THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

2020 Interview for 2022 Start

MEMORANDUM

TO: Residency Applicants

SUBJECT: Policies and Procedures

The Match Participation Agreement for Applicants and Programs requires each program to act in good faith to provide complete, timely, and accurate information to Interviewees, including the:

- **Institutional contract** that will be signed if matched to the program
- **Institutional policies** regarding eligibility for residency/fellowship appointment

The Accreditation Council for Graduate Medical Education (ACGME) requires each program to provide applicants with information regarding eligibility for their specialty board examination(s):

- **Board policies** for initial certification in Ophthalmology

Your information packet contains the following items:

Initial Contract
Institutional Policies Regarding Eligibility for Appointment
Board Policies for Initial Certification in Ophthalmology
Resident Salary Information
Resident/Fellow Benefits Summary
About Birmingham Websites and Information Page

By signing below, you acknowledge receipt of the **contract**, the **institutional policies regarding eligibility for appointment, and the board policies for initial certification in ophthalmology.**

Printed Name **Signature** **Date**

SCHOOL OF MEDICINE
Department of Ophthalmology and Visual Sciences
Ophthalmology Residency Program
Mailing Address:
Callahan Eye, Hospital & Clinics | 1720 UNIVERSITY BLVD | BIRMINGHAM AL 35233
phone: 205.325-8507 | fax: 205.325.8200
uab.edu/medicine/ophthalmology

INITIAL RESIDENT AGREEMENT

This agreement is entered into the ___ day of ___ between the Board of Trustees of the University of Alabama on behalf of The University of Alabama Hospital ("Hospital"), and _____ ("Resident").

Hospital wishes to appoint the Resident as a postgraduate year _____ resident in the _____. Program and Resident wishes to accept such appointment.

Therefore, the parties hereto agree as follows:

1. **Term of Agreement.** Unless earlier terminated in accordance with this agreement, the term of the Resident's appointment is one year commencing on _____ and terminating on_____.

2. **Graduate Medical Education Policies and Procedures.** Resident has been provided a copy of the UAB Hospital Graduate Medical Education Policies and Procedures. Resident acknowledges receipt of said document as well as having read and understood it. Resident acknowledges and comprehends the guidelines and/or the processes outlined in the GME Policies and Procedures, including, without limitations, those sections regarding resident eligibility and requirements for residency training (Section III.A), resident responsibilities and conditions of appointment (Section V), educational program and faculty responsibilities (Section VII), financial support and benefits (Section IV), ancillary and support services (Section VI), disciplinary procedures (Section X), grievance procedures and due process (Section XI), professional liability insurance (Section IV.F), health and disability insurance (Section IV.E), annual leave (Section IV.G), supervision of residents (Section VIII.C.), duty hours (Section VIII.H), moonlighting (Section VIII.L), counseling services (Section VI.C), physician impairment (Section IX), residency closure/reduction (Section IV.B), restrictive covenants (Section III.C), and University of Alabama at Birmingham policies on harassment (Appendix 10).

3. **ACGME Accreditation Related Activities.** In programs accredited by the Accreditation Council for GME (ACGME), resident acknowledges and agrees to maintain compliance with activities related to program accreditation in the time prescribed. These activities include, but are not limited to, completing the ACGME Resident Survey, logging duty hours and completing case logs as requested by the Program Director.

4. **Salaries.** Salaries are determined each year based on the budget of the Hospital with approval by the Dean's Council for Graduate Medical Education. Resident shall be paid the salary approved for the appointed postgraduate year, as specified in Section 1 of this agreement, and in accordance with the GME Policies and Procedures, Section IV.D.

5. **Physical Examination.** Resident understands that failure to complete a health screening examination performed by the Hospital, as outlined in Section V.D. of the GME Policies and Procedures will result in suspension or termination of his/her appointment as a resident.

6. **USMLE/COMLEX Examinations and Alabama Licensure.** Resident understands that failure to pass the USMLE or COMLEX examinations and obtain licensure in the State of Alabama, as outlined in Sections V.K, V.L, and V.M of the GME Policies and Procedures, will result in suspension or termination of his/her appointment as a resident.

7. **Renewal of Agreement.** Resident understands and acknowledges that this agreement expires on the date set forth in Section 1 and that Hospital makes no commitment to renew this agreement. Reappointment and advancement of the Resident is at the discretion of the Program Director in accordance with Section III.F. of the GME Policies and Procedures. If a decision is made by the Hospital not to renew this agreement at the end of its one year term, notice of such nonrenewal shall be made in writing four months in advance of _____, in accordance with section III.D of the GME Policies and Procedures. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the agreement, the notice of non-renewal may be sent less than four months in advance of the non-renewal. Any resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in Grievance Procedures, Section XI.C. Any resident receiving notice of intent of non-promotion to the next level of training may request informal adjudication as outlined in Grievance Procedures, Section XI.B. Each Resident who is offered a renewal of this agreement must accept such offer in writing within thirty (30) days of the date shown in the first paragraph of the renewal contract. Likewise, if a decision is made by the Resident not to renew this agreement at the end of its one year term, the resident shall submit notice of such nonrenewal in writing to the Graduate Medical Education Department four months in advance of_____.

8. **Termination of Agreement.** Hospital may terminate the Resident Agreement, as set forth in the GME Policies and Procedures. If the resident leaves the program, thereby terminating this agreement, the resident will have breached this agreement. In the event of such breach, resident understands and agrees to the following: 1) the Hospital will report the resident's breach of the agreement to the National Resident Matching Program, if applicable; and, 2) the Program Director and the Hospital will include the fact of the resident's breach in any reference letters.

9. **Acceptance.** This agreement shall not be effective and shall not bind either party unless it is submitted to Hospital within sixty (60) days of the date shown in the first paragraph of this agreement and accepted by the Hospital by signature below.

THE UNIVERSITY OF ALABAMA HOSPITAL:

By: _____

Alice Goepfert, MD- Designated Institutional Official

Date: _____, 20_____

By: _____

Program Director

Date: _____, 20_____

Program:

By: _____

Date: _____, 20_____

RESIDENT:

The **institutional policies on eligibility for appointment** are excerpted below from the **Graduate Medical Education Policies and Procedures 2019-2020 Manual**.

SECTION III: INSTITUTIONAL RESPONSIBILITIES FOR RESIDENTS/FELLOWS

A. RESIDENT/FELLOW ELIGIBILITY AND REQUIREMENTS FOR RESIDENCY TRAINING

It is the responsibility of the program director to ensure all applicants under consideration for residency training in the program meet the eligibility requirements of the Hospital and the Accreditation Council for Graduate Medical Education (ACGME) detailed below. The enrollment of non-eligible residents/fellows may be cause for withdrawal of accreditation of the program by the ACGME. Only applicants who meet the following qualifications are eligible for appointment to accredited residency programs sponsored by the Hospital:

1. **Medical Education:** Only applicants who meet one of the following criteria may be accepted for residency training in accredited programs sponsored by the Hospital:
   a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
   b) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
   c) Graduates of medical schools outside the United States and Canada (foreign medical graduate, FMG) must possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or, have a full unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
   d) Graduates of medical schools outside the United States, who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
2. **Entry of Foreign-Born Medical Graduates to the United States:** The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the Department of State, and U.S. Citizenship and Immigration Services (USCIS) and approves their work authorization. It is a violation of federal law to provide employment to a non-U.S. citizen who has not received work authorization from USCIS.
   a) International Scholar and Student Services (ISSS) must be notified of all non-US citizens accepted for residency training. Contact ISSS at 996-0556 as soon as you are considering a non-US citizen for residency or fellowship training. ISS will strategize with you about processing the candidate's current or future immigration status and will advise on the timing and process of the paperwork required for foreign nationals to participate in residency or fellowship training at UAB. Due to sensitive timing issues around obtaining a Social Security number and applying for an Alabama medical license, an H-1B visa may not always be the best (or even viable) option.
   b) Program Directors considering applicants born outside of the US should be aware that the current immigration landscape is very different than in the past, and that ISSS is the best resource for determining whether J-1 or H-1B is the best option for your candidate. Please do NOT offer or promise a particular immigration status to a candidate without consulting ISSS.
   c) International medical graduates must hold a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), which sponsors all residents and fellows in the US for J-1 visas. If a candidate has not received the Step 3 USMLE certificate, an H-1B visa is not an option. After consulting ISSS, program directors may communicate the visa type or immigration status agreed upon with ISSS to the international applicant. Residency program directors may ultimately choose which visa types to accept, after consultation with ISSS and must communicate it to applicants.
3. **Prerequisite Residency Training:** All applicants must satisfy any requirements for prerequisite residency training, as established by the relevant Residency Review Committee and/or certifying board for the specialty.
   a) **Residency Programs**: All prerequisite post-graduate clinical education required for initial entry

or transfer into ACGME-accredited residency programs, must be completed in:

i ACGME-accredited residency programs,

ii AOA-approved residency programs,

iii Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or

iv College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada

v Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation

b) **Fellowship Programs:** The ACGME CPRs (Fellowship), include two choices for fellowship eligibility requirements.

All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs, must be completed in:	
Option 1	Option 2
ACGME-accredited residency programs,	ACGME-accredited residency programs,
AOA-approved residency programs,	AOA-approved residency programs,
Residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation,	
Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or	
College of Family Physicians of Canada (CFPC)accredited residency programs located in Canada	

Residency programs and Fellowship programs (Option 1) must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. Program Directors must review Residency Review Committee and/or certifying board requirements to ensure compliance. Fellowship programs (Option 2) must receive verification of training through ACGME milestones.

Non Accredited Prior Training: A Physician who has completed a residency program that was not accredited by the ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited residency program and with approval by the Dean's Council for GME.

The resident may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME-accredited program. This provision only applies in those specialties for which an initial clinical year is not required for entry.

4. **Eligibility Exception:** Some Residency Review Committees allow exceptions to the eligibility requirements for exceptionally qualified international graduate applicants who does not satisfy the eligibility requirements listed in III.A.1-III.A.3. Program Directors must review their program specific requirements. The Dean's Council for GME must approve exceptional candidates prior to placing the applicants on your rank list. If approved and applicants matriculate the program's CCC must review the resident/fellow within 12 weeks.

a) Residency Programs: A Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission.

b) Fellowship Programs: A Review Committee may permit the eligibility exception if the specialty chooses Option 1 in the CPRs (Fellowship) Section III.A.1.

