University of Alabama Family Medicine Emergency Medicine Fellowship Handbook 2017-2018

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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 Family Medicine Emergency 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.

History of the University of Alabama Family Medicine Emergency Medicine Fellowship

The University of Alabama Emergency Medicine Fellowship Program will have its first fellow candidate(s) starting July of 2017. The fellowship is provided in conjunction with the College of Community Health Sciences at Tuscaloosa, Alabama and Rush Heath Systems at Meridian, Mississippi. The primary site of training is located at the emergency medicine department at Rush Foundation Hospital and may include other critical access hospitals within the Rush Health System in rural Alabama and Mississippi. This will be an exciting time to build and establish a program of emergency medicine, committed to providing training and skills to family medicine physicians, appropriate to the existing and future needs of rural and underserved areas in Alabama, Mississippi, and the Southeast.

A. 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, Mississippi and the Southeast 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 their 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
- Inter-professional 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 complete. Phase Two initiatives were designed to start once the Phase One initiatives were operationally stable; as such, 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 Residency-Tuscaloosa Program

Goal: Enhance the quality of the Family Medicine Residency-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 emergency medicine, obstetrics, procedures, geriatrics 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 is 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.

B. Overview of Fellowship Goals

It is the goal of this fellowship to provide additional emergency medicine training to family physicians. This training is to assist family physicians in obtaining the skills necessary to provide emergency medicine services appropriate to the existing and future needs of rural and underserved areas in Alabama, Mississippi, and the Southeast.

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. Fellows must demonstrate proficiency in:

- Synthesis of essential data necessary for the correct management of a patient with multiple chronic medical problems and, when appropriate, comparing with a prior medical record and identifying significant differences between the current presentation and past presentations;

- Generation of an appropriate differential diagnosis;
- Application of results of diagnostic testing based on the probability of disease and the likelihood of test results altering management;
- Ability to narrow and prioritize the list of weighted differential diagnoses to determine appropriate management based on all of the available data;
- Implementation of an effective patient management plan;
- Selection and prescribing appropriate pharmaceutical agents based upon relevant considerations, such as: allergies; clinical guidelines; intended effect; financial considerations; institutional policies; mechanism of action; patient preferences; possible adverse effects; and potential drug-food and drug-drug interactions; and effectively combining agents and monitoring and intervening in the advent of adverse effects in the emergency department;
- Progression along a continuum of managing a single patient, to managing multiple patients and resources within the emergency department;
- Provision of health care services aimed at preventing health problems or maintaining health;
- Work with health care professionals to provide patient-focused care;
- Identification of life-threatening conditions and the most likely diagnosis, synthesizing acquired patient data, and identifying how and when to access current medical information;
- Establishment and implementation of a comprehensive disposition plan that uses appropriate consultation resources, patient education regarding diagnosis, treatment plan, medications, and time and location specific disposition instructions; and
- Re-evaluation of patients undergoing emergency department observation (and monitoring) and using appropriate data and resources, and determining the differential diagnosis, treatment plan, and disposition.

<u>Fellows must be able to competently perform all medical, diagnostic and surgical procedures considered essential for the area of practice. Fellows must demonstrate proficiency in:</u>

- Performance of diagnostic and therapeutic procedures and emergency stabilization;
- Management of critically-ill and injured patients who present to the emergency department, prioritizing critical initial stabilization action, mobilizing hospital support services in the resuscitation of critically-ill or injured patients and reassessing after a stabilizing intervention;
- Proper sequence of critical actions for patient care and generating a differential diagnosis for an undifferentiated patient;
- Mobilization and management of necessary personnel and other hospital resources to meet critical needs of multiple patients;
- Performance of invasive procedures, monitoring unstable patients, and directing major resuscitations of all types on all age groups;
- Performance of indicated procedures on all appropriate patients, including those who are uncooperative, at the extremes of age, hemodynamically unstable and who

have multiple co-morbidities, poorly defined anatomy, high risk for pain or procedural complications, or require sedation, take steps to avoid potential complications; and recognize the outcome and/or complications resulting from the procedures;

