

**UAMS TRANSITIONAL YEAR
RESIDENCY PROGRAM**



2025- 2026

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

COLLEGE OF MEDICINE

OFFICE OF

GRADUATE MEDICAL EDUCATION

**TRANSITIONAL YEAR RESIDENCY
PROGRAM MANUAL
2025-2026**

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WELCOME!

Dear UAMS COM Transitional Year residents,

Congratulations on your recent completion of medical school and welcome to the UAMS College of Medicine Transitional Year (TY) Residency Program! The last several months have been filled with major transitions and uncertainty, but I hope things will begin to settle down for you as you transition from student to physician. You are now a part of a very noble and privileged profession. 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, strive to keep your actions and attitudes positive and in the best interest of your patients.

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. Important concepts will also be reviewed and discussed with you during your orientation to the program. You and your faculty will also receive an electronic copy of this handbook at the beginning of each academic year.

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.

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

Most sincerely,

Becca Perin MD
Associate Professor, UAMS Department of Pediatrics
Program Director, UAMS Transitional Year Residency
Child Advocacy & Health Equity Director, UAMS Pediatric Office of Education
Arkansas Children's Hospital

INTRODUCTION

“A great leader's courage to fulfill his vision comes from passion, not position.”

~John C Maxwell

PROGRAM GOALS AND PHILOSOPHY

Traditionally, the Transitional Year is 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.

However, issues have arisen regarding the increasing competitiveness for medical students to find a residency position, thus leaving medical schools with unmatched graduating students. This is happening nationwide and most critically and importantly in our very own state of Arkansas with our own medical students. In a state with currently one allopathic medical school whose primary goal is to train physicians to stay here and serve the citizens of our state, having students that graduate without a place to train is problematic.

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

Therefore, a goal of the Transitional Year (TY) 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 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 of the TY is implemented by the selection of students 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) for 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 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 authority and accountability for the operation of the Transitional Year program. Your TY PD is Becca Perin, MD. Dr. Perin received her medical degree from The University of Texas Medical School at Houston. She completed her pediatric residency at UAMS and ACH. She is a general Pediatrician in the Circle of Friends and General Pediatric Clinics at Arkansas Children's Hospital. She has a passion for resident education, and her specific interests include child advocacy and the integration of technology and curriculum development. In particular, she has developed a mobile app-based curriculum for resident learning. She enjoys spending time with her family, running, baking and decorating cookies.

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. Perin keeps an "open door" policy and is readily available to all Transitional Year residents.

Office: (501) 364-3093

Cell: (214) 662-3680

Email: RPerin@uams.edu

April Smith 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.

Cell: (501)-231-4595

Email: ASmith60@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 the 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 – see below for explanation) 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 provides 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** provides optimal patient outcomes while being good stewards of resources.

TRANSITIONAL YEAR RESIDENCY

FACULTY ROSTER

Program Director Becca Perin, MD
Professor, Pediatrics; Program Director,
Transitional Year Interns

Sponsoring Program, Program Director Keyur Vyas, MD
Associate Professor; Program Director,
Internal Medicine

Sponsoring Program, Program Director Lauren Evans, MD
Assistant Professor; Program Director,
Emergency Medicine

Amy Phillips, MD
Associate Professor; Program Director, OB/GYN

Heather Moore, MD
Assistant Professor; Program Director, Hospice and
Palliative Medicine

Henry Farrar, MD
Professor, Program Director, Pediatrics

Joseph Guise, MD
Associate Professor; Faculty, Psychiatry

Katie Kimbrough, MD
Associate Professor; Faculty, Surgery; Surgical Critical Care
Fellowship

Lauren Evans, MD
Assistant Professor; Program Director, Emergency
Medicine

Lauren Gibson-Oliver, MD, MBA
Assistant Professor; Program Director, Family Medicine

Marlon J Doucet, MD BCCEM
Faculty; Deputy Chief, Emergency Medicine, VA

Mitchell Jenkins, MD
Assistant Professor; Faculty, Infectious Disease

Michael Saccente, MD
Professor; Associate Program Director, Internal
Medicine

Molly Gathright, MD
Professor; Vice Dean for GME; DIO

Morgan Tripod, MD
Assistant Professor; Faculty, Internal Medicine

Nicholas Gowen, MD
Faculty; VA Site Director, Internal Medicine

Rani Gardner, MD
Associate Professor; Program Director, Internal
Medicine

Riley Lide, MD
Assistant Professor; Program Director, Anesthesia

Robert Blasier, MD, MBA
Professor; Faculty, Orthopedic Surgery

RESIDENT ROSTER

Address all residents' mail to Slot 837
Residency program telephone: (501) 526-7962

<u>Carson Ercanbrack, MD</u>	(480) 389-7419
<u>Katie Pacheco, MD</u>	(501) 288-2751
<u>Humam Shahare, MD</u>	(501) 349-4067
<u>John Wright, MD</u>	(501) 454-1770

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 score of 4) 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 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 (FCS) rotations. Two blocks are required for 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 of that service prior to each rotation and discuss them with the service faculty members 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

TY Residents rotate through (13) 4-week blocks. Rotations include required Fundamental Clinical Skills (FCS) and 6 electives.

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1	1	1	1	1	1, 2, 3	1, 2, 3	1, 2, 3	1, 2, 3	1, 2, 3	1, 2, 3	1, 2, 3	1, 2, 3
Rotation Name	Emergency Medicine	Internal Medicine Ward	Internal Medicine Ward	Internal Medicine Ward	Ambulatory Care	Selective 1	Selective 2	Elective	Elective	Elective	Elective	Elective	Elective
Elective/Required	Required	Require	Require	Require	Required	Required	Required	Elective	Elective	Elective	Elective	Elective	Elective
Vacation	Yes, if met 140hrs	No	No	No	Yes, if met 140hrs	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Residents may choose another general medicine ward month or MICU month

Selective 1: may choose Emergency Medicine (VA or ACH), Family Medicine Wards, General Surgery, Internal Medicine Wards, or Pediatric Wards

Selective 2: may choose Emergency Medicine (VA or ACH), General Surgery, Internal Medicine Wards, MICU, OB/GYN, Pediatric Outpatient Wards, PICU, Radiology, SICU, VA Urgent Care, or VA 6b Diagnostic

TY Residents are permitted 21 days of vacation for the training year, vacation days may be used flexibly, on any of the 8 vacation-eligible months (see bottom row).

Didactic Educational Curriculum

Didactic Education Sessions

While on clinical rotation (required FCS, selective FCS, and electives), you are required to attend that service's/department's 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 QI Conferences. Your attendance at these conferences will be monitored. You should check with your upper-level resident or faculty 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 on the dates noted below (all dates are for Thursday) from 12:00 pm to 5:00 PM. Each month will feature a component of the year's curriculum covering several 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 residents at the beginning of each clinical rotation of your required absence for the didactic sessions. Please have them contact Dr. Perin or April Smith should they have questions or concerns.

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.

1. 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 unfortunately 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 try to ensure they and others do not repeat the same mistake. Each intern will prepare a presentation outlining a mistake they made with an analysis of this mistake. **This will be formally presented to the group one time during designated didactic meetings (similar to a department M&M conference).**

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

2. Case Presentation

TY residents are required to present in a case-based didactic session to 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 residents are able to do such things as evaluating relevant literature and deciding 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, and accessing electronic medical literature will be covered prior to the Case Presentations.

The initial proposal for the case-based discussion is due to the Program Director due by December 1, 2025. **Case presentations will be performed in January 2025.**

Case presentation forms can be found in the appendix.

Additional educational activities that are encouraged to help improve the educational experience during the TY year are listed below:

3. Scholarly Activity

All UAMS COM TY trainees are required to participate in scholarly activity 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.

a. Journal Club

TY residents actively participate in 5 TY specific Journal Clubs throughout the year. 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 10 minutes of background information, 10 minutes of discussion (including interpretation of results, and how conclusions affect

our practice), and 10 minutes of questions/answers, including statistics and study design. Please see didactic schedule for Journal Club dates.

b. 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 and presented to the TY program director.

4. 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 rotation or the healthcare system. This project does not need references, only the residents' 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 residents, 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 due December 1, 2025, and another due May 1, 2026. My Reflection description and forms can be found in the appendix.

