

# Hospitalist Medicine Fellowship Handbook

Academic Year 2023-2024

Approved by the Graduate Medical Education Committee on

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Note: This handbook is subject to revision. The reader is advised to only reference the version of the handbook as is posted online.

In the event of a conflict between this handbook and UA or CCHS policy, the policy will prevail.



## Contents

Sponsoring Institution Information .....	3
Introduction .....	3
About the College .....	4
Mission.....	5
Graduate Medical Education at The University of Alabama.....	6
Policies and Procedures.....	9
Expectations for Professionalism and Reporting Avenues .....	10
Working with Medical Students .....	11
Wellbeing.....	12
Administrative Practices .....	14
Severe Weather Guidelines .....	20
Program Information .....	21
Introduction .....	<b>Error! Bookmark not defined.</b>
History.....	22
Program Goals & Aims .....	23
Lines of Authority.....	24
Program Specific Policies .....	25
Program Specific Practices.....	26
Signatures .....	16

## Sponsoring Institution Information

### Introduction

Within this handbook, you will find resources on the College of Community Health Sciences, as well as relevant policies and procedures, available resources, and many other topics.

The policies and procedures listed herein are subject to change as they are yearly reviewed, so trainees are advised to always use the web links provided when referring to policy and procedure.

This handbook is divided into two sections:

- The beginning of the handbook is applicable to trainees in all programs, from our Family Medicine Residency to our seven different post-residency fellowships. It contains general information about the College and its role as the Sponsoring Institution for the University's Graduate Medical Education programs. You will find links to valuable resources and important policies.
- The second part of this handbook contains information specific to your program.

The absence of policy, procedure and any other regulations and guidelines from this Handbook does not excuse the trainee from their responsibility to be aware of such as they may apply to trainee.

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 Trainee Agreement.

## About the College

### **The College of Community Health Sciences**

The College of Community Health Sciences was established at The University of Alabama in 1972 in response to the Alabama Legislature's mandate to solve the critical need for health care in rural Alabama. That same year, the College was also designated as a regional campus of the UAB Heersink School of Medicine to provide clinical training to medical students. Dr. William R. Willard was recruited as the College's first dean following his retirement from the University of Kentucky. Willard, known as the father of family medicine for his national role in establishing family medicine as a specialty, began recruiting faculty and staff, and the College's first full-time students enrolled in 1974.

Since that time, the College has educated more than 500 family medicine physicians who are working in medical practices, hospitals and universities throughout the United States. In its role as the Tuscaloosa Regional Campus of the Heersink School of Medicine, formerly the University of Alabama School of Medicine, the College has educated more than 900 medical students who have been competitive in obtaining entry to prestigious residencies across the country in family medicine and other specialties, including internal medicine, pediatrics, obstetrics and gynecology, psychiatry, neurology and surgery.

The College's first medical clinic opened in 1975 in Tuscaloosa and by 1993 had 13,800 patients. Today, University Medical Center provides comprehensive patient-centered care from five locations – University Medical Center, located on the UA campus, UMC-Northport, UMC-Demopolis, UMC-Fayette and UMC-Carrollton – that form the largest community practice in West Alabama with more than 150,000 annual patient visits. University Medical Center also serves as the base for the College's clinical teaching program. In addition, the College also operates the UA Student Health Center and Pharmacy and Brewer-Porch Children's Center.

CCHS faculty and graduate students engage in research and scholarship and provide community outreach through the Institute for Rural Health Research, established by the College in 2001 with the goal of improving health in Alabama and the region, and the UA Center for Convergent Bioscience & Medicine.

### **Capstone Health Services Foundation**

The Capstone Health Services Foundation (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. CHSF operates the University Medical Center (UMC) at its several locations, as well as the Capstone Hospitalist Group.

## Mission

We are dedicated to improving and promoting the health of individuals and communities in Alabama and the Southeast region through leadership in medical and health-related education, primary care and population health; the provision of high quality, accessible health care services; and research and scholarship.

We pursue this mission by:

- Shaping globally capable, locally relevant and culturally competent physicians through learner-centered, innovative, community-based programs across the continuum of medical education.
- Forging a reputation as a leading health sciences academic research center.
- Providing high-quality, patient-centered and accessible clinical services delivered by health-care professionals of all disciplines.
- Fostering a more diverse, equitable, and inclusive CCHS.
- Creating a culture of employee wellness and growth.

