any fellow/resident must have the opportunity to raise a concern at the Forum;
- Fellows/residents must have the option, at least in part, to conduct their Forum with the DIO, faculty members, or other administrators present; and
- Fellows/residents must have the option to present concerns that arise from discussions at the Forum to the DIO and GMEC.

Residents and Fellows are represented by peer-selected representatives on GMEC. These representatives have the responsibility to communicate with the

DIO to 1) invite to a Forum meeting or 2) present the collective concerns or issues raised at the Forum that need the attention of the DIO and/or GMEC.

3. Rotations: Fellows work rotation in concert with other hospitalists.

C. 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.

D. Assessment

1. Overview:

a. *Evaluation of the Fellow:*

The Clinical Competency Committee (CCC) meets bi-annually to review the progress of the fellows. After the CCC has met, advisors meet with their fellows to review the findings of the CCC.

Preceptors from each rotation evaluate fellows in New Innovations quarterly. These evaluations are used by the CCC and are released for the fellow to review at his/her request.

All fellows will have a recommendation from the CCC which may include suggested remediation and/or further disciplinary action. These recommendations will be provided to the program director for final decision.

Fellows evaluate the faculty and rotations at the end of each block.

- i. Formative and Final: Fellows will be evaluated securely and electronically by the faculty at the conclusion of each quarter. 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.
- ii. During the academic year, the faculty will meet with the fellows at least two times per year. Any weakness or deficiency should be discussed during this time.
 - a. Evaluation by the Fellow of Rotations: Fellows are required to complete an evaluation of each rotation in New Innovations.
 - b. 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.

2. Documenting Procedures:

All procedures done should be documented in New Innovations. This list is used to write an official letter documenting your competency in procedural areas to all future

employers, hospitals, and/or insurance companies. Occasionally, some rotations require a certain number of procedures to graduate.

E. 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 and students also present patients to faculty in OB/GYN and Pediatrics. 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. Ideally, the student should present the patient to the attending for comments and guidance, with the help of the fellow on rounds. Both fellows and medical students are to present patients during morning report on the Internal Medicine rotation and/or Family Medicine rotation. Interns must perform and dictate a separate H&P from that of the medical student.

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.

V. ADMINISTRATIVE PRACTICES

A. Fellow Agreement

The Fellowship Agreement (contract) is issued to the fellow prior to commencement of the initial year.

B. Other Handbooks

In addition to the Fellowship Agreement and the Handbook, fellows are required to comply with:

- [UA HR Handbook](#)
- [UA Staff Handbook](#)

C. Compliance Training

1. **HIPAA, Infection Control, Confidentiality Agreement:** CCHS requires mandatory training in certain essential areas at the beginning of employment and annual renewal thereafter. Certification is documented via the fellow signing and submitting an acknowledgement form. These training courses and the acknowledgement form can be found on the CCHS Intranet site.
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, which is also the same policy adopted by CCHS in its role as the Sponsoring Institution for the fellowship program (see the Harassment Policy). The Designated Harassment Person in the College of Community Health Sciences is Allison Arendale; complaints about harassment may be directed to her.

Pornographic material of any kind (videos, screen savers, posters, etc.) is prohibited in any portion of the College or other sites in which the fellow is assigned.

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. All University training courses regarding child protection training must be completed as required.
4. **Other courses** can be deemed mandatory and required to be completed by the fellow as determined by the College and/or University.

D. Benefits

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

1. Alabama Controlled Substance fees
2. Alabama Medical Licensure Commission fees

3. Alabama State Board of Medical Examiner fees
4. Copays are waived for services provided at University Medical Center for you and your dependents who are on UA's Blue Cross/Blue Shield Health Insurance plan. Fellow is responsible for any applicable deductibles and non-covered services.
5. Educational Reimbursement (CME funds)-up to \$1000
6. Federal Drug Enforcement Agency (DEA) license
7. Lab Coats (2)
8. Occurrence Malpractice Insurance
9. Parking permit codes to DCH parking lot
10. University of Alabama Staff ACT card

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 an array of benefits for the fellows, about which details may be found on the [UA Benefits website](#). UA has also provided a [Benefits Summary Guide](#), and page three shows a convenient one page summary of the benefits.