Professionalism

UAMS COM TY Residents will complete two online modules throughout the year at their own pace but completing the module early in the year will be emphasized. The first module is from the Institute for Healthcare Improvement (IHI). UAMS requires all incoming residents and fellows to complete and earn the Institute on Healthcare Improvement (IHI) Basic Certificate in Quality and Safety, within their first year of training. The goal is to fulfill the common program requirement that ACGME has set for residents and fellows to be able to "...systematically analyze practice using quality improvement (QI) methods and implement changes with the goal of practice improvement and professionalism", and to fulfill CLER Pathways requirements for resident education on patient safety (PS Pathway 6) and quality improvement (Q Pathway 1). The link is:

<https://my.ihl.org/Portal/rise/Contacts/ihl-create-account/create-account-complete.aspx>

Additionally, TY Residents will complete the AAMC Medportal Professionalism: Self-Study Module. The module serves as an introduction to the tenets of the ACGME's Core Competency of Professionalism. The link is:

https://www.mededportal.org/doi/10.15766/mep_2374-8265.250

Appreciative Inquiry

Appreciative Inquiry can be described as an approach which draws from positive psychology and storytelling, to create an "alignment of strengths" that render weaknesses irrelevant (Druker in TEDx Talks, 2014), hence empowering individuals and facilitate the resolution of given problems to enact desired change. **During each tri-annual review, the program director will verbally discuss and review the resident's appreciate inquiry regarding where they stand on their goals and future plans.**

Steps of the appreciative inquiry are below:

1. Define – What is my desired outcome?
2. Discovery – What are my strengths?
3. Dream – What would work well in the future to make this happen?
4. Design – What action do I need to take to make it happen?
5. Deploy – Taking the action.

Evaluations 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.

360o Evaluations

360° evaluations are collected for each resident during TY Resident's Ambulatory Care experience.

Other Educational Curriculum Projects

For all assigned projects/examinations, including 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 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, including 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 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 accommodation the resident may have had which could affect or limit the residents' 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 are able to function at the level commensurate by 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 to the TY 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. The TY PEC 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 who are within 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 physician treats the disease; the great physician treats the patient who has the disease”

~Dr. William Osler

All program requirements for Transitional Year Residency training can be found at

<http://www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcetid/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 the 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 ICUs.
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 resident or fellow. These procedures may include, but are not limited to the following:
 - Lumbar punctures
 - Paracentesis
 - Central line 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. Residents 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 regarding 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 includes 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 into the Residency Program Office twice a year (Dec 1 and Jun 1).**

RESIDENT POLICIES

“You are remembered for the rules you break.”

~Douglas MacArthur

Policy 3.800 Transitional Year Residency
Section Resident Supervision/Work Environment
Subject Continuity of Care and Hand-offs
Policy Requirements: ACGME Institutional: 3.2.c ACGME Common: 6.14; 6.19; 6.22a ACGME Transitional Year: 6.c.2; 6.E.3; 6.F.2 COM GMEC 3.800
Version History: Date Developed: 6/2017 Replaces: 11/2022 Revision: 11/2024 Reviewed by Program Evaluation Committee: 11/2024

Purpose: To ensure and monitor effective, structured patient handoff processes to facilitate continuity of care and patient safety at participating sites. To ensure that the Transitional Year program allows an appropriate length of absence for residents unable to perform their patient care responsibilities.

Policy: The program provides annual training on hand-offs and transitions, incorporating the institutional SBARQ model, delivered to all faculty and residents at the start of training to support residents to be competent in communicating with team members. Residents that are unable to perform their patient care responsibilities will not receive negative consequences if they are unable to provide the clinical work due to fatigue or illness.

The following guidelines further apply specifically to the transitional year program:

- Orientation training on the hand-off frameworks to standardize and improve transitions in the clinical learning environment using Situation, Background, Assessment, Recommendation, and Quiet Place (SBARQ)
- Provide training on how the program is structured and how it monitors transitions of care/hand-off processes that meet ACGME requirements
- Monitoring through feedback and evaluations that observe the resident demonstrating effective transitions of care consistent with the setting, type of patient care, and how the resident communicates to members of the health care team of attending physician using SBARQ for each patient’s care
- Provide Didactic training that includes discussions of clinical assignments that minimize the number of transitions in patient care
- GMEC Policy 3.800 if resident fatigue or illness occurs

Process: At each transition or handoff, a TY resident should seek to meet the essence of the SBARQ framework [a standardized handoff/transition for the clinical learning environment] as follows:

<u>SITUATION</u>	<u>BACKGROUND</u>	<u>ASSESSMENT</u>	<u>RECOMMENDATION</u>
Patient name Medical record number Admitting physician Overall situation	Recent procedures Changes in condition Changes in treatment Current medication Current Status Current Vitals Allergies Recent lab tests	Diagnosis Status Level of acuity Code status	Next Actions Anticipated procedures Outstanding tasks Outstanding tests Anticipated changes
<u>QUIET PLACE</u>			
Receiver asks questions, repeats handoff information Face-to-Face in a Quiet Place (PREFERRED). No texting.			

Policy 3.310 Transitional Year Residency
Section Resident Supervision/Work Environment
Subject Guidelines for Supplemental Clinical Activities
Policy Requirements: ACGME Institutional: III ACGME Common Program Requirements: VI UAMS Administrative Policies: 3.310
Version History: Date Developed: 6/2017 Replaces: previous policy of same name, dated 11/2020 Last Review/Revision: 9/2024

Purpose:

In compliance with the ACGME Common Program Requirements, VI.F.5.c

Policy:

Transitional Year Residents are not eligible to participate in any supplemental activities, internal or external.

Policy 3.300 Transitional Year Residency
Section Resident Supervision/Work Environment
Subject Moonlighting
Policy Requirements: ACGME Institutional: IV.C.2.I); IV.K.1 ACGME Common Program Requirements: VI.F.5 ACGME Program Requirements for GME in Transitional Year: VI.F.5 UAMS Administrative Policies: 3.300
Version History: Date Developed: 6/2017 Replaces: previous policy of same name, dated 11/2020 Last Review/Revision: 9/2024

Purpose:

In compliance with the ACGME Common Program Requirements, VI.F.5.c

Policy:

Transitional Year Residents are not eligible to participate in any moonlighting activities, internal or external.

Policy 3.100 Transitional Year Residency
Section Resident Supervision/Work Environment
Subject Supervision
Policy Requirements: ACGME Institutional: 2.2.b; 3.2.d; 4.10 ACGME Common: 2.6; 2.11; 4.2.c; 6.6; 6.7; 6.8; 6.9; 6.10; 6.11 ACGME Transitional Year: 11.B.4; 4.A; 6.A.2; 4.A.3; 4.C.1 COM GEMEC: 3.100 UAMS Administrative Policies: 4.4.01
Version History: Date Developed: 6/2017 Replaces: 2/2019 Revisions Approved: 11/2024 Reviewed by Program Evaluation Committee: 11/2024

Purpose: To ensure the availability of adequate resources for resident education including support for core faculty members to ensure they give both effective supervision and quality resident education.

Policy: The COM 3.100 program policy outlines the Transitional Year’s efforts to meet ACGME requirements related to supervision of residents including the role of the program director and faculty in the 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.
- to ensure residents can report inadequate supervision and accountability in a protected manner that is free from reprisal through several means, see policy 1.400.

Process:

In compliance with the UAMS College of Medicine GME Committee policy on Resident Supervision, the following guidelines are followed for supervision of TY residents (PGY1 and by Milestone progress as determined by the CCC per 4.2.c):

1. The program director’s role as it relates to supervision is to evaluate each resident’s abilities based on specific criteria, guided by the Milestones. As well as devoting time to program oversight and management of the residency program, as defined in 2.6.
2. 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 always available.
3. Rapid, reliable systems for communication with supervisory physicians are available including paging systems and cell phone access.
4. Attending faculty physician supervision is provided appropriate to the skill level of the residents on the service/rotations.
5. Residents have progressive responsibility according to their level of education, competence, and experience.
6. 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 per 6.9.c. 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. 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.

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

- **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 a review of procedures/encounters with feedback provided after care is delivered.

All residents must communicate with the supervising faculty member, per 6.10, for the following:

- Adverse events or near miss
- Patient safety concerns
- When a resident feels unsure about a situation, diagnosis, or treatment plan
- When a resident feels fatigued or unable to provide adequate care

Supervisions, Responsibilities, Evaluations

The following explains the physical presence of a supervising physician required per 6.8 and 6.10, how residents and other members of the care team inform their role in patient care, and details related to appropriate levels of supervision per 6.9 and 6.10.a.