- Demonstration of competence in performing the following key index procedures:
    - Adult medical resuscitation;
    - Adult trauma resuscitation;
    - Anesthesia and pain management: (Fellows must provide safe acute pain management, anesthesia, and procedural sedation to patients of all ages regardless of the clinical situation);
    - Cardiac pacing;
    - Chest tube insertion;
    - Cricothyrotomy;
    - Dislocation reduction;
    - Emergency department bedside ultrasound: (Fellows must use ultrasound for the bedside diagnostic evaluation of emergency medical conditions and diagnoses, resuscitation of the acutely ill or injured patient, and procedural guidance);
    - Advanced airway management/Intubations: (Fellows must perform airway management on all appropriate patients, including those who are uncooperative, at the extremes of age, hemodynamically unstable and who have multiple co-morbidities, poorly-defined anatomy, high risk for pain or procedural complications, or require sedation; take steps to avoid potential complications; and recognize the outcome and/or complications resulting from the procedures);
    - Lumbar puncture;
    - Pediatric medical resuscitation;
    - Pediatric trauma resuscitation;
    - Pericardiocentesis;
    - Procedural sedation;
    - Vaginal delivery;
    - Vascular access: (Fellows must successfully obtain vascular access in patients of all ages regardless of the clinical situation);
    - Wound assessment and stabilization: (Fellows must assess and appropriately manage wounds in patients of all ages regardless of the clinical situation).

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. Fellows must demonstrate proficiency in:

- Appropriate medical knowledge in the care of emergency medicine patients; and
- Knowledge of the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring derived from humanistic and professional values.

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:

- Identification of strengths, deficiencies, and limits in one's knowledge and expertise;
- Setting of learning and improvement goals;
- Identification and performance of appropriate learning activities;
- Systematic analysis of practice using quality improvement methods, and implementation of changes with the goal of practice improvement;
- Incorporation of formative evaluation feedback into daily practice;
- Location, appraisal, and assimilation of evidence from scientific studies related to their patients' health problems;
- Use of information technology to optimize learning;
- Participation in the education of patients, families, students, residents and other health professionals;
- Application of knowledge of study design and statistical methods to critically appraise the medical literature;
- Use of information technology to improve patient care;
- Evaluation of teaching effectiveness; and
- Teaching of different audiences using appropriate strategies based on targeted learning objectives.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals. Fellows must demonstrate proficiency in:

- Effective communication with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- Effective communication with physicians, other health professionals, and health related agencies;
- Effective work as a member or leader of a health care team or other professional group;
- Acting in a consultative role to other physicians and health professionals;
- Maintenance of accurate, comprehensive, timely, and, if applicable, legible, medical records;
- Communication of sensitive issues or unexpected outcomes, including:
    - diagnostic findings;
    - end-of-life issues and death; and
    - medical errors;
- Leading of patient care teams, ensuring effective communication and mutual respect among team members.

Professionalism, as manifested through a commitment to carrying out professional responsibilities and an adherence to ethical principles. Fellows must demonstrate proficiency in:

- 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 health care 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 inter-professional teams to enhance patient safety and improve patient care quality;
- Participate in identifying system errors and implementing potential systems solutions;
- Participate in performance improvement to optimize self-learning, emergency department function, and patient safety; and,
- Use technology to accomplish and document safe health care delivery.

C. Lines of Authority/Hierarchy

FELLOWSHIP LEADERSHIP: Dr. Richard Friend and Dr. Tamer Elsayed are the Fellowship Co-Directors and supervise all aspects of the Fellowship Program. Dr. Elsayed reports to Dr. Richard Friend, Chair, Department of Family, Internal and Rural Medicine. Dr. Walt Willis is the site director for the Emergency Medicine Department, Rush Foundation Hospital.

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 leadership 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.

ADMINSTRATION STRUCTURE: The Graduate Medical Education Committee, referred to as GMEC by the ACGME, is the graduate medical education programs' oversight committee. It is chaired by the Designated Institutional Official with voting members including the residency director, fellowship program directors, peer-selected residents and fellows, a patient safety/Quality Improvement officer, and a representative from the 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.

The Mississippi State Board of Medical Licensure is the state agency that regulates the issuance of all licenses to practice medicine or osteopathy in the state of Mississippi. More information about their rules and regulations can be found on the http://www.msbml.ms.gov/msbml/web.nsf website.

ACCREDITATION: While this Fellowship 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

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. This fellowship has adopted the SI policies. However, the procedures to accomplish these policies are tailored to fit the fellowship program. In addition, there are specific fellowship policies, procedures and practices which are applicable to the fellowship program.

The SI Policy Manual is maintained online and accessible via the CCHS Intranet Site. At any time, one 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 and Accountability
10. Clinical and Education Work 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 SI Policies that apply to fellows in the Family Medicine Emergency Medicine Fellowship Program can be found on the fellowship page.