5. **Resident/Fellow Transfer:** If a resident/fellow transfers from a residency program at another institution, the following is needed: a) written permission from the Program Director that the resident/fellow has authorization to contact our institution, b) review of competency-based evaluations from the transferring institution, c) verification of the previous educational experiences and a statement regarding the resident/fellow's performance evaluation must be received prior to acceptance into a UAB residency program
6. **Health Appointment in Employee Health:** All newly-appointed residents/fellows must complete and pass a pre-employment health exam, within 30 days of the days of employment (see Section V.D. for details).
7. **United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX):** All residents/fellows must comply with the requirements for passing USMLE Steps 2 and 3 or COMLEX Levels 2 and 3 as outlined in Section V.K. and V.L. of this manual.
8. **Alabama Medical License:** All residents/fellows must obtain an unrestricted Alabama license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Alabama Board of Medical Examiners (see Section V.M. for details).

Ophthalmology
Resident Eligibility for Initial Board Certification, 2020

Requirements for Certification

Application Criteria

To officially become a candidate for board certification, applicants must meet all of the requirements outlined in the three categories below. The ABO's Board Eligibility Policy provides approved applicants with up to seven years from completion of residency training to successfully complete the board certification process.

I. Appropriate Medical Education & Ophthalmic Training

Medical School

A degree from an accredited allopathic or osteopathic medical school in the United States or Canada is required. Applicants who are graduates of International Medical Schools are required to have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

Internship

Prior to the start of residency training, applicants must have completed a post-graduate clinical year (PGY-1) in an accredited program in the United States or Canada. During the PGY-1 year, the applicant must have had primary responsibility for patient care in the fields of emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, or surgery. For programs in the United States using an integrated or joint preliminary year/ophthalmology format, the PGY-1 year must comprise nine months of broad experience in direct patient care in diverse settings along with three months of experience in ophthalmology.

Accredited Residency Training

In addition to a PGY-1 year, applicants must satisfactorily complete an Accreditation Council for Graduate Medical Education (ACGME)-approved ophthalmology residency training program of at least 36 months duration (PGY-4 or higher) or, if in Canada, at least 48 months duration (PGY-5 or higher) and accredited by the Royal College of Physicians and Surgeons of Canada.

Leaves of absence for vacation, medical issues, parental leave, or other personal reasons are essential for resident well-being and may be granted at the discretion of the institution's department chair and/or residency program director. Residency training in ophthalmology traditionally comprises 48 months following graduation from medical school, including a 12-month internship and at least 36 months of ACGME-accredited ophthalmology training. The ABO requires that a satisfactory rating be confirmed by the residency program for every candidate in each of the ACGME competencies. Depending on the length of absence or the inability to accomplish residency educational goals during the traditional period, the required time for graduate medical education may be extended accordingly. Residency program leadership and the institutional graduate medical education offices, not the ABO, determine the need for any extension of residency training and the ultimate completion date for each resident. However, less than six months of training at any PGY level is not acceptable for board certification.
The ABO also recognizes that many licensed, qualified ophthalmologists who practice in the United States were trained elsewhere and has developed a certification pathway for internationally trained ophthalmologists (ITOs).

Verification of Training Documentation

- **Interim Evaluation Form for transferring residents:** When a resident's training has been gained in more than one residency program, an Interim Evaluation must be completed by the first program. The first program may not be able to verify all competencies. It is the responsibility of the second program to obtain the Interim Evaluation from the first program. The second program, in its Satisfactory Completion document, must evaluate all competencies, taking

into account any deficiencies noted in the Interim Evaluation by the preceding program(s). Click here to download the Interim Evaluation form.

- **Satisfactory Completion of Residency Training documentation:** Upon application for certification, the ABO verifies satisfactory completion of all training requirements. Only applicants who have completed their PGY-1 and entire ophthalmology training program, PGY-4 (for US Programs) or PGY-5 (for Canadian Programs) or higher by the registration deadline may sit for the written examination.

- **Verification of Training form:** Programs submit this documentation directly to the ABO on behalf of each applicant. If a program is disapproved or withdrawn during the course of a resident's training, he/she must complete the remaining required number of months of training in another accredited program.

II. Valid, Unrestricted Medical License

Applicants must hold a valid and unrestricted license(s) to practice medicine in the United States, its territories or Canadian province in which the applicant's practice of medicine is regularly conducted and in each other place in which the person practices or has practiced medicine and has an unexpired license. Applicants must notify the Board of any action taken by a state medical licensing board within 60 days of such action.

III. Signing the Practice Pledge

Applicants must agree to a pledge upon application stating their commitment to provide ophthalmic services with compassion, respect for human dignity, and integrity.

Examination Requirements

Candidates for board certification embark on a two-step certification process. This process requires demonstrating a sufficient level of knowledge on both a written examination and an oral examination. Candidates who register for the first available examination and pass each one on the first attempt can obtain board certification in as little as nine months after residency graduation; however, the ABO's Board Eligibility Policy provides candidates with up to seven years to complete board certification under the status of "Board Eligible."

Step 1: September Written Qualifying Examination

Candidates begin the certification process by completing a 250-multiple-choice-question examination known as the Written Qualifying Examination (WQE). This examination is administered at computer-based testing centers around the country on one day each year. Passing the written examination allows a candidate to progress to the Oral Examination, which tests clinical abilities.

Step 2: March Oral Examination

Candidates who pass the WQE are invited to take the Oral Examination. Given once each year in the spring, the Oral Examination is a unique face-to-face examination where candidates are asked to apply their ophthalmic knowledge and training by explaining how they would care for patients in various clinical scenarios. Upon passing the Oral Examination, candidates officially become diplomates of the ABO and receive a 10-year, time-limited certificate.

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Department of Ophthalmology

Policies and Procedures for Resident Education & Overall Program Goals (aka the "Resident Handbook")

Revised 2019-03-01

INTRODUCTION

Welcome to the UAB Department of Ophthalmology! The UAB Department of Ophthalmology hereby delineates its policies and procedures concerning residency training in Ophthalmology. These policies are based on those described in the UAB Graduate Medical Education (GME) Policies and Procedures manual (available online at uab.medhub.com) and those stipulated by the Accreditation Council for Graduate Medical Education or ACGME (available at ACGME.org). Residents are encouraged to read both of those documents in addition to this one. In case of any discrepancy between these policies and procedures and those in either the UAB GME or ACGME versions, the latter two take precedence.

PROGRAM DESCRIPTION

The UAB Ophthalmology Residency Program is a 3-year training program that educates residents on the full breath of ophthalmologic care from birth to end of life utilizing a diverse faculty composed of academic and community ophthalmologists, clinician scientists, clinical and basic research scientists, and health care administrators focused on ophthalmic care. As the only ophthalmology residency in the state of Alabama and the home of the only free standing eye hospital in the region housing one of only two Level 1 ocular trauma centers in the country, residents have access to a broad range of clinical pathology that fully prepares them to begin independent clinical practice immediately upon graduation, to pursue additional subspecialty fellowship training, or pursue research training.

PROGRAM AIMS

1) The core aim of the UAB Ophthalmology Residency Training Program is to graduate outstanding comprehensive ophthalmologists who exhibit excellence in clinical care and the highest ethical standard of behavior.

2) Comprehensive is defined in this context as training that encompasses the entirety of modern evidence based clinical care across all subspecialties, with involvement in research, and a solid understanding of health care economics and medical business practice.
3) These components of the comprehensive education provide the bedrock foundation upon which UAB Ophthalmology graduates can pursue any career option they desire, including community comprehensive practice, academic ophthalmology, international ophthalmology, industry, or additional training in any subspecialty, research, or healthcare policy and economics.

4) These aims are achieved by attracting the brightest medical school graduates available from a wide geographic area, with diverse backgrounds and medical school training. UAB Ophthalmology residents are self-starters, team players, and passionate about the opportunities available to alleviate the suffering caused by diseases of the visual system. Their comprehensive training and exposure during training to underserved/underinsured populations in the state encourages them to continue to give back to society and those in need.

RESIDENT SELECTION

It is the policy of the UAB Department of Ophthalmology not to discriminate against any applicant because of age, race, ethnicity, religion, gender or gender identification, sexual orientation, or national origin.

ELIGIBILITY

1. Medical School Training requirement. Applicants must meet at least one of the following criteria to be considered for residency training:
    a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
    b. Graduates of colleges of osteopathic medicine in the United States and Canada accredited by the American Osteopathic Association (AOA).
    c. Graduates of medical schools outside the United States and Canada (foreign medical graduate, FMG) who possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG), or, have a full unrestricted license to practice medicine in a US licensing jurisdiction in which they are training.
    d. Graduates of medical schools outside the United States, who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
2. Applicants must have graduated from one of the above stipulated medical or osteopathic schools within the immediately preceding 5 years of the application date.
3. All residents in ophthalmology must have successfully completed a postgraduate clinical year (PGY 1) in a program accredited by the Accreditation Council for Graduate Medical

Education (ACGME) or a program in Canada approved by the appropriate accrediting body in Canada PRIOR to beginning ophthalmology.

4. Eligibility is based on the same requirements as those outlined by the ACGME and the American Board of Ophthalmology. Failure to fulfill these requirements before beginning residency training may result in dismissal from the program.
5. Entry of Foreign-Born Medical Graduates to the United States
    a. The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the U.S. Immigration and Nationality Act, as amended, which is administered by the U.S. Immigration and Naturalization Service (INS). It is a violation of federal law to provide employment to a non-U.S. citizen who does not hold an appropriate visa, or other appropriate work authorization documents from the INS.

OPHTHALMOLOGY MATCHING PROGRAM

Five positions are available each year. Resident selection is done in accordance with the SF Match Ophthalmology matching program (sfmatch.org). Residents must apply for a position in Ophthalmology through the SF Match Central Application Service (CAS). Only completed applications received by the indicated deadline will be considered. After receiving and reviewing applications, the UAB Department of Ophthalmology Selection Committee invites selected applicants for an interview. Interview slots are limited and selection is based on the strength of the application. Submission of an application is not a guarantee of being offered an interview. Being offered an interview is not a guarantee of receiving a training position. After the interviews, a rank list is developed by the selection committee and submitted to the CAS.

CODE OF ETHICS

The University of Alabama Department of Ophthalmology endorses the Code of Ethics outlined and described by the American Academy of Ophthalmology, available here: http://www.aao.org/about/ethics/code_ethics.cfm.

WORK HOURS

Clinical experience and education is defined as all clinical and academic activities related to the residency program; i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Clinical work and education hours do not include reading and preparation time spent away from the clinical and educational site.
The following institutional policy applies to all programs and residents/fellows**.**

Purpose:

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of the Hospital as the Sponsoring Institution to provide residents/fellows with a sound academic and clinical education.