Inpatient/Ward Services

TY 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 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 is expected to interview and examine every patient promptly on admission to the MICU, in addition to the upper-level resident, 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. TY residents may perform procedures with direct supervision by upper-level residents who have adequate experience, or by attending physicians. 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 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 organize pertinent laboratory data and diagnostic studies and present a concise summary 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 and succinctly in the medical record. 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 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. The resident should facilitate appropriate follow-up for continued management of chronic conditions in the outpatient setting.

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 resident will initially see each patient on his/her own, and then see the patient second time with the attending. As the residents show progress, the attending may only see selected patients a second time, especially if these are follow-up patients. The attending will see ALL new patient. The attending must be in the exam room during all office procedures including, but not limited to joint injection, punch biopsy, cryotherapy for skin lesions, toenail and callus trimming. The attending physician must see the patient as is appropriate with subsequent documentation by a clinic note.

Policy 2.320 Transitional Year Residency
Subject
Resident Well-Being
Policy Requirements: ACGME Institutional Requirements: III.B.7 ACGME Common Program Requirements: VI.C; VI.C.1.c)
Version History: Date Developed: 6/2017 Replaces: 4/2022 Last Review/Revision:12/2024

Purpose:

In accordance with Accreditation Council for Graduate Medical Education (ACGME) institutional and program policies on addressing resident concerns. In the current health care environment, residents and faculty members are at an increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of a competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

Policy:

The Transitional Year (TY) is stressful for several reasons. First, like any first-year intern, TY Residents are suddenly given more responsibility than ever before. In addition, a TY Resident typically rotates to a new department every month. Just as the TY Resident is starting to learn the system and feel comfortable, 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. 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 greatly appreciate the TY Residents rotating on their services.

To make the transition easier every 4 weeks, 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 fellow TY Residents and their families. Do things as a group outside the hospital.
4. Be good to yourself, your family, 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 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.

The Transitional Year work room is available as a place to relax, spend time with other residents, get work done, eat, and rest. Transitional Year residents, the Program Coordinator, and Program Director are the only people who have access to the room, so the room can easily be utilized to “get away” when needed.

Burnout Education

Why is it important to recognize burnout?

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

1. Your work performance and patient safety.
2. Your personal life.
3. Your academic achievements.
4. Consequences of burnout may include but are not limited to the following:
5. Feelings of dissatisfaction and non-enjoyment of life.
6. Anxiety and depression and their consequences.

What to do to help burnout?

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

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

Professional Help

In addition to any of 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 following services are provided:

- Counseling/psychotherapy
- Medication treatment

Contact Information:

- To schedule an appointment, or for further information call (501) 686-8408 or email residentwellness@uams.edu . Please identify yourself as a College of Medicine House Staff member.
- <https://residentwellness.uams.edu/>

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 2.310 Transitional Year Residency
Subject Fatigue Management and Mitigation
Policy Requirements: ACGME Common Program Requirements: VI.D; VI.C.2 ACGME Program Requirements: III.B.5.a). (2), (3); III.B.7.d). (3) ACGME Program Requirements for GME in Transitional Year: I.D.2.b); VI.D
Version History: Date Developed: 6/2017 Replaces: 1/2019 Last Review/Revision: 12/2024

Purpose:

In compliance with the UAMS College of Medicine Graduate Medical Education Committee policies on duty hours/work environment and in considering that the care of the patient and educational clinical duties is of the highest priority regarding fatigue management and mitigation.

Policy:

1. In efforts to have a system of care and learning, educational programs 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 a resident be unable to perform his/her duties.
2. The program director will monitor individuals as well as aggregate program use of alertness management and fatigue mitigation process.
 - a. Individual monitoring for signs of fatigue should be at a minimum during the semi-annual evaluation.
 - b. The program aggregate use of the fatigue mitigation process may indicate the need for program wide changes.

The TY Program provides a special call room reserved for TY residents exclusively. This space is safe, quiet, clean, and private. Additional facilities are available and accessible for residents, when on specific rotation. These facilities are within an appropriate proximity for patient care or for residents who may be too fatigued to safely return home.

3. Resources on the UAMS COM GME webpage include a 10-minute video on managing fatigue and a 90 second Rip It Snippet: Fatigue Recognition and Mitigation, <https://gme.uams.edu/gme-resources/gme-video/> . Additionally, a fatigue mitigation brochure is provided at orientation and can be found here at the following link: <https://gme.uams.edu/wp-content/uploads/sites/24/2018/06/FINAL-Fatigue-Brochure-2018.pdf> .

Oversight:

Transitional Year Residents will be monitored for compliance on Fatigue Management and Mitigation by the University of Arkansas for Medical Sciences College of Medicine Graduate Medical Education Office (UAMS COM GME) review of program results on the ACGME Annual Resident Survey. UAMS COM GME monitors work hour compliance using New Innovations.

GME Educational Resources on Fatigue can be found at <https://medicine.uams.edu/gme/gme-resources/fatigue-recognition-and-mitigation/>

Policy 2.200 Transitional Year Residency
Section Resident Support/Conditions for Appointment
Subject Leave for Resident
Policy Requirements: ACGME Institutional: 1.12.e; 2.6.c; 4.2.b.2; 4.3.a.9; 4.3.a.10; 4.8 ACGME Common: 6.14 ACGME Transitional Year: 4.3.g; 4.8.b COM GMEC: 2.200 UAMS Administrative: 4.1.08; 4.6.11; 8.4.04
Version History: Date Developed: 6/2017 Replaces: 3/2019 Revisions Approved: 1/2025 Reviewed by Program Evaluation Committee: 5/2025

Purpose: To outline the Transitional Year Residency program processes for the various types of leave.

Policy: The COM Transitional Year Residency program policy outlines the formal program-specific policies and procedures for leave. This policy outlines the impact of leave on board eligibility. This policy ensures that all ACGME requirements and applicable laws related to leave are met. This policy outlines the responsibilities of the residents related to leave.

Process: Each type of leave is different, so procedures, board eligibility, responsibilities of the program director and resident, ACGME requirements, and laws will be discussed where applicable. All leaves are tracked and monitored by the program coordinator.

Bereavement Leave

Leave may be granted to residents due to the death of a member of the resident immediate family. Immediate family is defined as the father, mother, sister, brother, spouse, child, grandparent, grandchild, in-laws or any other person acting as a parent or guardian of an employee. The Program Director may grant sick leave for death in an amount which is reasonable for the circumstances.

Family and Medical Leave Act

The Family and Medical Leave Act of 1993 (“FMLA”) requires certain employers to allow eligible employees to take up to 12 weeks of leave (paid and/or unpaid) to care for a newborn or newly adopted child, to recuperate from their own serious illness, to care for certain seriously ill family members, and to care for service members injured in the line of duty, or qualifying exigency. An eligible employee is one who has at least 12 months of employment with the State of Arkansas and has worked at least 1,250 actual work hours during the previous 12-month period. Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. UAMS Administrative Guide Policy 4.6.11 outlines the policy and procedures for use of FMLA. Residents must provide 30 days’ advance notice of the need to take FMLA leave when the need is foreseeable.

Jury Duty

Leave may be granted for residents that are required to participate in local, state or federal jury duty. COM residents will be required to provide documentation of participation in jury duty to program leadership prior to release from work. Residents will not be required to use vacation or sick leave for jury duty.

Holiday Leave

Residents **do not receive paid time off for holidays** as identified under the official UAMS Employee Holiday Calendar. Residents may receive holidays as paid time off only if the scheduled assignment (clinic) is closed or if vacation is utilized.

Leave of Absence (non FMLA qualified and non ACGME Caregiver Leave)

Leave of Absence is the paid or unpaid absence from the educational activities of the residency program when no sick or vacation leave exists to cover the absence and it is leave other than FMLA-qualified leave. The Program Director has the sole authority to grant a leave of absence for a resident. Prior to making a final decision regarding the request for leave of absence, the Program Director must contact the Assistant Dean for Housestaff Affairs to discuss the accounting of sick leave, vacation time, restrictions about family medical leave, financial compensation (stipends and benefits), and the record keeping requirements.

