UAMS Transitional Year Residency Program

2018 - 2019
UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
COLLEGE OF MEDICINE
OFFICE OF
GRADUATE MEDICAL EDUCATION

TRANSITIONAL YEAR RESIDENCY PROGRAM
MANUAL

2018-2019

Molly M. Gathright, M.D.
Associate Professor, Psychiatry
Program Director, Transitional Year Residency

Please report corrections and changes to
Jennifer Hankins, MPH
Transitional Year, Program Coordinator

Telephone: (501) 526-6020
Fax: (501) 686-6723
E-mail: hanksjennifer@uams.edu
Website: https://transitionalyear.uams.edu/
Office of Academic Affairs: Graduate Medical Education
4301 W. Markham # 837
Little Rock, AR 72205
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WELCOME!

Dear UAMS COM Transitional Year Residents,

Congratulations on your recent medical school graduation and welcome to the UAMS College of Medicine Transitional Year Residency Program! This year will be a fun and exciting year as you receive your graduate medical education training and you begin transitioning from student to physician. You are now a part of a very noble and privileged profession. A profession is much more than a job; it is a way of life. As you progress through this sometimes challenging, but always educational, year, remember that your actions and attitudes reflect on your colleagues, facility, and organization.

Therefore, your actions and attitudes must always be positive and in the best interest of your patients. As you make your transition to a house staff officer, there are many wonderful mentors and staff physicians that will help you along the way. If you have questions throughout the year, you only need to ask. This handbook was designed to provide you with the necessary information to successfully complete the Transitional Year Program. Program goals, requirements, evaluation methods and responsibilities will be outlined in this handbook. Prior to starting your internship, you will be expected to review the Transitional Program Handbook and Institutional Guidelines. These references will answer most of your questions about UAMS and the Transitional Year Program, and set you on the right path to success. All information in this handbook will also be reviewed and discussed with you during your orientation to the program. All TY Residents will receive a hard copy of this handbook; your faculty will also receive an electronic copy of this handbook at the beginning of each academic year.

Again, congratulations and welcome. The entire leadership team is here to assist in making your Transitional Year a positive and successful educational experience.

Most Sincerely,

Molly M. Gathright, MD
Associate Professor, Psychiatry
Program Director, Transitional Year Residency
Assistant Dean for Graduate Medical Education
UAMS College of Medicine
INTRODUCTION

“Go confidently in the direction of your dreams. Live the life you have imagined.”

~Henry David Thoreau
PROGRAM GOALS AND PHILOSOPHY

The Transitional Year is traditionally designed to fulfill the educational needs of medical school graduates who:

1. Have chosen a career specialty for which the categorical program in graduate medical education has, as a prerequisite, one year of fundamental clinical education (this education may also contain certain specific experiences for development of desired skills).
2. Desire a broad-based year to assist them in making a career choice or specialty selection decision.
3. Are planning to serve in public health organizations or on active duty in the military as general medical officers or primary flight/undersea medicine physicians.
4. Desire or need to acquire at least one year of fundamental clinical education before entering administrative medicine or non-clinical research.

There is a national concern regarding the increasing competitiveness for medical students in finding a residency position leaving medical schools with unmatched graduating students. This is happening nationwide and most critically and importantly in our very own state of Arkansas and with our own medical students. In a state with currently one allopathic medical school and whose goal is to train physicians to stay here and serve the citizens of our state, having students that graduate and do not have a place to train is problematic.

We want our own “unmatched” UAMS medical students to have an opportunity to continue their training and what they are passionate about—serving patients and families and providing for their healthcare needs.

Therefore, a goal of the Transitional Year Residency Education Program of the University of Arkansas for Medical Sciences (UAMS) is to provide a year of a broad based and well balanced clinical curriculum as a possible opportunity for unmatched individuals to continue their training in preparation for a desired specialty or as an opportunity for those individuals who desire an additional year to assist them in making a career choice or specialty selection decision.

This philosophical principle is implemented by the selection of residents who have exhibited professionalism and who remain enthusiastic about their primary identity as physicians. All aspects of the educational program maintain the orientation that, as a physician, one accepts the responsibility (with appropriate referral and consultation) of the diagnosis and treatment of patients.

Consistent with the overall goal and philosophical orientation of the program is the need to provide specific educational experiences to residents who will have varying roles in the field of medicine.
**Program Sponsors and Duration**

The sponsoring institution for the transitional year program is the University of Arkansas for Medical Sciences College of Medicine (UAMS COM), which is ultimately responsible for the transitional year program and many other accredited residency and fellowship programs.

The designated sponsoring programs for the transitional year residency program are the Internal Medicine and Emergency Medicine Residencies at UAMS. Both of these residency programs are ACGME-accredited programs and provide at least 25% of the required fundamental clinical skills training to Transitional Year Residents.

The duration of the UAMS COM Transitional Year Program is one year.

**Program Leadership**

The Transitional Year program director (TY PD) has the authority and accountability for the operation of the Transitional Year Program. Your TY PD is Molly M. Gathright, MD. Dr. Gathright is a board certified general psychiatry and child and adolescent psychiatry physician. She also serves as the Assistant Dean for Graduate Medical Education and the Assistant Designated Institutional Officer. She previously served as the Program Director for the Child and Adolescent Psychiatry Training Program. She completed her undergraduate degree at Harding University in Searcy, AR (B.S. Chemistry) and her medical school training at the University of Arkansas for Medical Sciences College of Medicine in Little Rock, AR. She completed both her general psychiatry residency training and her child psychiatry fellowship training at UAMS where she has been a member of the College of Medicine faculty since 2008.

Your program director is responsible for administering and maintaining an educational environment conducive to educating the Transitional Year Resident in each of the Accreditation Council for Graduate Medical Education (ACGME) competencies.

Dr. Gathright keeps an “open door” policy and is readily available to all Transitional Year Residents.

Office: 501-686-8158  
Cell: 501-626-0071  
Email: gathrightmollym@uams.edu

Jennifer Hankins, MPH is the program coordinator for the Transitional Year Residency Program. She is responsible for coordinating many of the important and required tasks for the program and residents.

Office: 501-526-6020  
Cell: 870-489-0852  
Email: hankinsjennifer@uams.edu
Objectives and Criteria for Graduation

Criteria for graduation include successful completion of objectives set forth in all essential rotations in the Transitional Year Residency Manual. Residents must successfully complete all residency assignments for the prescribed 12 months of education as dictated by the Residency Review Committee for Transitional Year. Residents must satisfactorily demonstrate competency as defined by the ACGME and measured by the residency. This includes any mechanism for measuring competencies, such as rotation evaluation, 360° evaluations, milestones, and portfolios (including My Mistake Curriculum, My Reflection Curriculum, and Case Presentation) or any other means that the residency uses for evaluation purposes.

The objective of the Transitional Year is to provide a well-balanced program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and preparation for a specific specialty. The Transitional Year will provide 13, 4 week block rotations, which provide the educational milieu that stimulates and fosters assimilation of the following basic medical competencies necessary to function as an optimal health care provider:

1. **Patient care** that is evidence based, compassionate, and appropriate.
2. **Medical knowledge** of established and evolving clinical practices.
3. **Practice based learning and improvement** of quality of patient care
4. **Interpersonal and communication skills** that result in effective exchange of information with patients, families, and other health care providers
5. **Professionalism** in the practice of medicine.
6. **System based practice** to provide optimal patient outcomes while being good stewards of resources.
## Faculty Roster

| Program Director | Molly M. Gathright, MD  
|                  | Associate Professor, Psychiatry  
|                  | Assistant Dean for Graduate Medical Education |
| Sponsoring Program, Program Director | Keyur Vyas, MD  
|                  | Associate Professor of Internal Medicine  
|                  | Program Director, Internal Medicine |
| Sponsoring Program, Program Director | Travis Eastin, MD, MS  
|                  | Assistant Professor of Emergency Medicine  
|                  | Program Director, Emergency Medicine |
| **Faculty** | |
| Frederick “Rick” Bentley, MD  
| Professor and Chair, General Surgery  
| Program Director, General Surgery | R. Dale Blasier, MD  
| Professor, Orthopaedic Surgery  
| Program Director, Orthopaedic Surgery |
| Henry “Hank” Farrar, MD  
| Professor, Pediatrics  
| Program Director, Pediatrics | Ben Guise, MD  
| Associate Professor, Psychiatry  
| Program Director, Psychiatry |
| Sarah Beth Harrington, MD  
| Associate Professor, Internal Medicine/Palliative Care  
| Program Director, Palliative Care Fellowship | Kedar Jambhekar, MD MBBS  
| Associate Professor, Radiology  
| Program Director, Diagnostic Radiology |
| Mark Jansen, MD  
| Associate Professor, Family & Preventive Medicine  
| Medical Director, Regional Programs | Thomas Kim, MD  
| Assistant Professor, Radiation Oncology  
| Associate Program Director, Radiation Oncology |
| Rani Lindberg, MD  
| Assistant Professor, PM&R  
| Program Director, PM&R | Minesh Lotia, MD  
| Assistant Professor, Neurology  
| Program Director, Neurology |
| Katie Kimbrough, MD  
| Assistant Professor, Surgery  
| Program Director, Surgical Critical Care Fellowship | Charles Napolitano, MD, PhD  
| Professor of Anesthesiology  
| Program Director, Anesthesia |
| Abby Nolder, MD  
| Associate Professor, Otolaryngology  
| Program Director, Otolaryngology | Amy Phillips, MD  
| Associate Professor, OB/Gyn  
| Program Director, OB/Gyn |
| Molly Meek, MD  
| Associate Professor, Interventional Radiology  
| Program Director, Interventional Radiology | Henry Wong, MD, PhD  
| Professor & Chair, Dermatology  
| Program Director, Dermatology |
| Michael Saccento, MD  
| Professor, Internal Medicine  
| Associate Program Director, Internal Medicine | |

## Resident Roster

Address all residents' mail to Slot 837  
Residency program telephone: (501) 526-6020

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>David Cousins, MD</td>
<td>405-1984</td>
</tr>
<tr>
<td>Kristen Crumley, MD</td>
<td>405-7908</td>
</tr>
<tr>
<td>John Johnson, MD</td>
<td>405-1989</td>
</tr>
<tr>
<td>Jimmy Vo, MD</td>
<td>405-1969</td>
</tr>
<tr>
<td>Brooke Wilson, MD</td>
<td>405-7927</td>
</tr>
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</table>
EDUCATIONAL PROGRAM

“Tell me and I forget. Teach me and I remember. Involve me and I learn.