## Graduate Medical Education at The University of Alabama

The College of Community Health Sciences (CCHS) is the sponsoring institution for all Accreditation Council for Graduate Medical Education (ACGME) graduate medical education (GME) programs offered at The University of Alabama. The ACGME requires that graduate medical education programs operate under the authority and control of one sponsoring institution. In addition, there must be an organized administrative system led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC) that oversees all ACGME-accredited programs of the sponsoring institution. CCHS's GMEC has been charged to oversee all GME programs regardless of accreditation status. It is not uncommon for sponsoring institutions to have advanced training programs (Fellowships) in areas in which specialty board accreditation or certification is not offered. At CCHS, all GME programs are held to the same standards of compliance and monitoring as established by ACGME. Table One depicts CCHS's graduate medical education programs.

The Sponsoring Institution is home to a Residency in Family Medicine, as well as seven fellowships. Of these programs, the Residency and the Sports and Geriatric Medicine fellowships are all ACGME accredited. See **Table One** for program overview.

**Table One – GME Programs at CCHS**

PROGRAM NAME	ACCREDITATION AGENCY	PROGRAM DIRECTOR	NUMBER OF APPROVED TRAINEES	TRAINING PERIOD (YRS)
Family Medicine (FM) Residency	ACGME	Tamer Elsayed, MD	48	3
Sports Medicine Fellowship	ACGME	Ray Stewart, MD	3	1
Geriatric Fellowship	ACGME	Anne Halli-Tierney, MD	2	1
FM-OB Fellowship	None	Cathy Lavender, MD	2	1
FM Hospitalist Fellowship	None	Robert Sheppard, MD	6	1
FM Behavioral Medicine Fellowship	None	Marissa Giggie, MD	2	1
FM Emergency Medicine	None	Tamer Elsayed, MD	2	1
FM Pediatrics Fellowship	None	Sara Phillips, MD	1	1

The DIO for the sponsoring institution is Dan Walters, JD, MBA. Mr. Walters was appointed DIO in December 2020. The DIO has the authority and responsibility for oversight and administration for all the

GME programs at CCHS (regardless of ACGME accreditation) and works in collaboration with the GMEC for its oversight of all graduate medical education programs and activities.

The GMEC is comprised of program directors from the residency and fellowship programs, a designated representative from DCH Regional Medical Center, the participating site in which our trainees do most of their inpatient training, as well as program faculty, peer-selected residents and fellows and a quality improvement/patient safety officer.

The ACGME tasks the GMEC with oversight <sup>1</sup> of:

- ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs;
- the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites;
- the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty-/subspecialty-specific Program Requirements;
- the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies);
- ACGME-accredited programs' implementation of institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually;
- all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution; and,
- the provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

Additionally, GMEC is responsible for the review and approval <sup>2</sup> of:

- institutional GME policies and procedures;
- GMEC subcommittee actions that address required GMEC responsibilities;
- annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits;
- applications for ACGME accreditation of new programs;
- requests for permanent changes in resident/fellow complement;
- major changes in each of its ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site;
- additions and deletions of each of its ACGME-accredited programs' participating sites;
- appointment of new program directors;
- progress reports requested by a Review Committee;
- responses to Clinical Learning Environment Review (CLER) reports;
- requests for exceptions to clinical and educational work hour requirements;
- voluntary withdrawal of ACGME program accreditation or recognition;
- requests for appeal of an adverse action by a Review Committee; and,
- appeal presentations to an ACGME Appeals Panel; and,

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<sup>1</sup> ACGME Institutional Requirements 2022, I.B.4.a.

<sup>2</sup> ACGME Institutional Requirements 2022, I.B.4.b.

- exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements.



## Policies and Procedures

The Sponsoring Institution maintains policies specific to its GME endeavor. Additionally, trainees should reference [CCHS policies](#), many of which will be applicable to trainees. Finally, trainees are encouraged to review [University of Alabama policies](#), paying special attention to [those regarding employment](#). Trainees should also consult the [UA Employee Handbook and Policy Manual](#).

Policies are reviewed and updated on a regular basis; therefore, trainees should refer to these online postings of policy, rather than any paper versions to ensure they are accessing the most recent version. Further, from time-to-time policies may be created or retired. These changes will be reflected on the [Sponsoring Institution Policy page](#).