Military Leave

Military leave is the absence from a residency program to fulfill obligations of the National Guard or any of the Uniformed Services of the United States as defined in 38 U.S.C. § 4303. The Uniformed Services Employment and Reemployment Rights Act does not apply to residents enrolled in the Graduate Medical Education (GME) program. Residents who are members of the National Guard or any of the Uniformed Services of the United States may be called to duty in such uniformed service. The resident shall notify the Program Director in writing upon learning that he/she has been called to duty in a uniformed service. Prior to leaving the program for active duty, the resident and Program Director shall discuss the tentative plans for the trainee's return to the program including the level of re-entry. Within the abilities of the program to accommodate the trainee's re-entry in the program, the duration of absence from the program and the trainee's activities during the absence, the program will make every effort to ensure that the resident re-enters the program at the level commensurate with his/her abilities.

Professional or Educational Leave

Residents receive a maximum of 5 days per year of professional 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 or orientation at **next** residency program **may not** be counted as professional or educational leave.

Professional or educational leave may be used to attend educational or professional conferences, attend review courses, present scholarly activity at professional conferences, and take USMLE exams.

For audit purposes, professional or educational leave must be requested and approved in New Innovations for the Housestaff Office.

Residents must complete, 4-6 weeks in advance, the vacation leave request form in New Innovations. ([See link for steps](#))

Sick Leave

If a resident cannot come to work due to illness, they will notify the attending physician and/or upper-level resident of their current clinical rotation. Additionally, the residents will notify the TY program coordinator and/or program director as soon as you know so it can be entered into New Innovations. If the leave exceeds 5 days, please inform your 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 more than 12 days requires special review

by the Associate Dean for GME and Program Director.

Residents must complete, 4-6 weeks in advance, the vacation leave request form in New Innovations. ([See link for steps](#))
Vacation

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

Residents may take no more than 1 week (7 days) of vacation leave at one time. When taking vacation leave with closed clinical days you must not exceed 7 days per block on non-weekend rotations.

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, 4-6 weeks in advance, the vacation leave request form in New Innovations.

Note: Ambulatory blocks require 140 work hours and 90 days' notice, Emergency Medicine blocks require 140 work hours, and no vacation is allowed, and FCS requires 24 weeks/168 work hours. ([See link for steps](#))

**Failure to complete the online vacation and educational leave requests forms or sick leave request for planned sick leave may result in leave not being granted. Additionally, leave is not officially noted until online requests are submitted.

Medical, Parental or Caregiver Leave

Per ACGME requirements, starting with their first day of employment, every resident in an ACGME-accredited residency program is entitled to six-weeks approved medical, parental, or caregiver paid leave at any one time during their residency program. Medical, parental or caregiver leave may be requested in blocks or specific increments to total six weeks. During this leave period, trainees will be paid 100% of their salary. Health and disability insurance benefits for residents and their eligible dependents will continue. Medical, parental or caregiver leave must be approved by Program Director, Designated Institutional Official (DIO), and Assistant Dean for Housestaff Affairs prior to the start of this leave.

This ACGME medical, parental or caregiver leave is only available through the process outlined below. Unused weeks of medical, parental or caregiver leave are not considered part of a bank of vacation days to be used later.

Some or all portions of medical, parental or caregiver leave may fall under the FMLA. Residents must follow UAMS and COM GME policies as related to FMLA.

Process to Request Medical, Parental or Caregiver Leave

1. The resident must send a request via email to their Program Director to use their one-time approved paid six-week medical, parental or caregiver leave. Though the trainee may share the details of their request with their Program Director, they are only required to disclose the category of their leave (medical, parental, or caregiver).
2. The Program Director must meet with the resident to:
 - a. reviews the medical, parental or caregiver planned leave dates,
 - b. discusses impact of leave (all leave used to date, proposed medical, parental or caregiver leave, future leave in current/subsequent academic years) on successful completion of program and board eligibility,
 - c. drafts a written plan to ensure all requirements for successful completion of program and for board eligibility will be met, and
 - d. reviews the UAMS COM GME Medical, Parental or Caregiver Leave Request Form and obtain the resident's signature on that form.

The written plan for leave must be submitted as part of the online medical, parental or caregiver leave process and placed in the resident's personnel file. If a written plan for leave includes the potential for extension of training, the Program Director must follow the process outlined in COM GMEC Policy 2.120.

3. Once Program Director and resident have met and a written plan has been developed, the program will complete the online medical, parental or caregiver leave process, which includes the submission of both the UAMS COM GME Medical, Parental or Caregiver Leave Request Form and the written plan for resident's successful completion of the program. This information will be reviewed by the COM GME and Housestaff Offices.
4. The Housestaff Office will provide written communication to program and the resident regarding approval of request and next steps.
5. Resident must comply with all processes outlined in this policy and their program's leave policy to include submission of FMLA paperwork and communication with Housestaff Office on a regular basis.
6. Program must ensure that leave is accurately logged in the residency management software.
7. At least one week before the end of the approved leave, the resident must email their Program Director to confirm their return-to-work date and must additionally communicate with the Assistant Dean for Housestaff Affairs as required to ensure their process is properly completed. The Program Director will confirm the residents' return to work with the Assistant Dean for Housestaff Affairs on their first day back in writing.

Impact of Leave on Resident Training Time:

Leave may impact a resident's ability to graduate on time or impact board eligibility in the following ways:

- a. If a resident is not in good standing in their residency and is not meeting ACGME milestones, Program Directors and Clinical Competency Committees may require additional time in the program to meet milestones required for successful graduation.
- b. The State of Arkansas requires 12 full months of PGY-1 for US Graduates and 36 full months (PGY-1, PGY-2, and PGY-3) of training for international graduates to receive an unrestricted license. Longer leave could impact on the Arkansas licensure and require additional months of training to receive an unrestricted license.
- c. The residents' accrediting board will have clear guidelines on how many weeks of training are required to qualify for their board-certifying examination. If leave exceeds time or educational limits required by a particular board, it may impact on the ability to take board examinations or become board certified and could require additional months of training to take certifying exams and become board certified. The impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's eligibility to participate in examinations by the relevant certifying board(s) must be discussed and documented by the Program Director with the resident before the resident's leave begins.
- d. Resident must meet all program requirements for successful completion of training program.

Policy 1.400 Transitional Year Residency
Section Education Administration
Subject Addressing Resident Concerns
Policy Requirements: ACGME Institutional Requirements: IV.C, III.A ACGME Common Program Requirements: II.A.4.1). (10); VI.B.7; II.A.4.a). (7); VI.B.5; VI.B.6 ACGME Program Requirements for GME in Transitional Year: VI.B.6 UAMS GMEC Policy: 1.400
Version History: Date Developed: 6/2017 Replaces: previous policy of the same name, dated 11/2020 Last Review/Revision: 9/2024

Purpose:

In accordance with the Accreditation Council for Graduate Medical Education (ACGME) institutional and program requirements, and Graduate Medical Education Committee (GMEC) policies on addressing resident concerns.

Policy:

At times various issues resulting from miscommunication, stress, or inappropriate behavior may arise. In compliance with the University of Arkansas for Medical Sciences (UAMS) College of Medicine (COM) GME Committee Policy 1.400 on Addressing Concerns in a Confidential Manner, the Transitional Year (TY) resident should follow these guidelines to raise and resolve issues of concern in a confidential manner:

Program Leadership

Transitional Year residents have the opportunity to meet with the Program Director three times per year during triannual reviews, at which time residents are encouraged to provide feedback and raise concerns. Residents also share concerns at monthly program business meetings with the Program Director. Additionally, residents are encouraged to request a meeting with the Transitional Year Program Director if concerns arise. The Program Director also includes a survey link in their email signature so that residents can anonymously submit feedback to, linked here: <https://forms.office.com/pages/responsepage>

Office of GME

The UAMS COM GME has an open-door policy. A resident/fellow may request a meeting with the Executive Associate Dean for GME/DIO to discuss concerns or provide feedback in a confidential manner.

Resident Council

To provide a platform for residents/fellows across the UAMS COM ACGME accredited to communicate and exchange information with other residents, the Sponsoring Institution (SI) will support a Resident Council. The Resident Council is composed of peer-elected residents/fellows and will meet regularly throughout an academic year. The Transitional Year program has one resident representative each year. All residents are welcome and encouraged to attend meetings. The Resident Council conducts meetings, at least in part, without the Designated Institutional Official (DIO), faculty members or other administrators present.

