Chair Onboarding Reference Guide

Section of Surgical Sciences

January 2023
Online Version of the Chair Onboarding Reference Guide is located on the Administrative Toolbox.

https://www.vumc.org/surgical-sciences/administrative-toolbox
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Purpose

The purpose of the Chair Onboarding Manual is to provide reference regarding vital information and policies as you transition into the Departmental Chair role. The responsibilities you have as a new Chair are very diverse and many times complex. This reference guide includes processes and contacts that may be helpful as you assimilate to your new role. There are many people within the Section of Surgical Sciences (“The Section”) that are available as a resource to you. Some of the key topics include:

- Section of Surgical Sciences Organizational Structure
- Organizational Structure for Section Departments
- Faculty Affairs
- Finance
- Clinical Performance
- Quality
- Outreach and Branding
- Research
- Education
Tab I – Section of Surgical Sciences Overview

A. Historic Brief and Structure

In 1925 Vanderbilt Medical School and Hospital opened its west Nashville campus. The goal was to create an optimal environment for sharing medical knowledge and experience with hospital, medical school, and research facilities in one location. Since 1925 the Vanderbilt Department of Surgery has evolved in ways that extend this mission to improve health care by focusing on education, patient care, and research. During 1974-1975 it reorganized to become part of the Section of Surgical Sciences, joining a number of surgical specialties and sub-specialties.

Vanderbilt Section of Surgical Sciences unites various multidisciplinary surgical specialties into one framework committed to the same vision – becoming the preeminent surgical program. Leading the Section is, Chair Seth Karp M.D., Professor of Surgery, Biomedical Ethics & Society, and Anesthesiology, H. William Scott Jr. Chair in Surgery, Chair, Section of Surgical Sciences, Surgeon-in-Chief, Vanderbilt University Medical Center Director, Vanderbilt Transplant Center.

The Section is divided into eight surgical departments, each led by a chair appointed by the dean and executive faculty. They, in turn, serve on the Section Executive Committee alongside the heads of each Division. These departments and divisions report to the Section and are as follows:

Department of Cardiac Surgery

- Division of Pediatric Cardiac Surgery

Department of Neurological Surgery

- Division of Pediatric Neurological Surgery

Department of Oral and Maxillofacial Surgery

- Division of Dentistry
- Division of Oral Surgery

Department of Pediatric Surgery

Department of Plastic Surgery

Department of Surgery

- Division of Acute Care Surgery and Burn Center
- Division of General Surgery
- Division of Hepatobiliary Surgery and Liver Transplantation
- Division of Kidney and Pancreas Transplantation
The Section of Surgical Sciences Demographics Continued:

**Department of Surgical Research**
**Department of Thoracic Surgery**
**Department of Vascular Surgery**

*Leading the way, embracing the future*

Surgeons from The Section run the only regional Level I Trauma Center and Burn Center. Vanderbilt’s top ranked surgeons also provide leadership and innovations in areas such as high volume pancreatic and hepatobiliary surgery, liver, kidney, pancreas, heart and lung transplantation, breast cancers intraoperative radiation therapy, trans-anal endoscopic microsurgery, robotic surgical procedures, collaborations with engineers, perinatal and fetal surgical interventions, pediatric urological repair of complex congenital urological defects, endovascular peripheral and neurovascular interventions, transcutaneous aortic valve replacement, minimally invasive mitral valve repair, pediatric cardiac repair of congenital cardiac anomalies, and many other unique services.

Vanderbilt’s research is an integral part of what we do in our efforts to improve patient care. Our research efforts span from spread of cancers and various clinical trials, to identifying safer systems of surgical care, and improving educational systems for students, residents, and faculty. Vanderbilt remains in the top 10 nationally for NIH funding, with funding for surgical research ranked eighth in the country. Not only are we a top contender in NIH funding, but we continue to build strong partnerships with external foundations, industry, and pharmaceutical sponsors as well. The Section is committed to driving new scientific breakthroughs by assisting sponsors with navigating the complex environment and challenges associated with making new and novel therapies available to patients.

Overall, Vanderbilt’s preeminent surgical programs provide a comprehensive academic and clinical experience for surgeons, teaching faculty and trainees resulting in compassionate, yet innovative patient care.
B. Organizational Charts
Vanderbilt Section of Surgical Sciences

Division of Hepatobiliary Surgery & Liver Transplantation

Sophocis Alexopoulos, MD
Associate Professor
Chief

Faculty

D. Lee Gorden, MD
Professor

J. Kelly Wright, Jr. MD
Professor

Sunil G. Gauravgarhia, MD, MSc
Associate Professor

Lesa Matsuoka, MD
Associate Professor
Program Director

Martin Muntenero, MD
Associate Professor

Muhammad A. Rauf, MD
Assistant Professor

Katherine Kraft, MD
Clinical Fellow Instructor

Charles Manuch, MD
Clinical Fellow Instructor

Administrative Support

Stacy Lyle
Lead Administrative Asst
(0.5 FTE)

Lisa Samuel-Buford
Sr Administrative Asst

Rashan Hinton Hollis
Sr Administrative Asst

Updated 9/14/2022
Division of Kidney & Pancreas Transplantation

Rachel Forbes, MD, MBA
Associate Professor and Chief
Associate Program Director

Faculty
- David Shaffer, MD
  Professor
- Bernard DuBray, Jr., MD
  Assistant Professor
- Kareem Eid, MD
  Assistant Professor
- Laura Hickman, MD
  Assistant Professor

Administrative Support
- TBD
  Lead Administrative Asst

Updated 12/7/2021
C. Section Quick Facts

The Section has 187 physician & PhD faculty members and 156 residents and fellows.

The Section has 158 dedicated support staff and 91 advanced practice practitioners.

The Section performed over 17,236 operations and treated over 135,046 patients in our clinics last year.

VUMC boasts 1,960 licensed beds across 7 VHAN hospitals in Nashville including Wilson, Bedford and Tullahoma counties.

Vanderbilt has 68 adult and 19 pediatric ORs on main campus.

VUMC receives more than $591 M annually in research funding and grants.

The Section’s Light Surgical Research Laboratory has over 6,000 sq. ft. of dedicated research and training facilities, pre-op and post-op areas, core and specialized research instrumentation, and simulators.

Vanderbilt adult and pediatric Trauma Centers are ACS Level I verified.

VUMC adult and pediatric heart transplant programs are ranked No. 1 globally.

VANDERBILT UNIVERSITY MEDICAL CENTER
VUMC.org/surgical-sciences
Vanderbilt has the only **Burn Center, Comprehensive Solid Organ Transplant Center** and **Comprehensive Cancer Center** in the mid-state region.

More than **600 physician scientists** work in over **100 labs** conducting experiments such as drug discoveries, new devices and instruments, vaccines, and new procedures.

Vanderbilt Health Affiliated Network has **6,400+ providers** who see and treat more than **2.6M patients** in over 70 hospitals and clinics across the VHAN Network.

Vanderbilt’s **Lifeflight** does more than **3,000 flights** each year with 8 helicopters and 1 plane. Our **14 ground ambulances** transport over **3,553+ patients** annually.

Vanderbilt’s adult and children’s specialties are annually ranked for patient care and innovation by **U.S. News & World Report**. **10 of 10 pediatric specialties** annually receive a perfect 10.

Vanderbilt University Medical Center employs more than **28,000 full-time staff**.

VUMC adult ER and pediatric ER had **130,000 emergency room visits** last year.
Tab II – Faculty Affairs

There are many aspects of recruiting, maintaining, and retaining the faculty in the Section of Surgical Sciences. The Section Faculty Affairs office team provides support to the departments in matters relating to new faculty appointments, on-boarding, promotions, and other pertinent policies. For questions not addressed in the Section of Surgical Sciences Faculty Affairs link please contact Khristina Prince or Margie Tattersfield.

The Faculty Affairs & Career Development Office in the School of Medicine provides a number of resources. Their office is located in Room 326 of Light Hall. For a full list of resources available, please visit their website at https://www.vumc.org/faculty/office-faculty-affairs.

Margie Tattersfield – Assistant to the Chair
D-4316 Medical Center North
(615) 322-2363
margie.tattersfield@vumc.org

Khristina Prince – Assistant to the Chair
D-4316 Medical Center North
(615) 343-2735
khristina.prince@vumc.org
A. Faculty Recruitment

i. General Guidelines

Before proceeding with an invitation for any faculty recruitment, the strategic need of a new faculty member should be discussed with and approved by the Chair of the Section of Surgical Sciences. This policy will also apply for visiting lecturers and other visiting professors who are not invited for one of our regularly scheduled endowed lectureships.

ii. Recruitment Process

An overview of the process for faculty recruitment within the Section of Surgical Sciences is outlined below.

Overview of the Recruitment Process for the Section of Surgical Sciences

a. Department Chair identifies need to recruit and has Department Administrative Officer (A/O) prepare ProForma, and verifies positions are budgeted with the Section A/O.

b. Department Chair schedules meeting with Section Chair to discuss recruitment needs, ProForma, and possible recruits. The Section Chair shares ProForma with the CBO.

c. If decision to recruit is approved by the Section Chair, the Department A/O will be notified to proceed with recruitment process by initiating advertising per HR policies and schedules candidate interviews.

d. Department Chair identifies candidate and Department A/O customizes ProForma; prepares draft Letter of Offer per School of Medicine (SOM) guidelines and prepares Offer Packet to email to Section A/O and CBO for review. The Offer Packet must contain Candidate’s CV, customized ProForma, completed One Packet request form (if clinical) and Research Plan (if APS requested).

e. The complete Offer Letter packet is reviewed by the Section A/O and CBO and forwarded to the Section Chair for final review/decision.

f. The CBO will communicate Section Chair’s decision with the Department A/O and appropriate Section staff to proceed with the Letter of Offer.

g. Department A/O prepares final Letter of Offer to candidate and circulates for signature by Department and Section Chairs and sends letter to candidate. If clinical faculty, packet for credentialing privileges will be sent with the Letter of Offer.

h. Any counteroffers must be approved by the Section Chair and requires an addendum.

i. The original signed acceptance Letter of Offer is received by the Department A/O. A PDF of the signed Letter of Offer should be scanned upon receipt and emailed to the Section Chair’s Assistant and the Section A/O. The original signed Letter of Offer is retained by the Department A/O as part of the New Faculty Appointment packet sent to the SOM Faculty Affairs Office.

j. Department A/O initiates the Faculty New Hire Onboarding Process.
### School of Medicine Offer Letter Template

Template Language for Use in Letters of Offer for Appointments to the Faculty of the Vanderbilt University School of Medicine:

The table below includes items and language that should be used to construct Letters of Offer to recruits to the faculty of the School of Medicine. The content of the table is meant to serve as an aid and to identify items which are essential for inclusion in the construction of the letters. The table might best be employed as a checklist to be certain that all relevant issues are addressed, and that appropriate wording is used. Please note that, in most instances, the wording is suggestive and may be altered, but the letters should address the substance of the items noted as essential. In particular, significant modifications to the compensation or non-compete language must be discussed with the Office of Faculty Affairs and Office of General Counsel to be sure they are compliant. Also note that some items identified as essential may be applicable only to faculty members who will have the relevant assigned responsibility (e.g., clinical practice, research program, etc.). Please direct any questions to the Office of Faculty Affairs in the School of Medicine.

