CONTENTS

I. INTRODUCTION
   A. History
   B. CCHS
   C. Overview of Residency’s Goals
   D. Lines of Authority

II. POLICIES

III. CLINICAL PRACTICES
   A. General Supervision
   B. Communication
   C. Outpatient Clinical Duties

IV. EDUCATIONAL PRACTICES
   A. Professionalism
   B. Curriculum
   C. Library and Learning Resources
   D. Assessment
   E. Working with Medical Students

V. ADMINISTRATIVE PRACTICES
   A. Resident Agreement
   B. Other Handbooks
   C. Compliance Training
   D. Benefits
   E. Salary/Paychecks
   F. Malpractice Coverage
   G. Leave/Other
   H. Risk Management, Conversations with Attorneys, Safety Learning Reports
   I. Immunizations
   J. Chief Resident Selection
   K. Committees
   L. USMLE Step 3
   M. Licensure
   N. Controlled Substance
   O. Miscellaneous

VI. SIGNATURES
I. INTRODUCTION

This Handbook contains both general and specific information regarding the residency program, policies and procedures applicable to the residency 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 residency 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 Residency Agreement.

Equal Opportunity

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

A. History of the University of Alabama Family Medicine Residency-Tuscaloosa Program (UAFMR-T)

In the late 1960s, a public outcry arose in response to the country’s acute need for more physicians. In response to that demand, the College of Community Health Sciences was established at The University of Alabama. Many areas of Alabama, particularly small towns and rural communities suffered from a serious lack of health care. The distribution of doctors was not the only reason for the physician shortage. Many of the new doctors being trained were choosing various specialties and subspecialties of medicine and were choosing to practice them in the more urban areas of the State.

With a mandate from the State Legislature to improve health care in Alabama, the College, founded in 1972, looked to family medicine to achieve its goals. What was needed were doctor strained in family medicine – general practitioners who would
practice in Alabama, including the State’s small towns and rural communities, and who were equipped to treat the myriad of medical problems found there.

The College’s University of Alabama Family Medicine Residency-Tuscaloosa Program was started in 1974, and the first class of residents graduated in 1977. Today, one in eight family medicine physicians practicing in Alabama graduated from the College’s residency.

The Family Medicine Residency prepares physicians to provide exceptional care in family medicine. The curriculum emphasizes community-based continuity of care and leads to board certification in family medicine. It is an unopposed residency and the only one with a full-time presence at the 658-bed DCH Regional Medical Center in Tuscaloosa, which is the referral hospital for West Alabama. The residency is a university-based program with a large full-time faculty assisted by local physician volunteers, and residents typically test in the top 20 percent of the country.

In recent years, the College has developed fellowships through its Family Medicine Residency to enhance the education of family medicine physicians. The College offers fellowships in sports medicine, hospital medicine, obstetrics, behavioral health, emergency medicine and rural public psychiatry.

In 2012, the residency increased the number of residents it accepts each year from 12 to 15, and in 2015, the residency started another growth transition to a 16-16-16 program that will allow a total of 48 residents by July, 2017. The rationale for this growth in the program is to allow the College to further meet the expanding needs in Alabama’s rural communities.

To date, the Family Medicine Residency has placed 488 physicians into practice in 30 states, including Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Tennessee, North Carolina, South Carolina, Oklahoma, Texas, and Virginia.

More than half of residency graduates are practicing in Alabama and the majority of those are practicing in rural and underserved communities and Health Professional Shortage Areas.

B. College of Community Health Sciences at The University of Alabama
   1. Mission Statement
      We are dedicated to improving and promoting the health of individuals and communities in Alabama and the region through leadership in medical education and primary care; the provision of high quality, accessible health care services; and scholarship.
We accomplish this mission by:

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

Our core values are:

• Integrity
• Social accountability
• Learning
• Innovation
• Patient-centeredness
• Transparency
• 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 Residency-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

**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 residency; and then, transform the curricular structure of the residency 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 residency by recruitment of additional full-time faculty, with specialty interest in obstetrics, procedures, emergency medicine, and population health, among others, as well as selecting and integrating community-based faculty.

Phase Two:

A3: Diversity clinical experiences by opening new continuity clinics 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 residency experience; incorporate technology, e.g. social media and telemedicine.

A6: Create a marketing plan to improve residency 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 (main) and UMC-Northport, and UMC-Demopolis clinics. UMC (main), located on the main campus of The University of Alabama is a large multi-specialty clinic serving the West Alabama region. Acting as teaching facility for a variety of allied health fields, UMC primarily serves as a training site for medical students and our family medicine residents. Two of our clinical sites serve as ACGME accredited continuity clinics, UMC (main) and UMC-NP. All three of our clinics operate under a common set of UMC-wide policies and procedures and fall under the oversight of CHSF and CCHS leadership personal.

4. **Faculty:** CCHS has approximately 66 faculty members in the following departments:

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

C. **Overview of Residency’s Goals:**

The residency program adapts the family medicine milestones project and provide residents with biannual feedback regarding their progression in the six ACGME competencies. Toward this end, the residency will define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for residents 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. Residents 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, residents, and other health professionals.

**Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals. Residents 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. Residents 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 inpatient and/or population-based care as appropriate.
• Advocate for quality patient care and optimal patient care systems.
• Work in interprofessional teams to enhance patient safety and improve patient care quality.
• Participate in identifying system errors and implementing potential systems solutions.

Mental Health:

CCHS provides residents and fellows with access to free, confidential counseling services (for individual and/or relationship counseling). The only information that the counselor shares with us is the number of individuals served per month (so we can determine whether to continue offering the service).

<table>
<thead>
<tr>
<th>Who</th>
<th>Mona Ochoa-Horshok, LPC</th>
</tr>
</thead>
<tbody>
<tr>
<td>What</td>
<td>Confidential counseling</td>
</tr>
<tr>
<td>Cost</td>
<td>Free (to FM residents, fellows, and UASOM-Tuscaloosa medical students)</td>
</tr>
<tr>
<td>When</td>
<td>Two evenings a month, between 5:30 pm and 7:30 pm</td>
</tr>
<tr>
<td>Where</td>
<td>E114. This room is located on the academic level, on the hallway connected to the medical student lounge, or from the door across from the IT training room.</td>
</tr>
<tr>
<td>Appointments</td>
<td><a href="mailto:mochoahorshok@gmail.com">mochoahorshok@gmail.com</a> or call/text 205-393-9029</td>
</tr>
</tbody>
</table>

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 residents and the need for assistance.

Physicians in training who are suffering may bring this to the attention of the Residency Director or their Advisor without fear or disapproval. Confidentiality is important. Residents are encouraged to consult with the psychiatry faculty in CCHS. If there is interest in obtaining assistance outside the College, several good resources are available. A brief directory of community resources includes:

**University of Alabama Employee Assistance Program (EAP)**
Everyone has problems juggling the demands of work, family, and other obligations that combine to make life stressful. Effective August 1, 2018, The University of Alabama has contracted with American Behavioral to provide professionally trained counselors to give you options and resources for coping more effectively with a variety of life challenges.
American Behavioral is a full-service behavioral health care organization with a nationwide network of licensed and credentialed providers in 38 specialties. Eligible employees and dependents residing in Tuscaloosa, outside of Tuscaloosa and even out-of-state have expanded access to highly-qualified EAP counselors.

To locate an EAP Provider in your area, find out more information about how the EAP may help you, or to schedule an appointment, contact American Behavioral at (800) 925-5327.

Other resources:
Indian Rivers Community Mental Health Center = (205) 391-3131
UMC Psychiatry Department = (205) 348 – 1265
Alcoholics Anonymous = https://tuscaloosa-aa.org/meetings/
Alabama Professionals Health Program = (334) 954-2596

D. Lines of Authority/Hierarchy
RESIDENCY LEADERSHIP: The University of Alabama Family Medicine Residency- Tuscaloosa Program (UAFMR-T) has a Residency Director (Tamer Elsayed, MD), an Interim family medicine department chair (Jane Weida, MD), One Associate Residency Directors (Jared Ellis, MD), and an Assistant Residency Director (Connie Leeper, MD), two Residency Program Coordinator (Alison Adams) and (Genia Condra) a Residency Program Assistant (Jeremy Cole).