The Resident Council chair/co-chairs will serve as member(s) of the COM Graduate Medical Education Committee (GMEC) and will provide regular updates to the committee as well as have the opportunity to present concerns that arise from discussions at the Resident Council meetings to the DIO and the GMEC.

i-safe

i-safe, is the centralized UAMS incident reporting system and is accessible at the following link:

<https://apps.uams.edu/i-safe/default.aspx>

Employee Relations, in the Office of Human Resources, working collaboratively with the Academic Affairs and Faculty Affairs offices, will manage this all-inclusive reporting system. The user-friendly online forms allow reporting of claims of the following categories:

- Sexual Harassment or Gender Discrimination
- Discrimination or Discriminatory Harassment
- Professional Misconduct

COM Ombudsperson

The Ombudsperson provides an additional, confidential resource who is external to existing channels within COM and GME. To schedule a virtual or in-person appointment: COM-Ombuds@uams.edu or (501) 686-7449.

Resources

The UAMS COM GME has developed a brochure, Raising Concerns, which outlines ways in which a resident/fellow may raise concerns or provide feedback. Residents/fellows receive this publication at orientation.

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.

Policy 1.300 Transitional Year Residency
Subject Evaluation, Promotion, Disciplinary Actions
Policy Requirements: ACGME Institutional Requirements: IV.C ACGME Program Requirements for GME in Transitional Year: V. UAMS GMEC Policy: 1.300, 1.410, 1.440
Version History: Date Developed: 6/2017 Replaces: 3/2019 Last Review/Revision: 10/2024

Purpose:

In accordance with ACGME institutional, program and GMEC policies on resident evaluation, promotion, and disciplinary actions of residents.

Policy and Procedure:

Evaluations

During the residency period the following elements of clinical competence will be assessed in writing (using 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 (typically Oct, Jan, and 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.
7. Systems-Based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

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

1. The TY program director will meet with each TY resident tri-annually.
2. The TY program director and/or faculty facilitator will review and evaluate scholarly productivity and presentation skills through TY resident case presentations, lectures, and reflections.
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 accommodation 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 1.440 on Academic Improvement and 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:
 - continued on probation;
 - removed from probation;
 - placed on suspension; or
 - 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.

1. The Program Director shall contact the Associate Dean for GME and provide written documentation which led to the proposed action.
2. 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).
3. If the situation is not improved within the timeframe, the resident will be dismissed.
4. 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 working; patient endangerment; or illegal conduct.
5. 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 Housestaff 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 1.410, Adjudication of Resident/Fellow 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.

Policy 1.220 Transitional Year Residency
Subject Educational Experience (Away Rotations)
Policy Requirements ACGME Institutional: I.A.1; I.A.7; I.B.4.a). (1-32) & (3); II.D ACGME Common Program Requirements: I.A; I.B; II.A.4.a); IV; V.A.2.a); VI.D.1; VI.D.2; VI.E
Version History Date developed: 7/2011 Replaces: 8/2020 Revisions Approved: 1/2025

Purpose:

To outline the procedure for extramural experiences, (away rotations).

Definitions:

Extramural Experience (Away Rotation) – a clinical experience, either required or elective for graduate medical trainees, that occurs at a non-University of Arkansas Medical Sciences (UAMS) institution.

Extramural Required Experience (Rotation): an experience that is necessary for residents to meet program requirements.

Extramural Elective Experience (Rotation): an experience that is outside of the required clinical training and that is paid for by a source other than UAMS.

Policy:

Transitional Year Residents are eligible to participate in extramural experiences (away rotations) only if unavailable at UAMS and that are required/elective for training purposes with Dean’s approval.

Any time spent at an extramural location for an experience which is not specifically required under the Program Requirements, or which can be obtained through regularly available paid rotations/sources will not be supported by UAMS.

Extramural Required Experiences:

In circumstances where this training is not available and an extramural required experience is requested, the UAMS Graduate Medical Education (GME) office will receive a submitted plan of action to outline how the resident will meet their requirements as outlined by the ACGME instead of utilizing extramural rotations by the program director.

Extramural Elective Experiences:

The UAMS GME office will not financially support extramural experiences which are not specifically required by Program Requirements as outlined by the ACGME. The program director will get GME approval and a plan for financial support for these rotations.

Resources:

Residents must provide the following:

1. Health screening and maintenance information includes immunization and drug screening records, which are stored with Employee Health in Workday.
2. Print out their own transcript on Workday
3. Proof of HIPAA completion
4. Certificate of Malpractice Insurance
5. Program Letter of Agreement
6. Program Letter for Away Rotation – verification letter indicating that the trainee is in good standing

Note that Transitional Year residents are not required in the state of Arkansas to have a medical licensure but can obtain one at their own expense if the clinic requires one.

Policy 1.200 Transitional Year Residency
Subject Recruitment and Appointment
Policy Requirements ACGME Institutional: IV.A; IV.B.2; IV.B.3.a ACGME Common: I.C; III.A.1.a; III.A.1.b). (1) UAMS Administrative Policy: 4.5.31, UAMS Medical Center Policy HR. 3.02. UAMS GMEC Policy: 1.200
Version History Date developed: 8/2019 Replaces: 11/2020 Revisions Approved: 12/2024

Purpose:

To define the requirements and procedures for the recruitment and appointment of residents to Accreditation Council for Graduate Medical Education (ACGME) accredited Transitional Year Programs sponsored by the University of Arkansas for Medical Sciences College of Medicine (UAMS COM). To define the process for monitoring this program for compliance.

Policy:

- A. The recruitment and appointment of residents to programs sponsored by the UAMS COM is based on, and is in compliance with, the institutional, common, and specific program requirements of the ACGME.
- B. In accordance with the UAMS Graduate Medical Education Committee Policy 1.200, each program must establish and implement written policies and procedures for the eligibility, application, and selection processes of residents based on this policy. Each program’s written procedure will include the criteria, including requirements related to a resident ability to perform clinical and other duties, and procedure used by the program to select residents and the length of time the program keeps the applications on file. Implementation of the program policy is the responsibility of the Departmental Chairperson, the Program Director, and/or departmental faculty.
- C. National Resident Matching Program (NRMP) Match Participation Agreement for Application and Programs (5.1 Match Commitment) states that failure to start the training program on the date specified in the appointment contract, without a waiver from the NRMP, constitutes a breach of the Match Agreement and may result in penalties to the resident from the NRMP.
- D. The Transitional Year program must not discriminate with regard to sex, race, age, religion, color, national origin, disability, veteran status or genetics. The program must have policies and procedures related to recruitment of a diverse and inclusive workforce.
- E. This program’s compliance with the terms of this policy is monitored annually when the Program Director and/or Program Coordinator submits to the Director of Housestaff Records verification that all incoming residents of the program meet the eligibility requirements.

- F. Transfers must meet eligibility and selection criteria and successfully complete the criminal background check. Programs must ensure that Graduate Medical Education (GMEC) policy 1.210 on Resident Transfers has been followed.
- G. Health insurance benefits will begin for the residents and their family on the first officially recognized day of the program.
- H. If an applicant's required training time will extend beyond the initial residency period (IRP) assigned by Centers for Medicare and Medicaid Services (CMS) for funding, programs must verify that additional funds are available through the appropriate GME mechanism. An example is a resident who changes programs by re-entering the Match, since CMS does not ever assign a new IRP. This cannot be done twice.
- I. All candidates for residency programs are subject to background checks subject to UAMS Administrative policy 4.5.31 and UAMS Medical Center policy HR. 3.02.

Procedure:

Recruitment

An applicant must meet one of the following qualifications to be eligible for appointment to an ACGME- accredited program:

- A. graduation from a medical school in the United States or Canada, accredited by the Liaison Committee on Medical Education (LCME); or,
- B. graduation from a college of osteopathic medicine in the United States, accredited by the American Osteopathic Association (AOA); or,
- C. graduation from a medical school outside of the United States or Canada,
- D. and meeting one of the following additional qualifications: holds a currently-valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or, holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or, has graduated from a medical school outside the United States and has completed a Fifth Pathway** program provided by an LCME-accredited medical school.
- E. An applicant invited to interview must be informed in writing/electronic terms, conditions and benefits of the Transitional Year program, either at the interview or before.
- F. In addition to ACGME requirements, the following apply:
 - Since pursuing a career in Arkansas is desired, no program shall admit a resident/fellow that the Arkansas State Medical Board (ASMB) will not consider for an Arkansas license. See Arkansas Medical Practices Act 17-95-401 through 17-95-407 on Licensing, Regulations 3 & 14 of the Regulations of the Arkansas State Medical Board.
 - Successful completion of any step of the USMLE or COMLEX in no more than 3 attempts per step (ASMB Regulations 3 & 14).
 - An applicant must demonstrate the following English language proficiency:
 - Proficiency in reading and writing (printing) English text;
 - Proficiency in understanding spoken English on conversational and medical topics;
 - Proficiency in speaking English on conversational and medical topics.