~Benjamin Franklin
Transitional Year Residency: Overall Educational Goals and Objectives

The Transitional Year program curriculum is based on the 6 ACGME core competencies with a goal of graduating PGY-1 residents who are considered “competent” (target level of 3) in the defined Transitional Year Milestones:

1. **Patient Care**: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
   a. Residents will be able to obtain a comprehensive medical history.
   b. Residents will be able to perform a comprehensive physical examination.
   c. Residents will be able to integrate information to develop an appropriate differential diagnosis.
   d. Residents will be able to generate an appropriate diagnostic and therapeutic plan for assigned patients.
   e. Residents will be able to recognize urgent and emergent medical conditions and apply basic principles of triage and resuscitation.
   f. Residents will be able to apply basic preventative care, diagnosis and treatment guidelines, and educate patients about these guidelines.
   g. Residents will demonstrate understanding of indications/contraindications and ability to perform common basic procedures such as, but not limited to simple suturing, laceration management, venipuncture, IV access, bladder catheter placement, arterial puncture, and nasogastric tube placement.

2. **Medical Knowledge**: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.
   a. Residents will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences and apply this knowledge to patient care.
   b. Residents will successfully pass appropriate licensing and certification examinations. Ideally, residents will have completed and passed USMLE Step 3 by the end of the Transitional Year Residency Program.

3. **Practice-based Learning and Improvement**: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning.
   a. Residents will demonstrate self-directed assessment and learning by identifying strengths, deficiencies, and limits in one’s knowledge and expertise and setting learning and improvement goals.
   b. Residents will locate, appraise, and assimilate evidence from valid sources by identifying and performing appropriate learning activities and using information technology to optimize learning.
c. Residents will implement or be involved in Quality Improvement project and/or activities.

4. **Interpersonal and Communication Skills:** Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.
   a. Residents will communicate effectively with patients, family, and the public as appropriate across a broad range of socioeconomic and cultural backgrounds.
   b. Residents will communicate effectively with physicians, other health professionals, and health related agencies.
   c. Residents will work effectively as a member or leader of a healthcare team or other professional group.
   d. Residents will maintain comprehensive, timely and legible medical records.

5. **Professionalism:** Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
   a. Residents will display compassion, integrity, and respect for others as well as sensitivity and responsiveness to diverse patient populations including (but not limited to) diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
   b. Residents will demonstrate knowledge about, respect for, and adherence to the ethical principles relevant to the practice of medicine, remembering in particular that responsiveness to patients that supersedes self-interest in an essential aspect of medical practice.
   c. Residents will have accountability to patients, society, and the profession.
   d. Residents will take personal responsibility in maintaining emotional, physical, and mental health.

6. **Systems-based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to effectively call on other resources in the system to provide optimal health care.
   a. Residents will coordinate patient care within various health care delivery settings.
   b. Residents will work in interdisciplinary teams to enhance patient safety and improve patient care quality.
   c. Residents will practice and advocate for cost-effective, responsible care.
Transitional Year Clinical Rotation Curriculum

The Transitional Year Program consists of 13, 4 week blocks of training. Five of these blocks are required fundamental clinical skill rotations. Two blocks are required selective months in fundamental clinical skill areas. The remaining six blocks are elective rotations.

There are competency-based goals and objectives for each rotation you will do this academic year. You must review these goals and objectives prior to each rotation and discuss them with the faculty member during your orientation to the rotation. The current rotation goals and objectives are available in this handbook as well as electronically on the Transitional Year Residency Website. Additionally, the goals and objectives are sent to you via New Innovations.

Transitional Year Block Schedule Example

<table>
<thead>
<tr>
<th>Block</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Site</td>
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<td>1</td>
<td>1 or 2</td>
<td>1 or 2</td>
<td>3</td>
<td>1, 2, or 3</td>
<td>1, 2, or 3</td>
<td>1, 2, or 3</td>
<td>1, 2, or 3</td>
<td>1, 2, or 3</td>
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</tr>
<tr>
<td>Rotation Name</td>
<td>Emergency Medicine</td>
<td>Internal Medicine Ward</td>
<td>Internal Medicine Ward</td>
<td>Internal Medicine Ward*</td>
<td>Selective 1</td>
<td>Selective 2</td>
<td>Ambulatory Care</td>
<td>Elective</td>
<td>Elective</td>
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<tr>
<td>FCS Rotation</td>
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<tr>
<td>When vacation can be taken</td>
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<td>Vacation</td>
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Electives
- Anesthesiology: Physical Medicine & Rehabilitation: consultation service
- Cardiology: consultation service
- Dermatology: Radiation Oncology
- Endocrinology: consultation service and ambulatory care
- Gastroenterology: consultation service
- Geriatric Medicine: Rheumatology: consultation service and ambulatory care
- Infectious Disease: consultation service
- Neurology: Stroke Rotation (2 weeks) and Consultation Rotation (2 weeks); outpatient clinic
- OB/Gyn: combination of Labor & Delivery 2 days and GYN outpatient clinic 3 days
- Orthopedics: trauma service
- Otolaryngology: outpatient
- Palliative Care: inpatient service and consultation service
- Pediatrics Combined Outpatient: General Pediatric Clinic & Emergency Room
- Pediatric Outpatient Adolescent Medicine

*: denotes may choose another general medicine ward month or MICU month
Selective 1: may choose Pediatric Wards, General Surgery, IM Wards, Emergency Medicine
Selective 2: may choose OB/Gyn, IM Wards, General Surgery, Emergency Medicine, Pediatric Combined Outpatient (GPC + ED), Pediatric Wards, Urgent Care, 6B Diagnostic

Sites:
- Site 1: UAMS Medical Center
- Site 2: Arkansas Children's Hospital
- Site 3: UAMS Regional Programs
- Site 4: Central Arkansas Veterans Healthcare System
Didactic Educational Curriculum

**Didactic Education Sessions**
While on clinical rotation (required FCS, selective FCS, and electives), you are required to attend the service’s/departments didactic sessions. These include (but not limited to) such things as Grand Rounds, Weekly Seminar, Morning Report, Journal Club, Case Conference, Morbidity and Mortality Conference, and CQI Conferences. Your attendance at these conferences will be monitored. You should check with your upper level resident for the service at the beginning of each clinical rotation for the didactic/conference schedule.

**Transitional Year Didactic Education Sessions**
As a group, you will be excused from clinical duties to meet with your PD each block rotation—the last Wednesday of each block, 12:00 pm to 5:00 PM. Lunch will be provided. Each month will feature a different educational topic with the year’s curriculum covering a number of clinical and professional development topics. In addition, this is an opportunity to share your experiences, discuss issues that need to be addressed and fellowship with one another. These meetings are required unless you have been excused by program leadership. Attendance is monitored.

Please remind your upper level resident at the beginning of each clinical rotation of your required absence the last Wednesday of the block. Please have them contact Dr. Gathright or Jennifer Hankins should they have questions or concerns.

The 2018-19 Academic Year Transitional Year Residency Didactic Schedule is as follows:

<table>
<thead>
<tr>
<th>Orientation June 18-29, 2018</th>
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<tbody>
<tr>
<td>House Staff and Hospital Orientation: June 19-20, 2018</td>
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<tr>
<td>Arkansas Children’s Orientation: June 21, 2018</td>
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<tr>
<td>TY Boot Camp: Simulation Center and Clinical Skills Center Standardized Patient: June 25, 2018</td>
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<tr>
<td>EPIC Training: June 26-27, 2018</td>
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</tbody>
</table>

**TY Specific Orientation: Thursday, June 28**
Orientation topics include but not limited to:
- General Program Information
  - Handbook Review
  - Program Goals & Objectives
  - Rotation Goals & Objectives
  - Review of Rotation Schedules
  - How to use Safety Intelligence Portal
- Fatigue Presentation
- Impaired Physician Presentation
- Professionalism

**TY Welcome Event: Arkansas Travelers Baseball, 6 PM Dickey Stephens Park**

| VA Computer Training: June 29, 2018 |
**Wednesday, July 25, 2018**  
**Theme: “Reviewing the Literature/Scholarship”**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00- 1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot; (lunch provided)</td>
<td>Molly Gathright, MD</td>
</tr>
<tr>
<td>1:00-2:00 pm</td>
<td>Introduction to Portfolio Projects: My Reflection/My Mistake/Case Based Presentation</td>
<td>Molly Gathright, MD</td>
</tr>
<tr>
<td>2:00-3:00 pm</td>
<td>Scholarly Activities: Foundations, Frameworks, &amp; Fundamental Strategies</td>
<td>Carol Thrush, EdD</td>
</tr>
<tr>
<td>3:00-5:00 pm</td>
<td>How to Read a Journal Article and Research Ethics</td>
<td>Tim Atkinson, EdD</td>
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**Wednesday, August 22, 2018**  
**Theme: Residents as Teachers**

