

# **University of Alabama Family Medicine Geriatrics Fellowship Handbook 2018-2019**

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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 the Geriatrics 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 Geriatrics Fellowship**

The University of Alabama Geriatrics Fellowship Program is preparing to have its first fellow candidate(s). This will be an exciting time to build and establish a program that will meet the needs of older adults in the south, with an emphasis on rural care. The need for an increase in primary care physicians trained in care of the elderly has been emphasized by such organizations as the American Geriatrics Society, who note that at present there is a dire shortage of qualified geriatricians to adequately care for a surging aging population. In 2013 there were 7,500 board certified geriatricians; however, in order to provide care for the 12 million Americans needing specialty care, it is estimated that 17,000 geriatricians are needed. This need is expected to increase to 30,000 geriatricians by 2030, as the number of older adults increases dramatically. The geriatrics fellowship concept was developed in accordance with the mission of the College of Community Health Sciences in order to meet a growing medical need in Alabama. Specifically, this fellowship will focus on providing care in, and for, rural communities.

This will enable graduates to be well rounded physicians in their communities and will provide compassionate, comprehensive care to the older adults in their charge.

## **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
- 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 well underway. Phase Two initiatives were designed to start once the Phase One initiatives were operationally stable. 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 geriatrics, 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 residents and fellows. One of our two continuity clinics is located in 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.

#### C. **Overview of Fellowship's Goals**

It is the goal of this fellowship to provide additional geriatric training to family physicians. This training is to assist family physicians in obtaining the skills necessary to provide geriatric services appropriate to the existing and future needs of rural and underserved area. However, while the fellowship is based at the same location as a primary family medicine residency, the fellowship leadership recognize the exceptional need for competent geriatricians, and have opened the fellowship to both family medicine and internal medicine residents, as both are eligible for board certification under the ACGME.

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 inter-professional 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. Anne Halli-Tierney is the Fellowship Director and is over all aspects of the Fellowship Program. Dr. Halli-Tierney reports to Dr. Richard Friend, Chair, Department of Family, Internal and Rural Medicine.

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 director 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. 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 programs oversight committee. It is chaired by the Designated Institutional Official with voting members including the Residency Director, a fellowship program director, peer-selected Residents/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: The University/CCHS intends to follow Institutional and Common Program requirements for the geriatrics fellowship program 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 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** - There is a policy that applies specifically to fellows in the University of Alabama Geriatric Medicine Fellowship program in addition to the Sponsoring Institution Policies:

1. [Supervision and Accountability](#)

**Fellowship Policy Enhancement** - Program requirements beyond the above Sponsoring Institution Policies that apply to fellows in the Geriatric 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. **Cell phone and Email:**

Professional behavior and responsibility is expected of all fellows. The program director, clinic personnel, the answering service and the attending supervisor 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 informally throughout the program. 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 each quarter. This will also be discussed at the meeting.

#### C. Outpatient Clinical Duties

**1. Overview:**

The fellow's patient panel in his/her continuity clinic is assigned for the duration of fellowship. The initial panel is composed of patients from incoming fellows' residency panel (if the fellow is a graduate of the Family Medicine residency),

patients new to UMC, and patients on follow-up from local emergency departments. A fellow may add family members of his/her currently assigned patients to his/her panel at any time by notifying the fellowship office. The location and supervision of the continuity clinic will depend on the specialty of the fellow (whether family medicine or internal medicine).

#### **D. Inpatient Clinical Duties**

Notes at the hospital are required on all consult and co-managed inpatients.

##### **1. University Medical Center and UMC-Northport:**

###### **a. General Practices Regarding Fellow Continuity Practice at both UMC locations:**

- i. Fellows will not care for or write prescriptions for their own family.
- ii. CCHS Nursing and administrative staff may not be treated by a fellow.
- iii. Fellows are expected to be at his/her assigned clinic 15 minutes before the first patient scheduled appointment. If the fellow must be late for a scheduled clinic, he/she must notify, via email and telephone, the program director and the suite charge nurse so that patients can be informed and arrangements can be made for rescheduling or for care by another physician, if necessary.
- iv. If the fellow must cancel a scheduled clinic, he/she must request the cancellation from the program director via email or in writing 60 days in advance. Same-day cancellations may only occur due to emergency situations, and must be done with a personal call to the charge nurse as well as the program director.