SPONSORING INSTITUTION: The Residency’s sponsoring institution is The University of Alabama’s College of Community Health Sciences, whose Interim Dean Richard Friend, MD. Additionally, the Residency 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 ACGME 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 Residency oversight committee. It is chaired by the Designated Institutional Official with voting members including the Residency Director, select Faculty, peer-selected Residents and Fellows, a Patient Safety/Quality Improvement Officer and a representative from our Major Participating Site (DCH Regional Medical Center). This committee deals with institutional and accreditation issues that affect all graduate medical education programs of the College.

The Program Evaluation Committee (PEC) is responsible for educational changes that may affect the Residency. It is chaired by the Residency Director, with voting members including a Faculty member from each discipline contained within the curriculum. PEC is responsible for annual program evaluation and 10-year self-study.

DCH Regional Medical Center is the major participating hospital that receives Graduate Medical Education funding from CMS (i.e., Medicare). These funds are partially passed on to the College for resident salary and benefits.

ACCREDITATION: The Accreditation Council for Graduate Medical Education (ACGME) is the accrediting institution for Allopathic residency programs in the United States. The UAFMR-T is fully accredited by the ACGME and complies with the rules and regulations required at an institutional level by the ACGME, as well as those specialty-specific requirements of its Review Committee for Family Medicine residencies. The Institutional Requirements, Common Program Requirements, and Program Requirements can be found on the ACGME website.

The American Board of Family Medicine (ABFM) maintains its own set of requirements that must be followed in order for a resident to be eligible for obtaining board certification, including policies relating to continuity of care and leave of absence from Residency. Our internal requirements are also written to comply with the ABFM requirements, which can be found on the ABFM website. In addition, the ABFM administers the in-training exam (ITE) every fall; previous in-training exams can be accessed on its website. The in-training exam is an excellent predictor of initial certification exam passaging.

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.

For further information, contact us at (205) 348-1373 or uafmr@ua.edu.
II. POLICIES

As previously stated, The Sponsoring Institution (SI) has an official Policy and Procedure manual consistent with ACMGE requirements. The Family Medicine Residency program has adopted the SI policies, however, the procedures to accomplish these policies are tailored to fit the residency program. In addition, there are some specific residency policies, procedures and practices which are applicable to the residency 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 Residency Office, however, it is the resident’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, 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. Program Closure and Reduction
16. Drug and Alcohol
17. Probation and Remediation
18. Professional Appearance Policy
19. Well Being, Fatigue Mitigation and Monitoring

**Residency Policies**- These are policies that apply to residents in the University of Alabama Family Medicine Residency-Tuscaloosa Program in addition to the Sponsoring Institution Policies.
1. Communications
2. Professionalism
3. Transitions in Care
4. Supervision and Accountability for FMR

**Residency Guidelines**- These are guidelines that apply to residents in the University of Alabama Family Medicine Residency-Tuscaloosa Program.
1. Inpatient Medicine Guidelines

The Residency Handbook is further sub-divided into the following sections containing information about our 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 resident 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 resident is responsible for communicating to the attending physician any significant issues regarding patientcare.

B. **Communications**
   1. **Pagers and Email:**
      - Professional behavior and responsibility is expected of all residents. The Residency Office, clinic personnel, the answering service and your rotation team members need to be able to reach you at any time, unless you are on approved leave. Our primary means of contact will be through your pager, cell phone and/or email. See the Residency Communications Policy.
   2. **Faculty-Resident Communications, Feedback:**
      - Feedback is provided during rotations along with an evaluation completed at the end of the rotation by the attending physician. Each resident is also assigned an advisor to assist them with their educational goals. Residents will receive a semiannual formative feedback from clinical competency committee (CCC) regarding their performance and progression according to the Family Medicine Milestones
C. Outpatient Clinical Duties

1. Overview:
The resident’s patient panel in his/her continuity clinic is assigned for the duration of residency. The panel will increase over the three years in keeping with the increased time spent in the Family Medical Practice site (located either within UMC or an external UMC clinic approved as a continuity clinic site by the ACGME). The initial panel is composed of patients from graduating residents’ panels, patients new to UMC, and patients on follow-up from are emergency departments. A resident may add family members of his/her currently assigned patients to his/her panel at any time by notifying the residency office.

2. University Medical Center and UMC-Northport:
   a. General Practices Regarding Resident Continuity Practice at both UMC locations:
      i. Residents will not care for or write prescriptions for their own family.
      ii. CCHS Nursing and administrative staff may not be treated by a resident.
      iii. A resident’s clinic schedule is determined by the rotation to which he/she is assigned. Clinic schedules are prepared by the Residency Office and are typically available six months in advance.
      iv. Residents are expected to be at his/her assigned clinic 15 minutes before clinic begins. If the resident must be late for a scheduled clinic, he/she must notify, via email and telephone, the Residency Office and the suite charge nurse so that patients can be informed and arrangements can be made for rescheduling or for care by another physician, if necessary.
      v. If the resident must cancel a scheduled clinic, he/she must request the cancellation from the Residency Office via email or in writing 90-days in advance. Same-day cancellations may only occur due to emergency situations, and they must be done with a personal call to the charge nurse as well as the Residency Office.

   b. Precepting Patients in Clinic:
      i. First-year residents must consult with the attendings about each patient. Attendings must examine EVERY patient during the first six months of the resident’s first year.
      ii. First-year residents must check-out every patient encounter to an attending physician during the second six month of PGY-1.
      iii. All residents will have an attending available to address any questions.
      iv. All residents are required to consult with an attending when seeing
Medicare patients. An attending physician must see all Medicare patients.

v. Attending physician may approve for a resident to leave the clinic early, if the resident has finished all his patients encounters scheduled for the day, and if the volume and patient care needs for the day allow (meaning all chart documentation is complete). If approved, the resident must notify the nurses of his/her departure. Common courtesy dictates that the resident also asks a colleague to see walk-in patients who arrive after the resident departs.

c. Release of Protected Health Information (PHI)
   i. General Expectations and the Electronic Medical Record:
      There is a 24-hour availability of electronic medical records systems (UMC/DCH) by computer. Residents 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
regulation:
• Faxes should be sent/received using fax machines in a secure, limited area.
• Fax requests from unfamiliar sources should always be verified.
• Highly sensitive health information will not be faxed.
• Psychotherapy notes will never be faxed.

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

iii. Charting Expectations of Preceptors in the Family Medicine Clinic:

1. All attending faculty must personally see all Medicare patients, Tricare, and Federal BCBS patients.
2. An attending faulty must be present for all key portions of a procedure regardless of insurance to be able to bill appropriately.

iv. Incomplete Charts
Within the residency program, incomplete is defined as any clinic visit note or procedure note not completed within 72 -hours of the encounter. The Residency Office will inform residents of charts that has been incomplete for more than 48 hours. Residents will have 24 hours to complete all charts, after notification from residency office. If the resident has not completed his/her charts by 8:00am of the next business day following the 72-hours, the resident will be pulled off his/her rotation and docked half of a vacation day until all charts are completed. If no vacation time is available, the resident will be required to complete an extra weekend call on either Inpatient Medicine or Peds/OB. The resident will also be required to meet with the program director. Any resident found to have a significant number of incomplete charts and/or a repetitive pattern of incomplete charts is subject to disciplinary action.

