

Geriatric Fellowship Handbook

Academic Year 2026-2027

Approved by the Graduate Medical Education Committee on

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Program Director

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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.



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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 Psychiatry Residency and 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 trainees.

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 UAB 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 six locations – University Medical Center, located on the UA campus, UMC-Northport, UMC-Demopolis, UMC-Livingston, UMC-Fayette and UMC-Carrollton – that forms 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.

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.

In April 2025, the College received Initial Accreditation from the ACGME for a Psychiatry Residency program. The new residency will bolster the great work of the College and the Family Medicine Residency in improving and promoting the health of individuals and communities in rural Alabama and the Southeast region.

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) and 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.
- 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 Psychiatry and Family Medicine, as well as seven fellowships. Of these programs, the Residencies 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)
Psychiatry Residency	ACGME	James Reeves, MD	24	4
Family Medicine 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	4	1
FM Hospitalist Fellowship	None	Charles Brant Lehman, 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 ¹ 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(s).
- ACGME-accredited programs' implementation of institutional policy(ices) 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 ² 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.
- 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,
- 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.

¹ ACGME Institutional Requirements 2025, 1.12.

² ACGME Institutional Requirements 2025, 1.13.

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. Probation-Remediation-Suspension
17. Professional Appearance Policy
18. Well-Being, Fatigue Mitigation and Monitoring
19. Professionalism
20. Non-Discrimination

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 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 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 also refer to the [College's professionalism reporting channels](#).

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

Dr. Sara Phillips, MD, is the College's Designated Harassment Resource Person, and is specially trained and designated to receive complaints of harassment. Dr. Phillips is available at (205) 348-1220 or sbphillips@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 Policies](#)
- University of Alabama's [Title IX & Sexual Misconduct Policy](#)
- The Sponsoring Institution's [Professionalism](#) Policy

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 Heersink 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 opportunities for necessary instruction. 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 clerkship procedures for each medical student clerkship for which the trainees are assigned. Clerkship goals, procedures, and objectives will be sent to the trainee prior to the clerkship. Trainees will also attend a lecture/seminar on providing appropriate feedback and teaching skills aimed at 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. 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 will be requested from trainees for each student under his/her instruction. These are to be filled out online and returned to the clerkship directors in accordance with UME reporting timelines.

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 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; and as needed

Where: UMC - Please contact Mona for an appointment.

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

Who: Harriet Myers PhD

What: Confidential Counseling

Cost: Free to Residents, Fellows,

When: Tuesday evenings, between 5:30 and 7:30 pm; alternate times or prn appointments are also available and can be scheduled as needed.

Where: UMC - Please contact Dr. Myers for an appointment and location.

Appointments: harrietmyers@gmail.com text (205) 394-8801

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 psychiatry and behavioral medicine providers as needed.

The College also provides trainees with a wellness tracker tool, the Wellbeing Index, at no charge. Interested trainees should consult Dr. James Reeves (jjreeves@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 \(EAP\)](#)

Your [ComPsych GuidanceResources](#) program can help! The EAP is designed to provide eligible employees and their family members with resources for resolving work-related and personal problems. Personal setbacks, emotional conflicts or just the demands of daily life can affect your work, health and family. With help from your [GuidanceResources®](#) program, they don't have to. This UA-sponsored

benefit is available to you and your family members at no cost and gives you someone to talk to when life's challenges threaten to overwhelm you. The program is staffed by highly trained, caring clinicians who are available by phone or online 24 hours a day, seven days a week.

Call **1-888-283-3515** any time with personal concerns, including:

- Stress, anxiety and depression
- Marital and family conflicts
- Alcohol or drug use
- Job-related pressures
- Dealing with change
- Grief and loss

The Employee Assistance Program provides a free assessment, short-term counseling (5 sessions per issue per year), and long-term referral services. Referrals are made in consultation with you if additional mental health services are needed. The [behavioral health benefits](#) provided by Blue Cross and Blue Shield of Alabama will be explored with you in selecting a provider.

EAP services are always confidential. Information regarding you and your counseling sessions is not released to your manager or supervisor and will not be made a part of your personnel file. [Watch a video](#) where ComPsych answers some questions about counseling. Only statistical data is reported to the University that provides a composite of the employee population served. Your right to privacy is protected within the State of Alabama and federal guidelines.