Scope:

UAB has developed the following Clinical Experience and Education Policies applicable to every resident/fellow in all GME training programs:

Definitions (from ACGME Glossary):

At-Home Call: Same as pager call or call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident/fellow's one free day per week (averaged over four weeks).

Continuous time clinical and educational work: The period that a resident/fellow or fellow is in the hospital (or other clinical care setting) continuously, counting the resident/fellow's (or fellow's) regular scheduled day, time on call, and the hours a resident/fellow (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

Clinical work and educational hours: Clinical work and educational hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-house during call activities, and scheduled activities, such as conferences. Clinical work and educational hours do not include reading and preparation time spent away from the clinical and educational site.

External moonlighting: Voluntary, compensated, medically-related work performed outside the institution where the resident/fellow is in training or at any of its related participating sites.

Fatigue management: Recognition by either a resident/fellow or supervisor of a level of resident/fellow fatigue that may adversely affect patient safety and enactment of a solution to mitigate the fatigue.

In-House Call: Clinical work and education beyond the normal workday when residents/fellows are required to be immediately available in the assigned institution.

Internal Moonlighting: Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident/fellow is in training or at any of its related participating sites.

Night Float: Rotation or educational experience designed to either eliminate in-house call or to assist other residents/fellows during the night. Residents/fellows assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

Scheduled clinical work and education period length: Assigned clinical and educational work within the institution encompassing hours, which may be within the normal workday, beyond the normal workday, or a combination of both.

Strategic napping: Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

ACGME Requirements

1. **Maximum Hours of Clinical and Educational Work per Week**: Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

   Clinical work done from home includes: using the electronic health record and taking calls from home. It does not include reading done in preparation for the following day's cases, studying, and research done from home.

2. **Mandatory Time Free of Clinical Work and Education**: The program must design an effective program a structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities, for rest and personal well-being.

   a) Residents should have eight hours off between scheduled clinical work and education periods.
   b) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education, This must occur within the context of the 80-hour and one-day-off-in-seven requirements.
   c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
   d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

3. **Maximum Clinical Work and Education Period Length**: Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

   Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

   Clinical and Educational Work Hour Exceptions: In rare circumstances, after handing off all other responsibilities, a resident/fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: 1) to continue to provide care to a single severely ill or unstable patient; 2) humanistic attention to the needs of a patient or family; or 3) to attend unique educational events.

   These additional hours of care or education will be counted toward the 80-hour weekly limit.

4. **In-House Night Float:** Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. Programs should be familiar with specialty requirements

of the maximum number of consecutive weeks of night float and maximum number of months of night float per year.

5. **Maximum In-House On-Call Frequency:** Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

6. **At-Home Call:** Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit. At-home call must not be so frequent of taxing as to preclude rest or reasonable personal time for each resident.

Program Oversight and Monitoring of Clinical Experience and Education and the Work Environment

Residents are required to log work hours in MedHub during the following months for a consecutive four-week period: August 5, 2018-September 1, 2018; November 4, 2018-December 1, 2018; February 3, 2019-March 2, 2019; and May 5, 2019-June 1, 2019. It is preferable for trainees to log hours in real time.

Reporting of Violations

Residents may report violations of the 80-hour rule by calling the Designated Institutional Official, UAB Hospital at 934-4793; Director, Graduate Medical Education Department at 934-4793; or the GME Residents/Fellows' Hotline at 934-5025. Such calls will be investigated and reported to the DIO and Dean's Council for Graduate Medical Education. Additional avenues of reporting provided by the Sponsoring Institution are the Corporate Compliance Office at 975-0585 and the Ethics Hotline 1-866-362-9476, or online www.uab.edu/ethics. All residents must be familiar with and compliant with all regulations regarding duty hours (available at ACGME.org).

Sponsoring Institution Resources to mitigate fatigue:

- For residents too fatigued or perceived to be too fatigued to drive back home safely after duty, the GME office provides vouchers for free rides, from and to the hospital, 24 hours a day. During working hours please call the GME Office at 934-4793; on weekends and after hours, please call Guest Services at 934-3422.
- A call room is provided within the Callahan Eye Hospital.
- Training via the UAB Learning System is required in recognizing and managing fatigue.

STRESS MANAGEMENT

Part of the reason for duty hour standards is to minimize stress due to overwork and sleep deprivation. When and if the duties of residency seem overwhelming, the Professional Development Office at UAB is available for confidential counseling. Full time licensed counselors are on duty for free one-on-one counseling. The Resource Center is open 8 AM to 5 PM Monday through Friday. Telephone 934-2281. The resource office is located on the sixth floor of UAB Highlands, 1201 11th Ave S, Birmingham, AL. In addition, the UAB Ophthalmology residency program has a resiliency program coordinated by Dr. Laura Dreer, Suite 200, Callahan Eye Hospital.

EDUCATIONAL PROGRAM

ACGME Competencies

The ACGME and specifically the Residency Review Committee for Ophthalmology define the ACGME Competencies which must be the focus of all learning activities as follows

- **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.
  - Residents:
    - will understand, in particular, the care of the surgical patient, to have the medical and technical knowledge, as well as the skills, necessary to care for the surgical patient. Included here is the understanding of the preoperative ophthalmic and general medical evaluation and assessment of indications for surgery and surgical risks and benefits, informed consent, intraoperative skills, local and general anesthetic considerations, acute and longer- term postoperative care, and management of systemic and ocular complications that may be associated with surgery and anesthesia;
    - should be responsible for the care of an adequate number of outpatients who represent a broad range of ophthalmic diseases. There must be appropriate faculty supervision of the residents in all outpatient clinic visits. Appropriate faculty supervision occurs when the faculty provides direct supervision (resident primarily sees the patient, faculty sees patient with resident, and collaborative effort determines management), or when the faculty is on site and readily available to see any patient upon request of the resident
    - should participate in a minimum of 3,000 outpatient visits in which the resident performs a substantial portion of the examination
    - should have access to a simulated operative setting (e.g., wet lab) to allow them to develop proficiency in basic surgical techniques
    - must perform and assist at a sufficient number of surgeries to become skilled as comprehensive ophthalmic surgeons. While the total number of operative procedures to be performed is not specified, the Review Committee will consider a minimum number of key procedures as acceptable. (The minimum numbers are listed on the ACGME website)

        - must have graduated technical and patient care responsibilities in the surgery (including laser surgery) of cataract, strabismus, cornea, glaucoma, retina/ vitreous, oculoplastic, and trauma to provide an adequate base for a comprehensive ophthalmic practice.
- **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.
    - Residents:
        - should have a minimum of 36 hours of experience in gross and microscopic examination of pathological specimens, including the residents' review of pathological specimens of their patients with a pathologist who has demonstrated expertise in ophthalmic pathology. The experience with such a pathologist may take place intramurally or extramurally at a laboratory considered by the Review Committee to be capable of providing such training, and
        - should have documented experiences in practice management, ethics, advocacy, visual rehabilitation, and socioeconomics.
- **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. Residents are expected to develop skills and habits to be able to meet the following goals:
        - identify strengths, deficiencies, and limits in one's knowledge and expertise;
        - set learning and improvement goals;
        - identify and perform appropriate learning activities;
        - systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
        - incorporate formative evaluation feedback into daily practice;
        - locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
        - use information technology to optimize learning; and,
        - participate in the education of patients, families, students, residents and other health professionals.
- **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. Residents are expected to:
        - communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
        - communicate effectively with physicians, other health professionals, and health related agencies;
        - work effectively as a member or leader of a health care team or other professional group;
        - act in a consultative role to other physicians and health professionals; and,
        - maintain comprehensive, timely, and legible medical records, if applicable.

        - receive experience in providing inpatient and outpatient consultation during the course of three years of education.
- **Professionalism**
    - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
        - compassion, integrity, and respect for others;
        - responsiveness to patient needs that supersedes self- interest;
        - respect for patient privacy and autonomy;
        - accountability to patients, society and the profession; and,
        - sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- **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 call effectively on other resources in the system to provide optimal health care. Residents are expected to:
        - work effectively in various health care delivery settings and systems relevant to their clinical specialty;
        - coordinate patient care within the health care system relevant to their clinical specialty;
        - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population- based care as appropriate;
        - advocate for quality patient care and optimal patient care systems;
        - work in interprofessional teams to enhance patient safety and improve patient care quality; and,
        - participate in identifying system errors and implementing potential systems solutions.

GOALS AND OBJECTIVES

Goals and Objectives are provided for each learning activity and are to be reviewed before the beginning of each rotation. Documentation of the resident's review of the Goals and Objectives will be accomplished via a Learning Activity at uab.medhub.com. In addition, the UAB Ophthalmology Residency Program has the following overall Goals for the entire training program:

OVERALL EDUCATIONAL GOALS FOR THE PROGRAM

The goal of the UAB Department of Ophthalmology residency training program is to prepare physicians for a lifelong career as independently practicing ophthalmologists. Successful training includes achieving clinical and surgical competence and independence, a commitment to lifelong learning, ethical and professional behavior, duty to others, and a desire to improve oneself throughout one's career.

In order to prepare residents for a career in ophthalmology, the Department of Ophthalmology provides a well-coordinated, progressive, balanced experience for the resident physician over a 36 month period during which he or she will make the transition from intern to ophthalmologist, fully capable of providing independent comprehensive care of the eye and associated structures.

Throughout the training period, continual study and reading is *expected*. The Basic and Clinical Science Course published by the American Academy of Ophthalmology is provided to each resident upon entering the program in an easily accessible electronic format. All sections in the series are required reading. Assessment of medical knowledge is provided each spring by the OKAP examination. The latest ophthalmic literature and textbooks are available electronically through a variety of sources including the American Academy of Ophthalmology and UAB's Lister Hill Library of the Health Sciences. Each resident is encouraged to purchase at least one major text series for their personal use and reference, to facilitate at home study.

PGY Year Specific Overall Program Goals and Objectives

First Year Ophthalmology Resident (PGY2)

The first year of ophthalmology training at all rotations focuses on the acquisition of examination and diagnostic skills, with the addition of basic therapeutic procedures, including some extraocular surgery.