[Sponsoring Institution Policies](#) include:

1. Eligibility, Recruitment, and Appointment
2. Promotion, Appointment Renewal and Dismissal
3. Due Process
4. Grievances
5. Leave
6. Impairment
7. Harassment
8. Accommodation for Disabilities
9. Supervision and Accountability
10. Clinical and Education Work Hours
11. Moonlighting
12. Vendors
13. Non-competition
14. Disaster and Substantial Disruption
15. Program Closures and Reductions
16. Drug and Alcohol
17. Probation-Remediation-Suspension
18. Professional Appearance Policy
19. Well Being, Fatigue Mitigation and Monitoring

## Expectations for Professionalism and Reporting Avenues

Professionalism is vital to the clinical practice of medicine and to trainee development. To that end, trainees will be evaluated on professionalism through the milestone process. Professionalism concerns will be addressed immediately. Further, professionalism is fundamental to the College's Mission and to all of its critical endeavors; clinical, educational, research, and otherwise. As such, the Institution expects the utmost professionalism from its trainees and all other participants associated with graduate medical education.

This expectation of professionalism extends to a trainee's peers, faculty, staff, students, other providers, patients, and all other individuals with whom the trainee interacts during their training. Trainees are advised that concerns regarding their professionalism will be reported to the Dean.

If trainees feel that they have experienced unprofessional behavior during their training from any party, they are encouraged to report such to their Program Leadership, the DIO, the CCHS Associate Dean of Academic Affairs, or the CCHS Dean. Programs may have other means of reporting available. Every effort will be made to remedy any professionalism issues within the training environment.

Trainees may find further information regarding allegations of sexual misconduct at the [University's Title IX Page](#).

Dr. Bob McKinney, LICSW is the College's Designated Harassment Resource Person, and is specially trained and designated to receive complaints of harassment. Dr. McKinney is available at (205) 348-7195 or [rmckinney@ua.edu](mailto:rmckinney@ua.edu).

Trainees are encouraged to reference the following policies:

- Sponsoring Institution [Grievance](#) Policy
- Sponsoring Institution [Harassment](#) Policy
- The University of Alabama's [Equal Opportunity, Non-Discrimination, and Affirmative Action Policy Statement](#)
- University of Alabama's [Title IX and Sexual Misconduct Policy](#)
- Their individual program's professionalism policy, both for [residency](#) and [fellowships](#).

## 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, trainees are expected to be involved in the teaching of medical students.

Trainees are reminded of their obligation of professionalism in their work with Medical Students. The College has zero tolerance for unprofessional behavior.

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

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

The trainees 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 trainee on rounds. Both trainees 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.

At University Medical Center Clinics or participating sites, a fellow **or** an attending, or an upper-level resident **and** an attending, must review all patients seen by a medical student. The attending or fellow should personally see the patient prior to the conclusion of the patient visit.

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

## Wellbeing

### Mental Health

CCHS provides residents and fellows access to no-fee, 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 in order to determine whether or not to continue offering the service.

Who: Mona Ochoa-Horshok, LPC

What: Confidential Counseling

Cost: Free to Residents, Fellows, and UASOM-Tuscaloosa Medical Students

When: Two evenings a month, between 5:30 and 7:30 pm

Where: UMC - Please contact Mona for an appointment.

Appointments: [mochoahorshok@gmail.com](mailto:mochoahorshok@gmail.com) or Call/Text (205) 393-9029

Physicians have a higher frequency of drug abuse, burnout, 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 CCHS recognizes the potential for emotional difficulties among trainees and the need for assistance. Physicians in training who are having difficulty may bring this to the attention of the Residency Director or their Advisor without fear of consequence or disapproval. Confidentiality is important. Trainees are encouraged to consult with the psychiatry and behavioral medicine faculty in CCHS.

The College also provides trainees a wellness tracker tool at no charge. Interested trainees should consult Dr. John Burkhardt ([jeburkhardt@ua.edu](mailto:jeburkhardt@ua.edu)) for further detail.

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

### **The University of Alabama Employee Assistance Program (EAP)**

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.

[Uprise Health](#) 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) 345-1600

UMC Psychiatry Department: (205) 348-1265

Alcoholics Anonymous: <https://westalaa.org/>

Alabama Professionals Health Program: (334) 954-2596

## Administrative Practices

### 1. Trainee Agreement

The Trainee Agreement is issued prior to commencement of initial training, and only after Trainees have received acceptable results on [their pre-employment drug and alcohol screen](#) as well as satisfactorily completing any other pre-employment requirements as may be required by the Program, College, or University.