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<tr>
<th>Time</th>
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<th>Presenter</th>
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<tbody>
<tr>
<td>12:00- 1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot; (lunch provided)</td>
<td>Molly Gathright, MD</td>
</tr>
<tr>
<td>1:00-5:00 pm</td>
<td>Intern as Teacher, Giving Feedback on the Fly, Teaching Professionalism</td>
<td>Becky Latch, MD</td>
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**Wednesday, September 19, 2018**  
**Theme: Physician Wellness--Preventing Burnout and Promoting Resiliency**

<table>
<thead>
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<th>Presenter</th>
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<tbody>
<tr>
<td>12:00- 1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot; (lunch provided)</td>
<td>Molly Gathright, MD</td>
</tr>
<tr>
<td>1:00-2:00 pm</td>
<td>Quarterly Patient Safety Intelligence Portal Review</td>
<td>Thea Rosenbaum, MD</td>
</tr>
<tr>
<td>2:00-5:00 pm</td>
<td>Workshop: The Science of Being Happy and Finding Wellness</td>
<td>Erick Messias, MD, PhD</td>
</tr>
</tbody>
</table>

**Wednesday, October 17, 2018**  
**Theme: Practice-Based Learning and Improvement (learning improvement goals/self-reflection)**

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<th>Presenter</th>
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<tbody>
<tr>
<td>12:00- 1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot; (lunch provided)</td>
<td>Molly Gathright, MD</td>
</tr>
<tr>
<td>1:00-2:00 pm</td>
<td>Journal Club (Meta-Analysis)</td>
<td>John Johnson, MD</td>
</tr>
<tr>
<td>2:00-5:00 pm</td>
<td>TY Resident Tri-Annual Review (TY residents scheduled at individual 30 min intervals)</td>
<td>TY Resident Molly Gathright, MD</td>
</tr>
</tbody>
</table>
### Wednesday, November 14, 2018
**Theme:** Residents as Teachers

<table>
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<th>Time</th>
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<tbody>
<tr>
<td>12:00-1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot; (lunch provided)</td>
<td>Molly Gathright, MD</td>
</tr>
<tr>
<td>1:00-2:00 pm</td>
<td>Journal Club (Systematic Review)</td>
<td>Kristen Crumley, MD</td>
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<td>TY Core Faculty</td>
</tr>
<tr>
<td>2:00-3:00 pm</td>
<td>Cultural Diversity/Competency</td>
<td>TBD</td>
</tr>
<tr>
<td>3:00-5:00 pm</td>
<td>Healthcare Disparities/Population Health</td>
<td>Robin Reed, MD</td>
</tr>
</tbody>
</table>

Reminders: Initial proposal for case based discussion due to Program Director
“My Reflection” (1/2) due December 1, 2017

### Wednesday, December 12, 2018
**Theme:** Competencies/Milestones (PC, MK, PROF, ICS)

<table>
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<tbody>
<tr>
<td>12:00-1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot; (lunch provided)</td>
<td>Molly Gathright, MD</td>
</tr>
<tr>
<td>1:00-2:00 pm</td>
<td>Journal Club (Randomized Controlled Trial)</td>
<td>Brooke Wilson, MD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>TY Core Faculty</td>
</tr>
<tr>
<td>2:00-3:00 pm</td>
<td>Quarterly Patient Safety Intelligence Portal Review</td>
<td>Thea Rosenbaum, MD</td>
</tr>
<tr>
<td>3:00-4:00 pm</td>
<td>TBD</td>
<td>TBD</td>
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<tr>
<td>4:00-5:00 pm</td>
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### Wednesday, January 9, 2019
**Theme:** Competencies/Milestones (PC, MK, PROF, ICS)

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<th>Time</th>
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<tr>
<td>12:00-1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot; (lunch provided)</td>
<td>Molly Gathright, MD</td>
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<td>1:00-2:00 pm</td>
<td>TY Resident Case Based Presentation</td>
<td>David Cousins, MD</td>
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<td>2:00-3:00 pm</td>
<td>TY Resident Case Based Presentation</td>
<td>Kristen Crumley, MD</td>
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<td>3:00-4:00 pm</td>
<td>TY Resident Case Based Presentation</td>
<td>John Johnson, MD</td>
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<td>3:00-5:00 pm</td>
<td>TY Resident Case Based Presentation</td>
<td>Jimmy Vo, MD</td>
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### Wednesday, February 6, 2019
**Theme:** Practice-Based Learning and Improvement (learning improvement goals/self-reflection)

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<td>Molly Gathright, MD</td>
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<td>1:00-2:00 pm</td>
<td>TY Resident Case Based Presentation</td>
<td>Brooke Wilson, MD</td>
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<td>2:00-5:00 pm</td>
<td>TY Resident Tri-Annual Review (TY Residents scheduled at individual 30 min intervals)</td>
<td>TY Resident Molly Gathright, MD</td>
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### Wednesday, March 6, 2019 (ACGME Conference)

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<td>Molly Gathright, MD</td>
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<td>1:00-5:00 pm</td>
<td>Skills Lab Practice/Checkoff</td>
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### Wednesday, April 3, 2019
**Theme:** Milestones/Competencies (PC, MK, PROF, ICS)

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<td>TY Residents &amp; PD &quot;Business Meeting&quot;</td>
<td>Molly Gathright, MD</td>
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<td>1:00-5:00 pm</td>
<td>Clinical Skills Center: Standardized Patients</td>
<td>Molly Gathright, MD</td>
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Reminder: “My Reflection” (2/2) due May 1, 2018

### Wednesday, May 1, 2019
**Theme:** Quality Improvement and Practice-Based Learning and Improvement (PBLI 1, 2, 3)

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<tr>
<td>12:00-1:00 pm</td>
<td>TY Residents &amp; PD &quot;Business Meeting&quot;</td>
<td>Molly Gathright, MD</td>
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<tr>
<td>1:00-2:00 pm</td>
<td>Journal Club</td>
<td>David Cousins, MD</td>
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<td>(Case Control Study)</td>
<td>TY Core Faculty</td>
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<td>2:00-5:00 pm</td>
<td>TY Resident “My Mistake Curriculum” Presentations</td>
<td>TY Residents</td>
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### Wednesday, May 29, 2019

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<td>Molly Gathright, MD</td>
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<td>1:00-2:00 pm</td>
<td>Journal Club</td>
<td>Jimmy Vo, MD</td>
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<td>(Case Series/Case Report)</td>
<td>TY Core Faculty</td>
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<tr>
<td>2:00-5:00 pm</td>
<td>TY Resident Tri-Annual Review</td>
<td>Molly Gathright, MD</td>
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### Wednesday, June 19, 2019
**Theme:** TY Program “Wrap Up”

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<td>TY Residents &amp; PD “Business Meeting”</td>
<td>Molly Gathright, MD</td>
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<tr>
<td>1:00-5:00 pm</td>
<td>Final Wrap-Up: Program Feedback/Appreciative Inquiry</td>
<td>Tim Atkinson, EdD</td>
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Other Educational Curriculum Experiences

Quality Improvement/Patient Safety Educational Curriculum
Although you will receive QI/PS training on rotations throughout the year, we have three requirements designed to give you the tools and experience to incorporate this practice throughout your career.

IHI Open School Training
Prior to completion of your Transitional Year Residency, you will have completed the IHI Open School Modules. Completion certificates will be maintained in your training folder. ([http://www.ihi.org](http://www.ihi.org))

My Mistake – A QI/PS Presentation
“My Mistake” is a tool designed to teach and evaluate the ACGME core competency of systems-based practice (SBP). Making mistakes while practicing medicine will always happen. It is important for new physicians to understand that mistakes happen, admit their mistakes, realize how mistakes occur and use the lessons learned to make sure they and others do not repeat the same mistake again. Each intern will prepare a presentation outlining their mistake and analysis of this mistake. This will be formally presented to the group during designated didactic meetings (similar to a department M&M conference).

My Mistake curriculum description and forms can be found in the appendix.

Scholarly Activity
All UAMS COM TY trainees are required to participate in scholarly activity in order to graduate. Given the length of the Transitional Year program, completion of the assignments outlined below have been designed to meet the necessary minimum criteria.

Case Presentation
TY residents are required to present a case-based didactic session for other TY residents and faculty. The TY resident will choose an interesting case encountered during a clinical rotation or a medical question formulated from a patient encountered or discussed during a clinical rotation. The TY program director is available to assist with mentoring for writing a case presentation. This presentation will demonstrate that the TY resident is able to do such things as evaluate relevant literature and decide if the literature supports the need to make a clinical change or manage a case in a different manner. A didactic conference focusing on the “how to’s” of scholarly activity/products, reviewing the literature, accessing electronic medical literature is scheduled in the first 2 months of the transitional year.

Initial proposal for case based discussion due to Program Director due December 1, 2018. Case presentation dates will be assigned during orientation.

Case presentation forms can be found in the appendix.

Journal Club
TY residents actively participate in their own Journal Club on a bimonthly basis. They are required to present an analysis of a journal article of their choice and encouraged to choose an article related to their specific area of interest. The resident presents 20 minutes of background information, 20 minutes of discussion (includes interpretation of results, and how conclusions affect our practice), and 20 minutes of questions/answers, including statistics and study design. Please see didactic schedule for Journal Club dates. The TY resident’s individual journal club date will be assigned during orientation.
Other Research
A TY resident may elect to participate in up to 1 month of an elective in research. The TY resident will identify a research mentor and project. This must be approved by the TY program director. Specific goals and objectives for the research month and project will be outlined.