By the end of the first year, the resident will be proficient in the following:

- Examination skills:
    - Obtaining an accurate History of Present Illness
    - Identifying best corrected visual acuity (refraction)
    - Evaluating visual fields (Confrontation, Amsler Grid, Automated Perimetry)
    - Pupillary examination
    - Assessment of Color Vision
    - Ocular Motility Assessment, including appropriate use of prisms
    - External and Ocular Adnexal Examination
    - Cranial Nerve Examination
    - Measurement of intraocular pressure
    - Slit Lamp Biomicroscopic evaluation of the following structures:
        - Cornea
        - Anterior Chamber
        - Angle via gonioscopy
        - Iris
        - Lens
        - Anterior Vitreous
    - Examination of the Ocular Fundus by the following methods:
        - Direct Ophthalmoscopy
        - Indirect Ophthalmoscopy
        - Slit Lamp Biomicroscopy
- Procedural skills:
    - Pachymetry

- Ophthalmic ultrasound
- Delivery of ocular and peri-ocular anesthesia
- Chalazion excision
- Ophthalmic laser procedures
- Intravitreal injection

Early experience in surgical techniques is acquired through direct observation followed by a gradual introduction of surgical skills under the direct supervision of attending surgeons, typically in the area of oculoplastics. Surgical skills are developed throughout the training program. First year residents begin their surgical experience in the practice lab. All residents are strongly encouraged to obtain unusable donor eyes from the Alabama Eye and Tissue Bank and master micro-surgical techniques in the Practice Lab. When no lectures are scheduled and emergency room duties are covered, first year residents are urged to observe surgery at their assigned location.

Laser skills are acquired throughout the training period. First year residents perform uncomplicated laser treatment. This includes panretinal photocoagulation, laser trabeculoplasty, and laser capsulotomy. As competency increases, more complicated laser procedures are assigned. This includes YAG iridotomy and Argon focal laser.

First year residents participate in all academic conferences, practice management and compliance seminars. The resident will present cases at Grand Rounds and review medical literature for Grand Rounds as well as Journal Club.

A large portion of the first year is coverage of the UAB Callahan Eye Hospital Emergency Room (open 24 hours.) At the conclusion of the first year of residency the trainee will be able to triage routine and emergent care, identify the source of the patient's chief complaint, order appropriate ancillary studies and medically manage most forms of emergent, urgent, and routine ophthalmic disease.

Second Year Ophthalmology Resident (PGY3)

The second year of ophthalmology training is focused on more in-depth clinical exposure in the following disciplines:

- Cornea and External Disease and Refractive Surgery
- Pediatric Ophthalmology and Strabismus
- Vitreoretinal Surgery and Medical Retinal Diseases
- Glaucoma
- Ophthalmic Plastic and Reconstructive Surgery
- Neuro-Ophthalmology
- Uveitis
- Low Vision Rehabilitation
- Intraocular surgery

Experiences in these ophthalmic subspecialties consist of rotations through subspecialty practices and operating room exposure. During subspecialty rotations, second year residents assist attending physicians in the operating suites and perform portions of the surgical cases at the discretion of the attending physician. Many muscle procedures and retina procedures are performed during this year under the direct supervision of the attending physicians. During the second half of the second year, the third-year residents will assist each second-year resident with approximately 10 cataract procedures. This will insure a smooth transition from the second to third year.

Second year residents participate in all academic conferences and attend the Wills Ophthalmology Review Course in the Winter.

At the conclusion of the second year of residency the trainee should be able to identify the source of the patient's chief complaint, generate a complete differential diagnosis, prioritize the patient's care, manage the patient's medical therapy, coordinating it with other specialties and services, and perform uncomplicated surgical interventions.

Third Year Ophthalmology Resident (PGY4)

Near the end of each academic year, the residents elect two rising third year residents to serve as chief residents, each for 6 months of their PGY4 year.

Third year ophthalmology residents supervise junior residents, manage complex medical eye diseases, perfect the necessary surgical skills to be able to independently perform routine anterior segment procedures, and acquire surgical skills to perform complex subspecialty surgical cases. This year provides an intensive surgical experience intended to prepare the resident for comprehensive ophthalmology practice.

Third year residents are the primary surgeons for all clinic cases. The majority of surgical cases are performed during the third year of ophthalmology training. Skills are expected to progress and deficiencies are addressed immediately. Third year residents must have a surgical plan before entering the operating suite. All cases are to be recorded and reexamined, as well as presented during Surgical Video Conference and Morbidity and Mortality Conference. By the end of training, the minimum requirements in all categories of surgery as mandated by the ACGME shall be met.

Third year residents participate in all academic conferences as in the preceding two years. Residents will have attended the Annual Meeting of the American Academy of Ophthalmology either in the second or third year of training.

SURGICAL GOALS AND OBJECTIVES

Goals

To acquire competence in the recognition of the need for and provision of, surgical intervention for vision affecting conditions.

Objectives

- The operating resident will ensure that patients scheduled for surgery have complete information in the pre-operative surgical note, including:
    - Functional complaint (i.e. can't see to drive, can't read my medicine bottles, can't see TV, etc.)
    - Bilateral refraction and intraocular pressure
    - Intraocular lens calculations if cataract surgery is planned
    - Note that risks and benefits of all aspects of surgery were discussed with the patient and that the patient's questions regarding surgery were answered
    - Information is legibly recorded in the chart
- Any special equipment or lenses is obtained before the patient arrives in the operating suite
- Only a faculty member or third year resident schedules a patient for surgery (and the latter only with faculty approval)
- The scheduling physician's approval appears on either the clinic note or the preoperative report.
- The surgeon examines the patient and the record before surgery
    - It is unacceptable to see a surgery patient for the first time in the operating room
- All procedures are logged into the ACGME Resident Case Log System on a regular basis (to be considered no less often than every week)
- Postoperative care is provided by the operating surgeon unless unusual circumstances preclude this

TEACHING GOALS AND OBJECTIVES

Goals

To acquire competence in the ability to educate others, including fellow residents, medical students, and auxiliary healthcare providers, as well as patients and family members.

Objectives

- Residents will regularly give formal presentations during their training, including during required activities such as
    - Grand Rounds
    - Journal Club
    - Annual Clinical and Research Symposium
    - Annual Resident Orientation
- And at optional activities such as
    - Other Regional and National meetings
    - Presentations to auxiliary healthcare worker, such as ophthalmic technician continuing medical education conferences

- Residents will regularly teach those junior to them, including more junior residents and medical students
    - This will occur primarily in the clinic setting but also during annual orientation
- Residents on the Lion's Clinic, VA, and Cooper Green rotations will provide patient-appropriate education regarding the nature of the patient's condition, its underlying causes, treatment options, and prognosis for recovery or implications on future visual functioning
    - Tools for evaluation
        - Peer evaluations
        - 360 evaluations
        - Patient survey

EVALUATIONS

All evaluations are performed through the MedHub online system, mandated by UAB GME. Each resident, faculty, and staff member will be issued a log in for the system. If you do not have a log in, contact Harriett Holmes immediately.

Evaluation of the Program by Residents

Residents perform a formal evaluation of the entirety of the ophthalmology residency annually. This evaluation includes an anonymous assessment of the faculty, staff, clinical rotations, conferences, facilities, and research within the department. The results of this evaluation are combined with the results of the ACGME Resident Survey and Annual Faculty Evaluation of the Program to provide feedback to the program regarding residency issues needing review and possible modification. Resident feedback on faculty teaching and effectiveness is provided to faculty via MedHub so that there is no compromise of resident confidentiality.

Evaluation of Residents

Each resident's performance is assessed during and after each educational activity. The mechanisms of evaluation vary as do the evaluators. Evaluations are based on the resident's success in achieving the rotation's Goals and Objectives.

Mechanisms of Resident Evaluation

- Global Assessment by Faculty at end of each rotation
- 360° Evaluations
    - Evaluations of resident by:
        - Peers
        - Staff
        - Self
- Patient Surveys
- Grand Rounds
- Journal Club

Evaluations are available in MedHub for future reference. Evaluations are used to measure a resident's progress in the clinic and surgical setting. Evaluations are also the basis of letters of recommendation for fellowships and hospital privileges.

The results of evaluations are discussed with the Program Director at the semi-annual evaluation and more often at the Program Director's or resident's discretion.

MEDICAL RECORDS POLICY

Residents are required to maintain comprehensive, timely, and legible medical records [IPCS]. Each facility housing a clinical rotation has varying medical records requirements. During orientation to each site, residents are required to avail themselves of the opportunity to learn and understand those requirements. Since all three primary rotations are hospital based, the medical records department of each medical center (Callahan Eye Hospital, Cooper Green Mercy Health Services, and the Birmingham VA Medical Center) monitor medical records completion. The medical director of each clinic will be notified by the medical records department if the expected standard is not met. Immediate feedback will be provided to the resident. If the pattern of behavior continues, then the Program Director and Chair will evaluate the situation and the standard process for disciplinary action followed. Clinic notes are reviewed by the clinic chief for all above criteria and feedback provided to the resident.

PROMOTION OF RESIDENTS

At the final semiannual Clinical Competence Committee meeting of the academic year, resident performance and promotion is discussed. Promotion to the next year of residency occurs only with faculty approval and evidence of satisfactory completion of the Goals and Objectives for the current training year, based on the evaluations received. If a resident is performing unsatisfactorily, the faculty will determine the course of action to correct the deficiencies identified, according to UAB GME Policies and Procedures. If remedial study is needed, appropriately designated faculty will be involved. If a resident's performance is poor overall, the faculty as a whole will decide on a course of action. Such cases will be handled on a case-to-case basis.

RESIDENT SUPERVISION

As per ACGME and UAB GME guidelines, the program director must ensure, direct, and document adequate supervision of residents/fellows at all times. There must be program-specific policies and guidelines for resident/fellow supervision and progressive levels of responsibility for each year that are distributed to all residents/ fellows and teaching faculty.

The clinical responsibilities for each resident/fellow must be based on PGY- level, patient safety, resident/fellow education, severity and complexity of patient illness/ condition and available support services.

Purpose:

This policy will establish the minimum requirements for resident/fellow supervision in the UAB Department of Ophthalmology Residency Training Program.

Attending Responsibilities:

Residents are supervised by the assigned service attending. During evaluation of patients, supervision can be direct supervision, indirect supervision with direct supervision immediately available, indirect supervision with direct supervision available or oversight. During performance of bedside procedures supervision is direct supervision, indirect supervision with direct supervision immediately available, indirect supervision with direct supervision available or oversight. The attending physician reviews the evaluation and plan with the resident. The attending physician oversees all clinical decisions, is available for the performance of the procedure to ensure patient safety and an optimal educational experience.