Fellows are responsible for completing their benefit enrollment process on line within the first 30 days of employment. Failure to do so will result ineligibility status until official open enrollment period.

Fellows are responsible for paying:

1. Moonlighting Malpractice Insurance (when approved by fellowship director) – also involves membership in the Medical Association of the State of Alabama

E. Salary/Paychecks

Any questions concerning monthly paychecks should be directed to the CCHS Finance Department at 348-5327. Fellows are considered staff, with their own unique classification, 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.

Salaries are determined each year based on the budget of the Fellowship Program from the College of Community Health Sciences and DCH Regional Health System.

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 Hospitalist Medicine Fellowship and the ACGME, but also to various federal laws stipulated by the Centers for Medicare and Medicaid Services (CMS).

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. You should forward your MyBama email to your CCHS email account for ease of reference.

F. Malpractice Coverage

For fellowship duties, 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 liability policy.**

G. Leave/Other

Due to working seven on and being off seven, THERE IS NO LEAVE.

1. 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 Manual](#). The FML policy can be directly found [here](#).

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.
- 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](#).

2. Administrative Leave:

Fellows may be granted administrative leave for activities whereby they directly represent the College of Community Health Sciences and the Hospitalist 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.

3. Holidays:

The eight holidays typically enjoyed by 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, Christmas Eve Day and Christmas Day. University Medical Center is closed on these days and hospital services operate on weekend schedules. UMC is open during the Christmas/New Year's holidays and fellows should not make vacation/holiday plans until the CCHS establishes its annual holiday schedule.

Martin Luther King Jr. Day, Fourth of July, and Labor Day observe the following rules (see call schedule for details):

4. Professional Appearance

In addition to the Sponsoring Institution policy on professional appearance, fellows are required to wear a white lab coat with a visible name tag while at both UMC locations and DCH.

5. 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.

6. 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. If there is interest in obtaining assistance outside the College, several good resources are available. A brief directory of community resources includes:

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

H. Risk Management, Conversations with Attorneys, Safety Learning Reports:

If a fellow receives communication from a lawyer, patient, or insurance company about possible litigation, the fellow should immediately **telephone** the UAB Director of Risk Management (Linda Mittleman, 205-934-5551). Ms. Mittleman will instruct you who else to notify, and she will advise you to restrict your communications regarding a possible litigious situation to oral communications. **DO NOT address the specifics of any potential malpractice case in writing, email, text or social media content**. Also inform the Fellowship Director of your conversation with Ms. Mittleman. As appropriate, the Fellowship Director may ask you to update others directly related to the potential case, but here again, do so via oral communication only. Ms. Mittleman will be responsible for obtaining any documents she needs to review, as this allows her to protect certain confidential information and assists her in the discovery process. You are not to gather any information for her unless specifically requested by her. No fellow should give any information personally or over the phone to an insurance carrier or lawyer other than our own without permission from Ms. Mittleman.

Early recognition and full reporting 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.

Safety Learning (incident) Reporting is an opportunity to document instances where patients or families even hint that they are dissatisfied or that they are considering seeking legal advice, as well as to document “near misses” for process improvement opportunities. Suspicion of such 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.

I. Immunizations

Immunization records are obtained at the beginning of fellowship. Listed below are the required immunizations. If immunizations are not up to date, the fellow is responsible for obtaining the required immunizations.

- 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.
- Hepatitis B-All fellows will be immunized due to the being in a high-risk group.

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 policy.

J. Licensure

Fellows are required to obtain an Alabama Medical License

K. 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.

L. Miscellaneous**1. Mailing Address:****Business Address**

850 5th Avenue East
Tuscaloosa, AL 35401

Or

Box 870374
Tuscaloosa, AL 35487

VI. SIGNATURES

I hereby certify that I have received, read and reviewed the University of Alabama Hospitalist Medicine Fellowship Handbook. I understand that I will be accountable for adhering to the policies and procedures both referenced and included herein and conducting my duties in the workplace in accordance with the information contained in this and other referenced policy manuals and/or handbooks.

Printed Name/Signature

Date