### 2. Human Resources

The University's Human Resources is available for further information on matters of employment with the University. Trainees can contact the HR Service Center at 205-348-7732 or [hrrsvctr@ua.edu](mailto:hrrsvctr@ua.edu). Trainees may also wish to visit UA HR's [Employee Resources page](#) for a helpful reference. Finally, Trainees should review the [UA Employee Handbook and Policy Manual](#). A selection of the important items in the UA Employee Handbook are listed below, however trainees should review the entire document:

- Equal Opportunity, Non-Discrimination, and Affirmative Action
- Anti-Retaliation
- Affirmative Action Program
- Voluntary Reporting of Protected Veteran and/or Disability Status
- University Drug-Free Campus and Workplace and Other Alcohol Policies
- Commitment to Diversity
- Title IX and Sexual Misconduct Policy Compliance

### 3. Compliance

- HIPAA, Infection Control, and Confidentiality Agreement: CCHS requires mandatory training at the beginning of employment and annual renewal thereafter. Certification is documented via the trainee signing and submitting an acknowledgement form. These training courses and the acknowledgement form can be found on the CCHS Intranet site.
- UA Compliance Training: In order to meet state and federal requirements as well as University of Alabama policy, University faculty, staff, and students may be required to take mandatory training on specific topics. Many of the mandatory compliance training topics must have the course or a refresher course completed on an annual basis. Refer to the [Compliance, Ethics, and Regulatory Affairs website](#) for an overview on [Compliance Training](#).
- Sexually Explicit Material: Pornographic material of any kind (videos, screen savers, posters, etc.) is prohibited in any portion of CCHS or other sites in which trainees are assigned.
- Working with Minors: Trainee's patient panels will include patients of all ages, including minor children. In addition, there is a possibility that trainees will work with shadow students. In order to protect trainees and minor children, all University training courses regarding child protection must be completed as required in a timely manner.

Further, trainees should be aware of the [University's Child Abuse Reporting Policy and Procedures](#), as well as the [College's Sensitive Physical Examination Policy](#).

- Other Compliance courses may be deemed mandatory and required to be completed by trainees as determined by CCHS and/or The University of Alabama. Timely completion is expected.

#### 4. Salary and Paychecks

- The University of Alabama pays residents a graduated salary, and follows the stated salary, subject to such withholdings as required by law or authorized by the trainee. The salary is specified in the trainee's Agreement. Trainees are paid in 12 equal monthly installments, by direct deposit, on the last day of each month. Any questions concerning monthly paychecks should be directed to The University of Alabama Payroll Office at (205) 348-7732. While paid a salary, trainees are considered neither faculty nor staff of CCHS or The University of Alabama, 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. *(Note for PGY-1 Residents: Interns receive 13 paychecks for 12 months and three weeks of training. Interns are to collect their first paycheck at Rose Administration.)*
- Salaries are not intended as compensation for services rendered by the trainee. Although it is believed that an essential part of training includes assigned responsibilities for patient care, under the supervision of faculty physicians and consistent with their 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 trainee incidental to the training program.
- Trainees should be aware that receiving direct patient care compensation is considered "moonlighting," which is subject not only to the rules of the program and the ACGME, but also to various federal laws stipulated by the Centers for Medicare and Medicaid Services (CMS).

#### 5. Malpractice Coverage

- For training duties, the University provides an occurrence-based malpractice policy through The University of Alabama at Birmingham Professional Liability Trust Fund. This policy covers the trainee during official duties. Moonlighting activities may not be covered under this policy. Trainees should refer to their program's Moonlighting Policy to understand the insurance ramifications of moonlighting.

#### 6. Leave

- To take leave, a trainee must have properly prepared leave request with the approval signature of the Program Director or his/her designee.