Practice Based Learning and Improvement
My Reflection Portfolio Projects
UAMS COM TY Residents will complete a written assignment, reflecting upon a specific event or learning point that was unique to a rotation or the healthcare system. This project does not need references, only the resident’s thoughts about a situation they encountered and the lessons learned. Examples include: discussing an ethical dilemma that was faced and how it was handled, summarizing a key medical lesson learned during the rotation or discussing insight that was gained about a specific aspect of the healthcare system during a clinical rotation. Residents submit their written project to the TY program director. Feedback is given to the resident and the project is evaluated using the evaluation form. The write up and the evaluation will be kept by the program director in the TY resident’s file.

TY Residents will complete a total of two My Reflection Portfolio Projects, with one each due December 1, 2018 and May 1, 2019. My Reflection description and forms can be found in the appendix.

Professionalism
Clinical Skills Center: Standardized Patient Encounter
UAMS COM TY Residents will participate in standardized patient simulated clinical encounter in our UAMS Clinical Skills Center. This will occur at the very beginning of the academic year and serve as a baseline assessment, and then, again in the second half of the academic year during a designated monthly TY protected didactic session. The initial simulated encounter may serve as a baseline for self-assessment of skills as well as goal setting for areas of improvement.

This simulated encounter is composed of a clinical case base on a family practice clinic. The TY resident will complete a history and physical examination on each patient. The TY program director will observe remotely and will review with the TY resident after the encounter. The TY resident will be provided 3 measures of their skill: 1) completed progress note by the TY resident for the patient encounter, 2) a checklist that assesses completeness of the encounter (from greeting the patient and their chief complaint to obtaining pertinent history, thoroughness/detail of physical exam, to even ending the encounter professionally) which is completed by the TY program director as they observe the encounter, and 3) an assessment of professionalism that is completed by the standardized patient to evaluate the patient/physician interaction and provide feedback in areas such as proper introduction, demonstration of confidence, warm/caring, treatment with respect, being non-judgmental, demonstrating interest in the patient as a person, using good eye contact, listening carefully and explaining medical terms in plain language.
Evaluation Methods

UAMS COM TY Residents are evaluated using multiple tools from multiple perspectives. Elements of clinical competence will be assessed in writing frequently by direct faculty supervisors with subsequent review by the Program Director. Evaluations by peer resident physicians, patients, nursing staff and other paramedical personnel may be included at less frequent intervals.

Clinical Rotation Evaluations
For each clinical rotation, residents will be evaluated using a milestone based evaluation in New Innovations by at least one (and often more) supervising attending. This evaluation allows the attending to evaluate the TY Resident on the six ACGME core competencies, utilizing the Milestones as appropriate. An example of the evaluation form can be found in the appendix.

TY residents will have the opportunity to anonymously evaluate both faculty and the clinical rotation for each clinical rotation. These evaluations will be completed in New Innovations.

360° Evaluations
360° evaluations are collected for each resident during the TY Resident’s Internal Medicine General Ward experience. An example of the 360° evaluation form can be found in the appendix.

Other Educational Curriculum Projects
For all assigned projects/examinations to include My Mistake, My Reflection and the semi-annual Clinical Skills Center Standardized Patient, TY residents will receive written and/or verbal feedback of their performance.

Tri-Annual Evaluations with Program Director
UAMS COM TY Residents will meet with the program director three times during the course of the year to formally review your evaluations, discuss your goals and accomplishments and ensure that your medical education is progressing well.

Transitional Year Program Clinical Competency Committee (TY CCC)
The TY CCC is an appointed committee that has the major responsibility for assisting the Program Director in assuring a fair and equitable evaluation process for the Transitional Year Interns. This freestanding committee meets at least quarterly. Members include: assistant program director(s), sponsoring program directors, program directors or designees of disciplines regularly included in the curriculum and directors of medical education.

The TY CCC has the following responsibilities:
1. Review the ongoing academic and clinical performance of each intern to include rotation evaluations, portfolio projects, OSCE performance and other available evaluations.
2. Advise the program director regarding resident progress to include recommendations for promotion/graduation as well as adverse actions, to include counseling, Program Level Remediation (PLR), Academic Probation or Termination.
3. Serve as a forum for interns to address an adverse action or evaluation.
4. Review, judge and assign appropriate Milestone level assessments at least twice yearly for reporting to the ACGME.
A resident receiving any unsatisfactory evaluation during the year may be immediately reviewed by the Program Director and any written recommendations made to him/her may include:

1. specific corrective actions
2. repeating a rotation
3. academic warning status or probation
4. suspension or dismissal, if prior corrective action, academic warning and/or probation has been unsuccessful.

The resident may appeal an unsatisfactory evaluation by submitting a written request to appear before the TY CCC in a meeting called by the Program Director. The TY CCC will review a summary of the deficiencies of the resident, and the resident will have the opportunity to explain or refute the unsatisfactory evaluation. After review, the decision of the TY CCC is final.

**Final Summative Evaluation**

At the completion of the residency program, the Program Director will prepare a final evaluation of the clinical competence of the UAMS COM TY Resident. This evaluation will stipulate the degree to which the resident has mastered each component of clinical competence – patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. It will also include any special accommodations the resident may have had which could affect or limit the resident’s scope of practice. In this evaluation, the Program Director will verify that the UAMS COM TY resident graduates training in good academic standing and at the time of the final summative evaluation is able to function at the level commensurate with completing one year of post-graduate training. A copy of this summative evaluation template can be found in the appendix.

**Program Evaluation**

UAMS COM TY Residents are asked to complete anonymous year-end program evaluations that are utilized to improve upon the program. Trainees are encouraged to bring feedback at any and all times to program leadership. The annual program review is held in June each year. This is an opportunity for faculty, staff and residents to review the Transitional Year Program curriculum, requirements and feedback from staff, interns, graduates and supervisors. Steps are taken to make positive improvements in the program annually based upon such evaluations.

**Transitional Year Program Evaluation Committee (TY PEC)**

The TY PEC is an appointed committee that has the major responsibility for conducting and monitoring the activities of the Transitional Year Program. This freestanding committee meets at least quarterly. Members of this committee include: the Transitional Year program director, assistant program director(s), sponsoring program directors, program directors or designees of disciplines regularly included in the curriculum, directors of medical education and a peer selected intern. During intern orientation, the incoming Transitional Year class will select one of their peers to serve as intern members of the TY PEC.
The TYPEC has the following responsibilities:

1. Plan, develop, implement and evaluate education activities of the program.
2. Review and make recommendations for revision of competency-based curriculum goals and objectives.
3. Address areas of non-compliance with ACGME standards.
4. Review the program annually using evaluations of faculty, residents and others to ensure there are adequate resources for the didactic and clinical curriculum prescribed, to ensure that interns are educated in high-quality medical care based on scientific knowledge, evidence-based medicine, and sound teaching by qualified educators and to ensure educational opportunities are equivalent to those provided first-year Interns in the categorical programs in which Transitional Year Interns participate.
5. Maintain a record of those in attendance and actions taken.
6. Review ACGME letters of accreditation for sponsoring programs and to monitor areas of noncompliance.
7. Monitor and track resident performance, faculty development, graduate performance and program quality at least annually.
Clinical Rotation
Goals & Objectives

“A good teacher can inspire hope, ignite the imagination, and instill a love of learning.”
~Brad Henry
All program requirements for Transitional Year Residency training can be found at http://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/36/Transitional%20Year

UAMS Transitional Year Residency Program Resident Responsibilities

Responsibilities and competencies to be demonstrated in the first year of training:

1. Residents will perform accurate histories and physicals of hospitalized and ambulatory patients in various settings. Residents will compile data, identify problems, prioritize problems and develop a differential diagnosis. These tasks will be performed under the supervision of more senior residents and teaching faculty.

2. While rotating in the Emergency Department, residents will assess patients and perform focused histories and physicals on patients under the supervision of an Emergency Medicine Attending.

3. Residents will enter admitting orders and daily orders for care under the supervision of more senior residents and the attending faculty. Residents may enter orders in the ED, on the various nursing units and within the ICU’s.

4. Residents will respond to pages or calls from nursing units about assigned or cross-cover patient problems. Residents will assess the problem and will seek advice from more senior residents or from attending staff, if the problem is beyond the experience and competency of the resident.

5. Residents will document the care provided and the assessments of the treating team in the electronic medical record. Resident documentation will be reviewed by attending staff and upper level residents; he or she will make the appropriate additions and or amendments to the medical record.

6. Residents may have the opportunity to perform procedures under the supervision of either an attending or in some cases an upper level fellow. These procedures may include, but are not limited to the following:
   - Lumbar punctures
   - Paracentesis
   - Central Line placement
   - Placement by the subclavian, femoral, or internal jugular approach
   - Thoracentesis
   - Arthrocentesis
   - Bone marrow aspirates and biopsies
   - Arterial puncture and line placement
   - Venous puncture and line placement
   - NG tube placement
   - Urinary bladder catheterization

7. Resident will be BLS and ACLS certified.

8. Residents will verbally present cases to faculty attending physicians in accordance with the accepted format. Presentations will be used to facilitate the supervision of patient care and assess the knowledge and clinical skills of the resident.
Resident Patient/Procedural Logs

The Accreditation Council for Graduate Medical Education (ACGME) requires a record maintained of specific cases treated by residents in a manner which does not identify patients, but which illustrates each resident’s clinical experience in the program. This record must demonstrate that each resident has met the educational requirements of the program with regard to variety of patients, diagnoses, and treatment modalities. This record will be reviewed periodically with the program director or a designee, and be made available to the ACGME Site Visitor of the program. Patient/Procedural logs will be turned into the Program Coordinator at the end of each clinical rotation.