Timely completion of patient records is good patient care. Additionally, resident 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.
d. Charges

i. Patient Charges:
At UMC, professional physician charges are competitive with those of local physicians. Resident must document the visit. The attending will submit the charges for billing. Residents 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/or other sites should be billed in the computer. Residents are encouraged to document at the time of the visit but are required to complete documentation within 48 hours of the date of service. 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. Uninsured/Underinsured Policy:
Indigent patients should be referred to the Social Worker at 348-7195.

e. 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 nursing supervisor or clinic director.

iii. Dismissal of Patients:
UMC has a specific policy on the dismissal of a patient and all such dismissals must follow this policy. A resident physician may request that a physician-patient relationship be ended. Residents 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 resident 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 resident 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 resident 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 resident 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.

f. Home Visits
Home visits are required for all residents. These visits are appropriate for all debilitated or home-bound patients or any patient being followed by a home health or hospice agency. Residents will not graduate without an appropriate number (minimum- 2) of home visits. An attending must be present with the resident in order to bill for the services rendered in the Home.

g. Nursing Home Visits
Each resident will be assigned two nursing home patients at the beginning of PGY2. Following your assigned nursing home patients for the duration of your residency is a required part of your training. The resident will provide primary care to patients with Attending backup for PGY 2 and PGY 3 years. The resident is expected to visit his/her nursing home patients monthly. Residents will not graduate without obtaining 24 nursing home visits. An attending must be present with the resident in order to bill for the services rendered in the Nursing Home.

### Minimum required nursing home visit per year of training:

<table>
<thead>
<tr>
<th>Date</th>
<th>Year</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 15th</td>
<td>PGY-2</td>
<td>6 Nursing home</td>
</tr>
<tr>
<td>June 15th</td>
<td>PGY-2</td>
<td>12 Nursing home</td>
</tr>
<tr>
<td>December 15th</td>
<td>PGY-3</td>
<td>18 Nursing home</td>
</tr>
<tr>
<td>June 15th</td>
<td>PGY-3</td>
<td>24 Nursing home</td>
</tr>
</tbody>
</table>
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 resident development. The Professionalism Policy must be signed and turned into the residency office.

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

B. Curriculum

1. Overview of the Curriculum: 13 blocks
   - FM Inpatient-5 blocks total (3 blocks intern year, 1 for PGY-2, & 1 for PGY-3)
   - Internal Medicine-1 blocks (Ambulatory PGY-2)
   - OB/GYN-3 blocks (2 blocks intern year, 1 block PGY-2 or PGY-3)
   - Peds Inpatient-2 blocks (1 block PGY-1, 1 block PGY-2 or PGY-3)
   - Surgery-1 block (intern year only)
   - Geriatrics-1 block
   - EKG/VENT-1 block (intern year only)
   - Community Medicine-1 block (intern year only)
   - GYN Clinic-1 block (PGY 2)
   - Night Float-Adult Medicine-2 blocks (one as an intern and one as an upper level)
   - Night Float-OBGYN one block (as an intern)
   - Emergency Medicine-2 blocks (1 in 2nd year and 1 in 3rd year)
   - Ambulatory Pediatrics-2 blocks (1 block PGY-1, 1 block PGY-2 or PGY-3)
   - EBM Pharmacy/Radiology-1 block (2nd year preferably, but can complete in 3rd year)
   - Orthopaedics-1 block
   - Psychiatry-1 block
   - Rural Medicine- Block one (Resident will choose where to spend the month from a list provided by residency office)
   - Rural Medicine- Block two (Residency office will designate a site for this experience, which is intended to be a comprehensive rural medicine experience to
include out-patient, inpatient and emergency medicine at a rural setting) (Effective starting class of 2022).

- Neurology-1 block
- Cardiology-1 block
- ENT/Urology/Ophthalmology-1 block
- Sports Medicine-1 block
- Radiology/Practice Management-1 block
- Electives- 4 blocks (Effective starting class of 2022).
- Upper level residents may pick 4 rotations from the following 5 rotations (provided that all the 5 rotations are covered by an upper level through the academic year):
  - Inpatient Medicine
  - Pediatric Inpatient
  - Pediatric night float (PGY-2 or PGY-3
  - OBGYN inpatient
  - OBGYN Night float

2. Rotations:
   a. Scheduling Rotations:
      The curriculum for this program is 36 months (39 Blocks), including allotted vacation time. Rotation schedules are prepared in one-year blocks from July to June by the Chief Residents. This schedule is subject to oversight and/or reassignment by the Residency Director, Associate Director, Assistant Director, and/or Coordinator. Any resident wishing to make a change in his/her rotation schedule should apply 90 days in advance to the residency director.

   b. Elective/Subspecialty Rotations:
      Before starting an elective or subspecialty rotation, the resident is required to contact the preceptor one month prior to the start date to notify him/her of clinic schedule and inquire about any requirements or preparations that should be completed for the rotation.

   c. Starting Dates:
      Block rotations, with the exception of Night Float, begin on the first day of the block. Night Float begins at 5:00 pm the night before the first day of the Block.
      Master block schedule with start dates for each block will be provided to residents before July 1st of each academic year.
d. **Incomplete Rotations:**
It is expected that each rotation, including electives, will be completed in a satisfactory manner, including adequate attendance (Minimal attendance of 15 business days). Any rotation with attendance less than 15 business day is considered incomplete and residents will be given an incomplete evaluation for this rotation and will need to repeat the rotation before graduation.

e. **Passing rotations:**
Residents must receive a passing recommendation by the department chair or preceptor to pass the rotation. PGY-1 must in addition receive a recommendation of ready to be an upper level before promotion to PGY-2.

f. **Away Rotations:**
The American Board of Family Medicine (ABFM) requirements for training allow for a maximum of 8 weeks every calendar year during the R2 and R3 years to be spent on away rotations. No away rotation is allowed during the last month of residency.

i. **Supervised Practice Experience (SPE):**
A Supervised Practice Experience (SPE) maybe spent in a physician practice of the resident’s choice with the prior approval of the Residency Director. The following criteria will be used to judge the acceptability of the proposed:

- The resident will apply for the SPE a minimum of three months prior to the anticipated rotation. During this period, CCHS must determine the suitability and qualifications of the “away site” preceptor and ensure the environment meets ACGME’s expectations for an environment that promotes patient safety and quality improvement.
- After obtaining the necessary internal approvals, The Residency Office will obtain a program letter of agreement for the rotation from the “away site” preceptor. The Residency Office may ask the resident to assist in this process.
- There must be a justifiable educational value to the away rotation experience.
- The away site preceptor should have an appropriate amount of experience in medical education.
- The away site preceptor must agree to evaluate the resident’s activity and performance.
• The resident must be supervised during the rotation.
• The College will not provide money for travel, lodging or meals.
• There can be no conflict with the resident’s duties or responsibilities to UAFMR-T. The resident must not have delinquent/incomplete dictations or charts at DCH Regional Medical Center or University Medical Center. The resident must have seen an adequate number of patients per the ACGME requirements and be on track to meet all volume requirements for graduation in order to be granted leave from clinic to participate in the away rotation.
• Unless previously discussed with the Residency Director, the preceptor should be Board Certified in Family Medicine.

ii. Rural Rotation:
All residents are required to have two rural rotation
- Rural Medicine Block one: The resident will select the site from one of the available teaching sites. The Residency Office can be contacted for the list of approved teaching sites. The resident will be required to return to a University Medical Center FMP site for one day of clinic a week to maintain their continuity of patient care. Occasionally, a stipend is provided by the Alabama Family Practice Rural Health Board to help defray the costs associated with travel to the rural site. This stipend is dependent upon the favor of the state legislature and is not guaranteed.
- Rural Medicine- Block two (Residency office will designate a site for this experience, which is intended to be a comprehensive rural medicine experience to include outpatient, inpatient and emergency medicine at a rural setting) (Effective starting class of 2022).

iii. Elective International rotation (EIR):
International humanitarian or mission experiences are encouraged during the R2 and/or R3 years of residency. It is possible to receive academic (residency) credit for these experiences provided AAFP and RRC guidelines are met. An EIR must involve having a board-certified preceptor from a U.S. training program (Exemption may be considered by program director only). A resident must apply for an EIR a minimum of three months prior to the anticipated rotation. To complete the application, which is to be submitted to the Program Director in writing, a proposal (see first bullet below) must be prepared and a Leave Request indicating
international travel has to be submitted. It is important to obtain Program Director, College and University approval for the international rotation and travel before incurring travel-related expenses. If approval is not granted, you are at risk for any expenses incurred. During this period, CCHS must determine the suitability and qualifications of the “away site” preceptor and ensure the environment meets ACGME’s expectations for an environment that promotes patient safety and quality improvement.