###### **b. Release of Protected Health Information (PHI)**

- i. **General Expectations and the Electronic Medical Record:**  
There is a 24-hour availability of University Medical Center records by computer. Fellows are expected to comply with all UMC policies and procedures regarding the Electronic Medical Records System.
- ii. **Faxing/Receiving Confidential Patient Medical Records:**  
Facsimile transmission of health information should occur only when the original record or mail-delivered copies will not meet the needs of immediate patient care. Health records should be transmitted via facsimile only when: (1) needed for patient care; or (2) required by a third party payer for ongoing certification of payment for a hospitalized patient. The information transmitted should be limited to that necessary to meet the requestor's needs. The Medical Records Department should make routine disclosure of information to

insurance companies, attorneys, or other legitimate users through regular mail or fax. Except as required or permitted by law, a properly completed and signed authorization should be obtained prior to the release of patient information. An authorization transmitted via facsimile is acceptable. Consult the Medical Records Department to assist with all release of information requests. Any release of information should be charted in the patient's medical record on PHI.

Each fax machine should have someone monitoring incoming documents. This individual should remove incoming documents immediately, examine them to assure receipt of all pages in a legible format, and send them in accordance with their instructions. Faxed documents will be scanned into the EMR by the staff of the Medical Records department. All actions will be in accordance with HIPAA regulations:

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

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

**iii. Incomplete Charts**

Within the fellowship program, incomplete is defined as any clinic visit note or procedure note not completed within 72 -hours of the encounter.

Timely completion of patient records is good patient care. Additionally, fellow chart documentation is necessary before the attending can complete their documentation. Attendings are required to complete chart documentation within 15 days of the encounter otherwise, they are subject to a financial penalty. See also the [Chart Completion and Authentication Policy](#).

**c. Charges**

**i. Patient Charges and Discounts:**

At UMC, professional physician charges are competitive with those of local physicians. Fellows should document the visit and submit the bill. Fellows shall be responsible for coordinating any questions

or concerns on charges to patients. Specific policies are outlined below.

- ii. **Identification of all Services at University Medical Center:**  
Each patient who receives medical care at UMC should be billed in the computer. Fellows are encouraged to document at the time of the visit. In the event a special circumstance warrants a modification of this policy, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), and the Director of Billing and Compliance should be consulted.
- iii. **Fee Adjustments:**  
Fellows may offer professional courtesy adjustments only after consultation with the Director, Billing and Coding Compliance in the Business Office
- iv. **Uninsured/Underinsured Policy:**  
Indigent patients should be referred to the Social Worker at 348-7181.

**d. Other Clinical Procedures**

- i. **Medical Transportation:**  
Patients who require transfer to DCH for emergency care or admission will be presented to an attending, and will not be transported to or from DCH without authorization from the attending. Notify the nurse staff in the clinic to call for transport.
- ii. **Transfer of Patients:**  
All patients who request a change in their assigned physician should be referred to an attending in that suite, who will arrange the transfer. Changes should be made according to a random list of physicians in each suite. The old physician and new physician should be informed of the change and the circumstances surrounding it.
- iii. **Dismissal of Patients:**  
UMC has a [specific policy on the dismissal of a patient](#) and all such dismissals must follow this policy. A fellow physician may request that a physician-patient relationship be ended. Fellows must get approval from an attending to terminate a patient. The attending must review the patient's chart carefully, ensuring compliance with the dismissal policy and that there are no omissions in the standard of care and that no indiscreet remarks have been made in the chart. The attending will then ask the clinic director and department chair to end the relationship. If the patient is being seen by a physician in another department, the attending must get termination approval from the other physician. The clinical director will request a form letter to be signed by the fellow and attending. A copy of the signed

letter will be placed in the patient's chart. Terminations do not affect the patient's immediate family members, except in the case of outstanding bills.