Other Resources:

[Alabama Professionals Health Program](#): (334) 954-2596

Administrative Practices

1. Trainee Agreement

The Trainee Agreement is issued prior to beginning initial training, and only after Trainees have received acceptable results on their pre-employment drug & 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. Trainees may visit UA HR's [Employee Resources page](#) for helpful references. Finally, Trainees should review the [UA Employee Handbook & 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/Affirmative Action Program
- Anti-Retaliation
- Voluntary Reporting of Protected Veteran and/or Disability Status
- University Drug-Free Campus and Workplace and Other Alcohol Policies
- Title IX and Sexual Misconduct Policy Compliance
- FMLA/Parental Leave

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: 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 courses must have the course or a refresher course completed on an annual basis. Refer to the [Compliance, Ethics, & 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: Trainees should be aware of the [University's Child Abuse Reporting Policy & Procedures](#), as well as the [College's Sensitive Physical Examination](#)

Policy. 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. To protect trainees and minor children, all University training courses regarding child protection must be completed as required in a timely manner.

- 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 Fellows 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 (PGY-1) begin required training on a program-specific start date prior to July 1. The PGY-1 salary includes this required pre-residency training and orientation period, as well as twelve (12) months of residency training, and is paid in thirteen (13) equal installments over the training year. Interns are to collect their first paycheck by direct deposit. However, if residents do not set-up direct deposit during the onboarding process, the first check will be a paper check that would have to be picked up at the HR Service Center.)*
- 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). Trainees should refer to their program's Moonlighting policy for further guidance.

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 (FMLA) Act of 1993, eligible trainees may take FMLA as described in the FMLA policy. Trainees should be aware that protracted FMLA 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, New Year's Eve Day, New Year's Day. University Medical Center is closed on these days, and hospital services operate on weekend schedules. Trainees should not make vacation/holiday plans until their program establishes its holiday training schedule.

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, **in person or telephone, and telephone** the Clinical Risk Director (Amber Starr, 205-903-4229). Ms. Starr will instruct the trainees 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. Starr. 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. Starr 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.

Starr.

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 for a resident 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 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 may 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 content and access the 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
- DCH Regional Medical Center Medical Staff privileges
- Educational Reimbursement (CME funds)- See program details
- 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 and Non-Discrimination

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 and Non-Discrimination Policy](#).

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 watches refer 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

The University of Alabama Geriatrics Fellowship was founded in 2016 and graduated its inaugural fellows in 2019: to date the fellowship has trained 5 fellows. The fellowship was established to meet the healthcare needs of older adults in the rural south. The need for more geriatricians has been emphasized by such organizations as the American Geriatrics Society, which notes that there is a dire shortage of qualified geriatricians to care for an aging population. In 2013 there were 7,500 board certified geriatricians: however, in order to provide care for the 12 million Americans needing specialty care, it is estimated that 17,000 geriatricians are needed. This need is expected to increase to 30,000 geriatricians by 2030, as the number of older adults increases dramatically. In addition in 2013 there were 61 board certified geriatricians in Alabama: it was estimated that 200 were needed to care for older Alabamians needing specialty care. The geriatrics fellowship was developed in accordance with the College of Community Health Sciences (CCHS) mission to meet Alabama's growing medical needs.

The fellowship focuses on increasing practitioners to provide compassionate, competent geriatrics care in, and for, rural communities, where specialty care is sparse. Fellows participate in inpatient and outpatient education in multiple settings, including hospice, outpatient interprofessional clinics, skilled nursing facilities, rural ambulatory care settings, geropsychology day programs and inpatient geropsychiatry care, and pharmacology clinics. Fellows benefit from multiple colleges' educational offerings, and interact with learners from diverse backgrounds. In addition, fellows teach medical students, family medicine residents, and community members, and develop as learners and teachers through national networking opportunities and fellow-specific intensive training programs. Fellows undertake a scholarly project during the course of their fellowship. Graduates of the program will have necessary tools to provide competent geriatrics care in community, inpatient, and long-term care settings, and to be trusted geriatrics consultants for their practice colleagues.