Humanitarian trips/rotations may be considered for reimbursement up to $1,500. This benefit is available once during residency. To qualify for this benefit, the following must be done:

• A two to three page proposal for the experience must be written and submitted to the Residency Director prior to the EIR.
• A summary of the experience must be written and submitted to the Residency Director after the EIR.

If granted permission for reimbursement, UA travel guidelines must be followed. All expenditures must have receipts and supporting documentation. Typically, the maximum reimbursement allowed is $200 per night for hotel accommodations and $45 per day for meals. Please refer to UA’s travel policy for the most up-to-date rules for reimbursement.

3. Conferences and Scholarly Activity

a. Academic Afternoon and other Academic Conferences:
Academic Afternoon every Tuesday afternoon and didactics are a required part of the program. Standards have been set with REQUIRED ATTENDANCE. Attendance is tied to promotion from one PGY level to another and successful completion of the training program (See Promotion, Renew and Dismissal Policy in Section II of this Handbook).

Attendance is required of all residents, unless: 1) the resident is on approved leave; 2) duty hours prohibit such involvement; 3) the resident is on an “away” rotation that does not have University Medical Center continuity clinic; 4) resident is covering hospital/clinic/administrative duties as approved by residency directors; 5) Residents on night float rotation are excused from attending academic afternoon; 6) Parent New Born Elective Academic afternoon should not be used for personal activities without having approved leave. If urgent care does preclude attendance, please notify Residency Program Assistant or the Residency Office as soon as possible.
Other conferences, such as Academic Conferences, Emergency Medicine Series, and Special Emphasis Week, may be scheduled at various times throughout the year. The attendance policy for these lectures is the same as above.

In cases of ANY unapproved absences, the resident will be required to use a day of annual leave. If no annual leave is available, the resident will be required to take leave without pay or required to complete a weekend call on inpatient service as scheduled by the residency office and will be required to give a lecture from a list of topics within the next month.

Attendance and participation at Academic Afternoons, Grand Rounds, Outpatient Teaching Series, Emergency Medicine Series, etc… (list not all inclusive) is important and worthwhile, Attendance logs will be maintained by the residency office administrator and its resident responsibility your presence has been documented. Extenuating circumstances must be approved by the Program Director.

Academic Afternoon is designed to further your professional development. Lecturers have been asked to take time from their schedules and deserve a respectful and attentive audience. Please put your cell phones and pagers on vibrate during this time.

Do not use Academic Afternoon to catch up on Incomplete charts. Any other use of laptops and/or cell phones is prohibited during lectures unless used for lecture material and approved by academic afternoon attending

Once a month (At least quarterly), a special-called meeting of all residents and fellows 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 residents and fellows 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 resident/fellow must have the opportunity to raise a concern at the forum;
- Residents/fellows must have the option, at least in part, to conduct their Forum with the DIO, faculty members, or other administrators present; and
• Residents/fellows must have the option to present concerns that arise from discussions at the Forum to the residency director or directly 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.

b. **Behavioral Medicine – PGY-3 Presentations**
The conference is a required part of the Residency Program. It involves each senior resident presenting a case/topic in Behavioral Medicine/Family Medicine for discussion and dialogue. Preparation of the topic and the case is done under the direct guidance of the faculty coordinator for the R3 conferences (Dr. Thad Ulzen and/or Dr. John Burkhardt) and/or the Residency Director. These conferences will have their own orientation at the end of the R2 year.

c. **Scholarly Activities and Research**
All University of Alabama Family Medicine Residency-Tuscaloosa Program residents are required to participate in scholarly activities/research throughout residency. These are graduation requirements. Opportunities for scholarly activities/research generally begin in the R2 year but you may begin during internship. If you would like to get started earlier, you may schedule time to discuss these projects at any time during internship.

The scholarly activity comes in many different formats and incorporates the core areas of academic medicine, such as research, teaching, patient care and organization/management/service. As defined by Boyer (1990), scholarship encompasses the full scope of academic work and includes:

• **The Scholarship of Discovery** - original research.
• **The Scholarship of Integration** - interdisciplinary work in which connections are made across disciplines.
• **The Scholarship of Application** - the application of theory to practice and the bidirectional relationship between theory and practice.
• **The Scholarship of Teaching** - communication of knowledge to learners and the creation and sharing of knowledge about the practice of teaching.
Each resident is required to accumulate 10 scholarly activity points. This system recognizes a variety of activities as scholarly; any of the four types of scholarship described by Boyer can potentially earn points.

The point system is weighted in such a way as to encourage residents to participate in the scholarship of discovery. Residents are free to collaborate with each other, as well as faculty, on projects.

The table shows the basic outline of the point system. Accumulations of 10 points are required to graduate. The research director, program director, and the faculty mentor determine the exact number of points earned for a project. For projects involving collaboration, full points can be given to each resident, or points can be assigned based on each resident’s level of contribution.

Additional information regarding this requirement will be formally given during an orientation session at the beginning of the R2 year.

<table>
<thead>
<tr>
<th>Type of Scholarly Activity</th>
<th>Maximum # of Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of an IRB-approved research project</td>
<td>7</td>
</tr>
<tr>
<td>Acceptance (to peer review) of a manuscript describing a clinical review, research project, a quality improvement project with evaluation, or a systematic review to a medical journal</td>
<td>5</td>
</tr>
<tr>
<td>Publication of an edited book chapter or section</td>
<td>5</td>
</tr>
<tr>
<td>Acceptance (to peer review) of a manuscript describing a case report</td>
<td>5</td>
</tr>
<tr>
<td>Prepare an enduring curriculum for use by the residency program, including needs assessment; goals &amp; objectives; activities/template; evaluation; and presentation for incorporation into the curriculum</td>
<td>5</td>
</tr>
<tr>
<td>Identification by PGY 1 of approved scholarly activity topic/question with faculty mentor</td>
<td>3</td>
</tr>
<tr>
<td>Participating in a grant proposal or budget</td>
<td>3</td>
</tr>
<tr>
<td>Submission and acceptance of a podium or poster presentation at a state, regional, national, or international medical conference</td>
<td>3</td>
</tr>
<tr>
<td>Presentation of a podium or poster presentation at the CCHS Rural Health Conference</td>
<td>3</td>
</tr>
<tr>
<td>Participation in state, regional, or national committees of medical or educational organizations</td>
<td>3</td>
</tr>
<tr>
<td>Publication of a letter to the editor in a peer-reviewed medical journal</td>
<td>2</td>
</tr>
<tr>
<td>Publications for the lay public, such as newspaper articles, on medical topics or an article for the UA news</td>
<td>2</td>
</tr>
<tr>
<td>Activity</td>
<td>Credits</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Submission without acceptance of a presentation at a state, regional,</td>
<td>1</td>
</tr>
<tr>
<td>national, or international medical conference</td>
<td></td>
</tr>
<tr>
<td>Presentation of a podium or poster presentation at a local medical or</td>
<td>1</td>
</tr>
<tr>
<td>patient care conference (includes but not limited to CCHS Research Day,</td>
<td></td>
</tr>
<tr>
<td>Grand Rounds, Scholarship Conference, etc.)</td>
<td></td>
</tr>
<tr>
<td>Presentation at Academic Afternoon (required for all)</td>
<td>1*</td>
</tr>
<tr>
<td>Special lecture outside of CCHS</td>
<td>1</td>
</tr>
<tr>
<td>Publication of an op-ed or letter to the editor in a local or state</td>
<td>1</td>
</tr>
<tr>
<td>newspaper regarding a current public health concern</td>
<td></td>
</tr>
<tr>
<td>Presentation of a one-hour lecture for global health curriculum</td>
<td>1</td>
</tr>
<tr>
<td>Other activities deemed acceptable by the research director and</td>
<td>As</td>
</tr>
<tr>
<td>residency program director</td>
<td>assigned</td>
</tr>
</tbody>
</table>

*Requirement for graduation

4. **Other Requirements**
   a. **Quality Improvement:**
      I. Quality Improvement (QI) is increasingly becoming a part of private practice in the form of insurance-initiated pay-for-performance programs and annual American Board of Family Medicine Maintenance of Certification QI Chart Reviews. All Family Medicine Residents are required to participate in a required QI project. This is a graduation requirement and is typically completed during the R2 year.
      II. Required DCH committee attendance: As part of practice management requirement by ACGME.