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

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

**iv. Referrals:**

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

## **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:**

The curriculum is longitudinal and includes care of the older adult in outpatient, long term care, home, hospice, and inpatient settings, family medicine or internal medicine continuity clinic, didactic lectures on topics pertaining to aging, research and quality improvement, and junior attending teaching responsibilities. After adequate orientation the fellow will be expected to act both as learner and as teacher in a variety of settings, including inter-professional clinical venues where he or she will be able to teach learners of other disciplines about care of the elderly.

#### **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.

### **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**

#### **Overview:**

#### *Evaluation of the Fellow:*

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

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 monthly and the program quarterly. This evaluation is discussed at the quarterly meeting with the program director.

#### **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. 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 Geriatric Fellow is considered a junior attending in responsibilities in teaching medical students and residents.

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 will be allowed to perform procedures under direct supervision of fellows.

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.

When rotating on the inpatient medicine service fellows will attend morning report each morning and will 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 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 may be 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. DCH Regional Medical Center Meals- up to \$196 per month is allocated
6. DCH Regional Medical Center Medical Staff privileges
7. Educational Reimbursement (CME funds)-up to \$1000
8. Federal Drug Enforcement Agency (DEA) license
9. Lab Coats (2)
10. Occurrence Malpractice Insurance
11. Parking permit codes to DCH parking lot
12. Portable disability insurance (with buy-up plans available at extra cost to the fellow)
13. University of Alabama Business Cards
14. University of Alabama Parking Pass
15. 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 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.

#### **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.

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 Geriatric Fellowship, 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**

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

Summary:

1. Fellow must be present for a minimum of 15 days to pass a one-month rotation (which normally has 20-22 working days).
2. Leave requests must be submitted at least 60 days in advance. No leave requests will be considered if they are less than 30 days in advance unless extraordinary circumstances can be demonstrated. The Program Director must approve any exceptions. Cancellations of vacations must be made in writing.
3. No one may take annual leave during the first two weeks of July OR the last two weeks of June.

4. Administrative or Educational leave requires a copy of the brochure/related email before request can be considered. No more than five days of educational or administrative leave will be granted.
5. It is the responsibility of the fellow to notify via email the rotation preceptor, the Program Director, clinic to which he/she is assigned of his/her forthcoming absence.
6. Cancellations and changes to approved leave must be made in writing
7. Once a fellow has exhausted leave (annual/sick), additional time off may be taken as leave without pay.
8. Sick leave may only be used for illness of fellow or other family member as outlined below. Sick leave may not be used as annual time. Once sick leave is exhausted a fellow may use annual leave as sick leave.
9. NOTE: At any given time between 8:00 am and 5:00 pm Monday through Friday, fellows should either be on rotation, in clinic, in academics, or have a properly prepared and approved leave request.

1. Vacation:

Each fellow is permitted two weeks (10 working days) of paid vacation per year, plus one week at Christmas/New Year.

2. Sick Leave:

Fellows accrue sick days at one per month for a total of 12 a year. On the morning of an absence, the fellow must notify the Fellowship Director.

Sick days may be requested in advance for physician appointments or scheduled medical procedures. Unexpected illness occasionally occurs. All days taken for sick must be claimed upon return to work. Any sick leave in excess of 72 hours must be accompanied a physician's statement and release to return to work.

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

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

Eligible fellows may be granted sick leave when they:

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

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

3. **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](#).

4. **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 Geriatric 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.

5. **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 as well as the week of spring break for the University, and fellows should not make vacation/holiday plans until the CCHS establishes its annual holiday schedule. The fellow will be expected to work some holidays as per the published call schedule.

6. **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.

#### **7. Professional Appearance**

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

#### **8. 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.

#### **9. 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 (Claire Owens, 205-934-5551). Ms. Owens 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. Owens. As appropriate, the Fellowship Director may ask you 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. 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. 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 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. Committees:**

Fellows will be assigned to committees of the College and DCH. 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 your 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 with their academic advisor. At least one fellow will be on the fellowship PEC.

#### **K. Licensure**

Fellows are required to obtain an Alabama Medical License.

#### **L. 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.

#### **M. Miscellaneous**

##### **1. Mailing Address:**

###### **Business Address**

850 Peter Bryce Blvd  
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 Geriatric 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.**

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Printed Name/Signature

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Date