- Trainees should refer to the [sponsoring institution's leave policy](#) as well as those guidelines set forth by their program.
- Family and Medical Leave Act: In accordance with the Family and Medical Leave (FML) Act of 1993, eligible trainees may take FML as described in the [University's Family Medical Leave Policy](#). Trainees should be aware that protracted FML absences may affect time toward board eligibility and may postpone graduation date. Trainees should reference [UA HR's FMLA page](#).
- Administrative Leave: Trainees may be granted administrative leave for activities whereby they directly represent CCHS and their program (e.g., national and regional residency meetings, presentation of papers, residency fairs, etc.). Applications for administrative leave will be submitted and processed in the same manner as all leave requests.
- Holidays: The holidays typically provided by The University of Alabama include New Year's Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Juneteenth, Labor Day, Thanksgiving Day, the Friday after Thanksgiving, Christmas Eve Day Christmas Day and New Year's Eve 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 (typically including Christmas Eve Day and New Year's Eve Day). Trainees should not make vacation/holiday plans until their program establishes its holiday training schedule.
- Martin Luther King Jr. Day, Memorial Day, Independence Day, and Labor Day observe the following rules (see call schedule for details): Night Float Teams are off the night before the holiday and come in at 5:00 pm on the night of the holiday.

#### 7. Risk Management, Potential Litigation, and Safety Learning Reports

If a trainee receives communication from a lawyer, patient, or insurance company about possible litigation, the trainee should immediately inform the Program Director and DIO, **either in person or by telephone, and telephone** the UAB Director of Risk Management (Claire Black, 205-934-5551). Ms. Black will instruct the trainee on who to notify and who to restrict communications with 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 Program Director of the conversation with Ms. Black. As appropriate, the Program Director may ask the trainee 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. Trainees are not to gather any information for her unless specifically requested by her. No trainee 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. Submission of such reports will not be construed as evidence of poor performance on the part of the trainee, but rather that the trainee is sensitive and aware of patient and family attitudes that are not favorable to the doctor-patient relationship.

## **8. Immunizations**

- Hepatitis Immunization – Since trainees 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 – Trainees will receive a free PPD test during orientation and thereafter as needed for rotations.
- Varicella Testing – All trainees who have not had chickenpox will receive two doses of varicella vaccine (VARIVAX).
- MMR – All trainees are required to have two doses of measles/mumps/rubella (MMR) vaccine since their first birthday. Trainees who are unsure of their immunization will receive MMR.
- N95 Mask Fitting – All trainees will be required to be fitted for an N95 mask annually.
- Flu Shot – Trainees 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.

## **9. Accommodation for Disabilities**

Trainees should reference the [University’s ADA page](#) for more information on reasonable accommodations to qualified individuals with disabilities and/or disabled veterans.

## **10. Workplace Relationships**

The University of Alabama has a [Consensual Romantic Relationships Policy](#) that applies to trainees.

The Policy states, in part: “Employees shall not engage in consensual romantic or sexual relationships with any student or employee over whom they exercise 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.”

Trainees are encouraged to view the policy online to review full contents and access latest version.

## 11. Benefits

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

- Alabama Controlled Substance fees
- Alabama Medical Licensure Commission fees
- Alabama State Board of Medical Examiner fees
- Copays are waived for services provided at University Medical Center for you and your dependents who are on UA’s BlueCross/Blue Shield Health Insurance plan. Trainee is responsible for any applicable deductibles and non-covered services.
- DCH Regional Medical Center Meals- up to \$196 per month is allocated
- DCH Regional Medical Center Medical Staff privileges
- Educational Reimbursement (CME funds)-up to \$1000
- Federal Drug Enforcement Agency (DEA) license
- Lab Coats (2)
- Occurrence Malpractice Insurance
- Parking permit codes to DCH parking lot
- Portable disability insurance (with buy-up plans available at extra cost to the trainee)
- University of Alabama Business Cards
- University of Alabama Parking Pass
- University of Alabama Staff ACT card

Individual programs may have additional benefits; see program information.

If a trainee receives a bill or statement from any of the above, they should promptly submit it to their program coordinator for payment.

### B. The University of Alabama offers an array of benefits for the trainees, about which details may be found on the [UA Benefits website](#). UA has also provided a [Benefits Summary Guide](#).

Some employee benefits require timely action by trainees, to include health insurance and retirement plan options. Trainees are responsible for completing the online benefit enrollment

process within the first **30** days of employment. Failure to do so will result in ineligibility status until the official open enrollment period begins.

**12. Equal Opportunity, Non-Discrimination, and Affirmative Action**

The University of Alabama (UA) is committed to compliance with all applicable laws regarding the concept and practice of equal opportunity, non-discrimination (including anti-retaliation and reasonable accommodation) and affirmative action in all aspects of employment practice. Trainees should review the University's [Equal Opportunity, Non-Discrimination, and Affirmative Action Policy Statement](#).