See also Sections on Nursing Home and Home Visits

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 residents 24 hours a day.

D. **Assessment**
   1. **Overview:**
      a. **Evaluation of the Resident:**
         Residents evaluate the faculty and rotations. To preserve anonymity, these evaluations are compiled every four to six months and a composite average of the evaluations and comments are presented to the faculty. The evaluations remain completely anonymous.

         Preceptors from each rotation evaluate residents in New Innovations monthly. These evaluations are released for the resident to review at his/her
request. Each quarter, residents will meet with their advisor to review these evaluations.

Quarterly Summative Evaluations are conducted by the Family Medicine faculty and are kept on file in the Residency Office.

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

During the academic year, the Family Medicine faculty shall meet quarterly to consider the academic progress and promotion of all residents. The residents will be required to meet with their advisors to discuss their evaluations for that quarter. Any weakness or deficiency should be discussed during this time. The advisor will complete a Summative Evaluation on the resident and turn it in to the Residency Office.

Prior to the end of June, the Residency Director shall forward to each resident the decision reached, pending successful completion of the remainder of the academic year.

ii. Faculty Advisor: Residents are assigned a faculty Academic Advisor to assist them in obtaining their educational goals.
   a. Evaluation by the Resident of Rotations: Residents are required to complete an evaluation of each rotation in New Innovations.
   b. Evaluation by the Resident of Teachers: Residents are required to complete an evaluation on each of their attendings at the end of a rotation in New Innovations.

2. Documenting Procedures

   All procedures done should be documented in New Innovations. This list is used to write an official letter documenting your competency in procedural areas to all future employers, hospitals, and/or insurance companies. Occasionally, some rotations require a certain number of procedures to graduate.

   Each resident must perform a minimum of 40 deliveries over the three-year program, of which a minimum of 10 must be continuity deliveries. At least 30 of the total deliveries must be vaginal deliveries. Two residents may be given
credit for the same delivery if one of those residents is supervising. The experience of each resident must be documented as to the role played in the delivery. For the minimum of 10 continuity patient deliveries, each resident must assume responsibility for provision of antenatal, natal, and postnatal care during their three years of training.

Interns must log 15 ICU patient encounters, 10 advanced airway procedures, and participate in 5 ACLS codes in order to promote to the PGY-2 level.

Every resident must attend at least one ACLS Emergency Simulation session given by Dr. Ellis. These are typically every other Monday afternoon. Sessions can be attended while on inpatient medicine, cardiology, and FM Clinic, but it is not limited to these rotations. Contact Genia Condra at 348-1373 for scheduling simulations.

### Procedural requirements for graduation:

<table>
<thead>
<tr>
<th>Procedure Name</th>
<th>Required</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABG (perform)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Adult Code/ACLS (lead (2+) or participate)</td>
<td>10</td>
<td>Lead 2, participate in 10</td>
</tr>
<tr>
<td>Intubation (Advanced airway)</td>
<td>10 by end of PGY1</td>
<td></td>
</tr>
<tr>
<td>Spinal Tap (Lumbar Puncture)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Circumcision</td>
<td>5</td>
<td>except prior stated conscientious objectors</td>
</tr>
<tr>
<td>End of Life Discussion</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Delivery of Bad news</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>ICU Patient</td>
<td>15 by end PGY1</td>
<td></td>
</tr>
<tr>
<td>IV Access (Venous) perform</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Meaningful Encounters/PCP</td>
<td>At least 50</td>
<td>May log up to 150, counting toward 1800 visit continuity requirement</td>
</tr>
<tr>
<td>Home Visit (Continuity (Not on Geriatrics))</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Nursing Home Visit</td>
<td>24</td>
<td>See above</td>
</tr>
<tr>
<td>OB-Total Deliveries</td>
<td>40</td>
<td>Perform or participate</td>
</tr>
<tr>
<td>OB - Continuity Delivery</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>OB - C-section (assist)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>OB - Vaginal Delivery</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Wet Mount/KOH Prep</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

28
IUD – Intra Uterine Device | 2 | except prior stated conscientious objectors
---|---|---
Contraceptive Implant (skin) Insert/removal | >3 | At least 2 insertions and at least one removal
Removal of Foreign Body from Any Orifice | 1 |
Skin -Tag removal/destruction | 2 |
Skin - Biopsy/ Excision (punch, shave, scoop) | 4 |
Skin - Cryo destruction (not skin tag) | 3 |
Fluorescein Exam with Woods lamp | 2 |
Cerumen Disimpaction | 5 |
I/D Abscess | 5 |
In growing toe nail | 2 |
Orthopedics - Casting and splints | 4 |
Joint Injection | 10 | Including all joints
Laceration Repair | 10 |
Spirometry observe & interpret | 1 | (Can be in a workshop)
ECG Performance | 1 | (ECG reading is in curriculum)

3. Residents requirement per year for advancement to next PGY-year

<table>
<thead>
<tr>
<th></th>
<th>Required by end of 1st year</th>
<th>Required by end of 2nd year</th>
<th>Required by end of 3\textsuperscript{rd} year</th>
</tr>
</thead>
</table>
Continuity Patient FMC Encounters | 150 | 650 | 1650 |
Continuity Total (NH, Home, FMC) | ** | ** | 1800 |
Meaningful Encounters | - | 25 by end of PGY-2 | At least 50 – Max 150 |
Total Deliveries | * | * | 40 |
Vaginal Deliveries | * | * | 30 |
Continuity Deliveries | * | * | 10 |
C-Section | * | * | 10 |
Nursing Home Visits | * | By Dec 15: 6 | By Dec 15: 18 |
<table>
<thead>
<tr>
<th><strong>Home Visits (Geriatrics visits don’t count)</strong></th>
<th>By June 15: 12</th>
<th>By June 15: 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate with advisor &amp; present in AA</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Journal Club</strong></th>
<th>By June 15: 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinate with advisor &amp; present in AA</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>R3 Presentation</strong></th>
<th>*</th>
<th>*</th>
<th>1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Research Project Presentation</strong></th>
<th>*</th>
<th>*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify research project</td>
<td>Begin working on research project</td>
<td>Present project at CCHS Research Day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Step 3/COMPEX Level 3</strong></th>
<th>*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Must take during PGY-1</td>
<td>Take by June 30 of PGY-1; must have full license if US grad by Dec 31 of PGY-2</td>
<td>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Board Exam Registration</strong></th>
<th>*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>By ABFM deadline for April Exam</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Board Exam</strong></th>
<th>*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>IPM (see handout)</strong></th>
<th>Series I-IV</th>
<th>Series I-IV</th>
<th>Series I-IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MOC:</strong></th>
<th>*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>KSA = 10 points</td>
<td>cKSA</td>
<td>cKSA</td>
</tr>
<tr>
<td>CSA = 5 points</td>
<td>Asthma KSA</td>
<td>CSA</td>
</tr>
<tr>
<td>QI-PROJECT (Performance Improvement activity)</td>
<td>Hypertension DM</td>
<td>*</td>
</tr>
<tr>
<td>cKSA (Continuous KSA)</td>
<td>25 questions each quarter/10 points per year</td>
<td></td>
</tr>
</tbody>
</table>

### Milestone – these count towards Milestone but not required to graduate

<table>
<thead>
<tr>
<th><strong>By end of 1st year</strong></th>
<th><strong>By end of 2nd year</strong></th>
<th><strong>By end of 3rd year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery of Bad News</td>
<td>1</td>
<td>2 total</td>
</tr>
<tr>
<td>End of Life Encounters</td>
<td>1</td>
<td>2 total</td>
</tr>
<tr>
<td>ITE Benchmarks</td>
<td>390</td>
<td>410</td>
</tr>
</tbody>
</table>

### ACGME Required Inpatient Encounters (as per Meditech report of resident signature)

<table>
<thead>
<tr>
<th><strong>By end of 1st year</strong></th>
<th><strong>By end of 2nd year</strong></th>
<th><strong>By end of 3rd year</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Inpatients</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>ICU (patients not encounters)</td>
<td>15</td>
<td>*</td>
</tr>
<tr>
<td>Pediatric Inpatients</td>
<td>*</td>
<td>*</td>
</tr>
</tbody>
</table>
## Newborn Patients

<table>
<thead>
<tr>
<th></th>
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<th>40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric ER encounters (admit or discharge)</td>
<td>*</td>
<td>*</td>
<td>75</td>
</tr>
</tbody>
</table>

### 4. In-training Exam

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

It is the goal of the University of Alabama Family Medicine Residency-Tuscaloosa (UAFMR-T) to create an environment that fosters scholarship and lifelong learning. Thus, preparation for the ITE and for Boards is highly emphasized.