Documentation of Procedures

While on inpatient units, the opportunity will arise for residents to perform procedures upon their assigned patients. Many hospitals and educational institutions require documentation of procedures performed during training to grant the privilege to perform or teach these procedures. This include surgical/operative procedures as well as bedside procedures such as lumbar punctures, CVL placement, NG tube placement, abdominal paracentesis, etc.

A permanent record of each resident’s training is kept in the residency office. It is the responsibility of each resident to document procedures he or she performs for inclusion in this file.

See the Appendix for an example/template of a patient log and procedural log. These logs are to be turned in to the Residency Program Office twice a year (Dec 1 and Jun 1).
RESIDENT POLICIES

“You may never know what results come from your action. But if you do nothing, there will be no result.”

~Mahatma Gandhi
In compliance with the UAMS College of Medicine Graduate Medical Education Committee policies on duty hours/work environment and moonlighting and in considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

**Duty Hours**

1. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

2. Vacation or leave days will be taken out of the numerator and the denominator for calculating duty hours, call frequency, and days off, i.e. if a resident is on vacation for one week, the hours for that rotation will be averaged over the remaining three weeks.

3. Residents are provided one day in seven free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24 hour period free from all clinical, educational, and administrative activities.

4. In order to ensure adequate time for rest and personal activities, a 10-hour time period is provided between daily duty periods and after in-house call.

5. The TY program director must ensure that residents are provided appropriate back-up support when patient care responsibilities are especially difficult or prolonged.

6. Backup coverage is provided if patient care/clinical care needs exceed the resident's ability or create resident fatigue sufficient to jeopardize patient care or resident welfare. Qualified faculty physicians supervise all patient care and oversee the entire clinical care team. Faculty physicians are available at all times either in person, by telephone, or pager. In general, the chief resident or senior level resident also oversee the lower level resident and/or intern.

Any faculty or chief resident/senior level resident who notices clinical care needs exceeding a resident's ability or fatigue sufficient to negatively affect the performance of a resident will directly relieve the resident of clinical duty.

TY residents are also encouraged to notify their attending faculty or upper level resident if they are concerned about clinical care needs exceeding their ability. The TY resident will be relieved of those clinical duties or modifications will be made to provide the clinical case load appropriate to their ability. TY residents are provided sleeping rooms if fatigue is the factor impacting clinical care needs exceeding the resident's ability.

**On-Call Activities**

The goal of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period.
**In-house Call**
1. Occurs no more frequently than every fourth night, averaged over a four-week period.

2. Does not exceed 24 consecutive hours of continuous on-site duty. However, residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity care.

3. No new patients, defined as any patient to whom the resident has not previously provided care, may be accepted after 24 hours of continuous duty.

**At-home Call (pager call)**
1. TY residents will not participate in at-home (pager call).

The resident is expected to be on duty during normal working hours, Monday through Friday. Additionally, duty hours include on-call duties. Night, weekend, and holiday call schedules are formulated by the chief residents and depend on the specific educational rotation. Residents must be available by telephone or pager while on-call. Specific call schedules and responsibilities are delineated in the written goals/objectives of each rotation, which are reviewed with the resident at the beginning of the rotation.

Falsification of duty hour data or pressure to cause the falsification of such data is considered egregious behavior for residents and can result in disciplinary action to include dismissal. Faculty members are governed by the Faculty Group Practice and University policies and procedures and terms of the Faculty Group Practice agreement. Residents must notify the TY program director of requests or pressure to work in excess of duty hours authorized by this policy.

The program director must establish, distribute and implement formal written policies and procedures governing duty hours and work environment for residents, which comply with institutional GME policy and the Common and Specialty-specific Program Requirements.

The TY Residency Program will be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill non-physician service obligations.

The Sponsoring Institution provides health care delivery systems to minimize residents’/fellows’ work that is extraneous to programs’ goals and objectives. The educational experience must not be compromised by excessive reliance to fulfill non-physician service obligations.

The Sponsoring Institution ensures access to food while on duty at all participating sites, sleep/rest facilities available for residents/fellows and security and safety measures appropriate to the participating site.

The Sponsoring Institution and programs must provide environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation. The Sponsoring Institution will oversee and document resident/fellow engagement in patient safety, quality improvement, appropriate supervision and mechanisms for reporting inadequate supervision.

The GMEC shall monitor compliance with this policy through:
Duty Hours Exceptions

An RRC may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. **The GMEC must review and formally endorse the exemption prior to submission to the RRC** according to the following procedures:

The program director must submit a written request for an exemption to the GMEC Chair. The request must clearly document the following:

- **Patient Safety**: Information must be submitted that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
- **Educational Rationale**: The request must be based on a sound educational rationale which should be described in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
- **Moonlighting Policy**: Specific information regarding the program's moonlighting policies for the periods in question must be included.
- **Call Schedules**: Specific information regarding the resident call schedules during the times specified for the exception must be provided.
- **Faculty Monitoring**: Evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation must be appended.

The program director will present the request in person to the GMEC for discussion.

If approved by the GMEC, the Designated Institutional Official (DIO) or the GMEC Chair will provide a documented written statement of institutional endorsement of the proposal.

The program director must submit the request to the RRC according to the ACGME’s RRC Procedures for Granting Duty Hours Exceptions. The proposal to the RRC must include a copy of this policy (which contains the institution's written procedures and criteria for endorsing requests for an exception to the duty hours limits) and the current accreditation status of the program and of the sponsoring institution.
**Work Environment**

The Transitional Year (TY) Residency Program and the UAMS College of Medicine jointly ensure the availability of adequate resources for resident education, as outlined in the specific program requirements of the ACGME.

1. **Meals**: Food is available for residents 24 hours a day while on duty in all institutions.

2. **Call Rooms**: Adequate and appropriate call rooms that are safe, quiet, and private are provided for all residents who take in-house call.

3. **Ancillary Support**: Adequate ancillary support for patient care is provided. Except in unusual circumstances, providing ancillary support is not the resident responsibility except for specific educational objectives or as necessary for patient care. This is defined as, but not limited to, the following: drawing blood, obtaining EKGs, transporting patients, securing medical records, securing test results, completing forms to order tests and studies, monitoring patients after procedures.

4. **Pagers**: Pagers are assigned at the beginning of the training period and a supply of batteries is available in the Transitional Year House Staff Office.

5. **Mail**: Individual mail boxes are assigned which are located TY residency House Staff Office/GME Office.

6. **E-mail**: E-mail accounts are issued by UAMS and must be checked daily.
Moonlighting

TY residents are NOT eligible to participate in any moonlighting activities, internal or external.
POLICY: Supervision of Residents

The Transitional Year Residency Program will supervise residents:

- to ensure the provision of safe and effective patient care.
- to ensure that the educational needs of the residents are met.
- to allow for progressive responsibility appropriate to the residents’ level of education, competence, and experience.
- according to specific supervision requirements in the Transitional Year Residency Program requirements.

All residents must perform clinical duties under proper supervision. Supervision will be defined by the following classification:

- **Direct Supervision**: the supervising physician is physically present with the resident and the patient.
- **Indirect Supervision**:
  - *With direct supervision immediately available* – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  - *With direct supervision available* – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- **Oversight**: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

In compliance with the UAMS College of Medicine GME Committee policy on Resident Supervision, the following guidelines are followed for supervision of TY residents:

1. Qualified faculty physicians supervise all patient care at each participating site (UAMS Medical Center, Arkansas Children’s Hospital); and their schedules are structured so that adequate supervision is available at all times.

2. Rapid, reliable systems for communication with supervisory physicians are available including paging systems and cell phone access.

3. Attending faculty physician supervision is provided appropriate to the skill level of the residents on the service/rotations.

4. Residents have progressive responsibility according to their level of education, competence, and experience.

5. Specific responsibilities for patient care are included in the written description of each service/rotation; this information is reviewed with the resident at the beginning of the
service/rotation. In general, the chief or senior level resident oversees the lower level resident at the beginning of each service/rotation or if/when there is a change in the schedule. The attending faculty oversees the entire team also providing direct and indirect supervision.

ACGME program requirements specify the following:
1. Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
2. In particular, PGY-1 residents are supervised either directly or indirectly with direct supervision immediately available.
3. PGY-1 residents progress to being supervised indirectly with direct supervision available only after demonstrating competence in:
   - the ability and willingness to ask for help when indicated;
   - gathering an appropriate history;
   - the ability to perform an emergent assessment; and presenting patient findings and data accurately to a supervisor who has not seen the patient.

**Supervision and Responsibilities**

**Inpatient/Ward Services**

TY residents (PGY-residents) in their first year of training are responsible for day-to-day management of patients admitted to Internal Medicine, Pediatrics, OB/Gyn, and General Surgery inpatient services. On admission, a complete history and physical should be performed by the PGY-1 resident and charted in the permanent medical record. Essentially, all admissions as well as daily orders are to be written by the resident, primarily the intern and secondarily the upper level resident. Orders are not ordinarily written by the attending physician or consultation services unless agreed upon by the residents. Specialized orders (chemotherapy, dialysis, etc.) should be written by the subspecialty service. The PGY-1 resident is also expected to see each patient at least twice daily and to write a daily progress note. Medical students should be encouraged to write a history and physical and progress notes on each patient they follow; however, these are in addition to the required PGY-1 resident notes. At the time of discharge, the PGY-1 resident is responsible for composing a written discharge note and completing discharge orders in a timely manner. Whenever possible, these orders should be written the day prior to the patient’s discharge.