III. CLINICAL PRACTICES

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

The fellow must not independently perform procedures, treatment, 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. Communication

1. **Cell Phone and Email:** Professional behavior and responsibility is expected of all fellows. The fellowship director, hospital personnel, the answering service and the attending supervisor need to be able to reach a fellow at any time, unless one is on approved leave. The primary means of contact will be via cell phone and/or email.

2. **Faculty-Fellow Communication/Feedback:** Feedback is provided informally throughout the fellowship. Each quarter, the faculty will evaluate the fellow. This will be discussed at a meeting with the fellow, fellowship director, and Family, Internal and Rural Medicine department chairman as needed. Likewise, the fellow(s) will be able to evaluate the program and faculty each quarter. This will also be discussed at the meeting.

C. Emergency Room Clinical Duties

1. Overview:

Schedules:

- Each fellow will be assigned fifteen to sixteen (12 hour) shifts per month at Rush Foundation Hospital Emergency Department (ED).
- Fellows are required to spend 50 hours of longitudinal, hands-on experience with anesthesiology at Rush Foundation Hospital, separate from the required shifts.
- Fellows are required to spend 50 hours of longitudinal hands-on experience with radiology at Rush Foundation Hospital, separate from the required shifts.
- Fellows may not schedule more than six shifts in seven days, including moonlighting.
- Fellows are preferred to work a maximum of 12 consecutive hours per shift in the ED and must have at least 8 hours off prior to beginning the next shift. The only exception will be taking care of a critically ill patient, and to finish the disposition and documentation of patients that have already been seen for up to 2 additional hours (12+2).
- Fellows must complete each shift in its entirety and may not leave a shift early without the expressed permission of the site director, pertinent of completing all charts and patient dispositions at-hand.
- Fellows are required to work assigned shifts, unless unable to do so as a result of illness or personal emergency. Failure to work an assigned shift will result in disciplinary action, which may include dismissal from the program.
- Fellows are allowed to trade shifts with other fellows, but must have the trade approved in advance and by the site director and must comply with the above mentioned rules.
- Fellows must attend all ED meetings, unless on approved leave or excused by site director.

Supervision

- Fellows will be continuously supervised by an emergency room attending at all times during their fellowship training.

- Fellows are expected to consult with the supervising attending regarding all critically ill patients or life threatening conditions.
- It is the fellow's responsibility to have a brief shift review with the attending physician before the end of the shift. This shift review may include discussions regarding critical patients and feedback from the attending.
- All procedures must be supervised by an attending physician, until approved to be performed independently by the ER director and program directors. All high risk procedures, which may include intubations, surgical airways, central lines, chest tubes, LPs, arterial lines, and resuscitations must be supervised by the attending physician until approved by site director for independent practice.
- The numbers required for each procedure to achieve competency and practiced independently will be determined by the ED fellowship directors and site director and will be communicated and/or updated regularly to the fellows.

Required Certifications, Licensures:

- Fellows are required to have current ACLS, PALS, NRP, ALSO, STABLE, and ATLS certifications prior to starting fellowship training.
- Fellows are required to obtain a full, unrestricted Mississippi medical license and a Mississippi DEA certificate prior to starting fellowship training.
- Fellows are required to obtain a full, unrestricted Alabama medical license and Alabama controlled substance license prior to starting fellowship training.
- Fellows are expected to read, learn and sign Rush Foundation Hospital Emergency Department policy and procedures, Rush ED physician job description, and to comply with all ED training requirements before the start of the fellowship.

2. Patient Encounters:

- Fellows are responsible to perform a thorough initial assessment including history taking, physical exam and documentation of all patients encountered in the ED. Scribes may be used at the discretion of the attending physician.
- Clear and appropriate orders should be recorded in the EMR and communicated to medical staff.
- Appropriate and timely review of labs and imaging is expected of the fellow.
- All imaging needs to be personally reviewed by the fellow prior to review of any imaging report.
- Appropriate disposition including patient discharge, admission or transfer must be documented in the patient note with rationale explaining the disposition.

- Appropriate discussion with patient and families should performed through all stages of patient care in the ED.
- Fellows will seek to understand and comply with ED quality measures and reporting systems as part of the educational process.

3. **Documentation:**
   - Fellows are expected to complete and sign all assigned charts before leaving the shift.
   - Notes must include an appropriate H&P, discussion with the patient, and appropriate disposition.
   - Clear instructions should be given to patients regarding diagnoses and expected and planned follow-up before discharge from the ED.
   - Within the fellowship program, an incomplete chart is defined as any ED visit or procedure note not completed by the end of the shift.