- Any appointed resident found to be in violation of the English proficiency eligibility requirement will be referred, at the expense of the program, for appropriate remediation.
- The ability to reside continuously in the U.S. for the entire length of training.

Appointment

The Resident Agreement of Appointment, contract, is for the duration of no longer than 1 year.

A resident is considered appointed in the COM when all required onboarding processes have been successfully completed.

GENERAL INFORMATION

**“Success is not final; failure is not fatal: it is the
courage to continue that counts.”**

~Winston Churchill

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 the 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 an 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 - Friday, July 4, 2025
- Labor Day - Monday, September 1, 2025
- Veteran's Day - Tuesday, November 11, 2025
- Thanksgiving Day - Thursday, November 27, 2025
- Christmas Eve - Wednesday, December 24, 2025
- Christmas Day - Thursday, December 25, 2025
- New Year's Day - Tuesday, January 1, 2026
- Martin Luther King Day - Monday, January 19, 2026
- Presidents' Day - Monday, February 16, 2026
- Memorial Day - Monday, May 25, 2026

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, UpToDate, and ClinicalResource@ovid.com, among several others.

Mailboxes

Mailboxes are in the TY work room on the 8th floor of Shorey.

Resident Room

Each resident will receive a key to the TY Resident Room located on the 8th floor of 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 with 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.

Parking

UAMS - All members of the house staff are granted parking privileges on 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 follows: 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 with professional liability insurance when on official work.

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 a physician is 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 patient(s), 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; extremely careful thought and caution 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 the use of educational materials and literature and attendance at local and national meetings.

To this effect, each resident is offered a one-time \$500 stipend to pay for USMLE Step 3 fee

APPENDIX

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

~Andrew Carnegie

My Mistake Curriculum

Transitional Year Residency Program UAMS College of Medicine

Description of Educational Experience

“My Mistake” is a tool designed to teach and evaluate the Accreditation Council for Graduate Medical Education (ACGME) core competencies of practice-based learning and improvement (PBLI) and systems-based practice (SBP). It is important for interns to understand key components of understanding the interaction of their practices within the larger health system, knowing practice and delivery systems, and being an advocate for patients within the health care system.

Making mistakes while practicing medicine will always happen, especially at the intern level when young physicians are making daily decisions about patient care. 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 hopefully others do not repeat the same mistake again.

“My Mistake” is a tool that will be used to help Transitional Year (TY) residents understand how their interactions in the medical system can affect and improve patient care. Examples of common mistakes include sign out or transfer errors, order entry errors, and nursing interactions. Fatigue, miscommunication, and knowledge deficits are a few factors that can lead to errors.

TY residents will be briefed about this assessment tool at the start of the academic year. In the second half of the academic year, the resident will prepare a presentation outlining one case where a mistake occurred and their analysis of this mistake. This will be formally presented to fellow TY residents and faculty in one of the Transitional Year didactic meetings. A copy of this presentation will be placed in the resident’s file and portfolio and will be used for quality improvement and patient safety recommendations at the hospital level if applicable.

Overall Goals

Using the “My Mistake” curriculum, residents are expected to demonstrate an awareness of and responsiveness to the larger context and system of health care by identifying a mistake that was made and reflecting on the factors involved.

Residents are expected to analyze the nature of the mistake and synthesize a rational approach to preventing similar mistakes from occurring in the future.

Practice- Based Learning and Improvement

Goal

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 lifelong learning.

Residents are expected to develop skills and habits to be able to:

Competencies

Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement.

Participate in the education of residents and other health professionals.

Objectives

The TY resident will reflect on a mistake that was made during the intern year and determine the factors involved, as measured by a “My Mistake” portfolio project and evaluation.

The TY resident will educate other residents about an error that was made by presenting the case to his or her colleagues in an educational forum, as measured by a “My Mistake” portfolio project and evaluation.

Systems Based Practice

Goal

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

Residents are expected to:

Competencies

Advocate for quality patient care and optimal patient care systems.

Participate in identifying systems errors and in implementing potential systems solutions.

Objectives

The TY resident will analyze the mistake that was made and the patient or family’s reaction to the mistake if applicable, as measured by a “My Mistake” portfolio project and evaluation.

The TY resident will reflect on the mistake, determine if there are potential system errors that could be improved upon, and give recommendations to implement potential system solutions if applicable, as measured by a “My Mistake” portfolio project and evaluation.

Professionalism

Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Residents are expected to demonstrate:

Competencies

Accountability to patients, society, and the profession

Objectives

The TY resident will adhere to ethical principles and display a commitment to carrying out professional responsibilities by taking responsibility and notifying others of the mistake, as measured by a My Mistake portfolio project and evaluation.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Residents are expected to:

Competencies

Communicate effectively with physicians, other health professionals, and health related agencies.
Work effectively as a member of leader of a health care team or other professional group.

Objectives

The TY resident will lead a discussion among his or her peers and discuss the mistake in the format prescribed and present the topic clearly and logically to the group, as measured by a “My Mistake” portfolio project and evaluation.

Teaching Methods

Self-Reflection

The TY resident will use self-reflection to determine the cause of the mistake and potential solutions to prevent further errors of the same type. To facilitate this educational process, the resident will use the following format:

- Give a brief description of the circumstances surrounding the mistake.
- What was your specific role in the mistake?
- What factors contributed to the mistake (i.e. fatigue, miscommunication...)?
- What did you do when you realized the mistake was made?
- Did you tell your team and how did they react?
- Did you or someone from your team tell the patient (if a patient was involved)?
- How did the patient or patient’s family react (if a patient was involved)?
- What could be done to prevent others from making this same mistake?

Group Discussion

The transitional resident will present the case to the program director, staff, and transitional resident peers during a group didactic session. This will allow for a group discussion on the factors involved and allow all TY residents to participate in the educational process.

The overall teaching goals for the group discussion are to emphasize the following:

- Realize that everyone makes mistakes.
- Become more comfortable discussing mistakes.

- Improve insight into mistakes and how they happen.
- Contribute to hospital quality outcomes and patient safety through recommendations to prevent future mistakes from occurring.

Assessment Method (residents)

The program director or staff will evaluate the presentation of the mistake using a standard evaluation form. All interns will evaluate their peers using a standardized evaluation form.

Assessment Method (program evaluation)

Anonymous Resident Feedback: Residents will complete an evaluation of the Transitional Year program at the end of the academic year. They will provide feedback on the curriculum and outline areas for improvement.

Level of Supervision

The educational experience and presentation will be supervised by the program director or staff.

Educational Resources

Residents should access online references through the use of their issued laptop or hospital computers to educate themselves about their patient encounters during the rotation. Specific references include Up-To-Date, MD Consult, PubMed, OVID, and textbooks and journals available in the medical library. Online references are available through the medical library site

“My Mistake” Questionnaire

Transitional Year Residency Program UAMS College of Medicine

Give a brief description of the circumstances surrounding the mistake.

1. What was your specific role in the mistake?

2. What factors contributed to the mistake (i.e. fatigue, miscommunication...)?

3. What did you do when you realized the mistake was made?

4. Did you tell your team and how did they react?

5. Did you or someone from your team tell the patient (if a patient was involved)?

6. How did the patient or patient’s family react (if a patient was involved)?

7. What could be done to prevent others from making this same mistake?

8. Address the situation from multiple perspectives – personal, patient, team, service, larger hospital system, others as are appropriate.

The objective of this is to allow your peers to learn from your mistake but also to identify system issues that might be targets of future QI/PS projects.

Transitional Year Residency Program UAMS College of Medicine

Resident Name: _____ Date: _____
 My Mistake Topic: _____

(Check any and all that apply to the topic chosen for discussion.)

Practice Based Learning and Improvement	At level of medical student	At level of early intern	At level of graduating intern	At level of resident
Milestone PBLI1. Identifies strengths, deficiencies, and limits in one’s knowledge and expertise. Sets learning and improvement goals.				
Milestone PBLI2. Locates, appraises, and assimilates evidence from valid sources. Identifies and performs appropriate learning activities. Uses information technology to optimize learning.				
Interpersonal and Communication Skills				
Milestone ICS1. Communicates effectively with patients, family, and the public as appropriate across a broad range of socioeconomic and cultural backgrounds.				
Milestone ICS2. Communicates effectively with physicians, other health professionals, and health related agencies.				
Systems Based Practice				
Milestone SBP2. Works in interdisciplinary teams to enhance patient safety and improve patient care quality.				
Professionalism				
Milestone Prof1. Demonstrates compassion, integrity, and respect for others, as well as sensitivity and responsiveness to diverse patient populations, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.				