The link to the Section’s offer letter template is: [Section Offer Letter Template, 9.30.22.docx (live.com)](http://live.com)

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<tr>
<th>Terms of Offer</th>
<th>Suggested language</th>
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| Term of Employment (must be concurrent with term of faculty appointment) | **Essential for all faculty**

We are delighted to offer you a faculty position in the Department of [clinical department name] in the School of Medicine at Vanderbilt University (“VU”) on the [specify the academic track] [For those who will have clinical practice duties, insert] and to affiliate your medical practice with the Vanderbilt Medical Group (“VMG”). This letter sets forth the terms that will govern your employment by Vanderbilt University Medical Center (“VUMC”). You will be recommended for appointment [(to the tenured faculty) or (for an initial term of ___ years)]. The term of your employment will be commensurate with the
<table>
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<tr>
<th><strong>Renewal</strong></th>
<th><strong>Essential for non-tenured faculty who will be appointed to a term of specified duration</strong></th>
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<tr>
<td>Your faculty appointment at VU and employment by VUMC may be renewed at the discretion of the Department Chair and Dean. Unless modified in writing by VU/VUMC, the terms contained within this offer letter will remain binding for the duration of your appointment as a faculty member and employment by VUMC, including any period of reappointment or after the award of tenure. Procedures for renewal are set forth in the Vanderbilt Faculty Manual (<a href="https://www.vanderbilt.edu/faculty-manual/">https://www.vanderbilt.edu/faculty-manual/</a>). ([For those being appointed to the tenure track add] The conditions governing the tenure probationary period, reappointment on the tenure track and promotion to tenure are described in the Faculty Manual). You should review this document carefully.</td>
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<tr>
<th><strong>Termination by Faculty</strong></th>
<th><strong>Essential for all and should supplement reference made above to procedures for renewal as set forth in the Faculty Manual</strong></th>
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<tr>
<td>In the event you elect not to continue your employment for any reason, you must provide written notice not less than [4 months for a non-tenured term appointment; 6 months for a tenured appointment] before the requested date upon which your employment/faculty appointment will conclude.</td>
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<tr>
<th><strong>Specification of Title [consult Faculty Manual and/or Office of Faculty Affairs] and Department</strong></th>
<th><strong>Essential for all faculty</strong></th>
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<tbody>
<tr>
<td>You will be proposed for appointment as an [specify academic title and academic track] to the [specify full-time, full-status partial load at...</td>
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<tr>
<td>Vanderbilt Section of Surgical Sciences</td>
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| % effort, or part-time] faculty. Your appointment will be in the [specify department and division] under the direction of [name department chair and division head/other appropriate immediate supervisor]. |

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<th>Conditioned on Faculty Appointment</th>
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<tr>
<td>Your faculty appointment, including your title and the term of appointment, is subject to approval by the appropriate School of Medicine committees and the Dean of the School of Medicine. Your employment by VUMC as a faculty member in the Department of [specify] [and (where relevant) as a member of the VMG] is contingent upon your maintaining this faculty appointment in good standing at all times.</td>
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<tr>
<th>Subject to Terms of Applicable University/Medical Center Policies, Faculty Manual</th>
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<tr>
<td>Essential for all but should include only the language relevant for assigned efforts; may condense if desired</td>
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<tr>
<td>During the term of your employment, you will be subject to the terms of the Vanderbilt University Faculty Manual and other applicable VU and VUMC policies and procedures. [(For those who will have clinical practice duties, insert) You will also be subject to the By-laws of the VMG and the VUMC Medical Staff By-laws and Rules &amp; Regulations.] As a VU faculty member and VUMC employee, you will also be subject to all applicable VU and VUMC policies, as they may exist from time to time, including without limitation the Conflict of Interest Policy, the Standards of Conduct, the Policy on Technology and Literary and Artistic Works, and the Policy Guidelines for Sponsored</td>
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Research, each of which is contained in the *Faculty Manual* (https://www.vanderbilt.edu/faculty-manual/) and on the VUMC PolicyTech web site (https://vanderbilt.policytech.com/). Your acceptance of this offer will affirm that you have reviewed and agree to be bound by these policies for the duration of your faculty appointment at VU and employment by VUMC, including any periods of renewal of the initial term or after award of tenure.

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<th>Immunization and Screening</th>
<th>Essential for those with clinical practice</th>
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<td>To ensure patient safety, VUMC-employed faculty members must meet immunization and screening requirements set forth in Medical Center Policies. Compliance with the screening program is mandatory. You must undergo screening by the Vanderbilt Occupational Health Clinic prior to receiving your Medical Center ID badge. You may bring your immunization records and any pertinent laboratory test results to your screening or submit the pertinent records to Occupational Health before you arrive on campus (Pre-arrival Immunization Form). After reviewing your records, the Occupational Health Clinic will provide any additional services you may require at no cost to you. The Medical Center currently requires screening and/or immunization for tuberculosis, measles, mumps, rubella, varicella, influenza, and hepatitis B. Medical Center immunization requirements can be found at VUMC immunization.</td>
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| Subject to Background Check | Essential for all faculty |
In addition to review and approval by the appropriate academic bodies, your faculty appointment and employment will be contingent upon your meeting VUMC's requirements for and upon VUMC's decision that the results of a mandatory pre-employment background check are acceptable. This pre-employment background check is required by VUMC for all prospective faculty members. This will be performed at no expense to you, and the results will be reviewed only by those persons specified under VUMC's policy governing pre-employment background testing for prospective faculty. Should you accept this offer of employment, you will be provided specific instructions on how to proceed with this mandatory background check. Failure to submit to this background check may result in rescission of your offer in accordance with applicable VUMC policies.

| Subject to Credentialing, Licensure, etc. | Your medical staff appointment cannot be finalized until all requirements for medical licensure, DEA registration and medical staff credentials and clinical privileges are fulfilled. This will require your timely completion and cooperation in processing the relevant forms and applications. It is expected that you will complete and submit all relevant forms not later than 120 days before beginning your faculty appointment and employment [must be consistent with the stated start date]. As a compensated faculty member who will provide patient care services, you must also be a member of the VMG, which requires you to enter into a member practice agreement. Your employment and your salary and benefits will not commence until these medical staff requirements are met. |

---

**Vanderbilt Section of Surgical Sciences**
and VMG appointments have been made and all relevant licensure for practice has been completed. Your continued employment is subject to your maintaining and keeping current all licensure and DEA requirements and remaining eligible to participate as a Medicare provider. Should your clinical practice privileges be restricted or terminated as a result of a disciplinary process under the VUMC Medical Staff Bylaws or by similar process at any other location where you practice, the Dean/CEO may elect to end your faculty appointment and employment by VUMC.

<table>
<thead>
<tr>
<th>Non-Solicitation and Non-Competition Agreement</th>
<th>Essential for those with clinical role who will be billing clinicians/VMG members</th>
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<tr>
<td></td>
<td>You will be required before, and as a condition of, your employment to execute a Non-Solicitation and Non-Competition Agreement which is an attachment to this offer letter.</td>
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<tr>
<th>Subject to Proof of Eligibility for Employment</th>
<th>Essential for all faculty</th>
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<td></td>
<td>Prior to commencement of your employment, you will be required to provide proof of U.S. citizenship, permanent resident status, or documentation of a valid visa that permits your employment at VUMC. Maintenance of appropriate work authorization is required as a condition of your continued employment at VUMC.</td>
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<tr>
<th>Job Description – Clinical</th>
<th>Essential if clinical role, but may be condensed and modified for relevance to proposed role</th>
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<td>You are expected to perform clinical work as a component of your employment responsibilities. Your clinical responsibilities</td>
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will include attending on the [specify inpatient service] for [specify expected yearly/monthly effort]. In addition, you will be responsible for outpatient service at the [specify practice area] for [expected effort]. You will also be expected to take call coverage on a schedule to be determined by the Department. Your mix of assigned professional duties is subject to modification over time at the discretion of the Department Chair/Clinical Service Chief.

Note: In lieu of detailed specification of expected allocation of work effort, can state that commitment and allocation of work effort shall be at the discretion of the Department Chair +/- Division Head and shall be subject to review and modification on a periodic basis.

<table>
<thead>
<tr>
<th>Job Description – Education and Teaching</th>
<th>Essential for all, but may be condensed</th>
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<td></td>
<td>As a member of the Department of [specify], you will be expected to participate in the educational programs of the Department, which may include teaching service, training, preceptorship, mentoring, etc.</td>
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| Continuing Medical Education | All members of the Departmental faculty who provide patient care services must also accumulate at least [specify] hours of continuing medical education credit each year for reappointment, which may increase at the discretion of the Department Chair. You must keep a record of CME hours as this record will be required for reappointment to the medical... |
staff, maintenance of state licensure, and as a condition of your continuing employment.

Note: There is a minimum 40 hour CME requirement over every two-year reappointment cycle for Tennessee medical licensure and VUMC Medical Staff appointment. Departments may specify additional CME requirements.

<table>
<thead>
<tr>
<th>Job Description – Research</th>
<th>Essential if significant independent research effort, but may be condensed</th>
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<tr>
<td>You will be responsible for developing and carrying out an acceptable program of research in the area of [specify field/area]. To assist in launching your research program, the Department will provide the following resources during the first [specify time frame] of your appointment: [specify resources Department will commit to provide for such period]. During this period of time, you will be expected to obtain and maintain grant or other sponsored research support sufficient to cover the direct and indirect costs of your research program during the [specify time frame in which faculty member is expected to cover research costs through grant/sponsored support]. Your re-appointment mix of professional activities, and/or compensation level will be subject to your ability to meet the Department’s requirements to obtain and maintain grant/sponsored research support to cover your research program costs.</td>
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<tr>
<th>Job Description – Ancillary Appointment</th>
<th>Essential when candidate will serve in appointed leadership/administrative role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject to approval of your faculty appointment as described above, you will be appointed to serve as [specify administrative</td>
<td></td>
</tr>
</tbody>
</table>
You will serve in this role at the discretion of the [specify Department Chair/Clinical Service Chief, the Dean/CEO, and/or hospital President], who may remove you from this position at any time with or without cause. Any compensation provided to you specifically for service in this administrative role may be withdrawn if you cease to serve in this appointed capacity.