## Severe Weather Guidelines

One of the methods The University of Alabama uses for emergency notification is UA Alerts. In an emergency, University Relations will activate the system, sending telephone calls (work, cell, and/or home), e-mail, and text (SMS) messages simultaneously to the campus community.

[Find more information about UA Alerts.](#)

[Users will be able to update their personal information using their myBama portal.](#)

If a trainee feels unsafe to travel due to weather, they should contact and discuss with their supervisor and/or program leadership prior to travel.

Trainees should be aware that tornadoes can be a threat in Alabama. The UA Alerts system will notify trainees of threatening weather for the UA Campus. Tornado shelters are located at several locations across campus. *Tornado watch* refers to weather conditions which are favorable for tornado formation. *Tornado warning* refers to a confirmed tornado in the area.

Programs may have program specific severe weather practices. Trainees should reference the program section of this handbook.

## Program Information

The remainder of the handbook contains information specific to your program.

This information is reviewed and updated by Program Directors each year. Any questions on this information should be directed to Program Leadership.

## History

As the role of Hospitalist Medicine expands exponentially across America, opportunities abound for Family Physicians who have a special interest in inpatient medicine.

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

## Program Goals & Aims

- The aim of this fellowship is to provide additional hospital medicine training for Family Physicians beyond residency in obtaining the essential skills necessary to function with confidence and competency in any hospitalist environment ranging from the small rural facilities to the urban and academic hospitals.
- We aim to recruit from one to four fellows each year.
- We aim for our fellows to achieve competences across a broad cross section of inpatient pathology including critical care, core inpatient ward medicine, and hospitalist consulting support for other surgical and medical specialties.
- We aim to provide the support necessary for each fellow to participate in Quality Improvement projects and with encouragement to further expand this data to research and other scholarly activity.

## Lines of Authority

Dr. Robert Sheppard is the Fellowship Director. The program coordinator is Danielle Waller.



## Program Specific Policies

In addition to policies from the University and the Sponsoring Institution, the Hospitalist Medicine Program has several program-specific policies, with which program trainees are responsible to comply.

Program-level policies include:

- Clinical and Educational Work Hours Policy
- Moonlighting
- Professionalism
- Supervision and Accountability Policy
- Transitions of Care
- Well-Being, Fatigue Mitigation and Monitoring
- [FMR add Communications]

## Program Specific Practices

### Educational Practices

#### A. Professionalism

Professionalism is one of the core competencies that the Accreditation Council of Graduate Medical Education (ACGME) has identified as being vital to the clinical practice of medicine and to fellow development. The Professionalism Policy must be signed and turned into the fellowship office.

#### B. Curriculum

##### 1. Overview of the Curriculum:

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

##### 2. Conferences and Scholarly Activities:

###### a. Academic Afternoon:

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

- Any fellow/resident must have the opportunity to raise a concern at the Forum;

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

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

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

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

### **C. Library and Learning Resources**

The Health Sciences Library is located on the ground floor of the College of Community Health Sciences and is available to fellows 24 hours a day.

### **D. Assessment**

#### **1. Overview:**

*a. Evaluation of the Fellow:*

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

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

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

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

- i. Formative and Final: Fellows will be evaluated securely and electronically by the faculty at the conclusion of each quarter. Access to these formative evaluations will be available securely and electronically online once the fellows have completed their own evaluations of the faculty and rotation.
- ii. During the academic year, the faculty will meet with the fellows at least two times per year. Any weakness or deficiency should be discussed during this time.
  - a. Evaluation by the Fellow of Rotations: Fellows are required to complete an evaluation of each rotation in New Innovations.
  - b. Evaluation by the Fellow of Teachers: Fellows are required to complete an evaluation on each of their attendings at the end of a rotation in New Innovations.

#### **2. Documenting Procedures:**

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

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

## Clinical Practices

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

The fellow must not independently perform procedures or treatments, or management plans that he/she is unauthorized to perform or lacks the skill and training to perform.