The following criteria are considered internal benchmarks for the UAFMR-T:

- PGY-1: 390 mean scaled score
- PGY-2: 410 mean scaled score
- PGY-3: 440 mean scaled score

Scores will be discussed with the resident’s Academic Advisor and the Residency Director. If scores are lower than the internal benchmark listed above, formal assistance with exam preparation will be provided by The Director of learning and education, who will be the responsible faculty for designing and implementing a remediation study plan. It is the resident responsibility to seek assistance from the Director of learning and education and to schedule time to meet. Director of learning and education will report to residency director and clinical competency committee on resident progress.

Assistance with examination preparation will be provided via a remediation plan. (NOTE: This is NOT academic probation). It is anticipated that several residents may not be at this benchmark level early in the respective training years. The goal of the remediation process is to identify those struggling with standardized tests and to formally provide assistance and training for improvement.

A typical remediation plan will follow the procedures outlined below:

- Regular meetings with director of learning and education
• Regular meetings with advisor (at advisor’s discretion).
• Advised to use CME fund on board-review course. (NOTE: R2s who remediate on the ITE will not be allowed to use their R3 CME funds until successfully passing the R3 ITE. If the R3 ITE is not passed, the CME funds must be spent on an approved board-review course).

No academic probation will be prescribed SOLELY on the results of the ITE or follow-up test. The Residency Director will review the results of the ITE with confidentiality, professionalism, and a view of the big picture of the resident as a physician in training. Failure to work with academic advisor on the ITE will result in academic probation.

E. Working with Medical Students

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

Residents are to allow and expect medical students to perform histories and physicals, formulate ideas concerning impressions and diagnoses, and suggest treatments. Residents 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. Residents and students also present patients to faculty in OB/GYN and Pediatrics. Residents are expected to assist students with these presentations whenever time permits. Students will be allowed to perform procedures under direct supervision of residents. Orders are to be countersigned immediately in all instances by the resident responsible for the patient.

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

The residents may require the student to do reasonable reading and research on a patient. The student should be familiar with all pertinent laboratory and clinical facts. Ideally, the student should present the patient to the attending for comments and guidance, with the help of the resident on rounds. Both residents and medical students are to present patients during morning report on the Internal Medicine rotation and/or Family Medicine rotation. Interns must perform and dictate a separate H&P from that of
the medical student. The senior resident is to write a RAN note.

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

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

In addition to the above, clerkship directors may have more detailed rules and guidelines for resident roles and responsibilities.

II. ADMINISTRATIVE PRACTICES

A. Resident Agreement
The Residency Agreement (contract) is issued to the resident prior to commencement of the initial training year. While only one Agreement is issued, it is intended to cover the entire training period provided the Resident receives a renewal letter to advance to the subsequent years of training. Each resident will receive a copy of the fully signed Agreement. Originals are available in the Residency Office for reference. After the first Agreement is signed, any subsequent renewal is communicated in writing to the resident. Any resident who does not wish to renew his/her Agreement must notify the Residency Office 60 days prior to the renewal date.

B. Other Handbooks
In addition to the Residency Agreement and the Handbook, residents 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 resident signing and submitting an acknowledgement form. These training courses and the acknowledgement form can be found on the CCHS Intranet site.

2. Harassment and Grievance: A Resident may file a Grievance subject to the
terms and conditions in the Sponsoring Institution’s applicable policy. Claims of harassment will be addressed pursuant to the University’s policy on Harassment, located at http://eop.ua.edu/harrassment.html, and complaints about harassment in the college should be directed to the College’s Designated Harassment Person (Dr. Nancy Rubin). If the complaint is gender-based harassment, the claim will be addressed pursuant to the University’s policy on Sexual Misconduct, located at: http://titleix.ua.edu/sexual-misconduct-policy.html. Residents are required as a condition of their employment with CCHS to complete all mandatory compliance training assigned by the University (for more information, see http://hr.ua.edu/learning-development/compliance-training-2).

3. Sexually Explicit Material: Pornographic material of any kind (videos, screen savers, posters, etc.) is prohibited in any portion of the College or other sites in which the resident is assigned.

4. Working with Minors: Minor children will be a part of your patient panel as well as the possibility of shadow students; therefore, periodic training is required to protect yourself as well as minor children. All University training courses regarding child protection training must be completed as required in a timely basis.

5. Other courses can be deemed mandatory and required to be completed by the resident as determined by the College and/or University. Timely completion will be expected.

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

1. Advanced Cardiac Life Support (ACLS)
2. Pediatric Advanced Life Support (PALS)
3. Advanced Life Support in Obstetrics Certification (ALSO)
4. Advanced Trauma Life Support Certification (ATLS)-up to $400
5. Alabama Academy of Family Physicians membership (optional)
6. Alabama Controlled Substance fees
7. Alabama Medical Licensure Commission fees
8. Alabama State Board of Medical Examiner fees
9. AMA Introduction to the Practice of Medicine web-based program
10. American Academy of Family Physicians membership
11. American Board of Family Practice In-Training Assessment Exam fees
12. American Medical Association membership fees
13. Family Medicine Board Exam Fees
14. UMC will provide a discount on office visits for residents and family members covered under the UA health insurance plan. Resident is responsible for any applicable deductibles and non-covered services.
15. DCH Regional Medical Center Meals-provided during months with inpatient call; on call residents receive $196 per month, night float residents receive $252. A maximum of $20 per day may be deducted for food (approximate; subject to change).
16. DCH Regional Medical Center Medical Staff privilege fees
17. Educational Reimbursement (CME funds)-up to $1000 for PGY-2 and PGY-3 training years
18. PGY-1 will receive a laptop for use during the 3 years of residency training and a subscription to U-world for preparation for step 3 USMLE/COMPLEX Level 3. Laptops must be returned prior to graduation from the residency program.
19. Examination and Board History Report
20. Federal Drug Enforcement Agency (DEA) license-one time only
21. Lab Coats (2) and scrubs (2)
22. Neonatal Resuscitation Program Certification (NRP)
23. Occurrence-based Malpractice Insurance
24. Pager- to be returned at completion of residency
25. Parking permit codes to DCH parking lot
26. Relocation Reimbursement-upto $1500
27. University of Alabama Business Cards
28. University of Alabama Parking Pass
29. University of Alabama Staff ACT card
30. USMLE 3/COMLEX Level 3 Application fees

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

The University of Alabama offers an array of benefits for the residents, 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.

Residents 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.

Residents are responsible for paying:
   1. Alabama Academy of Family Physicians Resident Chapter Dues – $20 annually (optional)
   2. Moonlighting Malpractice Insurance – PGY-2 and PGY-3 consistent with the Moonlighting policy
   3. DEA Renewal – PGY-3
4. TFPRA Dues

E. Salary/Paychecks
The University of Alabama allows residents to be given a graduated salary. The current salary is specified in the Residency Agreement. Residents will be paid in 12 equal monthly installments on the last day of each month and will be subject to such withholdings as required by law or authorized by the resident. Any questions concerning monthly paychecks should be directed to the University of Alabama Payroll Office at 348-7732. While paid a salary, Residents are considered neither faculty nor members of the staff of the College or the University, but rather are generally classified by the University as post-doctoral graduate students with regard to athletic, social and 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 Residency Program from the College of Community Health Sciences and DCH Regional Health System.