<table>
<thead>
<tr>
<th>Compensation – Primary Faculty Role</th>
<th>Essential for all; may use different language, but compensation must be addressed with specific, clear language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Incentive structure must not take into account volume or value of referrals, and no payments are allowed for the purpose of reducing or limiting services (consult legal office for specific advice on these regulatory matters); total compensation must reflect fair market value for services rendered.</td>
<td>In consideration of the satisfactory performance of your professional and other responsibilities and satisfactory discharge of your administrative duties, your annual base salary during the initial term of your faculty appointment will be [specify guaranteed minimum]. In addition, you may be eligible for supplemental income based upon your performance, in accordance with a methodology determined by the Department Chair. Among other criteria, this methodology will be determined in accordance with all applicable regulatory requirements. In no event shall compensation include any payment of Accounts Receivable upon or following your departure from the VMG or from VUMC. Your compensation will be paid in accordance with standard Vanderbilt University Medical Center payroll procedures, and will be subject to all applicable withholdings.</td>
</tr>
</tbody>
</table>

Note: Must specify clearly any expectation for clinical revenue or grants/outside support to cover direct/indirect costs including salary, specified practice expenses, research/lab
expenses, etc. Also, if a bonus is referenced, state explicitly that bonus does not increase base salary. Note that any bonus paid must be reasonable relative to the total compensation and the market and must be included as part of the total compensation for purposes of determining fair market value.

<table>
<thead>
<tr>
<th>Compensation – Ancillary Appointment</th>
<th>Must include if there is an ancillary administrative appointment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You will be paid [specify] per year as compensation for your services as [administrative position/medical director]. Your compensation for this position may be reduced or eliminated if the [specify Department Chair/Clinical Service Chief, the Dean/CEO, and/or hospital President] determine that your services are reduced or no longer needed for this position.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compensation – Benefits</th>
<th>Essential, but may condense language, with reference to Faculty Manual and VU Benefits Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Include only for persons who will hold a full-time or full-status, partial-load appointment.</td>
<td>As an employed [specify full-time or full-status, partial-load] faculty member, you are eligible to participate in the VUMC benefits package. These benefits are linked to your employment and currently include health insurance, life insurance, accidental death and dismemberment insurance, and retirement benefits. VU provides certain benefits to full-status faculty members (e.g., a tuition benefit for college-bound dependents of full-status faculty) and these are described in the Faculty Manual. VU and VUMC retain the right to modify or rescind any portion of the benefits package in effect at any time. You will be eligible for benefits according to the terms of</td>
</tr>
</tbody>
</table>
applicable plans as they may exist from time to time. If you have any benefits questions you wish to discuss while you are considering this offer, you may contact the VUMC Benefits Office for further information.

<table>
<thead>
<tr>
<th>Relocation Expenses</th>
<th>Essential (either state what expenses Department will pay for or state explicitly that Department will not be responsible for relocation expenses of any kind.) These expenses must also be factored in as part of total compensation when determining fair market value.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The Department will pay your reasonable, documented moving expenses up to a maximum of [specify dollar amount, customarily up to one month’s base salary]. You are expected to obtain estimates from movers, and accept the lowest reasonable bid. Copies of estimates and reasonably detailed invoices must be submitted to the Department in order to obtain reimbursement. [Alternatively, the Department may specify the mover to be used, and make any relevant statement about direct billing.] Relocation expenses must be reported as taxable income to you in accordance with applicable law.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liability Insurance</th>
<th>Essential for those with clinical role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Your professional liability coverage will be provided through the VUMC Office of Risk and Insurance Management during the term of your VUMC employment. If you have been engaged in medical practice for compensation outside of and/or subsequent to completing your formal training, you will be expected to provide, at no cost to VUMC, evidence of tail coverage acceptable to VUMC with regard to</td>
</tr>
</tbody>
</table>
any medical practice activities over the past three years.

<table>
<thead>
<tr>
<th><strong>Cost Recovery (in event of early resignation or termination)</strong></th>
<th><strong>May be considered for all faculty</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>In the event that you resign your faculty appointment or are terminated by VUMC before (specify period), you will be expected to repay VUMC for certain costs associated with your recruitment and the establishment of your clinical practice and/or research program. [Must specify in detail with clear delineation of any prorated schedule. Examples could include sign-on bonus, funds provided for purchase of home, relocation expenses, demonstrable expenses for practice and/or laboratory start up, etc.]</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Acceptance</strong></th>
<th><strong>Essential for all</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The offer described in this letter is subject to and made in reliance on the accuracy and completeness of information you have provided regarding your prior education, training, and employment history [and (insert for those who will have clinical activity) medical staff history]. If you agree with the terms of this offer, please sign below and return the signed offer by [specify date]. This offer is withdrawn and is no longer valid after that date. If you modify the terms of the offer, this will be considered a counteroffer that the Department may accept or decline in writing at its sole discretion. If you have any questions about the terms of this offer, please contact me as soon as possible.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Acceptance Line for Signature</strong></th>
<th><strong>Essential for all</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I accept this offer as outlined above and agree that it represents the entire agreement of the</td>
<td></td>
</tr>
</tbody>
</table>
parties with respect to my employment and supersedes all prior agreements, whether written or oral:

[Signature]  [Date]

[Include “enc: Non-Solicitation and Non-Competition Agreement” for VMG members]
a. Non-Solicitation and Non-Competition Agreement

Non-Solicitation and Non-Competition Agreement

This Non-Solicitation and Non-Competition Agreement ("Agreement") is made and entered into this ___ day of ____, 20___ by and between ("Physician") and Vanderbilt University Medical Center and/or its affiliates (collectively referred to as "VUMC") (collectively the "Parties"). In exchange for the agreement by VUMC to employ or continue to employ Physician, VUMC and Physician agree as follows:

1. Acknowledgement/Consideration and Protectable Interest

Physician acknowledges that VUMC, through VUMC’s employment of the Physician, will provide or has provided the Physician with special and unique training and experience, trade secrets, valuable and confidential information, business and professional contacts, and the ability to treat and otherwise have access to VUMC’s patients. In consideration of the foregoing and of the benefits generally provided to the Physician by VUMC pursuant to the terms of this Agreement and otherwise, the Physician covenants and agrees to abide and be bound by the restrictions and prohibitions of this Agreement which restrictions are intended by the Parties to extend to any and all activities of the Physician, whether as an employee, independent contractor, partner or joint venturer, or as an officer, director, equity holder, manager, agent, consultant or physician for any person, firm, partnership, corporation or other entity, or otherwise. The Physician acknowledges, agrees and covenants that the restrictions set forth herein are reasonable and necessary to protect VUMC’s legitimate business interests, which include, but are not limited to, VUMC’s training, confidential information and trade secrets, business and professional contacts, relationships within the medical community including referral sources, and marketing efforts within the communities served by VUMC.

2. Non-Solicitation

Physician hereby agrees that Physician will not, directly or indirectly, during his/her employment with VUMC and for a period of two (2) years thereafter: (a) induce or attempt to influence any employee or independent contractor of VUMC to terminate his/her relationship with VUMC or to enter into an employment or other contractual relationship with Physician or an entity affiliated with Physician; (b) enter into an employment or other contractual relationship on behalf of Physician or an entity with which Physician is affiliated with any employee or independent contractor of VUMC; or (c) initiate contact with or solicit, verbally or in writing, the business or care of any patient of VUMC, or of any physician (including Physician) who is an employee of VUMC; provided, however, any such patient shall retain the right to choose Physician as his or her physician after the Physician’s employment with VUMC terminates.

3. Non-Interference

During the Term of this Agreement and for a period of two (2) years thereafter, without VUMC’s express written permission, neither Physician nor any corporation, partnership, or other business entity or person owned or controlled, directly or indirectly, by Physician, shall engage or participate in any effort or act to: (a) induce or solicit any of the third party payers, health care services providers, suppliers, associates, or independent contractors of VUMC to cease to do
business or diminish the amount of business done with VUMC; or (b) influence any hospital or
health care facility or physician, medical professional, or other individual with a referring
relationship to VUMC to terminate, diminish or alter in a negative fashion any such relationship
with VUMC. Physician further agrees that he/she will not assist any other person, corporation,
partnership, or other business entity in such activity.

4. Non-Competition

(a) Practice of Medicine. During the Term of this Agreement and for a period of two
(2) years thereafter (the “Restricted Period”), Physician shall not, without VUMC’s express
written permission, directly or indirectly, within the Restricted Territory, for his/her own account
or the account of any other person or entity, whether as an employee, independent contractor,
shareholder, member, partner, agent, director, manager, or through any corporation, partnership,
joint venture, limited liability company or other entity, engage in the professional practice of
medicine in any office or facility other than on behalf of VUMC, or engage in any other business
or activity, whether or not for pecuniary gain, that provides medical, diagnostic or therapeutic
services, or that otherwise competes with VUMC. The term “Restricted Territory” means the
area in which the majority of the patients whom Physician treated during the last year of his/her
employment with VUMC are located, whether that area is: (a) the area comprised of the county
in which Physician’s primary practice site is located during the last year of his/her employment
with VUMC; or (b) the area comprised of a ten (10) mile radius surrounding Physician’s
primary practice site during the last year of his/her employment with VUMC. Physician may
contact his/her Department Chair and the Chief Medical Officer of the Vanderbilt Medical
Group (“VMG”) at any time regarding what would be the anticipated Restricted Territory should
Physician’s employment with VUMC terminate. Without waiving the foregoing, this Section
shall not prohibit Physician from being a passive owner of less than five percent (5%) of the
outstanding stock of any class of a corporation which is publicly traded.

(b) Business Administration. Physician acknowledges by his/her initials below this
paragraph, that Physician also has business development and administrative responsibilities for
VUMC, which has resulted or will result in Physician obtaining additional confidential
information regarding the business, administration, and marketing of VUMC, and placing
Physician in a position to develop goodwill on behalf of VUMC with referral sources and others
within the area medical community. As a result, in addition to the limitations on Physician’s
practice of medicine set forth above, Physician also agrees that during the Restricted Period,
Physician shall not, within the Business Restricted Territory, for his/her own account or the
account of any other person or entity, whether as an employee, independent contractor,
shareholder, member, partner, agent, director, manager, or through any corporation, partnership,
joint venture, limited liability company or other entity, engage in any other business or activity,
whether or not for pecuniary gain, that provides medical, diagnostic or therapeutic services, or
that otherwise competes with VUMC. The term “Business Restricted Territory” means the area
that is within a 25 mile radius of (a) any facility owned by VUMC during the last twelve months
of Physician’s employment with VUMC; or (b) any facility which Physician knows is being
built, purchased (or being considered for such) by VUMC.