**Attending Physicians in Ward Services:**

The attending physician is expected to see every patient within 24 hours of admission. He/she is to write a note describing and confirming the patient’s history, examination, problem and the diagnostic and therapeutic plans. The attending physician is also encouraged to discuss topics relevant to the patients on the service with the students, PGY-1 and upper level residents. The attending physician is to see every patient on the service daily and to write a daily progress note. The attending must take responsibility to ensure that all of the clinical decisions made on the patient are appropriate. Residents are to be taught how to arrive at those decisions, and as competence is proven the resident should be given the opportunity to make supervised clinical decisions. Orders should not be written by the attending physician except in rare circumstances. He or she must be certain that therapy is appropriate, that diagnostic studies and particularly invasive procedures are necessary, cost-effective and efficient, and that high quality care is provided.
The attending also has an obligation to provide high quality instruction in diagnosis, treatment and pathophysiology to both the residents and students on the service.

**Intensive Care Units**

The TY resident (PGY-1 resident) and the upper level resident (PGY-2, 3, or 4) are expected to interview and examine every patient promptly on admission to the MICU or when called for a critical patient in the emergency department or on a ward. After that is completed and any urgently needed investigation or therapeutic measures have been discussed with the upper level resident and instituted, the fellow and the attending physician on the service should be notified of the patient's admission and condition. In critically ill patients, very frequent observations and examinations are required. The resident must be aware of minute-to-minute changes in the patient’s condition. The upper level resident is expected to make decisions and to be the primary caregiver for the patient by exercising keen clinical judgment and seeking advice, support and agreement from the fellow and attending physician. As on the ward services, the PGY-1 resident should be responsible for the writing of orders; however, as the patients are critically ill there will be more instances when orders are written on an emergent basis by the upper level resident, fellow, or attending. Orders are not to be written by consultation services except as outlined above. The responsibility for the medical record is the same as on the ward service (see above).

It is expected that rotations in the intensive care units will provide experience in invasive procedures. The upper level resident may undertake, or supervise the PGY-1 resident on procedures with which he or she has had adequate experience. Critical patients often require procedures (e.g. pulmonary artery catheterization, elective cardioversion) that are done rarely out of an ICU setting. In these cases, the procedure must be supervised by a fellow or attending physician.

**Attending Physicians in Intensive Care Units:**
The attending physician is responsible for all of the patient's care during the time in the ICU. The attending should be notified immediately of the patient's admission and should see each patient within a few hours. An attending note should be written shortly after admission on every patient, and daily progress notes are required. As on the ward services, education and teaching rounds are an important part of the attending physician’s responsibility.

**Consultative Services**

The TY resident (PGY-1) is expected to see promptly all patients on whom subspecialty consultations (i.e. IM subspecialties, Neurology, Psychiatry, PM&R) are requested. The chart should be reviewed to determine pertinent past history and investigations. The patient should be interviewed and a physical examination performed. The resident should assemble pertinent laboratory data, other diagnostic studies, and organize a concise presentation of the problem to the attending physician on the consultation service. It is the resident's further responsibility to ensure that recommendations are transmitted accurately with a well-organized chart note. The note should detail the reasons for the suggested studies or changes in management and not be a list of directives to the ward team or to the residents on another service. Personal or telephone communication to the primary team will vastly improve the response to the consultation and is common courtesy. Daily follow-up visits to determine results of studies suggested or responses to therapeutic changes are also necessary, as are daily notes.

**Attending Physicians in Consultative Services:**
The attending physician must look upon a consultation as not only an encounter to advise the physician or group responsible for the patient regarding the patient's diagnosis, additional studies that might be needed, or changes in therapy, but also as an education exchange for the resident on his/her service and
the team requesting the consult. When possible, the attending physician should speak with the residents on the team that initiated the consultation request and express an opinion and the reasons for suggestions for study or changes in treatment. A thorough initial consultation note must be written. The attending physician must see the patient as is appropriate with subsequent documentation by a chart note.

Ambulatory Services

The TY resident (PGY-1) is expected to see promptly all patients on whom Regional Programs Family Medicine clinic, Gynecology, Pediatrics, or subspecialty medicine ambulatory clinic visits are scheduled. The chart should be reviewed to determine pertinent past history and investigations. The patient should be interviewed and a physical examination performed. The resident should assemble pertinent laboratory data, other diagnostic studies, and organize a concise presentation of the problem to the attending physician on the ambulatory service. It is the resident's further responsibility to ensure that recommendations are transmitted accurately with a well-organized clinic note. The note should detail the reasons for the suggested studies or changes in management. Personal or telephone communication to the referral physician team will vastly improve the response to the clinic visit and is common courtesy. Follow-up visits to determine results of studies suggested or responses to therapeutic changes are often necessary.

Attending Physicians in Ambulatory Clinics:
The attending physician must look upon the ambulatory clinic visit as not only an encounter to provide primary or tertiary specialty care to a patient, but also as an education exchange for the resident on his or her service. When possible, the attending physician should speak with the residents on the team that initiated the ambulatory clinic request and express an opinion and the reasons for suggestions for study or changes in treatment. A thorough initial clinic note must be written. The attending physician must see the patient as is appropriate with subsequent documentation by a clinic note.
In compliance with the UAMS College of Medicine Graduate Medical Education Committee policies on duty hours/work environment and moonlighting and in considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

**Transitions of Care**

1. The Sponsoring Institution must facilitate professional development for faculty and residents/fellows regarding effective transitions of care, and ensure sites engage in standardized transitions of care consistent with the setting and type of patient care.

2. Programs must design clinical assignments to minimize the number of transitions in patient care, and inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care.

3. Annually, TY Program Director will directly observe/monitor each TY resident perform a transition of care while they are on clinical rotation in either IM general wards, IM MICU, or Emergency Medicine. Criteria that will be assessed in this handoff will include the information found in the essence of SBARQ as outlined in GME Policy 3.800.

At times various issues resulting from miscommunication, stress, or inappropriate behavior may arise. In compliance with the UAMS COM GME Committee Policy on Addressing Concerns in a Confidential and Protected Manner, the TY resident should follow these guidelines to raise and resolve issues of concern in a confidential manner:

1. A resident should discuss the concern with the supervising, senior level resident or attending physician or the resident’s assigned faculty advisor.

2. If the above discussion does not resolve the concern, the resident should meet with the Program Director or his/her designee.

3. If the issue cannot be resolved by the Program Director, the resident should contact a member of the Resident Council or the Associate Dean for Graduate Medical Education. Members of the Resident Council can meet with the resident and offer advice on how to resolve or handle the problem and if further steps are necessary. Based on the discussion and advice at this meeting, the resident may resolve the problem, and no further action is necessary.

4. For serious issues for which confidentiality is of the utmost importance, the resident may seek assistance directly from the Program Director and/or the Associate Dean for GME.

5. A mechanism for reporting a lapse in professionalism on the part of a UAMS College of Medicine Physician (a faculty member, i.e. program director or attending physician, or resident) is available through the ILLUMINE webpage at [http://medicine.uams.edu/faculty/faculty-databases/illumine/](http://medicine.uams.edu/faculty/faculty-databases/illumine/). This is a confidential reporting system that is reviewed by the Dean’s Senior Advisory Committee.

6. At any time a resident’s problem cannot be resolved, the Office of Human Resources may be consulted and serve as another system of assistance/support.

Every effort is made to protect TY residents of mistreatment from retaliation, fear or intimidation if they seek redress. Retaliation will not be tolerated. To help prevent retaliation, those who are accused of mistreatment or whom the concern has been raised will be informed that retaliation is regarded as a form of mistreatment. Accusations that retaliation/intimidation/fear has occurred will be handled in the same manner as accusations concerning other forms of mistreatment. (See GMEC policy 1.500).
POLICY: Evaluation, Promotion, and Disciplinary Actions

**Evaluations**
During the residency period the following elements of clinical competence will be assessed in writing (through the use of New Innovations) in a timely manner during each rotation or similar educational assignment by attending faculty, chief residents, peers, students, self, and multi-raters (patient/family, nurses, social workers, etc.) with subsequent review by the TY program director. A TY resident will meet with the program director three times/year (Oct, Jan, May) to review results of evaluations and other performance measures.

Clinical competence requirements:

1. **Patient Care**: Gather essential, accurate patient information; order appropriate tests; make accurate diagnoses; perform competently; counsel patients and families; prescribe appropriate medication and treatment.
2. **Interpersonal and Communicative Skills**: Document pertinent information clearly; write legibly; listen actively; use effective nonverbal behaviors; work effectively as a member of a team.
3. **Medical Knowledge**: Know and apply basic sciences; demonstrate analytical approach to clinical care.
4. **Practice-Based Learning and Improvement**: Stay current with medical literature and technology; analyze your experiences to improve your practice; facilitate learning of students and others.
5. **Professionalism**: Demonstrate integrity, honesty, and empathy; respect patients’ autonomy and diversity; be timely and respond promptly.

In addition, the following assessments will be conducted for each resident:

1. The TY resident will perform a complete history and physical examination in the Clinical Skills Center with a standardized patient under the direct observation of the program director. This will occur as a baseline assessment at the time of TY program orientation and again in the spring semester of the academic year.
2. The TY program director will meet with each TY resident tri-annually.
3. The TY program director will prepare a summative evaluation for each tri-annual meeting that will be reviewed with the TY resident and signed by both the TY resident and PD.