4. **Code Blue and Resuscitation:**
   - Fellows are expected to respond to all code blue calls and RRT (Rapid response team) calls at Rush Foundation Hospital, when appropriate.
   - Appropriate documentation of every code blue and resuscitation effort with outcome is expected from every fellow who is involved in such.

5. **Fellows are expected to work in a collegial manner with nurse practitioners and all ED medical personnel.**

6. **Fellows are expected to sign off nurse practitioner charts, as a part of their scope of practice and supervision of nurse practitioners.**

7. **Fellows will sign off attestation statements for charts of residents training under their supervision in the ED.**

D. Charges

1. **Patient Charges:** Fellows should document the visit and submit the bill. Fellows shall be responsible for coordinating any questions or concerns on charges to Rush administration. Specific policies are provided by Rush Foundation Hospital.

IV. EDUCATIONAL PRACTICES

A. Professionalism

Professionalism is one of the core competencies that the ACGME has identified as being vital to the clinical practice of medicine and to fellow development. The Professionalism Policy must be signed and turned in to the fellowship office.

B. Curriculum

1. Overview of the Curriculum:

The curriculum is longitudinal and includes four main components: clinical practice experience, procedural competencies, education content and research requirement. In addition, it is expected that fellows will serve as junior attending with teaching responsibilities for medical students and residents.

2. Didactics, Conferences and Scholarly Activities:

Didactics:

- Will be held on the first Friday of every month at CCHS, Family, Internal, and Rural Medicine department, from 12:00 pm to 3:00 pm.
- Will include 2 x 45 minutes of lecture discussions and 2 x 45 minutes of case presentations and occasional workshops.
- Reading list will be provided to fellows with topics that cover the most encountered emergency presentations.

Course and conference attendance:

- Emergency and urgent care self-study package (AAFP)
- Point-of-care ultrasound workshop
- Alabama ACEP educational conference for emergency medicine
- Rush Foundation Hospital airway workshop

Practice management and quality measures curriculum:

- Will be incorporated at the Rush ED monthly meeting with Dr. Willis.

Research requirement

- QI or educational scholarly activity, with IRB approval.
  - Lecture presentation of the project before graduation.
  - Poster presentation of the same project at a state, regional, or national conference.
- Case report submission to a medical journal.

Resident and Fellow Forum:

- Once each 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 SI'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.

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. Evaluation of the Fellow:

- The Family Medicine Emergency Medicine Fellowship Clinical Competency Committee (CCC) meets bi-annually to review the progress of fellows. After the CCC has met, the directors will meet with the fellows to review the findings of the CCC.
- Preceptors evaluate fellows in New Innovations monthly. These evaluations are used by the CCC and are released for the fellow to review at his/her request. At some time paper evaluations may be used and will be scanned to the fellow record.
- 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 director for final decision.
- Fellows evaluate the faculty and the program quarterly. This evaluation is discussed at the quarterly meeting with the director.
- Fellows will meet with the site director on a regular basis every month, following ED physicians meetings.
- 360 evaluations will be submitted by nursing staff in a quarterly basis.

2. Documentation of Procedures:

All procedures should be documented in New Innovations. This list is used to write an official letter documenting competency in procedural areas to all future employers, hospitals, and/or insurance companies. Procedures to be documented are:

- Adult medical resuscitation
- Adult trauma resuscitation
- Anesthesia and acute pain management
- Cardiac pacing
- Tube thoracotomy

- Cricothyrotomy
- Dislocation reduction; shoulder, elbow, hip, knee and ankle
- ED bedside ultrasound
- Intubations and advanced airway management
- Lumbar puncture
- Pediatric medical resuscitation
- Pediatric trauma resuscitation
- Pericardiocentesis
- Procedural sedation
- Moderate sedation
- Cardioversion: chemical or electrical.
- Central venous access and interosseous access
- Wound management
- Laceration repair
- Burn management
- Incision & drainage of abscesses

The numbers required for each procedure to achieve competency and practiced independently will be determined by ED fellowship directors and the site director and will be communicated and/or updated regularly to the fellows.