PHYSICIAN INITIALS:__________
5. Injunctive Relief/Attorney’s Fees

Physician further acknowledges that VUMC would suffer irreparable harm if Physician breaches this Agreement and thus agrees that in the event of such a breach, VUMC will be entitled to a temporary restraining order, temporary or permanent injunctions, specific performance, or other equitable relief, without any showing of irreparable harm or damage or the posting of any bond or other security, in addition to any other rights or remedies which may be available to VUMC. In addition, Physician agrees that Physician will be liable for all reasonable attorneys’ fees and costs incurred by VUMC in a successful action to enforce this Agreement, including any fees incurred prior to the filing of a lawsuit.

6. Reformation of Agreement Permitted

Physician acknowledges and agrees that the foregoing non-solicitation and non-competition covenants and other restrictions are reasonable in scope and duration and have been negotiated at arm’s length with the advice of legal counsel. Notwithstanding the foregoing, if the period of time or the scope of any restrictions contained in this Agreement should be adjudged unlawful in any court proceeding, then the period of time shall be reduced by such number of months or the scope shall be reduced by the elimination of such portion thereof as is deemed unreasonable so that the foregoing provisions may be enforced during such period of time and such scope as is adjudged to be lawful.

7. Governing Law

Physician acknowledges that the rights of Physician and VUMC under this Agreement will be governed by Tennessee law.

8. Choice of Forum

VUMC and Physician shall submit to the jurisdiction of, and waive any venue objections against, the United States District Court for the Middle District of Tennessee or the Chancery Court for Davidson County, Tennessee in any litigation arising out of this Agreement. Physician hereby expressly waives his/her right to a jury trial in any court proceeding arising out of or relating to this Agreement.

9. Disclosure of Agreement and Breach

Should Physician’s employment with VUMC terminate, and should Physician thereafter seek new employment, Physician agrees to disclose the existence of this Agreement to any prospective employer engaged in the same business as VUMC. Physician further agrees that if Physician obtains new employment, VUMC may notify Physician’s new employer(s) of Physician’s obligations under this Agreement. Physician further agrees to notify VUMC if he/she engages in any conduct that would constitute a potential breach of the terms of this Agreement.

10. Survival

This Agreement shall survive the termination of Physician’s employment.
11. Consideration

Physician acknowledges that Physician signed this Agreement in exchange for employment, or continued employment, with VUMC, and that VUMC would not have agreed to employ, or continue to employ, Physician but for Physician’s execution of this Agreement.

I HAVE READ THIS AGREEMENT CAREFULLY AND I UNDERSTAND AND ACCEPT THE OBLIGATIONS TO WHICH I AM AGREEING BY VOLUNTARILY ENTERING INTO THIS AGREEMENT.

This Agreement is entered into on ________________ , 20__

PHYSICIAN

______________________________

VUMC

By: __________________________

Name: _________________________

Title: _________________________
iv. Reimbursement Policies

Faculty Recruitment and Visiting Guest Entertainment Reimbursement Policy

These details the Section of Surgical Sciences (SSS) policies for entertainment of faculty recruits and visiting guests, such as visiting lecturers, and the procedures for reimbursement of expenses. The policy applies to all official Department and Division recruitment activities and entertainment of visiting professors who are not giving named endowed lectures, regardless of funding source. The policy can also be found on the Section’s website using the link provided below.

https://www.vumc.org/surgical-sciences/administrative-toolbox

Cap on meals and entertainment (excluding tips):

- Breakfast is limited to $25 per attendee
- Lunch is limited to $25 per attendee
- Dinner is limited to $75 per attendee
- Alcohol expenses are limited to $20 per attendee and is in addition to the meal caps listed above
- Tips are reimbursable up to 20%

- Expenses over the cap are not reimbursable and will be considered personal expense.
- The number of attendees for faculty recruitment dinners is limited to eight, or if attendance of more than eight is deemed necessary, the reimbursement cap is $760.
- A list of persons attending and their relationship to the business purpose must be submitted.
- All expenses require an original itemized receipt, regardless of the amount.
- Recruitment expenses should be coded to account 62420 for Faculty Recruitment. Any alcohol charges should be coded as entertainment using account 62110.
- Reimbursement requests are submitted through the Concur system, with appropriate Departmental/Division review and approval before final submission to the Section office.
v. Onboarding Checklist

In preparation for a new faculty member’s arrival, the department’s administrative team will be in regular communication with him or her to ensure all credentialing, faculty appointment, and other office logistics are prepared ahead of arrival. The department’s Administrative Officer initiates oversees this process.

New Faculty Checklist

New Faculty Name: _______________________________ Start Date: ______________________

Department/Division: ____________________________ Title and Job Code: ______________________

Salary: ___________________ Signing Bonus: _____________ Relocation Reimbursement: __________