Resident/Fellow Responsibilities (for being supervised):

Residents are responsible for evaluation of the patients at the University Hospital, UAB Highlands, Birmingham VAMC, Children's of Alabama, Cooper Green Mercy Health Services, and UAB Callahan Eye Hospital, discussion of the patient with the responsible attending physician, contributing to development of the plan, and participating in the bedside procedures. As residents increase in experience they will have increased autonomy and need less assistance in performing bedside procedures, and contribute more significantly to development of the plans. In all situations, the attending physician is responsible for all patient care decisions and will be immediately available to the resident.

Scope:

The following policy applies to all programs and residents/fellows.

Definitions:

1. Resident: a professional post-graduate trainee
2. Fellow: a professional post-graduate trainee that has completed required training in a core program or independent program and now pursues additional training in a subspecialty. Within the Department of Ophthalmology, most Fellows possess junior attending status and may fulfill the role of Attending Physician in 3.
3. Attending: the immediate supervisor of a resident who is duly credentialed in his/her hospital for specific procedures in their specialty and subspecialty that he/she is supervising

Policy:

1. The program director must ensure that the teaching staff at all participating institutions and clinical sites provide appropriate supervision of residents/fellows that is consistent with proper patient care and the educational needs of the residents/fellows.
    a. Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each RRC) who is ultimately responsible for that patient's care at all clinical sites utilized for the education of residents/fellows.
        i. This information should be available to residents/fellows, faculty members and patients
        ii. Residents/fellows and faculty members should inform patients of their respective roles in each patient's care
    b. Faculty attending and call schedules must be structured to provide residents/ fellows with continuous supervision and consultation.
    c. Residents/fellows and other health care personnel must be provided with rapid, reliable systems for communicating with supervising faculty.
2. To ensure oversight of resident/fellow supervision and graded authority and responsibility, the program must define the levels of supervision that is in accordance with the RRC and use the following classification of supervision:

    a. **Direct Supervision (Level 1)** – the supervising physician is physically present with the resident/fellow while providing patient care
    b. **Indirect Supervision with direct supervision immediately available (Level 2)** – the supervising physician is physically within the hospital or juxtaposed site of patient care (North Pavilion, West Pavilion, Spain Wallace, Women and Infants Center, VAMC) and is immediately available to provide Direct Supervision

    c. **Indirect Supervision with direct supervision available (Level 3)** – the supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision
    d. **Oversight (Level 4)** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered
3. Residents/fellows must be supervised by teaching staff in such a way that the residents/ fellows assume progressively increasing responsibility according to their level of education, ability and experience. The program must demonstrate that the appropriate level of supervision is in place for all residents/fellows who care for patients.
    a. The program director is responsible for defining the levels of responsibilities for each year of training through written descriptions of the types of clinical activities residents/fellows may perform and/or teach.
    b. The level of responsibility granted to a resident/fellow is determined by the program director and/or supervising teaching faculty and must be based on documented evaluation of the resident/fellow's clinical experience, judgment, knowledge, technical skill and the needs of the patient.

c. Senior residents or fellows should serve in a supervisory role of junior residents/ fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident/fellow or fellow.
d. The program director must set guidelines for circumstances and events in which residents/fellows must communicate with appropriate supervising faculty members (escalation of care policy).
e. Residents/fellows must be aware of their limitations and may not attempt to provide clinical services or perform procedures for which they are not trained.

4. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility. The program director is responsible for ensuring that all teaching faculty and residents/fellows are educated to recognize the signs of fatigue and for implementing policies and procedures to prevent and counteract the potential negative effects.
    a. Faculty members and residents/fellows must be educated to recognize the signs of fatigue and sleep deprivation; alertness management and fatigue mitigation processes; and to adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning such as naps or back-up call schedules.
    b. A process must be developed to ensure continuity of patient care in the event that a resident/fellow may be unable to perform his/her patient care duties.

Specific Supervision Guidelines

Rotation	PGY-2	PGY-3	PGY-4
UAB Hospital / UAB Highlands Consult Service	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending
Children's Consult Service	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending
BVAMC Consult Service	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending
UAB Callahan Eye Hospital Inpatient Ward	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending	Level 3: Fellow and Attending Level 4: Attending
Lions Clinic	Level 2: Fellow and Attending	N/A	Level 3: Fellow and Attending Level 4: Attending
BVAMC Outpatient Eye Clinic	Level 2: Fellow and Attending	N/A	Level 3: Fellow and Attending Level 4: Attending
Cooper Green Eye Clinic	N/A	N/A	Level 3: Fellow and Attending Level 4: Attending
Subspecialty Clinics	N/A	Level 2: Fellow and Attending	N/A

During On Call Duties

The UAB Callahan Eye Hospital Emergency Department is staffed by the first year (PGY-2) resident who remains in-house for overnight call. These duties extend to coverage for consults at UAB University Hospital, UAB Highlands, Children's Hospital, Cooper Green and the VA Hospitals. During the first month of training, first year residents are provided with "buddy call" by an in-house second year resident.

A junior level faculty member (fellow) will remain in-house until the evening hours. Following this, second and third year residents provide back up call from home. Depending on the decision of the second and third year classes, this call may be with the second year taking first backup and the third year taking second backup, primarily for surgery; alternatively, some classes prefer to share all back up call among the two upper level classes.

Circumstances in which the first year is *required* to contact their back up includes a patient load that exceeds that resident's ability to timely and safely discharge their duties, or a case sufficiently complex so as to require more a senior opinion. Second and third year residents accompany patients to surgery if emergency treatment includes surgical management.

Hospital Coverage: When the resident on call is consulted by an affiliated UAB hospital and leaves the UAB Callahan Eye Hospital, the resident should contact the nursing station on the second floor (325- 8250) and inquire about major inpatient issues. If there are important inpatient issues, the resident should not leave the hospital premises. The first year resident should contact the 2nd or 3rd year resident for assistance in out-of-hospital consults and inpatient care.

UAB Highlands
Inpatients with eye problems during regular hours will be seen by the UAB Consult resident. The patient must be seen the day of the request. After hours and on weekends, inpatients will be seen by the first year on call. An outpatient who presents to the UAB Highlands ER will be asked to come to the ER at the Callahan Eye Hospital for care unless the needs of their clinical care require they remain at UAB Highlands.

Attending Physician Duties

Attending coverage for the UAB Callahan Eye Hospital ER is provided 24 hours a day by the medical staff of the hospital, according to medical staff rules and guidelines. Call is separated into anterior and posterior segment emergencies. When attending involvement is needed, such as for surgery or when determining follow up, the following guidelines should be followed:

- If a patient already sees a private ophthalmologist, that physician should be called first during regular business hours.
- If that physician cannot deal with the emergent situation, then the medical director of the emergency department will assist in the decision regarding the disposition of the patient.
- If the patient is evaluated in the emergency department after regular business hours, the resident should notify the on-call attending physician regarding the clinical problem. This

is true for both anterior and posterior segment clinical problems. If the on-call attending physician does not feel capable of handling that particular emergency, it is his/her responsibility to contact a colleague to assist in management of the patient.

- It is not the resident's responsibility to call other physicians to assist in emergency care, but rather the on-call attending physician's responsibility.
- If the patient is to be transferred from an outside emergency department, it is the responsibility of the on-call attending physician to talk to the referring physician to facilitate the transfer.
- All physicians should be aware of COBRA and anti-dumping regulations however all patients transferred to the emergency department should be treated regardless of the circumstances surrounding the transfer.
- If a violation of the anti-dumping laws is suspected, the situation should be documented. The director of the emergency department will review these cases and refer the case to Risk Management if necessary.

ATTENDING NOTIFICATION POLICY

Purpose:

To provide minimal standards to guide residents with a set of clinical conditions that require immediate attending notification.

Scope:

The following policy applies to all residents/fellows.

Policy:

Residents will contact the supervising faculty member in the event of any of the following. A resident should not construe this to be an all-inclusive list; any event determined by the resident to be of equal or greater importance should prompt immediate attending notification.

1. **Escalation of Care:**
    a. Any urgent patient situation should be discussed immediately with the supervising attending. This includes:
        i. In case of patient death
        ii. Any time there is unexpected deterioration in patient's medical condition
        iii. Patient is in need of invasive operative procedures
        iv. Instances where patient's code status is in question and faculty intervention is needed
        v. A patient is transferred to or from a more acute care setting (floor to ICU and vice versa)
        vi. A patient's condition changes requiring MET/CHAT team activation
        vii. Any other clinical concern whereby the resident feels uncertain of the appropriate clinical plan

2. **Timeliness of Attending Notification:**
    a. It is expected that the resident will notify the attending as soon as possible after an incident has occurred. Notification of the attending should not delay the provision of appropriate and urgent care to the patient. If despite their best efforts the resident cannot reach the assigned attending, then they should notify the program director, medical director of the service or the chair of the department for guidance.

BEDSIDE AND OUTPATIENT PROCEDURES

Purpose:

The purpose of this policy is to provide guidance for residents and fellows on when to notify the attending or higher supervisor trainee when performing invasive procedures.

Scope:

This policy applies to all procedures performed by GME trainees on patients seen at any care site staffed by the UAB Department of Ophthalmology. Surgical procedures performed by GME trainees on patients in the operating rooms are not covered by this policy as there are already policies covering these situations.

Bed Side Procedures and Level of Training:

PGY 2 and Higher Resident:

Direct supervision by upper level resident, fellow, or faculty for all invasive procedures until proficiency demonstrated.

Performance of Procedure:

1. PGY2 and higher GME trainees should discuss the clinical appropriateness of a bedside or outpatient procedure with the fellow or attending
2. The attending physician is responsible for determining the appropriate level of supervision required for performing a bedside or outpatient procedure, the appropriate indication for the procedures, discussion of risk-benefit with residents and patients (as necessary), assessing the risk of the procedure, determining the qualification of the resident performing the procedure and providing adequate support to the trainee performing the procedure.
3. It is expected that a resident shall inform the faculty member or upper level resident when he/she does not feel capable of performing a bedside or outpatient procedure.
4. The resident performing a procedure should make sure that there is adequate backup (such as senior resident, fellow, attending, interventional services, surgical services) before performing the procedure.

5. The resident should attempt the procedure no more than three times before stopping and re-evaluating the clinical situation and asking for a senior resident, fellow, attending, interventional service, or surgical service to take over the performance of the procedure.
6. The resident should call the senior resident, fellow or the attending if he/she has attempted the procedure three times unsuccessfully before attempting the procedure again.
7. The procedure should be aborted and alternate plans discussed with the attending when the risk of the procedure including discomfort to the patient outweighs the benefit of repeated attempts beyond three.
8. In case of emergency, greater than three attempts can be made but should be justified with clear documentation of the need to do so in the procedure note.