Such salaries are not intended as compensation for services rendered by the resident. Although it is believed that it is an essential part of residency that the resident 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 resident incidental to the training program. Furthermore, the resident 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 Residency-Tuscaloosa Program and the ACGME, but also to various federal laws stipulated by the Centers for Medicare and Medicaid Services (CMS).

Paychecks: You are considered an exempt employee and are paid on the last day of each month. An email notification of your direct deposit will be sent a few days before the deposit is made. The first paycheck must be picked up at Rose Administration. The email notification will go to your MyBama email. You should forward your MyBama email to your UAemail account (If different) for ease of reference.

F. Malpractice Coverage
For residency duties the University provides an occurrence-based malpractice policy through the University of Alabama at Birmingham Professional Liability Trust Fund. This policy covers the resident during his/her official duties. Refer to the Moonlighting policy for an explanation of sites not covered by this liability policy, as
non-covered sites will require a malpractice policy paid for by the resident.

G. Leave/Other

Our Program is compliant with the American Board of Family Medicine’s requirement for a maximum 21 business days of leave per year (10 annual leave and 11 sick days). If there is no properly prepared leave request with the approval signature of the Residency Director or his designee, THERE IS NO LEAVE.

Summary:

1. Resident 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 90 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 Residency Director must approve any exceptions. Vacation will not normally be approved at a time when it will reduce the call team to fewer than four. Cancellations of vacations must be made in writing.
3. Leave is not permitted on primary services except in extraordinary circumstances. In such situations, resident must provide written justification as to why the leave should be approved.
4. No one may take annual leave during the first two weeks of July OR the last two weeks of June. No exceptions.
5. Administrative or Educational leave requires a copy of the brochure/related email before request can be considered. No more than five days of educational or administrative leave will be granted per academic year and does not roll over if unused.
6. Coverage must be arranged for Family Medicine clinics if request is made less than 90 days and the clinic schedule is published (at Residency Director’s discretion).
7. It is the responsibility of the resident to notify via email the rotation preceptor, Family Medicine suite, the Residency Office, the service, and clinic to which he/she is assigned of his/her forthcoming absence.
8. Cancellations and changes to approved leave must be made in writing. All clinic schedule changes must be approved by the Residency Director.
9. Once a resident has exhausted leave (annual/sick), additional time off may be taken as leave without pay.
10. Sick leave may only be used for illness of resident or other family member as outlined below. Sick leave may not be used as annual time. Once sick leave is exhausted a resident may use annual leave as sick leave.
11. NOTE: At any given time between 8:00 am and 5:00 pm Monday through Friday, residents should either be on rotation, in clinic, in academics, or have a
properly prepared and approved leave request.

**Total Absence from the Residency**

In accordance with guidelines from the American Board of Family Medicine (ABFM), total time away from residency should not exceed 30 calendar days (21 business days) a year. This includes vacation time, sick leave, etc. Time in excess of 30 calendar day or 21 business days must be made up prior to graduation.

In addition, residents may not be away from their continuity clinic for more than 4 weeks in the first year and 8 weeks in each of the second and third years. This total time away includes Supervised Practice Experiences and rural rotations in which residents do not have continuity clinic.

1. **Vacation:**
   
   Each resident is permitted two weeks (10 Business days) of paid vacation per year, plus one week at Christmas/New Year. Unused vacation time does not accrue from year to year. During the PGY-1 year, these weeks may be taken during the following rotations: Geriatrics, Surgery, CM/PM, EKG/Vent. Any on-call weekend days requested as part of a vacation will not be considered unless coverage is arranged and listed on the request form.
   
   - When anticipating leave while on a rotation associated with University Medical Center specialty clinics (Pediatrics, Psychology, Neurology, Sports Medicine), coverage arrangements must be made and listed on the request form.
   - Other suggested vacation rotations include: Rural Medicine, Supervised Practice Experience, ED, Orthopedics, Cardiology, Procedures, Dermatology or other electives.
   - Leave may not exceed one week during any rotation. Requests for two consecutive weeks of leave spanning two different rotations in two different months will be considered on a case-by-case basis. No leave will be allowed on split rotations or two-week rotations.

2. **Sick Leave:**
   
   Residents accrue sick days of **11 days** a year. Sick leave is cumulative. On the morning of an absence, the resident must notify via phone or email his/her service and preceptor and the Residency Office as soon as possible. Resident should arrange coverage for responsibilities as able.

   Sick leave during weekend call must be reported to the chief residents who will arrange for coverage. Resident taking the sick leave is expected to pay back the
weekend call to the backup resident later during the year.

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. Residents may be required to provide documentation for absences.

Eligible residents 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 resident to reschedule an appointment.

3. **Family and Medical Leave Act:**
   In accordance with the Family and Medical Leave (FML) Act of 1993, eligible residents 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 resident’s child or the placement of a child with the resident for adoption or foster care.
- Serious health condition of the resident OR the serious health condition of the resident’s spouse, dependent child, or parent.
- A military qualifying exigency OR military caregiver leave to care for the resident’s spouse, child, parent, or next of kin.

Residents should be aware that protracted FML absences may affect time toward board eligibility. Interns should be aware that they will not qualify for FML and should seek guidance and assistance from the Office of Disability Services.

4. **Accommodation for Disabilities:** Residents who have a physical or mental
impairment that substantially limits one or more major life activities and who are able to perform the essential functions of their jobs are entitled to seek reasonable accommodations designed to assist them in the performance of their jobs without placing an undue hardship on the University or posing a direct threat to other individuals, including patients. The University’s Reasonable Accommodations Policy designates a Department of Human Resources ADA Coordinator, who coordinates employee requests for workplace accommodations. Residents should make accommodation requests by completing an Employee Accommodation Request Form, which also has contact information for Human Resources’ ADA Coordinator and other information about the University’s compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

5. Counseling and Support Services: including educational information about substance abuse and physician impairment, are available to the Resident via the Residency Program Director. See also the Sponsoring Institution’s Impairment Policy at https://cchs.ua.edu/sponsoring-institution-policies.

6. Confidential Voluntary Self-Identification of Disability and/or Protected Veteran Status. The University’s program of affirmative action invites you to identify whether you are a covered veteran or an individual with a disability in order to receive the benefits of affirmative action. This information is used solely for affirmative action purposes and will not subject you to any adverse treatment. You can access the self-identification forms at http://hr.ua.edu/policies-and-forms.¹ Once employed, The University invites employees who fall into one or both categories to confidentially identify themselves by completing the Voluntary Self-Identification of Individuals with Disabilities and/or Voluntary Self-identification of Protected Veterans forms that can be found on the Employee tab under Employee Services on myBama. Employees who have previously submitted this information do not have to submit it again, unless your status has changed. A resident may contact the HR Service Center at 348-7732 with questions.

7. Administrative Leave:
Residents may be granted administrative leave for activities where they directly represent the CCHS and the University of Alabama Family Medicine Residency-Tuscaloosa Program (e.g., national and regional residency meetings, presentation of papers, residency fairs, etc.).

¹ Search for Voluntary Self-Identification of Disability – Post-Hire and/or Voluntary Self-Identification of Protected Veterans – Post Hire.
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.

8. Holidays:
The holidays typically provided by The University of Alabama include:
- New Year’s Day
- Dr. Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Days
- Christmas Eve Day and Christmas Day.

University Medical Center is closed on these days and hospital services operate on weekend schedules. **UMC is open during the Christmas/New Year’s holidays and residents should not make vacation/holiday plans until the CCHS establishes its annual holiday schedule.**

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

- Primary service interns and residents round, even if they are not on holiday call. If they are not on call, they go home after rounds and floor work.
- Call teams remain in-house (weekend-like staffing).

Night Float Teams are off the night before the holiday but come in at 5:00 on the night of the holiday.