<table>
<thead>
<tr>
<th>Time-line</th>
<th>Responsible Person</th>
<th>Task</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>120+ Days</td>
<td>Admin</td>
<td>As soon as offer letter has been signed and returned, click on link to request credentialing application. The application for privileges will be sent out via a system called &quot;Cactus&quot;. Please note the credentialing packet is only good for 90 days after Attestation Page is signed and dated.</td>
<td>Credentialing Application Request Form link: <a href="https://sharepoint.app.vumc.org/sites/Finance/pss/PORTAL/Shared%20Documents/Forms/AllItems.aspx">https://sharepoint.app.vumc.org/sites/Finance/pss/PORTAL/Shared%20Documents/Forms/AllItems.aspx</a></td>
</tr>
<tr>
<td>120+ Days</td>
<td>Admin</td>
<td>It is imperative that the new faculty start the application for a Tennessee Medical License asap. This process can take up to 4 months and may delay credentialing. Ask they submit an authorization for you to check on the status of their license. They may submit the authorization to: <a href="mailto:medical.health@tn.gov">medical.health@tn.gov</a></td>
<td><a href="https://www.tn.gov/health/health-program-areas/health-professional-boards/me-board/me-board/applications.html">https://www.tn.gov/health/health-program-areas/health-professional-boards/me-board/me-board/applications.html</a></td>
</tr>
<tr>
<td>120+ Days</td>
<td>Admin</td>
<td>As soon as the offer letter has been signed, please reach out to Shawn Murphy, VP of Adult Periop know. She will need to know the attended start date of the surgeon. Shawn or someone on her team will reach out to the incoming surgeon within 2 weeks of us notifying them to get a list of items needed for their surgical practice.</td>
<td><a href="mailto:shawn.murphy@vumc.org">shawn.murphy@vumc.org</a></td>
</tr>
<tr>
<td>120+ Days</td>
<td>Admin</td>
<td>As soon as offer letter has been accepted, signed and scanned to Section AO, notify VMG of new faculty member with start date.</td>
<td>Email: Sandra Landis, Alicia Johnstone, Marian Burlison, Lynn Edwards <a href="mailto:sandra.landis@vumc.org">sandra.landis@vumc.org</a> <a href="mailto:alicia.r.johnstone@vumc.org">alicia.r.johnstone@vumc.org</a> <a href="mailto:marian.burlison@vumc.org">marian.burlison@vumc.org</a> <a href="mailto:lynn.edwards@vumc.org">lynn.edwards@vumc.org</a></td>
</tr>
<tr>
<td>120+ Days VMG Payer Enrollment</td>
<td>VMG Payer Enrollment</td>
<td>The Credentialing Office notifies Payer Enrollment of new faculty and email address. The payer enrollment verification process can take a minimum of 3-4 months. It is important that you reply to all emails from Payer Enrollment.</td>
<td>Payer Enrollment Specialist, Jenny Phan-Diptee will email new faculty for Payer Packet and Permission to Grant Pecos Access</td>
</tr>
</tbody>
</table>
| 120+ Days | Admin | Get the Professional Liability Application (PLA) from Credentialing Coordinator that was sent via Cactus. Ensure application is filled out correctly, signed and dated with cost center number; have Chair sign and date. Send completed PLA along with signed offer letter to Risk Management (Cindy Matheny) to get a Future Start Letter (FSL).  
- Pull Risk Mgmt appl and send to Risk Mgmt  
<p>| As instructed in Offer Letter | Admin | Email VUMC Finance Payroll Admin requesting approval of signing bonus and relocation allowance (if applicable) and include copy of offer letter | Email: <a href="mailto:VUMCfinance.payrolladmin@vumc.org">VUMCfinance.payrolladmin@vumc.org</a> Add link below for form/tdp Signon bonus/moving Allowance Approval Form |</p>
<table>
<thead>
<tr>
<th>Days</th>
<th>Role</th>
<th>Task</th>
<th>Additional Information</th>
</tr>
</thead>
</table>
| 120 Days | Admin              | Email new faculty pre-employment background check information (included with onboarding email). | Onboarding email includes link (below) to pre-employment background check. Once background check result comes in, an email from PEBC.VUMC@vumc.org; will be sent to AO/Mgr.  
| 120 Days | Admin or AA        | If applicable, Request VA credentialing packet and provide following information:  
• Full Name  
• SSN  
• DOB  
• email address  
• Current phone #  
• Start date (if known)  
• TN Med License  
• BLS (AHA) – training available in Learning Exchange  
• VA Status (ex. WOC, 2/8) |  
•Michelle Cothron-Clay – Program Support Assist  
[michelle.cothron-clay@va.gov](mailto:michelle.cothron-clay@va.gov)  
•LaToya Hill – Program Specialist (credentialing)  
latoya.hill3@va.gov, phone 615-873-7194  
•Laura Campbell, AO, Dept of Surgery, Surgical Services, TVHS, (615) 873-7610  
•Judy Carter, Program Support Assistant, Surgical Services; phone: (615)873-7582, fax: (615)873-7901; judy.carter@va.gov |
| 120 Days | Admin              | If applicable, obtain other off-site privilege applications |  
Williamson Medical Center; Cool Springs Surgery Center; Meharry Medical Center; Maury County or Tennessee Donor Services if Heart, Lung, Liver, or Kidney transplant |
| 90+ Days | Admin              | Contact clinic manager to ensure coordination of clinics and OR days. | Contact department’s Clinic Manager to verify coordination of clinic and OR schedule. |
| 90+ Days | Admin              | Research Contact if the new faculty will be doing research. Christy to verify if the new faculty has an Orcid.  
**Clinical Research:**  
Christy Nichols & Dr. Jay Wellons  
**Basic Research:**  
Christy Nichols & Dr. Jim Goldenring |  
christy.nichols@vumc.org  
jay.wellons@vumc.org  
jim.goldenring@vumc.org  
Orcid ID - s.meyn@vumc.org |
| 90+ Days | Asst to Chair/AO   | Select appropriate Faculty Appointment Packet from Faculty Affairs web site | Faculty Affairs: Policies & Procedures | Faculty Affairs & Career Development  
[vumc.org](http://vumc.org)  
Submit completed appt packet to the Margie Tattersfield (3-2735) or Khristina Prince (3-2735), Room D-4316 MCN |
<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Role</th>
<th>Activity Description</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>90+ Days</td>
<td>Admin</td>
<td>Once applicant has a Faculty Appointment, they can complete training modules for Sedation/Laser, etc via faculty database - Office of Faculty Affairs or the Learning Exchange.</td>
<td>Faculty Affairs Sedation/Laser training or Learning Exchange Sedation/Laser training</td>
</tr>
<tr>
<td>90+ Days</td>
<td>Admin</td>
<td>New Hire PAF</td>
<td>Submit a new hire PAF and include signed offer letter. Once HR has processed the PAF the new faculty’s information will feed into HRs identity system which then creates their VUNet ID.</td>
</tr>
<tr>
<td>90 Days</td>
<td>Admin</td>
<td>VUNetID - Claiming the VUMC Vunet ID account is the first step to begin using VUMC network resources.</td>
<td>Email is sent to AO (to forward to new faculty) with new VU Net ID and instructions to claim VUNet ID account: <a href="https://www.vumc.org/it/accessvu-new-users">https://www.vumc.org/it/accessvu-new-users</a> Should a faculty need access to certain systems prior to their start date, email <a href="mailto:SSNet.Tech@vumc.org">SSNet.Tech@vumc.org</a> for assistance.</td>
</tr>
</tbody>
</table>
| 90 Days    | Admin    | New Clinician Orientation and eStar Training  
Please try to schedule the first week of their hire date. eStar training can be reduced if they have prior experience.                                                          | New Clinician Orientation website: [NCO Website](https://www.vumc.org/faculty/compliance/new-faculty-orientation)  
NCO enrollment form: [NCO Enrollment Form](https://www.vumc.org/faculty/compliance/new-faculty-orientation)  
eStar training schedule: [NCO eStar Training Schedule](https://www.vumc.org/faculty/compliance/new-faculty-orientation)  
eStar Access Request: [eStar Access Request](https://www.vumc.org/faculty/compliance/new-faculty-orientation)  |
| 30-60 Days | Admin    | Faculty Affairs & Career Development - Compliance: New Faculty Orientation - FOTO (1 day training) Schedule/Confirm date of SOM.  
• Occupational Health  
• Environmental Health & Safety  
• Star Panel & Wiz Order  
• Documentation requirements | New faculty must attend – scheduled twice a year.  
[https://www.vumc.org/faculty/compliance/new-faculty-orientation](https://www.vumc.org/faculty/compliance/new-faculty-orientation)  
To schedule - contact Faculty Affairs @ 322-2165 |
<p>| 30-60 days | Admin    | Purchase computer/laptop                                                                                                                                                                                                  | Use smartsheet computer form: <a href="https://www.vumc.org/surgical-sciences/section.it-resources">https://www.vumc.org/surgical-sciences/section.it-resources</a> |</p>
<table>
<thead>
<tr>
<th>Period</th>
<th>Role</th>
<th>Activity</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 30 Days | Admin | Set up center numbers 3-04 and 3-05; 3-04 center can be submitted via email but the 3-05 center must have IDF form completed with revenue mapped and attached via Pegasus (VMG Prorates Request). 3-05 cost center will not be issued until new faculty is credentialed. | Finance website: [https://finance.vumc.org/are/vu/budget.aspx](https://finance.vumc.org/are/vu/budget.aspx)  
Link on left side of page: Center Request Form: [https://finance.vumc.org/are/som/aeds.aspx](https://finance.vumc.org/are/som/aeds.aspx)  
Pegasus: [https://www.vumc.org/it/pegasus](https://www.vumc.org/it/pegasus) - Search for VMG Prorates Request |
| 30 Days | Admin from New Faculty member | Obtain DEA certificate (Must be FEE PAID) or change address to new state. (If new license, can submit application while license is pending. If changing address or transferring license, must wait until no longer practicing in current state before submitting request.) | [https://www.deadiversion.usdoj.gov/online_forms_apps.html](https://www.deadiversion.usdoj.gov/online_forms_apps.html) |
| 30 Days | Admin | Secure Epic provider # (assigned when privileges approved but not released until actual start date) | [Pfd.app.vumc.org](https://pfd.app.vumc.org) (Provider Database website) |
| 30 Days | Admin | Inform eStart Provider Support that there will be a new provider starting so they can reach out to them and coordinate eStar personalization and support. | michelle.a.russell@vumc.org |
| 30 Days | Admin | Set up appointment with Chelsea Provot (Section Lead Clinical Documentation Specialist and Coding Consultant) for one-on-one training. | Chelsea.provot@vumc.org |
| 30 Days | Admin | Inpatient Dictation –to create a dictation # & be set up for Inpt. Dictation/work list: send email to susan.clark.1@vumc.org with following information:  
1. Name:  
2. Last 4 digits of SSN | Health Data Coordinator, Susan Clark Phone, 875-2553 [susan.clark.1@vumc.org](mailto:susan.clark.1@vumc.org) |
### Vanderbilt Section of Surgical Sciences

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Role</th>
<th>Task Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Days</td>
<td>Admin</td>
<td>Notify Michele Hesselrode (Physician Outreach Program) of new faculty member and contact information</td>
<td><a href="mailto:michele.hesselrode@vumc.org">michele.hesselrode@vumc.org</a></td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Admin</td>
<td>Media Services Secure Practice Announcement – online REDCAP form; <a href="https://redcap.vanderbilt.edu/surveys/?s=TML4A3YXAX">https://redcap.vanderbilt.edu/surveys/?s=TML4A3YXAX</a></td>
<td>Media Services Deborah Doyle (2-7048) From this information, Media Services will create web site faculty pages, announcement and doctor referral web site content.</td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Admin</td>
<td>Outpatient Dictation: Dragon To schedule one-on-one training, email <a href="mailto:voicerecognition@vumc.org">voicerecognition@vumc.org</a> and provide the following information: 1. Provide three dates and times they can meet 2. Location where you would like training - Needs to be a place that's quiet if possible. 3. Current dragon user? 4. Computer name(s) office desktop and/or laptop LAN manager’s name</td>
<td>Ann Stanford (<a href="mailto:ann.stanford@vumc.org">ann.stanford@vumc.org</a>) Operations Systems Engineer Vanderbilt Medical Group 3000 Village at Vanderbilt Nashville, TN 37203 615.875.7749</td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Admin</td>
<td>Synergy – on-line call schedule. Department enters new faculty contact information which includes pager #.</td>
<td>For questions contact the Physician Relations Department at (615) 936-6025; Judy Ralph at <a href="mailto:judy.ralph@vumc.org">judy.ralph@vumc.org</a> or Rachael Hackler at <a href="mailto:rachael.hackler@vumc.org">rachael.hackler@vumc.org</a>. <a href="https://synergy.app.vumc.org">https://synergy.app.vumc.org</a> Contact: David Shepherd at <a href="mailto:David.shepherd@vumc.org">David.shepherd@vumc.org</a></td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Admin</td>
<td>Secure pager</td>
<td>• Shelly Moore, 2-6477, D-2103 MCN, <a href="mailto:moore@aquiscommunications.com">moore@aquiscommunications.com</a></td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Admin</td>
<td>Request long distance vnet number, if needed.</td>
<td>• eProcurement (if applicable) via ITS.</td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Admin</td>
<td>Lab Coats – Land Uniforms Scrubs – Periop Education</td>
<td>Linen Services, (<a href="mailto:linenservices@vumc.org">linenservices@vumc.org</a>)  • Land Uniforms, <a href="mailto:landuniforms@landuniforms.net">landuniforms@landuniforms.net</a>  • <a href="mailto:periopeducation@vumc.org">periopeducation@vumc.org</a></td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Admin</td>
<td>Order or make door insert.</td>
<td>• Either create/print or submit request to Deborah Doyle.</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Role/Task</td>
<td>Description</td>
<td>Contact/Notes</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>-------------</td>
<td>--------------</td>
</tr>
<tr>
<td>1-2 weeks</td>
<td>Benefits (VU faculty benefits) (if needed.)</td>
<td>Admin to assist with scheduling New Faculty Benefits Orientation. <a href="http://hr.vanderbilt.edu/benefits/faculty.php">http://hr.vanderbilt.edu/benefits/faculty.php</a> Kim Cox is HR’s faculty benefits specialist.</td>
<td></td>
</tr>
<tr>
<td>1 week</td>
<td>New Faculty</td>
<td>Register signature for RX Star signature pad</td>
<td>Linda McNeil, Assistant Director, Medical Information Services, 2-3857, B-334</td>
</tr>
<tr>
<td>1 week</td>
<td>Admin</td>
<td>Request eStar access (and any other systems that may be necessary – i.e., Sectra) via Pegasus.</td>
<td><a href="https://www.vumc.org/it/pegasus">https://www.vumc.org/it/pegasus</a> Note: Must have MD License #, NPI, and last four of DEA to complete the form in Pegasus.</td>
</tr>
<tr>
<td>1 week</td>
<td>Admin</td>
<td>PeopleFinder – new faculty listing automatically uploaded from PeopleSoft when PAF is processed. (will not appear before actual start date)</td>
<td>Department People Finder Manager reviews for accuracy.</td>
</tr>
<tr>
<td>1 week</td>
<td>Admin</td>
<td>Verify/Setup Accurate Provider Database</td>
<td>Section Admin Support – Deborah Doyle or Paul Lang</td>
</tr>
<tr>
<td>1 week</td>
<td>Admin</td>
<td>Mobile Device Management/Multi-Factor Authentication set-up instructions</td>
<td>Section’s Faculty Resource website: <a href="https://www.vumc.org/surgical-sciences/faculty-resource-0">https://www.vumc.org/surgical-sciences/faculty-resource-0</a></td>
</tr>
<tr>
<td>Day of Arrival</td>
<td>AA</td>
<td>Welcome breakfast, lunch, or social hour with Department Chair/Chief and/or other departmental leader(s).</td>
<td>Department AO or admin staff plan/schedule</td>
</tr>
<tr>
<td>Day of Arrival</td>
<td>AA</td>
<td>Get ID Badge (2525 West End Avenue)</td>
<td>Authorization must be submitted by authorized AO/Manager ahead of time and send confirmation as well as link to upload photo. Also send information about making appointment.</td>
</tr>
<tr>
<td>Day of Arrival</td>
<td>AA</td>
<td>Get Parking (Must have ID badge and vehicle registration) Vanderbilt Parking Office in Garage Get Lab Coats (fitted with style/monogram) – Linen Services</td>
<td></td>
</tr>
</tbody>
</table>
| Day of Arrival | AA | Assist with completion of New Employee HR forms (online & paper):  
• New Employee Information  
• Enroll in direct deposit on C2HR if VUNet ID is available  
• W-4  
• I-9 (remind faculty to go online to complete)  
• Parking (MCE garage, 1st floor)  
• Complete ID badge online and escort new faculty to 2525 West End to secure photo ID. | **All of these are now completed online except for the W-4**  
**ID Badge** request – login required:  
https://hr.vumc.org/system/files/cardservices/CardServicesChecklist-NewStaffBadgeRequest_0.pdf  
**I-9 Form:** https://hr.vumc.org/i9 (Direct new faculty to this web site on 1st day of employment to submit I-9 form electronically. See website for list of valid ID’s the faculty must present to the appropriate HR processing office.)  
**Voluntary Self Identification Form:**  
https://machform.app.vumc.org/view.php?id=679796&d=1*i73cz* _ga*Mtg1MDEwNTU4Ni4xNiE2OTQ3NiIw* _ga_CR2EC8KMLS*MTY3MD1NTi1MC4yOS4xLjE2NzAyN4NDkuMC4wLjA.  
| Day of Arrival | AA | Confidentiality Agreement | Must be submitted online: https://oafa-web.app.vumc.org/coi |
| Day of Arrival | AA | Obtain office key, VAV access card; clinic key/VCH Card Access (email list to Kim Plemmons). | • VCH Card Access: Debra Allen, Tech Supervisor III, Plant Operations Medical Administration, Phone 3-8418, debb.allen@vumc.org |
| Day of Arrival or soon after | AA | Set up Concur Profile – profile must be created as appears on legal documentation. | Department AO or AA Section Admin Support – Susan Rose (2-3616) |
| To be scheduled soon after arrival as time allows | AA | AO, AA to follow-up with/direct new faculty to appropriate web sites to take mandatory training (online or in class). | See list of new faculty Training Requirements/Modules. Must attend within first 3 months of employment. Website: https://www.vumc.org/faculty/foto  
For questions contact Shannon Ontiveros @ 322-8384 or |
### Within 30 days after Arrival