Milestone Prof2. Demonstrates 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 is an essential aspect of medical practice.				
Milestone Prof3. Demonstrates accountability to patients, society, and the profession.				

Comments:

Presentation Effectiveness Criteria

To what extent did the presentation represent the following features?	Yes	Needs Work	No	Comments
Purpose communicated clearly.				
Organized and easy to follow.				
Presenter exhibited a good understanding of topic.				
Presenter was well-prepared.				
Presenter spoke clearly/effectively				
Time for presentation used effectively.				
Slides enhanced presentation.				
Presenter responded effectively to audience questions and comments.				
Presentation was done in a way that engaged audience.				

Comments:

My Reflection Portfolio Project Curriculum
Transitional Year Residency Program
UAMS College of Medicine

Description of Educational Experience

The “My Reflection” portfolio projects are designed as a learning activity to allow Interns to reflect on a specific event or situation they encountered during a rotation. This project does not require references, only the Transitional Year (TY) resident’s thoughts, self-reflection, and identification of strengths, weaknesses, and plan for improvement. TY residents submit their written project to the TY Program Director (one each in December and May). Feedback is given to the resident, and the project is evaluated using the evaluation form. Examples of “My Reflection” portfolio projects may 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 the rotation.

Overall Goals

Using the “My Reflection” curriculum, TY residents are expected to demonstrate an ability to analyze their own practice for needed improvements through self-reflection.

TY residents are expected to understand the interaction of their practices with the larger system, display knowledge of practice and delivery systems, and be an advocate for patients within the healthcare system.

TY residents are expected to gain sensitivity to culture, age, gender, and disability issues through self-reflection of learning situations that may occur during each rotation.

Teaching Methods

The TY resident will learn through self-reflection of experiences and events encountered during each rotation and feedback given from rotation supervisors and program faculty. To facilitate this educational process, the TY resident will use the following format:

- Summarize the case or experience you will reflect upon.
- Briefly describe why you chose this case or situation to reflect upon.

Self-reflective statement: Identify individual deficiencies or strengths, system deficiencies or strengths, and/or areas of varied practitioner approaches as they pertain to your case. Devise a plan for improvement of self or the system if needed. Assess what you learned from this case/experience and how it will change the way you practice medicine in the future. If applicable, devise a plan for improvement/future learning.

My Reflection Portfolio Project
Transitional Year Residency Program
UAMS College of Medicine

Resident Name: _____ Date: _____
Name of Rotation: _____

Instructions: Biannually, you will reflect upon a specific event or learning point that was unique to the rotation or healthcare system. This project does not need references, only your thoughts about a situation that you encountered and learned from. 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 the rotation. You will write your reflection using the format below. You will give a copy of this completed project to your rotation attending with sufficient advance notice for its contents to be reviewed and feedback be given before the program deadlines. You and your rotation attending must sign the bottom of the project. You will give a copy of your write-up and signed evaluation to the Program Coordinator.

Summarize the case or experience you will reflect upon.

Briefly describe why you chose this case or situation to reflect upon.

Self-reflective statement. Identify individual deficiencies or strengths, system deficiencies or strengths, and/or areas of varied practitioner approaches as they pertain to your case. Devise a plan for improvement of self or the system if needed. Assess what you learned from this case/experience and how it will change the way you practice medicine in the future. If applicable, devise a plan for improvement/future learning.

My Reflection Evaluation Questions
 Transitional Year Residency Program
 UAMS College of Medicine

Resident Name: _____ Date: _____
 Name of Rotation: _____

(Check any and all that apply to the topic chosen for discussion.)

Practice Based Learning and Improvement	At level of medical student	At level of early intern	At level of graduating intern	At level of resident
Milestone PBL1. Identifies strengths, deficiencies, and limits in one's knowledge and expertise. Sets learning and improvement goals.				
Interpersonal and Communication Skills				
Milestone ICS1. Communicates effectively with patients, family, and the public as appropriate across a broad range of socioeconomic and cultural backgrounds.				
Systems Based Practice				
Milestone SBP2. Works in interdisciplinary teams to enhance patient safety and improve patient care quality.				
Professionalism				
Milestone Prof1. Demonstrates compassion, integrity, and respect for others, as well as sensitivity and responsiveness to diverse patient populations, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.				
Milestone Prof2. Demonstrates 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 is an essential aspect of medical practice.				
Milestone Prof3. Demonstrates accountability to patients, society, and the profession.				

Comments:

Printed Name of TY Program Director

Signature of TY Program Director

Date

Formal Case Presentation Outline
Transitional Year Residency Program
UAMS College of Medicine

Description of Educational Experience

Purpose

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 and effectively present this case to other TY peers and faculty to provide for an educational discussion

Goal

To effectively present a thorough case presentation and demonstrate that the TY resident is able to evaluate relevant literature and decide if the literature supports the need to make a clinical change or manage a case in a different manner.

Expectations

A PowerPoint presentation incorporating all pertinent patient and disease state data. The presentation should not exceed 35-40 minutes in length to be followed by a 10–15-minute question and answer session.

Outline

Introduction

The main purpose is to place the case in a clinical context and explain the importance or relevance of the case.

Case Presentation

This should be chronological and detail the history, physical findings, investigations, followed by the patient's course

- History
- Physical examination (pertinent positives and negatives; vitals)
- Investigations (pertinent lab, radiology, other studies)
- Hospital/clinic course
- Discussion

The main purpose is to articulate the lessons learned from the case. It should describe how a similar case should/could be approached in the future. It is sometimes appropriate to provide background information to understand the pathophysiology mechanisms with the patient's presentation, findings, investigations, course, or therapy.

- Explain why this case was selected.
- Does it present a unique challenge or unusual problem—are there other similar cases in the literature?
- Does it illustrate effectiveness of an intervention---does the literature support this or a need to make a clinical change?
- What can other learners/audience add to help in management of this case or alternative approaches?

(Don't forget Literature Citations)

Assessment Method (*residents*)

The program director or staff will evaluate the presentation using a standard evaluation form. All TY residents will evaluate their peers using a standardized evaluation form.

Level of Supervision

The educational experience and presentation will be supervised by the program director or staff.

Educational Resources

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.

Residents should access online references through the use of their issued laptop or hospital computers to educate themselves about their patient encounters during the rotation. Specific references include Up-To-Date, MD Consult, PubMed, OVID, and textbooks and journals available in the medical library. Online references are available through the medical library site.

Sample Case Presentation

Demographics

J.J. is a 37-year-old male with a Spanish surname referred to the program following a positive test for marijuana at his place of employment. He works on the crew of an oil rig. He currently lives alone after being kicked out of his apartment by his wife of five years. He has no children from the current relationship but has a 15-year-old son from his first marriage. He denies any particular religious or spiritual orientation but acknowledges having been raised in the Catholic Church. He speaks Spanish and English, and he reports associating primarily with people who speak Spanish.

Key findings

The client denies using marijuana. He says he was at a party where some people were smoking, and that he must have tested positive because of their use. He acknowledges drinking several beers at parties like these but denies that alcohol is an issue for him. He says he does not know why his wife kicked him out other than that “she’s a bitch.” He does not see his son or his first wife. His longest

employment is about two years—on his present job—and he acknowledges having been fired on “a few” occasions but does not acknowledge why. He says he is willing to complete a CD program just “to get them off my back,” but insists that he does not have any problems that need attention.

Background

The client was raised primarily by his mother and older sisters after his father left the family when the client was about four. He did not see his father much after that. He reports average grades in school until he dropped out in the 10th grade to hang out with his friends. He did not finish high school and has not completed a GED. He has had several jobs, all of which apparently involved manual labor. He reports “a few” arrests for alcohol related crimes; the most recent was five years ago for DUI. He has never been in treatment.

Formulation

The client’s ways of thinking are consistent with his culture. Whether or not he actually uses marijuana, he denies a problem. He may have issues with intimacy related to his father’s abandonment and as evidenced by his relationship with his son. The pattern of employment and the relationships with his wives suggest poor interpersonal skills.