9. Practice Site Visits:
A total of five days may be allowed in the PGY-2 and/or PGY-3 year for investigating available practice sites. Residents must apply for these days on the appropriate form, listing the name and location of the practice as well as the names and contact numbers of the personnel involved in the meeting. The Residency Office must approve the actual site visit day(s). Site visit days may not be approved if charts are not current, academic status is in questions, or if rotation attendance has been an issue. Cancellations of site visit days must be made in writing.
10. **Educational Leave:**
   Educational leave will not normally be approved at a time when it will reduce the call team to fewer than four. A total of five days is available for both the PGY-2 and PGY-3 years but cannot be carried over. Leave must be requested 90 days in advance. A request form should be submitted with written documentation (e.g., brochure) of the conference. Residents may use CME funds for educational leave (e.g., ATLS, etc.).

Coordination and scheduling of USMLE Step 3 and the ABFM Boards is the responsibility of the resident but leave for these exams must be approved before scheduling. Avoid scheduling during call or primary services. Time off during a primary service will only be approved in extenuating circumstances.

11. **Intern Retreat:**
   It has been the tradition at the University of Alabama Family Medicine Residency- Tuscaloosa Program for the upper level residents to provide the interns with a few shifts off near the conclusion of their internship. The Intern Retreat will occur during the last weekend of April. The location and other details for the retreat will be coordinated by the interns. The retreat starts at noon on Friday and ends at 7:00 pm on Sunday. The Chief residents will coordinate call coverage.

Interns not participating in the official Intern Retreat activities will be expected to cover their own call shifts and clinics. Additionally, such interns may be assigned for day time call coverage of primary services in lieu of the irregular rotation.

12. **Workplace Relationships:**
   It is the policy of the University that employees shall not engage in consensual romantic or sexual relationships with any student or employee over whom he or she exercises any academic, administrative, supervisory, evaluative, counseling, advisory, or extracurricular authority or influence. This prohibition includes employees engaging in consensual romantic or sexual relationships with other employees when one party to the relationship is an individual who supervises, evaluates, makes assignments for, or grades the other party (i.e. “supervisor/subordinate relationship”). Likewise, employees who have the authority to influence aid, benefits, or services provided to a student may not engage in consensual romantic or sexual relationships with a
student seeking such aid, benefits, or services. Similarly, employees who have the authority to influence the academic progress of a student may not engage in consensual romantic or sexual relationships with that student. It is also the policy of the University that no employee shall exercise any academic, administrative, supervisory, evaluative, counseling, advisory, or extracurricular authority or influence over any student or employee with whom that employee has previously been involved in a consensual romantic or sexual relationship. The University of Alabama has a Consensual Relationship Policy that residents are required to abide by.

H. Risk Management, Conversations with Attorneys, Safety Learning Reports: If a resident receives communication from a lawyer, patient, or insurance company about possible litigation, the resident should immediately telephone the UAB Director of Risk Management (Claire Black, 205-934-5551). Ms. Black 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 Residency Director of your conversation with Ms. Black. As appropriate, the Residency Director may ask you to update the Chief of the service directly related to the potential case, but here again, do so via oral communication only. Ms. Black 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 resident should give any information personally or over the phone to an insurance carrier or lawyer other than our own without permission from Ms. Black.

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. Suspicion of such reports will not be construed as evidence of poor performance on the part of the resident, but rather that the resident is sensitive and aware of patient and family attitudes that are not favorable to the doctor-patient relationship.

I. Immunizations

Hepatitis Immunization – Since residents are among the high-risk group for hepatitis B, they will be screened for susceptibility if they have not been screened previously. All individuals found to be susceptible will be notified and required to obtain hepatitis immunization. Capstone Health Services Foundation will pay for the immunization.

- TB Testing – Residents will receive free yearly PPD tests.
- Varicella Testing – All residents who have not had chickenpox will receive two doses of varicella vaccine.
- MMR – All residents are required to have two doses of measles/mumps/rubella (MMR) vaccine since their first birthday. Residents who are unsure of their immunization will receive MMR.

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

Flu Shot – Residents 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. Chief Resident Selection:

As well as being a representative and leader among his/her peers, the Chief Resident position has many junior faculty level administrative responsibilities, often occurring after-hours. The Chief residents will typically be chosen in January-March to facilitate work on the residency master schedule. The Chief Residents will be expected to attend quarterly Department meetings at DCH. The full transfer of responsibility will occur in April (after the match). The selection of the Chief Residents begins with resident nomination and ranking. The faculty then reviews the resident ranking and they provide a ranking. The Residency Director makes the final selection, taking the final rankings in to account. No resident will be
considered for Chief Resident unless they are in good academic standing, as determined by the residency faculty.

The IT Chief will see that the resident computers and printers at the hospital are maintained, troubleshoot resident issues with remote desktop and NextGen, and work with DCH and UMC IT departments to continue to improve on our operating systems.

**K. Committees:**
Residents will be assigned to committees of the College and DCH. Once appointed, it is a requirement that residents 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 resident an opportunity to demonstrate professionalism. Residents should expect their involvement on committees to be tracked and part of the routine discussions with their academic advisor.

**L. USMLE Step3:**
USMLE Step 3/COMLEX Level 3 should be taken and passed by October 30th of the PGY-2 year. If not, the resident is subject to “Academic Probation” resulting in extension of the PGY-2 year or non-renewal of the contract. Residents will not be promoted to PGY-3 without passing Step 3. Failure of Step 3 twice will result in consideration for dismissal from the program.

Coordination and scheduling of USMLE Step 3 is the responsibility of the resident but leave for this exam must be approved before scheduling. DO NOT schedule your exam during call, night float or primary services. Time off during a primary service will only be approved in extenuating circumstances and you will be responsible for finding your own call coverage (which must be submitted with your leave request). Due to the scheduling process for Step 3, we realize the 60 day notice may not be feasible. However, residents should submit their leave request to take Step 3 no fewer than 30 days before their intended test date.

**M. Licensure**
Medical-First-year residents are issued a limited license that is paid for by the University. This license limits the residents to activity under the
supervision of the UAFMR-T only. After one full year of training and passing USMLE Step 3, the resident must apply for a full unrestricted license paid for by the University. Thereafter, the license must be renewed annually by the resident.

NOTE: International medical graduates are not allowed to obtain a full license in the state of Alabama until they have completed residency. Residents who are graduates of US medical schools are required to obtain a full unrestricted medical license by January 1st of PGY-2. Failure to obtain licensure will result in probation until full medical license is obtained and may result in a disciplinary action by the State Licensure Board.

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

O. Miscellaneous
1. Mailing Address:
   Business Address
   850 Peter Pryce Blvd,
   Box 870377
   Tuscaloosa, AL
   35401

Business mail arrives at UMC and is sorted. The Residency Office opens insurance and patient related mail. To avoid personal mail being opened by mistake, please use your home address. ALL LICENSES SHOULD BE SENT TO THE RESIDENCY OFFICE RATHER THAN YOUR HOME ADDRESS.
The residency will pay for residents’ American Academy of Family Physician membership dues. All residents will thus receive a bi-monthly copy of the American Family Physician journal. This is REQUIRED reading and bi-monthly quizzes are a part of our required curriculum.

2. **Phone Calls for Residents:**
   Residents are requested to ask friends and family members to limit the number of non-emergency calls. The Residency Office staff will attempt to reach a resident via pager or email when requested.

   The DCH Regional Medical Center operators are asked to not page a resident unless it is an emergency and the resident cannot be reached through a personal cell or residency office phone number. At night, the resident can be reached by calling the Resident’s Lounge at 205-750-5860 and asking that the resident be paged.

   Please do not give these numbers to physician recruiters. Make arrangements to take recruiting calls on your off time.
III. SIGNATURES

I hereby certify that I have received, read and reviewed the Sponsoring Institution policies and the University of Alabama Family Medicine Residency- Tuscaloosa Program Handbook (which may be amended periodically by the University, College and Program). I know these resources are maintained online and it is my responsibility to stay current via electronic access. 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 handbook and other referenced policies and/or handbooks.

Printed Name/Signature ___________________________ Date ___________