Program Goals & Aims

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

1. Provide additional training in geriatric medicine with an emphasis on rural geriatric care. The fellowship is available to family medicine physicians as well as internal medicine physicians who have successfully completed an ACGME accredited residency program. The fellowship will provide training to produce physicians to meet the healthcare needs unique to older adults, and especially for older adults in rural areas, in keeping with the mission of CCHS to train a rural physician workforce.
2. Train fellows so that they achieve competence in the ACGME competencies and the Entrustable Professional Activities (EPAs) described in the Geriatrics Milestones 2.0 and EPAs project, in order to produce a well-rounded, competent geriatrics workforce.
3. Equip fellows with the knowledge needed to be learners and teachers in their field, and provide them with opportunities for teaching in residency, medical school and community settings.
4. Encourage fellows to be scholars in their field and to undertake scholarly activity to further the field of geriatrics and to add to an environment of intellectual curiosity in the college. Fellows will be given access to resources that encourage these scholarly endeavors.
5. Involve fellows and community partners in development of a comprehensive geriatrics curriculum, and continuously assess the program to reflect current practices in geriatrics and to maximize educational benefit for the fellows.
6. Provide fellows with opportunities to interact with other practitioners in the field through networking opportunities, development programs through professional societies, and through specialty specific conferences.

Lines of Authority

FELLOWSHIP LEADERSHIP: Dr. Anne Halli-Tierney is the Fellowship Director and is over all aspects of the Fellowship Program. Dr. Jacquelynn Luker is the Assistant Fellowship Director. Dr. Halli-Tierney and Dr. Luker report to Dr. Tamer Elsayed, Chair, Department of Family, Internal and Rural Medicine, who in turn reports to Dr. Richard Friend, Dean of the College of Community Health Sciences.

Program Specific Policies

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

[Program-level policies](#) include:

- Clinical and Educational Work Hours Policy
- Moonlighting
- Supervision and Accountability Policy
- Transitions of Care
- Well-Being, Fatigue Mitigation and Monitoring

Program Specific Practices

Educational Practices:

I. 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.

II. Curriculum

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

III. Conferences and Scholarly Activities:

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

IV. 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.

V. Assessment

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

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

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

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

Clinical Practices:

I. 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.

II. Communications

- A. Cell Phone and Email** Professional behavior and responsibility is expected of all fellows. The program director, clinic personnel, the answering service and the attending supervisor need to be able to reach you at any time, unless you are on approved leave. Our primary means of contact will be through your cell phone and/or email.
- B. Faculty-Fellow Communications/Feedback:** Feedback is provided informally throughout the program. Each quarter, the faculty will evaluate the fellow. This will be discussed at a meeting with the fellow, fellowship director, and Family, Internal and Rural Medicine department chairman as needed. Likewise, the fellow(s) will be able to evaluate the program each quarter. This will also be discussed at the meeting.

III. Outpatient Clinical Duties

Overview: The fellow's patient panel in his/her continuity clinic is assigned for the duration of fellowship. The initial panel is composed of patients from incoming fellows' residency panel (if the fellow is a graduate of the Family Medicine residency), patients new to UMC, and patients on follow-up from local emergency departments. A fellow may add family members of his/her currently assigned patients to his/her panel at any time by notifying the fellowship office. The location and supervision of the continuity clinic will depend on the specialty of the fellow (whether family medicine or internal medicine).

IV. Inpatient Clinical Duties

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

There is a 24-hour availability of University Medical Center records by computer. Fellows are expected to comply with all UMC policies and procedures regarding the Electronic Medical Records System.

- ii. **Faxing/Receiving Confidential Patient Medical Records:** Facsimile transmission of health information should occur only when the original record or mail-delivered copies will not meet the needs of immediate patient care. Health records should be transmitted via facsimile only when: (1) needed for patient care; or (2) required by a third party payer for ongoing certification of payment for a hospitalized patient. The information transmitted should be limited to that necessary to meet the requestor's needs. The Medical Records Department should make routine disclosure of information to insurance companies, attorneys, or other legitimate users through regular mail or fax. Except as required or permitted by law, a properly completed and signed authorization should be obtained prior to the release of patient information. An authorization transmitted via facsimile is acceptable. Consult the Medical Records Department to assist with all release of information requests. Any release of information should be charted in the patient's medical record on PHI. Each fax machine should have someone monitoring incoming documents. This individual should remove incoming documents immediately, examine them to assure receipt of all pages in a legible format, and send them in accordance with their instructions. Faxed documents will be scanned into the EMR by the staff of the Medical Records department. All actions will be in accordance with HIPAA regulations, and a printed confirmation record is used to confirm that the fax was delivered to the correct number.
- iii. **Incomplete Charts:** Within the fellowship program, incomplete is defined as any clinic visit note or procedure note not completed within 72 -hours of the encounter. Timely completion of patient records is good patient care. Additionally, fellow chart documentation is necessary before the attending can complete their documentation. Attendings are required to complete chart documentation within 15 days of the encounter otherwise, they are subject to a financial penalty. See also the Chart Completion and Authentication Policy.