E. Working with Learners

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. CCHS is also home to the University of Alabama Family Medicine Residency-Tuscaloosa. While the ultimate responsibility for students' education remains with the faculty, fellows are expected to be involved in the teaching of medical students. The Emergency Medicine Fellow is considered a junior attending in responsibilities in teaching medical students and residents. In addition, fellows are expected to be involved in teaching and supervising medical students of William Carey Osteopathic Medical School and family medicine residents at Rush Foundation Hospital.

Fellows are to allow and expect medical students and residents to perform histories and physicals, formulate ideas concerning impressions and diagnoses, and suggest treatments. Fellows are to see the patients either with or following the students to make sure findings and assessments are accurate and to provide opportunity for necessary instruction. Fellows are expected to assist students with these presentations whenever time permits. Students/residents may be allowed to perform procedures under direct supervision of fellows.

Fellows should be familiar 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.

Fellows will attend student presentations each morning before morning report and provide appropriate feedback and teaching skills directed towards medical students. The fellows may require the student/resident to do reasonable reading and research on a patient.

At University Medical Center, an upper level resident, fellow, or attending must review all patients seen by a medical student. All orders and prescriptions must be signed by a licensed resident, fellow, or attending. Under no circumstances is a patient to be allowed to leave University Medical Center until the student's findings and plans are confirmed and approved by an upper level resident, fellow, or attending. Evaluations of students' performance may be requested from fellows for each student under his/her instruction. These are to be completed online and returned to the clerkship directors.

V. CRITERIA FOR GRADUATION

A. Completion of 12 months of ED rotations at an approved location;
B. Attendance of at least 75% of didactic sessions;
C. Attendance of at least 75% of ER monthly meetings;
D. Completion of the research requirement;
E. Completion of the procedure log for required procedures in New Innovations;
F. Achievement of Emergency Medicine clinical competency as evaluated by the clinical competency committee;
G. Completion of a total of 2300 hours of ED direct patient care and documentation of hours in New Innovations;
H. Completion of 50 hours of longitudinal curriculum with the anesthesia department at Rush Foundation Hospital;
I. Completion of 50 hours of longitudinal curriculum with the radiology department at Rush Foundation Hospital; and
J. Passage each rotation per monthly attending evaluation.

VI. ADMINISTRATIVE PRACTICES

A. Eligibility criteria for application to the Family Medicine Emergency Medicine Fellowship

1. Completion of an ACGME/AOA approved residency in Family Medicine;
2. Board eligibility or board certification in Family Medicine by the ABFM;
3. Unrestricted license to practice medicine in the states of Alabama and Mississippi;
4. DEA as well as state controlled substance certification;
5. Recommendation letters from residency program director and 2 emergency department physicians, who supervised the applicant directly;

6. ACGME Milestones evaluations from residency;
7. Electives in emergency medicine during residency preferred;
8. Certifications in BLS, ACLS, ATLS and PALS; and
9. Acceptable academic performance during residency.

B. Recruitment of Fellows

1. Recruitment committee will be composed of the dean of the medical school, DIO, fellowship directors and site director.
2. Applications open on August 1st and close on October 30th.
3. Selection will be determined no later than December 30th.
4. Fellowship contract agreements will be sent to selected candidates in the 3rd week of January.
5. Current fellows are encouraged to participate in the effort of recruitment for the new class.

C. Fellow Agreement: the fellowship agreement (contract) is issued to the fellow prior to commencement of the initial year.

D. Other Handbooks

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

- UA HR Handbook
- UA Staff Handbook
- Rush ED Handbook
- Rush HR Handbook
- Job Description for Rush Foundation Hospital Emergency Department Fellows

E. Compliance Training

1. **HIPAA, Infection Control, and Confidentiality Agreement:** CCHS and Rush Health system require 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 and Rush Health System are committed to providing an environment for employees, students, and patients 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 SI for the fellowship program. 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 to which the fellow is assigned.

3. **Working with Minors:** Minors are a part of the patient panel as well as the possibility of students; therefore training is required to protect the fellow as well as the minor child. All University 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, The University of Alabama and/or Rush Health System.

F. 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 Certification fees;
2. Alabama Medical Licensure Commission fees;
3. Mississippi State Board of Medical Licensure fees;
4. Mississippi DEA license;
5. Federal Drug Enforcement Agency (DEA) license;
6. Copays are waived for services provided at University Medical Center for you and your dependents who are on the UA Blue Cross/Blue Shield health insurance plan. Fellow is responsible for any applicable deductibles and non-covered services;
7. Rush Foundation medical staff privileges;
8. Educational reimbursement (CME funds) up to $1000;
9. Lab Coats (2);
10. Occurrence malpractice insurance;
11. Portable disability insurance (with buy-up plans available at extra cost to the fellow);
12. University of Alabama business cards;
13. University of Alabama parking pass; and
14. 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 Stephanie Beers, fellowship administrator 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 the benefit enrollment process within the first 30 days of employment. Failure to do so will result in ineligibility status until the next official open enrollment period.