**The fellow is responsible for communicating to the attending physician any significant issues regarding patient care.**

### B. Program Working Structure

1. There are 365 potential 12 hr shifts comprised in a Hospitalist calendar year. Half of these (182 shifts) are considered a FTE (full time equivalent) work year for a faculty hospitalist. Your fellowship year is defined differently. It has three components, a 0.75 FTE component a 0.25 FTE component and a 1.0 FTE component (182 shifts).
  - i. Activities assigned to the 0.25 FTE component (46 shifts) include the following:
    - \* Time allocated to the preparation and writeup of your required QI project
    - \* Time allocated to shifts spent dedicated to a specialty rotation such as an ICU/Critical care rotation
    - \* Time allocated to an off site procedural course (registration and travel may be covered)
    - \* Time allocated to shifts when you are assigned teaching responsibilities such serving as an attending on the hospitalist Gold Team (except for an additional \$2000/week for this service)
    - \* Time allocated to personal study time or other scholarly activity
  - ii. Activities assigned to the .75 FTE component (136 shifts) include the following:
    - \* Time allocated to covering the required 136 shifts working as a hospitalist on the UA Hospitalist Program service
  - iii. Activities assigned to the remaining 182 shifts include the following:
    - \* Time allocated to allowed moonlighting (for extra pay)
    - \* Time allocated to your personal off time (There is no other vacation time per se)

### C. Communications

#### 1. Cellphone and Email:

Professional behavior and responsibility is expected of all fellows. The program director, clinic personnel, the answering service and your team members need to be able to reach you at any time, unless you are on approved leave. Our primary means of contact will be through your cell phone and/or email.

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

## **D. Inpatient Clinical Duties**

### **1. Overview:**

#### Admissions:

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

#### Discharges:

1. When discharging a patient, a discharge summary must be typed or dictated within 48 hours.
2. If a patient is seen and sent home from the ED or OB Triage, a Short Stay Summary must be documented (i.e., an abbreviated H&P with History of Present Illness, Physical Exam, Assessment and Plan,, and follow-up instructions) within 24 hour from the discharge.

#### Progress Notes:

1. Progress notes should be typed daily in FileMaker/Meditech.
2. Notes should be clear, readable, and accurate. No extraneous material should be carried forward in daily notes.

### **2. Notes and Dictation**

#### Hospital Orders

Attendings generally leave the writing of orders to the fellows. If additional orders are needed from the Attending, the fellow should communicate this during rounds or in the progress note. Verbal orders must be signed within 24 hours.

#### H&Ps and Discharge Summaries

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

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

physician will get a copy of the discharge summary only if his/her name is stated at the beginning of the dictation.

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

ICU Notes: ICU notes will be completed daily



### **3. Miscellaneous Inpatient Duties**

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

Continuity Inpatients:

*Of Attendings:*

Every effort should be made to ascertain the patient's primary care physician at the time of discharge by sending him/her a copy of the discharge summary.

*Of Fellows:*

Every effort should be made to ascertain the patient's primary care physician at the time of discharge by sending him/her a copy of the discharge summary.

Death Certificates:

The death certificate is the permanent legal record of the patient's death and is important in court, epidemiological studies, and to the family. Death certificates are important legal documents, which may not be spindled, folded, mutilated, erased, stapled, or have lines struck through. They must be completed and mailed to the Health Department (or completed online) within five days. They are never given to the family.

The Health Department will list the name of the physician it assumes should complete the certificate. It should be completed by the physician who has the most knowledge about the patient's death.

Code Blue:

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

### **4. Other Inpatient**

**Services: Signatures**

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

## Administrative Practices

### I. Licensure

Fellows are required to obtain an Alabama Medical License

### II. Leave practices

Due to working seven on and being off seven, there is no scheduled leave in this program.

### III. Controlled Substance Certificate

Each fellow is required to have an Alabama Controlled Substance Certificate. The University pays this fee. The fellow is also required to have a Federal DEA Certificate in order to prescribe controlled drugs.

### IV. Mailing Address

850 5th Avenue East  
Tuscaloosa, AL 35401

Or

Box 870374  
Tuscaloosa, AL 35487

### V. Dress Code

Fellows are required to wear a white lab coat with a visible name tag while at both UMC locations and DCH.

## Signatures

I hereby certify that I have received, read and reviewed the Sponsoring Institution policies and the University of Alabama Hospitalist Medicine Fellowship Handbook (which may be edited periodically by the University, CCHS and/or 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 and other referenced policy manuals and/or handbooks.

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Printed Name and Signature

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Date