C. Charges

i. Patient Charges and Discounts:

At UMC, professional physician charges are competitive with those of local physicians. Fellows should document the visit and submit the bill. Fellows shall be responsible for coordinating any questions or concerns on charges to patients. Specific policies are outlined below.

ii. Identification of all Services at University Medical Center:

Each patient who receives medical care at UMC should be billed in the computer. Fellows are encouraged to document at the time of the visit. In the event a special circumstance warrants a modification of this policy, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), and the Director of Billing and Compliance should be consulted.

iii. Fee Adjustments:

Fellows may offer professional courtesy adjustments only after consultation with the Director, Billing and Coding Compliance in the Business Office

iv. Uninsured/Underinsured Patients:

Indigent patients should be referred to the Social Worker at 348-7181.

D. Other Clinical Procedures

i. Notes at the Hospital:

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

ii. 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.

iii. Transfer of Patients:

All patients who request a change in their assigned physician should be referred to an attending in that suite, who will arrange the transfer. Changes should be made according to a random list of physicians in each suite. The old physician and new physician should be informed of the change and the circumstances surrounding it.

iv. Dismissal of Patients:

UMC has a specific policy on the dismissal of a patient and all such dismissals must follow this policy. A fellow physician may request that a physician-patient relationship be ended. Fellows must get approval from an attending to terminate a patient. The attending must review the patient's chart carefully, ensuring compliance with the dismissal policy and that there are no omissions in the standard of care and that no indiscreet remarks have been made in the chart. The attending will then ask the clinic director and department chair to end the relationship. If the patient is being seen by a physician in another department, the attending must get termination approval from the other physician. The clinical director will request a form letter to be signed by the fellow and attending. A copy of the signed letter will be placed in the patient's chart. Terminations do not affect the patient's immediate family members, except in the case of outstanding bills.

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

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

v. Referrals:

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

Administrative Practices:

- I. Licensure: Fellows are required to obtain an Alabama Medical License.
- II. Leave practices:
 - A. Vacation and Leaves of Absence, Generally: Any contradictory language in this handbook or in a policy notwithstanding, per ACGME Institutional Requirement IV.H.1. (2022), each resident shall have:
 - i. a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident is required to report;
 - ii. at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken;
 - iii. a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken;
 - iv. continuation of health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence.
 - v. The process(es) for submitting and approving leaves of absence are described herein.
 - B. If there is no properly prepared leave request with the approval signature of the Fellowship Director or his/her designee, THERE IS NO LEAVE.
 - C. Summary:
 - i. Fellow must be present for a minimum of 15 days to pass a one-month rotation (which normally has 20-22 working days).
 - ii. Leave requests must be submitted at least 60 days in advance. No leave requests will be considered if they are less than 30 days in advance unless extraordinary circumstances can be demonstrated. The Program Director must approve any exceptions. Cancellations of vacations must be made in writing.
 - iii. No one may take annual leave during the first two weeks of July OR the last two weeks of June.
 - iv. 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.
 - v. It is the responsibility of the fellow to notify via email the rotation preceptor, the Program Director, clinic to which he/she is assigned of his/her forthcoming absence.
 - vi. Cancellations and changes to approved leave must be made in writing
 - vii. Once a fellow has exhausted leave (annual/sick), additional time off may be taken as leave without pay.
 - viii. Sick leave may only be used for illness of fellow or other family member as outlined below. Sick leave may not be used as annual time. Once sick leave is exhausted a fellow may use annual leave as sick leave
 - ix. NOTE: At any given time between 8:00 am and 5:00 pm Monday through Friday, fellows should either be on rotation, in clinic, in academics, or have a properly prepared and approved leave request.
 - D. Vacation:

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

E. Sick Leave:

- i. Fellows accrue sick days at one per month for a total of 12 a year. On the morning of an absence, the fellow must notify the Fellowship Director.
- ii. 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.
- iii. Sick leave is not an earned right, but a privilege, and should be taken only for reasons provided in this policy. Fellows may be required to provide documentation for absences.
- iv. Eligible fellows may be granted sick leave when they:
 - a. Are unable to perform their duties because of personal illness or injury.
 - b. Must attend to the serious illness of relatives who reside in the immediate household.

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 Peter Bryce Blvd
Tuscaloosa, AL 35401

Or

Box 870374
Tuscaloosa, AL 35487

Signatures

I hereby certify that I have received, read and reviewed the Sponsoring Institution policies and the University of Alabama Geriatric Medicine 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.

Printed Name and Signature

Date