Transitions of Care

Purpose:

To ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety

Scope:

This policy applies to all UAB Ophthalmology Residents

Definitions:

- Transitions of care constitute the transfer of information, authority and responsibility during transitions in care across the continuum for the purpose of ensuring the continuity and safety of the patient's care
- Hand-off communication is a real time, active process of passing patient-specific information from one caregiver to another, preferably conducted face-to-face, for the purpose of ensuring the continuity and safety of the patient's care. Hand-offs will occur at a fixed time and place each day and use a standard template
    - Unless circumstances preclude such, the designated place for hand-off for ophthalmology shall be
        - Weekdays: CEH Meyer Library at 0830 (typically following lecture but an absence of lecture does not remove this requirement
        - Weekends and days without lecture: CEH ER at 0830
    - In the event circumstances preclude use of the above locations, the resident going off duty shall page the resident coming on duty and arrange a mutually agreed upon place that meets the criteria of quiet and confidentiality
- The circumstances for transitions of care include scheduled and unscheduled changes of assignment, at the conclusion and the commencement of assigned duty periods or call, when the patient is transferred to another site or another team of providers (e.g. transfer within in-patient settings and out- patient settings), and when it is in the best interest of the patient to transfer the care to another qualified or rested provider (e.g. duty hours or fatigue).

Policy:

1. Hand-off communication entails direct communication between the off-going provider currently caring for the patient and the upcoming provider taking over the care of the patient; face-to-face and phone-to-phone are appropriate methods of direct communication
2. A quiet area must be utilized to give report that is conducive to transferring information with few interruptions
3. Off-going provider will have at hand any required supporting documentation or tools used to convey information
4. All communication and transfers of information will be provided in a manner consistent with protecting patient confidentiality and privacy (HIPAA compliant)
5. Providers will afford each other the opportunity to ask or answer questions and read or repeat back information as needed
6. The patient and/or family will be informed of any transfer of care or responsibility, when possible
7. The residency program will review hand-off effectiveness at least annually during the annual program evaluation meeting.

UAB Ophthalmology Transition of Care Checklist Template:

Every transition of care shall include the transmission of the following information, at a minimum, between the off-going and on-coming resident (additional information may, of course, be transmitted depending on the needs of the clinical situation).

- ❑ Patient information (name, age, room number, medical id number, important elements of medical history, allergies, resuscitation status, family contacts)
- ❑ Current condition and care plan (pertinent diagnoses, planned operations, significant events during previous shift, current medications)
- ❑ Active issues (pending laboratory tests, x-rays, discharge or communication with consultant, changes in medication, overnight care issues, "to-do' list)
- ❑ Contingency plans (if/then statements)
- ❑ Synthesis of information ("read-back" by receiver to verify)
- ❑ Opportunity to ask questions and review historical information
- ❑ Name and contact number of primary care team resident/fellow and attending physician
- ❑ Name and contact number of ophthalmology fellow/attending physician for back up

PROBATION AND DISMISSAL OF PHYSICIANS-IN-TRAINING

UAB GME policies govern due process for resident disciplinary action and dismissal. Refer to these GME policies for such standards as they apply to resident disciplinary actions and dismissals. This statement is furnished to explain how these GME policies will be implemented within the Department of Ophthalmology. This statement is not intended to and does not impose any standards on the Department other than those set forth in the GME policies.

The Department of Ophthalmology reserves the right to discipline, suspend or terminate a resident at any time, based solely on the Department's judgment and with or without advance notice, depending on the circumstances. In those instances, in which immediate suspension or termination is not warranted, the Department will proceed as follows:

1. Documentation
    1. Problems will be reported in writing to the chairman of the department and to the program director.
2. Discussion
    1. The faculty will discuss the issues surrounding the situation and gather information as shall be needed to understand all circumstances of the problem from all sides of the issue
        1. Informal discussion: The chairman and the program director will discuss the problem with the faculty involved
        2. Formal discussion: The chairman and the program director will discuss the problem at a full faculty meeting.
3. Action
    1. Verbal discussion of the problem with the resident
    2. Note of Concern: Temporary entry into the resident's file
    3. Letter of Counseling: Permanent entry into the resident's file. Copy to the GME office.
    4. Probation: Grounds for academic probation are set forth in the UAB GME Policies and Procedure Manual.
4. Suspension/Dismissal
    1. Residency contracts are renewed year to year
    2. Grounds for suspension and dismissal and Hearing and Appeal Procedures are set forth in the UAB GME Policies and Procedure Manual

Any physician-in-training found practicing medicine outside the Code of Ethics as outlined by the American Academy Ophthalmology risks immediate dismissal. Other serious offenses can lead to dismissal from the program.

Any physician in training unable to perform the duties required at each level of training **to the satisfaction of the faculty** will be subject to disciplinary action. This applies particularly to surgical skills and intraoperative judgement. If a physician-in-training does not demonstrate the necessary skills to operate competently and independently, a period of probation will be recommended. During probation, the resident will focus his or her attention on the area of deficiency. After one month, the resident's performance will be re-evaluated. If still deficient, another month of probation with in-house call will be assigned. If after this month, the resident is still deficient, the entire faculty will consider dismissal. All residents must demonstrate surgical competence and good clinical judgement appropriate for his or her level of training.

DIDACTICS AND CONFERENCES

In order to provide residents an adequate fund of knowledge in ophthalmology, a wide variety of didactic lectures, subspecialty teaching rounds, Grand Rounds, Journal Club and Imaging Conferences are held. **Attendance is mandatory** at all. Residents are excused for illness, vacation and unavoidable duties in the OR and ER. If excessive absences occur, documentation of the reason for the resident's absence may become required. Unexcused absences may lead to probation (see Probation and Dismissal above).

Didactic Lecture Series

An 18-month program designed to cover all topics addressed in the Basic Science textbooks is provided. Residents should therefore be exposed to each lecture twice by the time he or she finishes 36 months of training. Lectures are scheduled on Tuesday, Wednesday and Thursday mornings beginning at either 7:00 or 7:30AM. Unless otherwise specified, lectures are held in the John E. Meyer library located in the basement of the UAB Callahan Eye Hospital. Faculty members and guests will deliver the lectures.

Subspecialty rounds are held in each clinic. The schedule varies according to the clinic. Good patient preparation is essential. Residents must examine the patient, study the history and know the specific question to be addressed on rounds. Do not waste a consultant's time gathering this information while on rounds. Be prepared!

Grand Rounds are held the second Friday of the month in the Smith Education Center on the third floor of the UAB Callahan Eye Hospital. A typical grand rounds session consists of three case presentations by residents, though there are typically several special presentations during the year. The chief resident will assign residents to months for presentation. Residents are evaluated on their presentations.

Journal Club is held immediately following Grand Rounds except in the first month of each quarter when Morbidity and Mortality Conference is held. Articles for discussion will be assigned ahead of time. All residents are required to read the articles. The presenting resident for each case will prepare a slide presentation to include a background discussion on the topic of the paper. This background should be more expansive than the data provided in the typical article introduction. The background should set the stage for why the topic is important, what the current state of knowledge is and what the gaps are. A discussion of the methodology of the paper, its appropriateness, and results should be provided. Did the paper meet its goal? Did it advance knowledge and close the identified gaps? What questions are left unanswered? And finally, what are the clinical implications of the study? Should current clinical practice be altered based on this paper?

Morbidity and Mortality Conference is held the first month of each quarter in place of Journal Club, immediately following Grand Rounds. Residents present anonymized cases of medical mistakes or near misses, followed by an open, non-accusatory discussion of the issues that may

have led to the event, followed by discussion of potential solutions. These discussions are moderated by a faculty member.

Imaging Conference is held on the last Friday of every month at 7:00AM in the John E Meyer Library.

SPECIAL COURSES

Wills Eye Hospital Course

During the second year, the residents are required to attend the Wills Review Course in Philadelphia. Each resident's educational fund is used to cover the expenses associated with the course.

Phacoemulsification Courses

While subject to variation based on program needs and the continued existence of these courses (which are offered by entities not affiliated nor controlled by the department) PGY3 and 4 residents typically have the opportunity to attend industry sponsored surgical education courses at offsite locations. Details of these are provided as it becomes available and following faculty review of the anticipated educational benefit in the absence of commercial bias.

Refractive Laser Course

Dr. Marc Michelson conducts a refractive laser course for the second and third year residents at least once every two years. First years attend the didactic portion but not the wet lab portion. Typical for most residencies, residents should NOT expect to achieve independent competence in refractive surgery during residency.

ADDITIONAL EDUCATIONAL ACTIVITIES

American Academy of Ophthalmology's "The Ethical Ophthalmologist"

Each resident is required to complete the three modules contained in the AAO's Ethical Ophthalmologist online educational resource. Proof of completion should be provided to the program coordinator.

MOONLIGHTING POLICY

Moonlighting is not allowed. Malpractice insurance for non-University activities is NOT provided by UAB. Lab coats with anything identifying one as a UAB physician are not to be worn outside of University facilities.

RESIDENT EDUCATION FUND

A fund is available to each resident for educational purposes and will be used over the three years of residency. Any balance remaining at the end of residency is forfeited.

The following are approved (and in many cases required) uses of the education fund:

- Wills Review course (attended during PGY-3 year) (Required)
- American Academy of Ophthalmology (AAO)Annual meeting (attended once during either PGY3 or PGY4 year) (Required)
- Lenses
- Books (paper and eBooks) beyond those provided by the program (BCSC, Wills)
- Journal subscriptions (be sure to see if a free resident subscription is available first)

The following are NOT approved uses of the educational fund

- State License fees
- DEA fees
- American Board of Ophthalmology registration fees
- Electronic equipment (cameras, smartphones, tablets, computers, etc.)
- Software

Anything not expressly permitted above must be approved by the Program Director PRIOR to purchase and a reasonable educational justification made.

Receipts for reimbursement are to be given to the Program Coordinator. In cases of expenses related to meals during meetings, itemized receipts showing each item are required. Alcohol is not an approved expense and will not be reimbursed.

MEETINGS AWAY FROM THE UNIVERSITY

All meeting requests that are to use "meeting days" as opposed to individual vacation days must be approved in advance by the program director (not the chief resident) and are approved only when all of the following are met (not to be construed that meeting all of the below will automatically result in approval):

- The resident is the first author/presenter of a scientific paper or poster
- The presentation is a part of a nationally recognized meeting such as AAO, ARVO, ASCRS, ASRS, and NANOS that occurs in the US or Canada.
    - Note that excessive requests for meeting attendance, regardless of the presentation status of the resident, will not be approved
    - Attendance at multiple meetings (even those listed above) in one academic year is likewise not likely to be approved.
    - Careful consideration of which meetings are to be requested should therefore be given.