G. Salary/Paycheck

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, and 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 Alabama Rural Health Board. 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 University of Alabama Family Medicine Emergency Medicine Fellowship, but also to various federal laws stipulated by the Centers for Medicare and Medicaid Services (CMS).

Paychecks: Fellows are considered exempt employees and are paid on the last day of each month. An email notification of direct deposit will be sent a few days before the deposit is made. The email notification will go to the fellow's MyBama email. Fellows should forward their MyBama email to their CCHS email account for ease of reference. The first paycheck must be picked up at Rose Administration, on the campus of The University of Alabama.

H. Malpractice Coverage

For fellowship duties, fellows are provided 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.**

I. Leave

The fellow is not explicitly permitted paid leave time due to the scheduling model associated with this fellowship program. Any request for extraordinary leave and educational leave days must be scheduled and approved by the directors of the fellowship. The fellows' hours of participation in the training program will be scheduled

or approved by the directors of the fellowship and shall be reasonable in the context of the educational program, with due regard to providing adequate coverage for patient care responsibilities. Fellows may be permitted unpaid leave of absence from the program for such period and under such conditions as the college in its discretion may approve and as eligible under University policies and applicable laws.

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 fellowship completion. More information may be found at 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 University of Alabama Family Medicine Emergency 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. This administrative leave will be subject to the discretion of the site director and it is expected that the fellows will coordinate such activity attendance in the non-clinical schedule.

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. Schedules during university holidays will be regulated by the site director at Rush Foundation Hospital.

4. Educational Leave:
   A total of five days are available at the fellow's discretion. Leave must be requested 60 days prior to the requested dates. A request form should be submitted with written documentation (e.g., brochure) of the conference. Fellows may use CME funds for educational leave (e.g., ATLS, etc.). Additional educational leave may be

approved as part of the curriculum. All educational leave may not interfere with the ED work schedule.

J. Other

1. Professional Appearance: In addition to the SI policy on professional appearance, fellows are required to wear a white coat with a visible name tag while at UMC and Rush Foundation Hospital facilities.

2. 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 by which fellows are required to abide.

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. 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

K. 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 (Claire Owens, 205-934-5551). Ms. Owens will instruct who else to notify, and she will advise the fellow to restrict communications regarding a possible litigious situation to oral communication. **DO NOT address the specifics of any potential**

malpractice case in writing, email, text, or social media content. Also inform the fellowship directors and ED site director of the conversation with Ms. Owens. As appropriate, the fellowship director may ask the fellow to update the others directly related to the potential case, but here again, do so via oral communication only. Ms. Owens 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. Fellows 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. Owens.

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 sensitivity, is the best protection against professional liability claims.

Safety Learning (incident) Reporting is an opportunity to document instances when 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.

L. Immunizations and Communicable Disease Testing

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

- TB Testing - Fellows will receive free yearly PPD testing.
    - N95 Mask Fitting – All fellows will be required to be fitted for an N95 mask annually.
- Varicella - All fellows who have not had chickenpox will need two doses of varicella vaccine (VARIVAX).
- MMR - All fellows are required to have two doses of measles/mumps/rubella (MMR) vaccine since one's first birthday. Fellows who are unsure of their immunization status will need an MMR booster.
- Hepatitis B - All fellows will need to be immunized due to the being in a high-risk group.

- Influenza – 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.

M. Committees

Fellows will be assigned to committees of the College and/or Rush Foundation Hospital. Once appointed, it is expected that fellows will attend committee meetings and be active participants. After the training period ends, memberships on committees will be part of the normal work environment. Learning how to be an active participant and a contributor on committees is part of the training program and offers the fellow an opportunity to demonstrate professionalism. Fellows should expect their involvement on committees to be tracked and part of the routine discussions of their academic progress. At least one fellow will be on the fellowship PEC.

N. Miscellaneous

Mailing Address:

Business Address
850 5th Avenue East
Tuscaloosa, AL 35401
Or
Box 870374
Tuscaloosa, AL 35487

VII. SIGNATURES

I hereby certify that I have received, read and reviewed the University of Alabama Family Medicine Emergency 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