Interventions and Plan

I attempted to develop rapport using active listening and reflection. The plan is to continue assessment, and through motivational interviewing, attempt to identify an area that the client considers a concern. Allow him to participate in an outpatient CD program to avoid adverse consequences at work, to enhance the likelihood that he will learn some new social skills, and to give opportunity to form a new social network.

Reasons for Presentation

Although this case appears routine, I am concerned that I may be overlooking something or that a different formulation of the case might produce a better chance for a positive outcome.

Tri-Annual Review (TAR)
 University of Arkansas for Medical Sciences Transitional Year Residency

Resident's Name: _____

Date: _____

ACGME Requirements		Months Completed	Milestones			
Ambulatory Care	1 month (140hrs)		PC1		PBLI1	
Emergency Medicine	1 month (140hrs)		PC2		PBLI2	
IM Wards	2 months		PC3		PBLI3	
IM Wards or MICU	1 month		PC4		PROF1	
Selective 1: IM Wards, GS, or Peds Wards	1 month		PC5		PROF2	
Selective 2: IM Wards, GS, EM, Peds Ward, Ped Outpatient	1 month		PC6		PROF3	
Total FCS	7 months		PC7		PROF4	
Elective:	1 month		MK1		ICS1	
Elective:	1 month		MK2		ICS2	
Elective:	1 month		SBP 1		ICS3	
Elective:	1 month		SBP 2		ICS4	
Elective:	1 month		SBP 3			

NOTE:				Progress/improvement on core competencies:	
Additional Program Requirements				PC = Patient Care MK = Medical Knowledge SBP = Systems Based Practice PBL = Practice Based Learning PROF = Professionalism ICS = Interpersonal Communication Skills	
				Scholarly Work & Other Required Projects	
Patient Log Completed Monthly	1st TAR	2nd TAR	3rd TAR	Dates Completed	
Lecture Attendance				"My Reflection"	
Work Hours Completed Monthly				"My Mistake"	
NRMP Update/Status:				Journal Club	
				Case Presentation	

Review of Resident's Self-Evaluation

Initial Self-Evaluation

Mid-Year Self-Evaluation

1. Review of TY resident's general goals for TY:

Self-Identified Strengths:

Self-Identified Opportunities for Improvement:

New Goals identified:

2. Performance on Clinical Rotations: Satisfactory Unsatisfactory **(circle one)**

Concerns or comments:

3. Has the TY resident had opportunities to express concerns about the program? Y or N *(circle one)*

Comments or concerns:

4. Are there opportunities for assistance on an educational and/or personal level? Y or N *(circle one)*

Comments or concerns:

5. Is the resident functioning at a level commensurate with his or her level of training? Y or N *(circle one)*

Remediation/extra assistance required in the following areas:

6. Other Issues or comments by the Training Director:

7. Other issues or comments by Resident:

TY Residency Training Director: _____

Date: _____

Acknowledgement of Transitional Year Resident Communication

Each Transitional Year Resident is responsible for regular (daily, on weekdays; at least every 48 hours on weekends, unless on vacation) checks of his or her e-mail. E-mail is the official means of communication between the Transitional Year Residency Office and residents. E-mail *will be regarded the same as any hard-copy written document* and will often be the *only* form of departmental communication.

Your signature below acknowledges that you understand the following:

- Your UAMS, e-mail address on the UAMS system, is the official e-mail address destination for all e-mail sent by the Transitional Year Residency Program.
- You can access your e-mail from any computer in the UAMS system, as well as from any computer with internet access—at the website: <http://www.exchange.uams.edu>
- If you wish to forward your UAMS e-mail address to an alternate e-mail address, you are still responsible for information sent to your UAMS e-mail address.
- Repeated failures to respond to or acknowledge e-mail in a timely manner will be regarded as unprofessional behavior. This can have a negative effect on your Clinical Competence evaluation.
- If you have difficulty accessing your e-mail, please call the help desk at 686-8555.

I have read and understand the above policy regarding e-mail communication.

Printed Name: _____

Signature: _____

Date: _____

Log Hours Via desktop

1. Go to Work Hours > Log My Hours
2. Select an option that best describes how you spent your time from the list on the right side of the page. For Example: Clinic
3. Optional: Choose Training Location
4. Log Hours:
 - a. Click and drag the cursor over the cells that represent the time worked
 - b. Right + Click the cells on a day you want to log hours for and Set the Exact Date and Time
5. Click Save

Via mobile

You can complete some Work Hour tasks in the mobile app and others through a browser only:


Tasks	Mobile App	On the Web
Log today's work hours	✓	✓
Log work hours from 13 or fewer days ago	✓	✓
Log work hours 14+ days ago	X	✓
Log future work hours	X	✓
Log vacation hours	X	✓
Add notes/comments	X	✓
Approve work hours	✓	✓
View violations	✓*	✓
Mark as "did not work" if you missed scheduled hours	✓	✓

*When logging work hours on the mobile app, violations may take a few minutes to appear

What are the dots?

- Log violation notices are red
- Logs-awaiting-approval notices are yellow

Log work hours

1. Tap the **Work Hours** tile
2. **Select** a day and tap the 
3. Complete the required fields then tap **Save**
A message will pop up to confirm work hours were entered

Log Procedure on Desktop

To log a procedure, follow these steps:

1. Go to **Logger > Procedure > Add** tab
2. Complete the necessary fields. Those with a red asterisk are required.
3. To save the procedure, you have various options:
 - a. **Add Procedure** - Allows you to add another procedure for this same patient for the same day. Once you have added all procedures, click Save or Save & Retain.
 - b. **Save** - Saves this procedure and refreshes the page so you can enter a new procedure
 - c. **Save and Retain** - Saves this procedure and retains the procedure information so you can enter the same procedure for a different patient

The screenshot shows the 'Log Procedure' web application interface. The form is titled 'Log Procedure' and has tabs for 'Add', 'Confirm', and 'View'. The 'Add' tab is selected. The form contains various input fields and dropdown menus for logging a procedure. At the bottom, there are buttons for 'Save', 'Save & Retain', and 'Cancel', along with a 'View Log Listing' link.

Fields visible in the form include:

- Status: PRG 2
- Department: Emergency Medicine
- Patient ID: No names please
- Visit Type: ---
- Complication: (text area, Remaining Characters: 500)
- Procedures/Diagnoses section:
 - * Date Performed: 6/28/2013
 - Location: ---
 - Group: All Procedures
 - CPT® Code: (text field, Find button)
 - * Procedure: ---
 - Supervisor: ---
 - * Role: ---
 - Group: All Diagnoses
 - ICD Code: (text field, Find button)
 - Diagnosis: ---
 - + Add Diagnosis
- Clinical Conditions: ---
- Consent: Verbal Consent, Written Consent, Unable to collect consent
- Patient Statistics: Patient Hospitalized after treatment, Patient admitted to Critical Care, Patient taken to OR, Patient Death in ED
- Continuity OB: Yes, No
- Service Type: ---
- + Add Procedure
- Comments: (text area, Remaining Characters: 3,500)

Buttons at the bottom: Save, Save & Retain, Cancel, View Log Listing

Procedure/Diagnosis Logger

You can complete some Logger tasks in the mobile app and others through a browser:

Tasks	Mobile App	On the Web
Log a procedure or diagnosis	✓	✓
See which logs are approved : ✓	✓	✓
See which logs are refused or not passed : !	✓	✓
See supervisor comments	X	✓
Resubmit a refused or not passed log	X	✓

Log a procedure or diagnosis

1. Tap the **Logger** tile
You see a list of all your logged procedures
2. Tap the +
3. Enter the date (required) and any other fields
4. If you see **Remove** by your entry, you can enter multiple responses:
 - a. Tap the field again
 - b. Pick another response (you can only pick one at a time)
 - c. Tap Done
*Now both your selections are selected. Tap **Remove** to deselect.*
5. Tap Save
Your log is submitted for approval

Log Procedure on Mobile Web



1. [Log in to mobile web](#)
2. Tap **Procedure Logger**
3. Tap **Status** to verify your Status Type
4. Tap **Patient Info** to enter data about your patient
5. Tap **Procedure** to enter information that may include:
 - a. Location
 - b. Role
 - c. Procedure Group
 - d. Procedure
 - e. Supervisor
6. Tap **OK**
7. Tap Diagnosis (if required)
8. Tap Additional Information (if required)
9. Tap Comments
10. Tap **Save**