The TY Clinical Competency Committee will review all resident evaluations semi-annually and will prepare milestone reporting to the ACGME, and will advise the TY program director regarding progress, remediation, and dismissal.

The evaluations will be maintained in a confidential file and only available to authorized personnel. Upon request, the TY resident may review his/her evaluation file at any time during the year. At the completion of the Transitional Year Residency Program, the Program Director will prepare a final summative evaluation of the clinical competence of the resident. This evaluation will stipulate the degree to which the resident has mastered each component of clinical competence – patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. It will also include any special accommodations the resident may have had which could affect or limit the resident’s scope of practice. In this evaluation the Program Director will verify that the resident “has demonstrated sufficient competence to enter practice without direct supervision” and has “satisfactorily” completed the Transitional Year Residency Program. This evaluation will remain in the resident’s permanent file to substantiate future judgments.
in hospital credentialing, board certification, agency licensing, and in the actions of other bodies.

**Probation/Suspension/Dismissal**
Actions of probation/suspension/dismissal will follow the guidelines in the Graduate Medical Education Committee Policy on Academic and Other Disciplinary Actions Policy. In addition, specific TY program guidelines follow:

1. A resident may be placed on probation by the Program Director for reasons including, but not limited to any of the following:
   a. failure to meet the performance standards of an individual rotation;
   b. failure to meet the performance standards of the program;
   c. failure to comply with the policies and procedures of the GME Committee, the UAMS Medical Center, or the participating institutions;
   d. misconduct that infringes on the principles and guidelines set forth by the training program;
   e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
   f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program.

2. When a resident is placed on probation, the Program Director shall notify the resident in writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.

3. Based upon a resident’s compliance with the remedial steps and other performance during probation, a resident may be:
   a. continued on probation;
   b. removed from probation;
   c. placed on suspension; or
   d. dismissed from the residency program.

**Suspension**
1. A resident may be suspended from a residency program for reasons including, but not limited, to any of the following:
   a. failure to meet the requirements of probation;
   b. failure to meet the performance standards of the program;
   c. failure to comply with the policies and procedures of the GME Committee, the UAMS Medical Center, or the participating institutions;
   d. misconduct that infringes on the principles and guidelines set forth by the training program;
   e. documented and recurrent failure to complete medical records in a timely and appropriate manner;
   f. when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program;
   g. when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program;
   h. if a resident is deemed an immediate danger to patients, himself or herself or to others;
   i. if a resident fails to comply with the medical licensure laws of the State of Arkansas.
2. When a resident is suspended, the Program Director shall notify the resident with a written statement of suspension to include:
   a. reasons for the action;
   b. appropriate measures to assure satisfactory resolution of the problem(s);
   c. activities of the program in which the resident may and may not participate;
   d. the date the suspension becomes effective;
   e. consequences of non-compliance with the terms of the suspension;
   f. whether or not the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

   A copy of the statement of suspension shall be forwarded to the Associate Dean for Graduate Medical Education and the Director of Housestaff Records.

3. During the suspension, the resident will be placed on “administrative leave,” with or without pay as appropriate depending on the circumstances.

4. At any time during or after the suspension, the resident may be:
   a. reinstated with no qualifications;
   b. reinstated on probation;
   c. continued on suspension; or
   d. dismissed from the program.

Dismissal
Dismissal from a residency program may occur for reasons including, but not limited to, any of the following:
   a. failure to meet the performance standards of the program;
   b. failure to comply with the policies and procedures of the GME Committee, the UAMS Medical Center, or the participating institutions;
   c. illegal conduct;
   d. unethical conduct;
   e. performance and behavior which compromise the welfare of patients, self, or others;
   f. failure to comply with the medical licensure laws of the State of Arkansas;
   g. inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States, if required by the individual residency program.

2. The Program Director shall contact the Associate Dean for GME and provide written documentation which led to the proposed action.

3. When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Program Director shall notify the resident with a written statement to include:
   a. reasons for the proposed action,
   b. the appropriate measures and timeframe for satisfactory resolution of the problem(s).

4. If the situation is not improved within the timeframe, the resident will be dismissed.

5. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct including, but not limited to theft of money or property; physical violence directed at an employee, visitor or patient; use of, or being under the influence of alcohol or controlled substances while on duty, patient endangerment, illegal conduct.
6. When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of this letter shall be forwarded to the Associate Dean for GME and the Director of House Staff Records.

A TY resident involved in the disciplinary actions of probation, suspension, and dismissal has the right to appeal according to the Graduate Medical Education Committee Policy, Adjudication of Resident Grievances.

The TY resident may appeal an unsatisfactory evaluation by submitting a written request to appear before the department’s Competency/Promotions Subcommittee of the Residency Education Committee in a meeting called by the Program Director. The Committee will review a summary of the deficiencies of the resident, and the resident will have the opportunity to explain or refute the unsatisfactory evaluation. After review, the decision of this Committee is final.
The Transitional Year residency program is committed to preventing and counteracting fatigue’s potential negative effects on patient care and learning in this training program. Both faculty and residents are required to complete an educational program about sleep loss and fatigue (L.I.F.E curriculum and video on UAMS COM GME webpage). The TY program director and supervising faculty monitor the demands of individual rotations and call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. The GMEC pamphlet on fatigue education is distributed to residents annually to educate them on signs and symptoms of fatigue.

Fatigued residents: typical difficulties with the following:
- Appreciating a complex situation while avoiding distraction
- Keeping track of current situation and updating strategies
- Thinking laterally and being innovative
- Assessing risk and/or anticipating consequences
- Maintaining interest in outcome
- Controlling mood and avoiding inappropriate behavior

More specific signs of fatigue:
- Involuntary nodding off
- Waves of sleepiness
- Problems focusing
- Lethargy
- Irritability
- Poor coordination
- Difficulty with short-term recall
- Tardiness or absences at work

High-risk times for fatigue-related symptoms:
- Midnight to 6:00 AM
- Early hours of day shifts
- First night shift or call night after a break
- Change of service
- First 2 to 3 hours of a shift or end of a shift
- Early in residency or when new to night call

Moves to limit fatigue-related problems:
- The 80 hour limitation to which our program is held certainly reduces the total number of hours worked.
- In general, the residency workload should allow for as little variation in work schedules as feasible.
- Rapid or frequent shifts from day to night work are known to increase risk of fatigue.
- Many physical illnesses can present as fatigue and should be ruled out when daytime fatigue seems out of proportion to the resident’s workload. The resident should be encouraged to consult his/her primary care physician. Sleep studies may be warranted.
- Depression and other psychiatric syndromes may first be manifest as fatigue. Proper diagnosis and treatment should be recommended.
In compliance with the UAMS College of Medicine Graduate Medical Education Committee policies on duty hours/work environment and moonlighting and in considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

**Fatigue Management and Mitigation**

1. The TY residency program will educate faculty and residents in fatigue mitigation processes, in recognition of the signs of fatigue and sleep deprivation, and have a fatigue mitigation plan such as napping, adjusting schedules, or back up support including a process to ensure continuity of patient care should faculty or resident be unable to perform his/her duties.
   a. Any faculty or chief resident/senior resident who notes a TY resident with fatigue severe enough to interfere with his/her ability to function normally or to impair patient care or safety will directly relieve the resident of clinical duty.
   b. The TY program director will be notified.
   c. TY residents, themselves, will notify their attending faculty or upper level resident if they are concerned about experiencing fatigue severe enough to impair functioning or patient safety. The TY resident will be relieved of their clinical duties.
   d. The Sponsoring Institution provides nap facilities for residents who may be too fatigued to safely return home. The resident will nap in the 8th floor call room until he/she can return to their clinical duties or drive safely home.
   e. in the event that a TY resident experiences recurrent problems with sleepiness/fatigue, the TY program director will refer the resident for medical evaluation or counseling as appropriate.

2. The program director will monitor individual as well as aggregate program use of the fatigue mitigation process.
   a. Individual monitoring for signs of fatigue should be at a minimum during the tri-annual evaluation.
   b. The program aggregate use of the fatigue mitigation process may indicate the need for program wide changes.

The Transitional Year is stressful for several reasons. First, like any first year intern, TY Residents are suddenly given more responsibility than you have ever had before. In addition, a TY Resident rotates to a new department every month. Just as the TY Resident is starting to learn the ropes, it’s time to move on and the learning curve becomes steep once more. During the latter half of the year, the TY Resident may be rotating on surgery or pediatrics or medicine for the first time and the categorical residents will have already done this rotation multiple times. In addition, the categorical residents belong to a department where there are upper level residents around to give them advice. Remember – a TY Residents is NEVER alone. There will always be an upper level resident or staff to help the TY Resident make decisions and take care of patients. The other services appreciate the TY Residents rotating on their services.

To make the transition easier each month, the following should be remembered:

1. Get a good orientation to the rotation.
2. Don’t be afraid to ask questions. It is much better to ask a question than to do something wrong. Don’t expect to know everything that the categorical residents know.
3. Get to know your fellow TY Residents and their families. Do things as a group outside the hospital.
4. Be good to yourself, your families, and your friends. Stay fit, do things that help you relieve stress whether sleeping, running, playing sports, taking some time to be with your spouse and kids and your friends.
5. Residents with families need to make them a priority – remember you are blessed to have them here with you for support.
6. Single residents also need to find time for friends and family that may live further away. Stay engaged. Don’t let yourself become lonely.