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Event Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>AA schedules meeting for new faculty member to meet with Chief Business Officer.</td>
<td></td>
</tr>
<tr>
<td>New faculty</td>
<td>• Compensation Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Vacation/Provider Time Away</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CME/Grand Rounds</td>
<td></td>
</tr>
<tr>
<td>Chair/Chief/CBO</td>
<td>will discuss Section and/or Institution policies and procedure, administrative needs, discuss any other needs/questions new faculty member may have.</td>
<td></td>
</tr>
<tr>
<td>AA/</td>
<td>New Faculty Information for Onboarding</td>
<td></td>
</tr>
<tr>
<td>New faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete RedCap Online Data Form:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://redcap.vanderbilt.edu/surveys/?s=TML4A3YXAX&amp;vunetid=ragsdadc">https://redcap.vanderbilt.edu/surveys/?s=TML4A3YXAX&amp;vunetid=ragsdadc</a></td>
<td></td>
</tr>
<tr>
<td>AA/</td>
<td>Meet with the Nurse Lead – Teresa Hobt-Bingham</td>
<td></td>
</tr>
<tr>
<td>New faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:teresa.hobt-bingham@vumc.org">teresa.hobt-bingham@vumc.org</a></td>
<td></td>
</tr>
<tr>
<td>AA/</td>
<td>Meet with Dr. Brad Dennis</td>
<td></td>
</tr>
<tr>
<td>New faculty</td>
<td>Associate Professor of Surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Division of Acute Care Surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Department of Surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Medical Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trauma Stepdown Unit</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Associate Chief of Staff for the Surgical Segment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vanderbilt University Adult Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:bradley.m.dennis@vumc.org">bradley.m.dennis@vumc.org</a></td>
<td></td>
</tr>
<tr>
<td>AA/</td>
<td>Schedule their appointment to have their photo taken</td>
<td></td>
</tr>
<tr>
<td>New faculty</td>
<td></td>
<td><a href="https://ckm.vumc.org/npa/phototracker/?_ga=2.94023453.1043821828.1621884301-1312788760.1485899111">https://ckm.vumc.org/npa/phototracker/?_ga=2.94023453.1043821828.1621884301-1312788760.1485899111</a></td>
</tr>
</tbody>
</table>

### a. New Faculty Orientation

[https://www.vumc.org/faculty/new-faculty-orientation](https://www.vumc.org/faculty/new-faculty-orientation)

The purpose of this orientation is to provide new faculty members with critical information about the school and the resources available for faculty members to support their academic career.

Hosted by the Office of Faculty Affairs, New Faculty Orientation focuses on key items for new faculty members. These key items include: (a) introduction to critical Vanderbilt information and resources, (b) guidance for the clinical and basic science tracks, and (c) socialization within and across VUSM departments. As a group, new faculty members gather for sessions related to VUSM history, compliance, research, risk management, and physician documentation regulations.
The New Faculty Orientation webpage provides timely details and resources for upcoming orientation sessions. Dates and schedules are provided on this webpage as they are made available each academic year.

b. Compliance

https://www.vumc.org/faculty/faculty-orientation-training-office

The Faculty Affairs compliance system allows VUMC-employed faculty members in the School of Medicine to customize their compliance training requirements by answering a brief survey that specifies their role and duties at the medical center. After completing this short questionnaire, only training modules relevant to the faculty member's activities will be assigned to the faculty member.

Features of the compliance training system:

- You may choose your dashboard format by selecting either the "tile" or "list" view of your requirements.
- Monthly email notifications will be sent to alert you of compliance requirements that are past due or coming due.
- All of the online training compliance data is now real-time, so your completion status will update once you successfully finish a requirement.
- You may self-report completion on several training requirements (i.e., ACLS) and upload a completion certificate.
- Your list of compliance training requirements is based on the answers you provided in your profile. You may review and update these answers at anytime under the "manage profile" tab.
- You may see a "notifications only" section in your list that includes classroom training that is not tracked for completion status.
- Training requirements are divided into categories for Health Related Activities, Online Training, Classroom Training, Notification Only and Historical Activities.
c. New Clinician Orientation

https://www.vumc.org/nco/new-clinician-orientation

The VMG Learning/eStar Training and Delivery Department offers a comprehensive orientation for all new billing, patient care clinicians joining Vanderbilt University Medical Center. This orientation called New Clinician Orientation (NCO). NCO consists of informational one-day virtual (Zoom) sessions that ensure all new clinicians:

- Understand the mission, values and goals of the organization
- Understand key responsibilities of their position and the impact it has on others
- Receive essential knowledge regarding professionalism, safety, documentation and quality that will help them be successful in their clinical practices
- Receive training on how to navigate through and use the basic clinical IT and EMR systems

The orientation provides new billing, patient care clinicians with the opportunity to become familiar with these topics prior to becoming immersed in their clinical practices allowing for the consistent practice of procedures across the medical center. The recommended timeframe for completing New Clinician Orientation is during the clinician’s first week of their hire date, but not later than 30-days after their hire date. Clinicians do not need to be credentialed in order to attend NCO.

- NCO is split into three tracks.
  - Track 1 (Wednesday MORNING Only): Radiologists, Pathologists, and Anesthesiologists (including CRNAs). It is also recommended that radiologists, anesthesiologists and pathologist who bill/code, attend the afternoon portion of New Clinician Orientation. This would include critical care anesthesiologists, anesthesiologists working in the pain clinic, and interventional radiologists.
  - Track 2 (Wednesday): Physicians not covered by track 1, PhDs providing clinical services, Advanced Practice Providers, Licensed Clinical Social Workers, Genetic Counselors, Audiologists and Fellows NOT part of an ACGME Accredited Fellowship Program
  - Track 3 (Wednesday AFTERNOON Only) Clinicians who were in an ACGME Accredited Fellowship Program at VUMC, or who were a VUMC resident or VUMC fellow and transition to VUMC faculty within a year or less of completing their residency/fellowship, are required to attend the Afternoon portion of NCO, which covers billing and coding.

In addition to NCO, eStar training is scheduled by the New Clinician Orientation Program Manager and should be scheduled within the clinician’s first week of employment. Clinicians require between 4-12 hours of eStar training prior to gaining access to the EMR. Please do not schedule clinicians to see patients until they have completed all required eStar training and are credentialed. Access to the eStar system will not be granted until all requirements are complete.

NCO is typically offered one-time per month from October-June and then multiple times per month from July-September. The schedule for New Clinician Orientation can be found at https://www.vumc.org/nco/nco-orientation-dates.
B. SOM Academic Tracks, Appointments, and Promotions

1. Academic Track Overview

Vanderbilt University School of Medicine (VUSM) predominantly employs five academic tracks for appointment of individuals to the full time faculty. These tracks are complementary in that they are designed to accommodate faculty who engage in the wide variety of activities supporting the School’s mission, including research, teaching, and clinical and administrative service. Significant accomplishments in any of these areas represent important contributions that warrant careful consideration in the evaluation of faculty nominated for appointment or promotion. This website has been designed to assist faculty members in understanding the criteria required for appointment and promotion on the major academic tracks and to assist in the preparation of the supporting documentation used by the School in its evaluations. The following are links to web pages describing the specific criteria for appointment and promotion on the five academic tracks used by VUSM. Additional general information about appointment and promotion to the senior ranks can be found in the following link:  https://www.vumc.org/faculty/node/7

1. The Basic Science Investigator/Physician Scientist Investigator Track (tenure track and tenured) is used for faculty with major efforts in research and teaching. Appointments and promotions to senior ranks on this track are subject to review by the processes defined below.

2. The Basic Science Educator/Clinician Educator Track is used for faculty with major efforts in teaching and service. Appointments and promotions to senior ranks on this track are subject to review by the processes defined below.