- Cross coverage of call and clinic duties can be arranged (Clinics will not be reduced to accommodate excused residents)

If approved, expenses for coach airfare, hotel, meals, and incidentals will be covered by the program according to UAB reimbursement rules. Requests to attend such meetings must be submitted at least 3 months prior to the meeting date. Failure to meet this requirement will result in automatic rejection of the request.

REQUIRED EQUIPMENT FOR RESIDENTS

Residents are required to purchase lenses to be used in the clinics. One 20 or 28 diopter lens and one 78 or 90 diopter lens are considered a minimum. Other lenses are optional. Discussion with upper level residents, fellows, and attendings is encouraged while these decisions are being made. Residents are frequently given substantial discounts through various supply houses and ordering as a group may provide additional discounts. It is your responsibility to come to the clinics properly equipped.

VACATION POLICIES

Residents are provided 3 weeks (15 working days) vacation each *academic* year. One of these weeks is reserved for the Hanukkah/Kwanzaa/Christmas/New Year holiday period straddling the end / beginning of the calendar year. This holiday week may NOT be deferred to another time except in extremely unusual circumstances and following extensive discussion with the program director and provision of justification. Unused vacation days may NOT be carried over to the following academic year. Coverage of clinics, ER, and consult services must be maintained, thus the chief resident will arrange which of the two weeks each resident is allowed off.

All requests must be made through the MedHub system. Vacation requests should be submitted in a timely manner so as to allow clinic volume adjustments or rescheduling of residents for cross coverage. These requests are then routed to the chief resident for approval, followed by the Program Director and then Program Coordinator. The chief will forward the vacation schedule to the appropriate attending physician.

<u>Vacation time may not be scheduled during the months of June or July.</u> There are rare exceptions to this prohibition and require prior approval by the program director. Please remember that in June, the second-year residents are preparing for third year surgical responsibilities. In July, upper level residents supervise new first year residents more closely and this obligation must be shared equally. The only exception to this rule is for senior residents (PGY4) who desire to take terminal leave (i.e. within the last week of June) to facilitate moving to begin fellowship training or practice. This is NOT additional vacation, and this must be discussed with the program director as early in the academic year as possible.

CHIEF RESIDENT DUTIES

Rotation schedule

The chief resident is responsible for coordinating the rotation schedule for all residents. The schedule should be ready for distribution by June 15th. It should include all rotations for all residents for the entire academic year.

Call schedule

Call schedules for each month should be given to the program coordinator by the 15th of the previous month. Avoid random scheduling that will be updated later. The residents in each level of training decide their call schedule and submit it to the chief who submits it to the Program Coordinator. The chief will make the July call schedule for the new first year residents before their arrival.

Vacation schedule

Vacation request approvals begin with the Chief Resident. These should be submitted via MedHub. With few exceptions, only one resident in each class may be on vacation at a time. The chiefs may not take vacation at the same time, including the midyear holiday time. Follow the vacation policy closely to avoid a shortage of resident staffing. Illness, family emergencies, etc. can have a profound effect on patient care.

Grand rounds

The chief resident is responsible for assigning residents to Grand Rounds presentation dates.

Cross coverage

If one chief is on vacation, the other is to assume the interim duties. As above, simultaneous vacations are prohibited.

Medical Students

The chief resident will be responsible for coordinating the rotation schedule for the medical students. vacations are prohibited.

Surgical Practice Laboratory

The chief resident is responsible for the cleanliness and maintenance of the surgical practice laboratory. Any issues with the physical space or equipment therein should be brought to the attention of the Program Director as soon as possible.

SURGICAL PRACTICE LABORATORY POLICIES

- The practice laboratory is there for resident benefit. It is necessary for all residents to spend time learning to use the microscope and suture before entering the operating room
- The cleanliness and upkeep of the surgical practice lab is the responsibility of each resident and ultimately the chief resident
- All human/animal tissue and contaminated waste must be disposed of in biohazard waste containers immediately following use. Place waste containers OUTSIDE the lab for Environmental Services to pick up.
- All sharps (needles, blades, disposable instruments, etc.) are to be disposed of in a sharps container immediately after use.
- All dirty instruments are to carefully cleaned with soap and a brush, dried and placed neatly in a tray. Be careful with fine tipped instruments when cleaning.
- Damaged instruments should be reported to the program coordinator.
- Turn the microscope off when leaving. Bulb replacement is expensive.
- Any jars loaned to us by the Alabama Eye Bank should be cleaned and returned empty.
- Wipe all work surfaces down with disinfectant after using the lab.
- **Surgical Transition**
    - Second year cataract schedule
        - Second year residents will begin cataract surgery in January of their second year
        - The chief resident will coordinate the schedule in consultation with Dr. Everett
        - When appropriate, third year residents will assist the second year residents, with faculty supervision at all times

RESEARCH

Research opportunities are available and encouraged. Every resident will do a research project each year to be presented at the Annual Clinical and Research Symposium, with the exception of research track residents (detailed in the Residency Research Handbook).

UAB Resident/Fellow Salaries (2020-2021)

	PGY-1	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6
Effective 7/1/2020						
Annual Salary	$54,214	$55,992	$57,506	$59,941	$62,154	$64,922
Monthly Salary	$4,517.83	$4,666.00	$4,792.17	$4,995.08	$5,179.50	$5,410.17

UAB HUMAN RESOURCES MANAGEMENT BENEFITS

UAB Resident Benefits Summary

www.uab.edu/benefits

Health Care, Dental, and Vision Plans

As a new resident, coverage under UAB's group health care, dental, or vision plans begins on the date of employment. Residents, who wish to enroll in one of UAB's health care, dental, or vision plans, may do so within 31 days of hire date or a qualifying life event. If you do not enroll during the times stated above, you will be unable to join until Annual Open Enrollment. UAB's health care, dental, and vision plans are stand-alone programs. Premiums for health, dental, and vision insurance are deducted from your paycheck on a pre-tax basis.

Your **monthly** health care deductions are as follows:

Health Care Providers	Single	EE + Child(ren)	EE+Spouse or EE+Spouse and Child	Family
Viva Choice	$76.00	$257.07	$327.07	$366.18
Viva UAB	$93.93	$286.04	$400.07	$432.16
Viva Access	$153.94	$469.34	$569.34	$663.73
Blue Cross/PMD	$182.77	$557.24	$667.24	$843.34

Your **monthly** dental care deductions are as follows:

Dental Care Plans	Single	EE + Child(ren)	EE+Spouse or EE+Spouse and Child	Family
BCBS Basic	$18.78	$32.17	$44.38	$48.05
BCBS Comprehensive	$35.74	$61.12	$79.10	$86.10

BCBS Dental Plan Basic Option - Preventive and diagnostic are covered at 90% usual, customary, reasonable (UCR). Basic services are covered at 90% UCR subject to a $25 deductible.

BCBS Dental Plan Comprehensive Option - In addition to the Basic dental benefits, the Comprehensive plan covers major services at 60% UCR subject to the deductible. Orthodontics is covered at 50% UCR up to a $1,000 lifetime maximum per patient.

Your **monthly** vision plan deductions are as follows:

Health Care Providers	Single	EE + Child(ren)	EE+Spouse or EE+ Spouse and Child	Family
Vision Service Plan (VSP) Basic	$7.84	$14.84	$23.42	$24.94
Vision Service Plan (VSP) Premier	$13.77	$21.43	$41.42	$44.79

The VSP plan offers employees coverage for routine eye exams, lenses and frames, contacts, and discounts for LASIK eye surgery. The Basic vision plan includes new replacement frames every other calendar year. The Premier vision plan includes new replacement frames every year. Both plans offer in-network and out-of-network coverage.
UAB Eye Care, the University Optometric Group (private faculty practice group at UAB) and the UAB Department of Ophthalmology – Ophthalmology Services Foundation all participate in the VSP network.

Retirement Plans

Voluntary Retirement Programs 403(b) and 457(b) Plans
• 403(b) Plan
The 403(b) plan is a voluntary, defined-contribution, pre-tax as well as Roth after-tax plan governed by the Internal Revenue Code 403(b). Eligible employees can choose between both TIAA and VALIC for investments. There are no University matching contributions under this plan.

• 457(b) Plan
UAB also offers a voluntary, defined-contribution, pre-tax as well as Roth after-tax plan governed by Internal Revenue Code 457(b). Similar to the 403(b) plan, the 457(b) plan offers the same expanded investment options and convenient payroll deductions. Eligible employees can choose between both TIAA and VALIC for investments. There are no University matching contributions under this plan.

Flexible Spending Accounts

Pretax reimbursement accounts administered by PayFlex for eligible medical and dependent care expenses. You can set aside pre-tax money via payroll deductions to pay for health care and dependent care expenses not covered by your benefit plan. Money set aside in these accounts will reduce your taxable income, providing you more value for the dollar.

You can set aside up to $2,650 in 2020 for a health care account. For dependent care accounts, you can set aside $5,000 or $2,500 for married taxpayers filing separate returns. Residents must enroll within 31 days from date of hire, qualifying life event, or during the annual open enrollment period.

Life Insurance, Accidental Insurance, Disability

Group Term Life Insurance – Sponsored *Provided at no cost to the resident.*
Coverage varies with salary as indicated below.

Annual Salary	Coverage
Up to $23,999	$30,000
$24,000 to $29,999	$37,500
$30,000 to $39,999	$50,000
$40,000 and above, 125% of salary with a maximum insurance coverage of $300,000.	

Group Universal Life Insurance – Voluntary *Rates vary based on age*
Maximum Resident Coverage – Up to five times your Basic Annual Earnings or in $50,000 increments to a maximum of the lesser of five times Basic Annual Earnings or $1.4 million.

Guaranteed Issue for Resident – The lesser of three times your Basic Annual Earnings or $500,000; must be elected during the first 60 days of employment without evidence of insurability.

Spouse Life Coverage and Guaranteed Issue – Employee coverage required. Amount elected by you in multiples of $10,000 up to $150,000 not to exceed 100% of employee coverage. Guaranteed Issue amount is $30,000.

Guaranteed Issue for Unmarried Children – Employee coverage required. $10,000 for children from live birth until age 26.

Accidental Death and Dismemberment Insurance – Sponsored *Provided at no cost to the resident.*
$22,500 for accidental death. Dismemberment coverage varies.