**Burnout Education**

**Why is it important to recognize burnout?**

Unrecognized and/or untreated burnout can negatively impact many aspects of your life:

- Your work performance and patient safety.
- Your personal life.
- Your academic achievements.

Consequences of burnout may include but are not limited to the following:

- Feelings of dissatisfaction and non-enjoyment of life.
- Anxiety and depression and their consequences.

**What to do to help burnout?**

The following maybe helpful guidelines for assisting you in the way of improvement from burnout:

- **Slow Down:** cut back/decrease whatever commitments and activities that you can
- **Get Support:** turn to loved ones for support
- **Re-evaluate:** your goals and priorities
- **Prioritize sleep:** sleep improves mood and reduces burnout

The TY Resident participates in a half-day workshop The Science of Being Happy and Finding Wellness with Erick Messias, MD, PhD, MPH who is an Associate Professor of Psychiatry and the Associate Dean for Faculty Affairs. This workshop occurs in Aug/Sept during the TY Residents’ protected didactic time.
Professional Help

In addition to any of a TY Resident’s other healthcare needs already in place, the following are other options for professional help should a TY Resident experience burnout/depression or have other mental health care needs.

Employee Assistance Program (EAP)
The Employee Assistance Program (EAP) consultation service provides assessment, short-term counseling, information and referral (if indicated) for employees (including their spouses and dependents) who experience some form of personal distress. Services are confidential and include but are not limited to the following:

- Short-term, individual and family counseling
- Individual life skills training
- Life/career coaching
- Wellness training
- Grief/bereavement
- Personal/emotional concerns
- Anger management
- Stress management

Contact Information:
5800 W 10th Street, Suite 601
Little Rock, AR 72204

Voice: 501.686.2588
Toll Free: 1.800.542.6021
http://eap.uams.edu/services/employee-services/

House Staff Wellness Program
The faculty and house staff wellness programs are directed by Ronald Salomon, MD. Dr. Salomon is a psychiatrist with an interest in the overall well-being of healthcare providers.

The following services are provided:

- Counseling/psychotherapy
- Medication treatment

Contact Information:
To schedule an appointment, or for further information call the Student Wellness Program at 501-686-8408. Please identify yourself as a College of Medicine House Staff member. Alternatively, you may email Dr. Puru Thapa (director of the Wellness Program) at thapapurushottamb@uams.edu

http://medicine.uams.edu/current-residents/resident-handbook/housestaff-mental-health-service-arkansas-employee-assistance-program/

Finally, your TY program director is available 24 hours a day, seven days a week in person, by phone or pager to answer questions, help resolve conflicts and support you. Remember, your TY program director has an open door policy. If you need assistance at any time, please stop by, call or email.
**POLICY: Vacation, Sick, Professional, or Educational Leave**

**Vacation**
Residents receive 21 days (15 work days plus weekend days) of paid vacation each year. This cannot be "carried over" from one year to the next.

In addition to the annual vacation days that are given on a yearly basis, each resident will also be allotted five (5) additional vacation days for use by the resident at their discretion during the entirety of the individual’s residency period at UAMS.

Residents must complete the vacation and educational leave request form found on the TY website [https://transitionalyear.uams.edu/current-residents/vacation-request-form/](https://transitionalyear.uams.edu/current-residents/vacation-request-form/)

**Professional or Educational Leave**
Residents receive a maximum of 5 days per year of professional and educational leave. This is in addition to sick and vacation time. Professional and educational leave may not be carried over from one year to the next.

Job or further educational training interview days may not be counted as professional or educational leave.

Professional or educational leave may be used to take primary or subspecialty boards.

USMLE exams may be taken using professional or educational leave.

For audit purposes, professional or educational leave must be noted as such on the schedule submitted to the Housestaff Office.

Residents must complete the vacation and educational leave request form found at the end of this policy.

**Sick Leave**
If a resident cannot come to work due to illness, they will notify the attending physician and/or upper level resident of your current clinical rotation. Additionally, the resident will notify the TY program coordinator and/or program director. If you have a planned medical leave or appointment, a standard leave form should be submitted prior to the leave for planning purposes. Sick leave may not be used for supplemental clinical activities, to interview for jobs or categorical residency positions, or to relocate.

Residents have 12 days of sick leave (including weekend days if scheduled to work) for medical reasons during each year of training. The sick leave cannot be “carried over” between years. Sick leave in excess of 12 days requires special review by the Associate Dean and Program Director.

Residents must complete the planned sick leave request form found in the appendix.
GENERAL INFORMATION

“Always remember you are braver than you believe, stronger than you seem, and smarter than you think.”

~Christopher Robin
**Emergency Resuscitation**

Emergency resuscitation is provided anywhere on the UAMS campus including hospital wards by an emergency code team. The team may be summoned by dialing 686-7333 and having the hospital operator announce a code. Check victim's respiration and pulse and provide Basic Life Support until team arrives. Advanced Cardiac Life Support (ACLS) protocols are followed by the team, and all team members must be certified ACLS Providers to participate. If you are on Internal Medicine rotation, you must complete an ACLS Provider Course before taking this call.

**Contractual Agreement**

House staff appointments are for a period not exceeding one year. A house staff agreement outlining the general mutual responsibility of the College of Medicine and house staff member is signed at the beginning of the term of service and is in effect for the full term of service (1 year). Renewal of an agreement for an additional term of service is at the discretion of the Residency.

**Holidays**

Official UAMS holidays are as follows:

- Independence Day (July 4 – July 4, 2018)
- Labor Day (first Monday in September – September 3, 2018)
- Veteran's Day (November 12, 2018)
- Thanksgiving Day (fourth Thursday in November – November 22, 2018)
- Christmas Eve (December 24, 2018)
- Christmas Day (December 25, 2018)
- New Year’s Day (January 1, 2019)
- Martin Luther King Day (third Monday in January – January 21, 2019)
- Presidents’ Day (Third Monday in February – February 18, 2019)
- Memorial Day (May 27, 2019)

**UAMS Library**

The UAMS Library is housed in the Education II Building and occupies space on three levels. It also includes the Audio-Visual Library which occupies a part of the fifth floor. The library contains 41,965 books and regularly receives approximately 108 journals related to the behavioral sciences, 4,000 medical journals, and 57 neurology journals. Available databases include MEDLINE, PsycINFO, CLINICAL MEDICINE, Up To Date, and ClinicalResource@ovid.com, among several others.

**Mailboxes**

Mailboxes are located in the GME office with the TY Program Coordinator. Please retrieve your mail at least weekly.
**Resident Room**

Each resident will receive a key to the TY Resident Room located on the 8th floor or the Shorey Building. This room is accessible at any time for the TY resident to use for charting, studying or a quiet space.

**Name Badges**

Each house officer will be furnished name badges for UAMS and ACH. It is the responsibility of each resident to renew badges as they expire during residency. Each house officer will also display a blue “Resident Physician” hang tag from their name badge.

**Pagers**

Each resident is issued a pager by TY Residency Program and accepts full responsibility for the pager. If the pager is lost, the resident may be expected to reimburse the program.

**Parking**

UAMS - All members of the house staff are granted parking privileges in 1 parking deck. Your name badge is activated to operate the parking gate. The Traffic Office contact number is as follows: 501-686-5856.

Arkansas Children's Hospital -- Parking permit stickers can be obtained from ACH Security Office. The contact number is as follow: 501-364-3474.

**Pay Schedules**

House staff members are paid monthly. The stipend payment is direct deposited to the resident’s bank on the last working day of the month. You may access an electronic copy of your “pay stub” on the Human Resource website. From the menu option on the left side of the Home Page, click on Employee Self-Serve, follow the “log on” instructions; on the Overview screen, click on “Benefits and Payment;” on that screen, click on “Payment” and then “Salary Statement.” You may print out your pay stub if you wish.

**Professional Liability Insurance**

Each house staff physician is provided professional liability insurance when on official duty.

**Tuition Discounts**

U of A Tuition discounts extend to interns, residents, fellows (both house staff and post-doctoral fellows in the basic sciences). The fringe benefit also applies to members of the immediate families in the same manner that it is available to other full-time employees of UAMS.

**Social Media**

Use of social media (Facebook, Twitter, Instagram, etc.) is at the discretion of each resident. Residents need to be aware of the implication of social media presence for an MD as different from a student or
other professional. For example, posts about the workday must take special care to avoid breaches in HIPAA and confidentiality. Posts that do not break confidentiality but that speak pejoratively or judgmentally about a group of patients, region, or those sharing a diagnosis, reflect poor professional boundaries and may compromise patient care at a later date if these comments surface when caring for such an individual. In addition to issues of patient confidentiality, residents should take caution not to speculate on diagnoses or treatment for individuals portrayed in the news or on social media. Residents should also be aware that personal disclosures, personal information, and photographs that are posted in the public domain may be viewed by patients, family members, and future employers. This content can affect patient care or future hiring opportunities; careful thought should be given to confidentiality settings on all social media accounts.

**Resident Participation in Non-Departmental UAMS Activities/Public Service**

When engaged in non-remunerative activities in which a resident might be reasonably perceived by the public to represent UAMS, advance clearance from the Office of the Residency Director is required.

**Educational Fund**

The UAMS COM Transitional Year Residency Program encourages residents to practice self-directed learning using resources outside the formal training program. This includes use of educational materials and literature and attendance at local and national meetings.

To this effect, each resident is offered a one-time $400 stipend to pay for medical-related books, educational material or USMLE Step 3 fees.
APPENDIX

“Think of yourself as on the threshold of unparalleled success. A whole, clear, glorious life lies before you. Achieve! Achieve!”

~Andrew Carnegie