3. The Clinical Practice Track is primarily for faculty whose primary contributions are to the clinical service mission of the School. Appointments and promotions to senior ranks on this track are subject to review by the processes defined below.

4. The Research Track is appropriate for faculty involved in time-limited research programs with no or minimal teaching responsibilities. Appointment and promotion on this track are recommended by the chair of the department, and approved by the Dean’s Office.

5. The Assistant In/Associate In Track is for faculty whose discipline is not formally represented in the departmental organization of the VUSM (e.g., social work, nursing), but who contribute to the mission of the school. Appointment and promotion on this track are recommended by the chair of the department, and approved by the Dean’s Office.

The following link to VUSM Faculty Affairs and Career Development website contains specific criteria for appointment and promotion on the five academic tracks used by VUSM. Additional general information about appointment and promotion to the senior ranks can also be found on the Faculty Affairs & Career Development website.
**ii. Section Faculty Promotions and Annual Increases**

**VANDERBILT UNIVERSITY**
**MEDICAL CENTER**
**Section of Surgical Sciences**

**MEMORANDUM**

**To:** Section Department Chairs  
**From:** Seth J. Karp, M.D.  
Chair, Section of Surgical Sciences  
**Date:** July 19, 2021  
**Re:** Faculty Promotions and Annual Increases

The Section of Surgical Sciences is instituting a systematic approach for all faculty promotions and annual salary increases, beginning July 1, 2021. This will provide for the appropriate planning, review, approval, and award of all faculty promotions, and will allow for the proper budgeting and planning for salary increases across all departments.

Beginning in July 2021, the schedule will be as follows:

**Faculty Promotions:**
- **August-September:** Department Chair to review faculty for possible promotion and make recommendation to Section Chair.
- **October-November:** Decision to support promotion made jointly with Section Chair. Promotional materials gathered by the Department for submission.
- **December:** Promotion dossiers submitted to the Section Admin. office for review by Section Promotion Committee. Sent for final review to the Section Chair.
- **January 1:** Approved promotion dossiers submitted to Office of Faculty Affairs and other groups as needed.
- **July 1:** Effective date of promotion; salary increase, if appropriate, will also be effective July 1.

**Annual Salary Increases:**
- **Jan-February:** Review base salaries for all faculty. Goal is 80% of AAMC benchmark median salary. Pay particular attention to equity across the Department.
- **March:** Review Departmental financials and make recommendations for salary increases to take effect January 1, as per VUMC guidance.
- **March-April:** New salaries are placed into the Finance Budget Shell for the next fiscal year.
- **August:** Salary increase to be reviewed/approved. Letters to go out in December regarding January increases.
- **Section salary increases were awarded in recent months, during FY21. Therefore, the next salary increase will be scheduled for January 2023 unless there are extenuating circumstances.**
- **N.B. Increases for promotions will be awarded on July 1 (see above). This is different from the annual salary increases.
iii. Appointments and Promotions to Senior Ranks

The Basic Science Investigator/Physician Scientist Investigator (tenure) track, the Basic Science Educator/Clinician Educator track and the Clinical Practice track are the most commonly used tracks for appointments to the full time faculty. Approximately 90% of all full time appointments are on one of these three tracks. Appointments and promotions to the senior ranks on these three tracks are initiated within the faculty member’s department and are evaluated by the Committee on Faculty Appointments and Promotions (https://www.vumc.org/faculty/node/8) in the School of Medicine. This committee makes recommendations to the Dean and the Executive Faculty through the Executive Committee of the Executive Faculty (see Process of Appointment and Promotion, below).

On both the Basic Science Investigator/Physician-Scientist Investigator (tenure) track and Basic Science Educator/Clinician-Educator track, teaching is an important criterion for appointment and promotion to senior ranks. Teaching is one of the core missions of the School of Medicine, and it can take numerous forms and involves a variety of learners. Teaching occurs in lectures, small discussion groups, during clinical rounds and procedures, and in the context of research training and mentoring. Faculty members may participate in the education of medical and graduate students, allied health professionals, residents and post-doctoral fellows, practicing physicians, faculty investigators, and others in the community. Faculty on both of these tracks make scholarly contributions to the institution and are awarded identical titles - Assistant Professor, Associate Professor, and Professor of the Department of appointment (e.g., Assistant Professor of Pediatrics, Assistant Professor of Pharmacology). The distinction between these two tracks relates to the different criteria required for promotion to senior academic ranks.

The Clinical Practice track is appropriate for faculty within the clinical departments whose primary contributions occur within in the clinical realm and for whom teaching is performed predominantly in the course of clinical duties, rather than in lieu of clinical duties. Faculty on the Clinical Practice track are identified by similar rank titles: Instructor, Assistant Professor, Associate Professor, and Professor. However, in the case of the Clinical Practice track, the term “Clinical” is inserted just before the department designation (Ex: Assistant Professor of Clinical Pediatrics). Again, the distinction between the Clinical Practice track and the Basic Science Investigator/Physician-Scientist Investigator (tenure track) and Basic Science Educator/Clinician-Educator track centers upon the different criteria required for promotion.

Appointments & Promotions | Faculty Affairs & Career Development (vumc.org) (https://www.vumc.org/faculty/appointments-promotions)

iv. Probationary Period to Tenure

In the School of Medicine, appointment as an Assistant Professor on the investigator tenure track requires that the faculty member be evaluated and approved for tenure within nine years of the time of initial appointment.
The awarding of tenure usually accompanies promotion to the rank of Associate Professor for faculty on the tenure track. Appointment renewals recommended for Assistant Professors on the tenure track must include a departmental statement affirming the faculty member’s progress toward being proposed for promotion and tenure.

There are no time limits for promotion to Associate Professor on the Basic Science Educator/Clinician Educator track or the Clinical Practice track. Likewise, there are no time limits for promotion from Associate to full Professor on any track. Note that appointment to the Basic Science Educator/Clinician Educator track does not preclude the attainment of tenure if qualifications for tenure are met within the time limit defined in the Faculty Manual by the probationary period for tenure.

v. Process of Appointment and Promotion

Recommendations for appointments and promotions on all tracks originate with department chairs, who act with the advice of Departmental Appointments and Promotions Committees. These committees consist of all full-time tenured full professors within a department or in the case of large departments at least six full-time tenured full professors. Recommendations from the chairs are forwarded to the Dean, who seeks the advice of the School of Medicine’s Committee on Faculty Appointments and Promotions. This committee consists of eleven faculty members at the rank of Professor representing diverse disciplines within the School of Medicine and representing the three major tracks. Upon a favorable recommendation from this committee, the Dean forwards the recommendation to the Executive Faculty of the School of Medicine, which acts on behalf of the faculty of the School of Medicine in reviewing and endorsing the recommendation. Recommendations acted on favorably are forwarded to the Vice Chancellor for Health Affairs. In the case of faculty on the Basic Science Educator/Clinician Educator track or Clinical practice track the Vice Chancellor gives final approval or disapproval. In the case involving a recommendation for award of tenure, the Vice Chancellor for Health Affairs obtains a procedural review of the recommendation by the Medical Center Promotion and Tenure Review Committee. The Vice Chancellor then forwards recommendations for tenure to the Chancellor, who requests endorsement by the Board of Trust. Appointments to tenure are not official until approved by the Board of Trust. Negative decisions for promotion on either track may be appealed by the department chair or by the faculty member according to the procedures in the Faculty Manual.

vi. New Full Time Appointments Check List:

A sample of the Full Time Appointments Check List is provided below, and a PDF version can be found at the link provided.

Academic Titles – School of Medicine (vumc.org)
vii. Supporting Documentation

a. Standardized Form of the Curriculum Vitae

The School of Medicine Committee on Faculty Appointments and Promotions has developed a standard form of the curriculum vitae (https://www.vumc.org/faculty/node/4) that must be used by faculty and departments in supporting recommendations for appointments and promotions on all the academic tracks. Use of the standard form will assure that all information needed by the committee is present and will expedite the review of recommendations.

Required Format for Curriculum Vitae

Please note: Information in bold is required for curricula vitae to be submitted with recommendations for appointments and promotions requiring review by the Committee on Faculty Appointments and Promotions, but is not necessarily recommended for inclusion in the standard curriculum vitae.
Date Updated

Name:

Office Address:
Office Phone Number:
Date and Place of Birth:
PERSONAL DATA: (Optional - Please note: It is not recommended to include personal information in your public CV.)

Home Address
Home Phone Number
Marital Status, Spouse’s Name
Children, names, dates of birth
Military Service

Education:

• College: school (city, state), degree, date (major, optional)
• Professional or graduate: School(s) (city, state), degree(s), date(s)
• (Thesis or dissertation title, if applicable)
• Postgraduate Training: residency, fellowship, etc.
• Institutions(s), mentor (for research fellowships), dates

Licensure and Certification: (If applicable)

• State(s) in which licensed: date, name, license number
• Specialty board(s): Board, specialty, date

Academic Appointments:

• List in chronological order, beginning with earliest and ending with current.
• Rank, Department, Institution, Dates

Hospital Appointments (If applicable)

• List in chronological order, as in Academic Appointments

Employment: (other than academic and hospital appointments)

• List in chronological order, as in Academic Appointments

Professional Organizations:
• Name, offices held, if any

Professional Activities:

• Intramural: School or university committees, inclusive dates
• Extramural: Study groups, site visits, governmental agencies or private organizations, including offices held, inclusive dates. Editorial appointments, ad hoc reviewing, indicate journal
• Other professional activities: (optional)
• Special awards or recognition for professional activities

Teaching Activities:

• *Indicate if you developed or substantially revised any of the teaching activities listed below.*
• Medical School Courses: title, number of lectures, conferences, etc., dates offered
• Graduate School Courses: title, number of lectures, conferences, etc., dates offered
• Continuing Medical Education: program title, date offered, indicated whether organizer or lecturer

Clinical Teaching: nature and frequency

Research Supervision (residents or fellows, postdoctoral trainees, graduate students, medical students): name(s), date(s), current position of trainee

Other Significant Activities: (optional)

• e.g., civic, political activities

Research Program:

Cumulative listing of all grants: title, source, dollar amount, inclusive dates, percent effort.

Publications and Presentations:

Separate by category and list earliest to latest. Underline or BOLD name.