Accidental Death and Dismemberment Insurance – Voluntary *Rates vary based on coverage level.*
Maximum Coverage -- up to $500,000

Long Term Disability Insurance (Salary Continuation) *Provided at no cost to the resident.*
After a 90-day waiting period, 66 2/3% monthly salary (not to exceed $10,000 per month) for the first 90 days of disability. After 90 days, 60% monthly salary (not to exceed $10,000 per month). This benefit is provided at no cost to the resident.

Premium Assistance

UAB provides premium assistance to eligible active employees by giving a medical premium discount based on family size and total combined household income. To apply for this discount, active employees must submit the Premium Assistance Application and furnish acceptable proof of total annual household income base on their most recently filed Federal Income Tax Return. Application deadline is 60 days from Jan. 1 each plan year; or 60 days from the effective date of enrollment in a medical plan for newly eligible employees.

The amount of the discount provides is equal to the lowest cost single plan employee medical premium offered. For 2020, the amount is $76 per month (up to $912 per year) subject to applicable taxes. Employee's regular medical premium will remain tax-sheltered.

2020 UAB MEDICAL PREMIUM ASSISTANCE (2 times federal poverty level)								
Total Family Size as Reported on Federal Tax Return	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Annual House hold Income as Reported on Federal Tax Return	**$24,980**	**$33,820**	**$42,660**	**$51,500**	**$60,340**	**$69,180**	**$78,020**	**$86,860**

Voluntary Supplemental Plans

Accident Insurance

Accident protection is offered to employees and family members through both a Low and High plan option through AFLAC. AFLAC provides supplemental financial support to cover out-of-pocket expenses for items incurred as the result of a non-work related accident. Examples include ambulance, concussion, traumatic brain injury, coma, burns, emergency dental work and fractures. Employees who wish to enroll may do so within 31 days of their hire date or a separate qualifying event. Qualifying events include but are not limited to change in marital status; addition of a dependent due to birth, adoption, or placement for adoption; and/or change of benefit eligibility status.

2020 Monthly Accident Insurance Deductions

	Aflac Group Accident – Low 2020	Aflac Group Accident – High 2020
Employee	$5.08	$10.13
Employee + Child(ren)	$10.65	$21.24
Family	$14.19	$28.31

Pet Discount

The Pet Discount includes a veterinary discount plan and a prescription savings plan to participants for single or multiple pets.

PET ASSURE VETERINARY DISCOUNT PLAN

Pet Assure is a discount plan that can provide 25% savings on in-house medical services when using network veterinarians. Eligible services range from well visits and immunizations to dental cleaning or emergency or surgical care. Because Pet Assure is not insurance, there are no forms to fill out, no waiting for reimbursements and no denials of coverage – even pets with pre-existing conditions are accepted — and no age limits apply.

PETPLUS PRESCRIPTION SAVINGS PLAN

Receive wholesale pricing on brand-name scripts, flea/tick products, vitamins/supplements, heartworm preventatives and prescription food. Online orders fulfilled by PetCareRx. Same day pickup available for most prescriptions at over 50,000 Caremark pharmacies

2020 Monthly Pet Discount Program Deductions

	Monthly Rate
Single Pet	$11.75
Unlimited Pets	$18.50

Identity Theft Protection

PrivacyArmor by InfoArmor is offered to employees and family members with a Social Security number. InfoArmor provides identity-theft and credit-monitoring services featuring a 24/7 U.S. based customer care center, dark web, financial activity monitoring, social media monitoring, lost wallet, credit alerts and credit lock. Mobile app available.

2020 Monthly ID Theft Protection Deductions

	Monthly Rate
Employee Only	$9.95
Employee + Family	$17.95

Other Employee Benefits

Paid Time Off

All leave taken is at the discretion of the resident's program director, who must take into consideration any restrictions on leave established by the certifying board and/or Residency Review Committee for the specialty and the training requirements of the program.

Each program must provide its residents with written, program-specific policies on leave, which must address the effect of leaves of absence, for any reason, on satisfying the criteria for completion of the residency program. A resident may be required by the program director to complete additional training equivalent to any leave taken in excess of that allowed by the training requirements of the program.

Residents must obtain prior approval from the program director, or his/her designee, for all leave, with the exception of emergencies or sudden illness.

The following is a summary of vacation and sick leave policies established by the Hospital, which generally apply to all residents, except as modified by the policies established by the individual programs. To view the complete and current resident leave policy (to include Family and Medical Leave), please review online, page 21, http://www.uab.edu/medicine/home/images/residents/gme_policies_procedures.pdf

Vacation:

The working year is defined in terms of 52 weeks, of which a maximum of three (3) work weeks for vacation purposes will be paid by the Hospital. Vacation unused at the end of a year may not be carried forward to the next year. Vacation unused at the time of termination is not reimbursable but may be taken as terminal leave, at the program director's discretion, through June 30.

Sick Leave:

Salary deductions generally are not made for time lost due to illness or injury if such time does not exceed three (3) work weeks.

NOTE: Although every effort has been made to give you accurate information, there could be errors in the content. This summary of benefits is for general guidance only and is not a contract. All benefits are subject to the terms, conditions, and limitations of the contracts governing them. Costs identified above are effective January 01, 2020. Benefit eligibility may differ for employees working other than in a resident position.

About Birmingham

Founded in 1871, the City of Birmingham blossomed into an industrial center and was known for its iron and steel production. Birmingham's early growth was so rapid and dramatic that it was nicknamed "The Magic City."

Because of its rapid growth in the late 19th and early 20th centuries, Birmingham has an international flavor and ethnic diversity that are unusual in the South. This diversity has been enhanced in the last two decades by the phenomenal growth of UAB, which is now the area's largest employer. The population of the metropolitan area is now almost a million people, making Birmingham large enough to be cosmopolitan, yet small enough to navigate easily.

Historically known for steel and iron production, Birmingham's economy now includes both manufacturing and service industries, especially health care.

With a generally mild Southern climate, Birmingham enjoys all four seasons. The weather allows residents and visitors to experience the city's wide variety of attractions such as year-round golf on top-notch courses including the Robert Trent Jones Golf Trail, terrific restaurants and shopping, jazz clubs, Railroad Park, Regions Field, Ruffner Mountain, Birmingham Botanical Gardens, Oak Mountain State Park, the Birmingham Civil Rights Institute, the Birmingham Zoo, and McWane Science Center.

Birmingham combines big city sophistication with Southern charm and hospitality. A temperate climate adds to the city's appeal.

Home to nearly a million residents, the greater Birmingham area lies in the gently rolling foothills of the Appalachians. The Gulf's pristine white beaches are a few hours' drive to the south, and the Smoky Mountains are a few hours to the north. Atlanta is but a two-hour drive and Nashville is only three hours from Birmingham.

Birmingham Websites

http://birminghamal.org/
The Greater Birmingham Tourism & Conventions website has links to area attractions, events and much more. There is also an app called INBirmingham.

http://www.birmingham365.org/
Everything there is to do in Birmingham including festivals, theatre, music, classes, and sporting events.

http://www.thingstodoinbirminghamal.com/
This website has everything to do in Birmingham on any given day of the year.

http://www.alabamatheatre.com/
Many performances and movies are shown at the Historic Alabama Theatre throughout the year including concerts, the *Rocky Horror Picture Show* Movie and Costume Party, and several holiday movies shown such as *It's a Wonderful Life* and *Miracle on 34th Street.*

http://www.uab.edu/uabmagazine/
UAB magazine will keep you up to date with everything going on at UAB. There is also an app for your IPAD called UAB magazine

http://www.uab.edu/medicine/magazine/
UAB's School of Medicine publishes a magazine devoted to UAB research in the medical community.

www.bcri.org

The Birmingham Civil Rights Institute has a permanent gallery, as well as special and traveling exhibitions to share Birmingham's prominent role in the Civil Rights Movement.

http://www.mcwane.org/

The McWane Science Center is Birmingham's local science museum with an IMAX theater. It offers several hands on activities and camps for children.

http://www.alabamaballet.org/

The Alabama Ballet Company has several performances throughout the year including *The Sleeping Beauty* and George Balanchine's *The Nutcracker.*

http://www.barbermuseum.org/

Barber Vintage Motorsport Museum is home to one of the best motorcycle collections with over 1200 motorcycles and racecars on display

http://www.pepperplacemarket.com/

Pepper Place hosts a market on Saturdays where local farmers, artisans, and bakers sell their products.

http://alysstephens.org/

The Alys Stephen Performing Art Center has several performances throughout the year.

http://www.workplay.com/

Workplay is a bar and venue for several bands.

http://ironcitybham.com/
Iron City is a restaurant, bar, and venue for concerts, movies, parties, and more in the heart of Birmingham.

www.barons.com
The Birmingham Barons, our minor league baseball team, is an AA affiliate of the Chicago White Sox. The Barons play in the brand-new Regions Field, which has broken records for attendance to minor league games!

http://railroadpark.org/
Railroad Park is located on 1st Avenue South between 14th and 18th streets. The park offers several recreation activities, including free exercise classes throughout the week.

www.bjcc.org
The Birmingham Jefferson Convention Complex holds several events and concerts including Jay-Z, Disney on Ice, Birmingham Home and Garden Show, and America's Got Talent Live tour.

http://www.redmountaintheatre.org
Red Mountain Theatre is a small theatre whose shows have included *Les Misérables, Grease*, *Aladdin*, and *Young Frankenstein*.

http://ashof.org
The Alabama Sports Hall of Fame and Museum holds over 5,000 sports artifacts.

www.visitvulcan.com
Vulcan Park and Museum is home to Vulcan, the world's largest cast iron statute. The museum also holds many artifacts about Birmingham's history as a leader in the iron and steel industries.

www.rickwood.com
Rickwood Field is America's oldest ballpark. Portions of the film '42', were filmed in the park.

Birmingham Museum of Art

www.artsbma.org
The Birmingham Museum of Art is home to over 24,000 pieces, in addition to exhibitions. The museum also hosts social events, like Art on the Rocks.

http://www.southernmuseumofflight.org/
The Southern Museum of Flight is one of the largest aviation museums in the Southeast. It is dedicated to presenting civilian, military, and experimental aircraft and memorabilia from the earliest history of powered flight.

http://www.fivepointsbham.com/
Named Birmingham Magazine's "Best Place to People Watch," Five Points is a great neighborhood on the South side of town for dining, shopping, and entertainment.

http://www.uptownbham.com/
Uptown is a developing entertainment district on the North side of Birmingham with restaurants including Todd English Pub and Texas de Brazil.