1. Articles in refereed journals: List in chronological order, including name of all authors as listed sequentially on each publication, title, journal, volume, inclusive pages, year. Underline your name in each listing.
3. Letters to editor, book reviews, editorials, etc. (optional)
4. Abstracts (optional)
5. Presentations at Scientific Meetings: List chronologically, include title, date, location of presentation. *Specify if presentation was invited and/or peer reviewed.*
b. Documentation of Teaching Effectiveness

It is required that the Documentation of Teaching/VUSM Educator Portfolio be used to specify the teaching activities of the candidate on the Basic Science Investigator/Physician-Scientist Investigator (tenure) track, the Basic Science Educator/Clinician-Educator track and the Clinical Practice track. Specific assessments of the candidate's teaching effectiveness should be submitted in reference to the candidate's primary mode of teaching. Such assessments might include peer assessments by colleagues who have observed the teaching, or trainee assessments including student assessments as compiled by the Student Curriculum Committee, or those provided by individual trainees who have worked in a more direct relationship with the candidate (e.g. graduate students, residents, fellows).

A sample of the Documentation of Teaching Form is provided on the following pages and can be found electronically at the link provided below.

**Vanderbilt School of Medicine**

**Documentation of Teaching Form**

May be completed and sent with nominations for appointments, promotion and tenure which are to be reviewed by the Committee on Faculty appointments and Promotions. In recognition that teaching may take place in numerous forms, only those sections which apply to the activities of the candidate should be completed. Hours noted should reflect the pattern of teaching contributions over the past five years. Highlight any new courses or new approaches utilized.

### A. MEDICAL SCHOOL COURSES.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Required (R) or Elective (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Lecture</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture __________</td>
</tr>
<tr>
<td>Conference __________</td>
</tr>
<tr>
<td>Laboratory __________</td>
</tr>
</tbody>
</table>

### B. GRADUATE SCHOOL COURSES.

<table>
<thead>
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<th>Course Title</th>
<th>Required (R) or Elective (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Lecture</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture __________</td>
</tr>
<tr>
<td>Conference __________</td>
</tr>
<tr>
<td>Laboratory __________</td>
</tr>
</tbody>
</table>
C. CONTINUING EDUCATION.

<table>
<thead>
<tr>
<th>Program</th>
<th>Role: Organizer (O) or Lecturer (L)</th>
<th>Number of Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. RESEARCH SUPERVISION.

Provide requested information on medical students, graduated students, postdoctoral fellows, residents, and any others who have been supervised during the past five years.

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
<th>Dates</th>
<th>Did work result in publications?</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>2.</td>
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<td>3.</td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. CLINICAL TEACHING. Describe below the nature and frequency of clinical teaching carried out over the past five years.

Describe any special awards, invitations for special lectureships, significant roles, such as chair of educational meetings.

G. PRIMARY TEACHING ROLE (S). Please specify which of the above modes of teaching has been the primary teaching role of the candidate.

Use additional sheets as needed.
c. Critical References

For candidates whose promotion on the tenure track is based on their research accomplishments, up to five references to publications representing the candidate's most significant contributions should be identified. If the candidate is not first or last author, the specific contribution of the candidate to the referenced work should be described. The Faculty Appointments and Promotion Committee developed the Critical Reference Form (PDF or MSWord) on which to provide this information. It is helpful to the committee if copies of these key papers are submitted as part of the candidate's dossier.

A sample of the Critical References Form is provided on the following pages and can be found electronically at the link provided below.

Critical References PDF –
Vanderbilt School of Medicine
Critical References for Committee on Faculty Appointments and Promotions

The Committee on Faculty Appointments and Promotions asks that this form be completed and sent with nominations for appointments, promotions, and tenure.

Please specify up to five references which represent the candidate’s most significant contributions. If the candidate is not first author, specify the role played by the candidate in the work described by these key publications.

**Literature Citation #1.**
Names of all authors and listed sequentially on the publication:

__________________________________________

__________________________________________

Title: ______________________________________

Journal, Volume, Inclusive Pages, Year: ________________

Role of Candidate: ____________________________

__________________________________________

**Literature Citation #2.**
Names of all authors as listed sequentially on the publication:

__________________________________________

__________________________________________

Title: ______________________________________

Journal, Volume, Inclusive Pages, Year: ________________

Role of Candidate: ____________________________

__________________________________________

**Literature Citation #3.**
Names of all authors as listed sequentially on the publication:

__________________________________________
Letters must be from nationally recognized leaders in the relevant area of scholarship and from individuals who have not been collaborators or played a significant role in training or career.

**d. Letters of Evaluation**

Standards for Promotion and the Award of Tenure – Guidelines for Letters of Evaluation (vumc.org)

Letters must be from nationally recognized leaders in the relevant area of scholarship and from individuals who have not been collaborators or played a significant role in training or career.
development of the individual. Guidelines published by the Vanderbilt School of Medicine Faculty Affairs Office are provided the following pages.

viii. Standards for Promotion and the Award of Tenure Guidelines for Letters of Evaluation

To assist in the evaluation of the faculty member for appointment or promotion on either the tenure or the non-tenure track, a dossier is prepared and forwarded to the Dean. The dossier contains five elements: the chair’s letter of recommendation, a curriculum vitae, the Documentation of Teaching Effectiveness form, the Critical References form, and letters of evaluation. The purpose of this document is to assist those who prepare dossiers in requesting and obtaining the most effective letters of evaluation.

Commonly, appointment and promotion dossiers contain more than the recommended number of evaluation letters. A recent audit of 22 consecutive appointment and promotion dossiers indicated that the average number of tenure track letters was 10 and the average number of non-tenure track letters was nine. It should be stressed, however, that the quantity of letters is less important than their quality.

The Faculty Appointments and Promotion Committee (FAPC) has noted that not all letters contain the critical elements needed to support an appointment or promotion decision. As a result, the most frequent reason for deferral of Committee action has been the need to request additional information from additional correspondents. The FAPC offers the guidelines below to ensure that evaluation letters submitted contain information that is most relevant to the appointment and promotion decision.

The critical elements for evaluation letters include:

Choice of correspondent.

Both Tracks. The most effective evaluation letters are from nationally recognized leaders in the relevant area of scholarship. Most commonly, these are from senior faculty members or directors of major research or clinical programs. Especially helpful are letters from individuals at institutions of stature similar to Vanderbilt who have not been collaborators and who have not played a significant role in the candidate’s training or career development. If the candidate has had a successful collaborative relationship with another investigator, the collaborator may be asked to write in support of the candidate. The collaborator’s letter, however, should explain clearly the independent role and the unique contributions of the candidate in the collaborative work. For promotions in Clinical Science Departments, it is helpful to have correspondents who are familiar with the culture and traditions within the candidate’s discipline in order to put the faculty member’s achievements in the appropriate context.

Letters from senior Vanderbilt faculty members are useful, especially when there are special circumstances about the candidate’s achievements that are best assessed by intramural correspondents. The suggestions above apply as well.
**Non-Tenure Track.** For appointments and promotions on the non-tenure track, letters from individuals at Vanderbilt University and the region that are knowledgeable of the candidate’s contributions in service and/or teaching are appropriate. Documentation of impact as an educator can be obtained from formal teaching metrics and from letters written by previous trainees attesting to the candidate’s highly effective teaching and mentoring skills. Other effective correspondents include successful former trainees, residents, medical students, CME organizers, referring physicians, community leaders, educators, and public health officials. Particularly helpful are letters from individuals who have been neither mentors nor close colleagues and who can comment on the candidate’s contributions from a regional or national perspective.

**Correspondent knowledge about the Promotion Process and about Vanderbilt promotion criteria and tracks.** It is essential that correspondents be aware of the Vanderbilt promotion criteria for the requested rank and track. They should understand that tenure is usually awarded at the Associate Professor level. For example, letters from international correspondents, and from scientists within the NIH or industry may submit an inadvertently negative letter because they are unfamiliar with our track and rank system.

**Content of Letters.**

**General. The letter writer.** It is helpful when the correspondent describes the basis of his or her knowledge of the candidate, as well as any relevant information that validate the correspondent’s ability to make a judgment on an appropriate faculty rank for the candidate, e.g., “I have chaired our Medical School Promotions Committee for the past 5 years and am familiar with the promotion criteria at Vanderbilt”.

**Creativity, independence, and impact.** The best letters of evaluation contain objective evidence of the quality, impact, independence and originality of the candidate’s scholarship and professional effort. An objective appraisal of the faculty member’s achievements within a percentile range is useful (e.g., “I believe that Dr. Smith’s achievements place her within the top 10th percentile of individuals working in this area today.”). In addition, it is helpful if the correspondent is able to refer to specific individuals at their own or other institutions who have attained the requested rank and whose qualifications are comparable to those of the candidate. Assessments of teaching and mentoring should reference teaching metrics, trainee attestations, and outcomes of trainees.

**Apparent gaps or omissions in the dossier.** It is probably best for correspondents to address directly apparent gaps in a faculty member’s dossier; for example, the individual with substantial grant support, but few manuscripts, or vice versa. Other examples would include the individual put up for tenure after a period of lack of productivity, or an individual put forth for promotion well early in the seven year probationary period when the promotion might be regarded as premature.

**Assessment of the applicant’s likelihood of promotion at the correspondent’s institution.** Often the best evidence of the quality and impact of a faculty member’s scholarship is a clear statement by a credible
correspondent from an institution of stature similar to Vanderbilt that the faculty member would be promoted to the proposed rank and track at the correspondent’s institution.

a. Guidelines for Letters of Evaluation – Appointments and Promotions

School of Medicine
Faculty Appointments and Promotions Committee
Guidelines for Letters of Evaluation
Summary of Recommendations

Nominations for appointment or promotion to the rank of associate professor or professor must be accompanied by letters of evaluation from individuals knowledgeable about the candidate’s contributions. For individuals nominated for promotion on Basic Science Investigator/Physician Scientist Investigator Track (tenure track and tenured), at least five letters must be obtained from individuals outside of Vanderbilt University who are national or international experts in the candidate’s discipline, who have not served as mentors, collaborators, or close colleagues of the candidate, and who are in a position to evaluate the significance of the candidate’s contributions to their discipline.

In the case of promotion on the Basic Science Educator/Clinician Educator Track, at least five letters, excluding those from former trainees, must be submitted. These letters should be from individuals at and outside of Vanderbilt University who are knowledgeable of the candidate’s contributions in service or teaching. The evaluation is strengthened, however, by letters from individuals who have been neither mentors nor close colleagues and who can comment on the candidate’s contributions from a regional or national perspective. Documentation of impact as an educator can be obtained from letters written by previous trainees.

In the case of promotion on the Clinical Practice Track, at least three letters must be submitted by professionals holding the requested rank or a higher rank. These letters should be from individuals at Vanderbilt University and the region who are knowledgeable of the candidate’s contributions in clinical service. At least one letter must be obtained by a professional from outside of the faculty member’s department.

The department will transmit to the Faculty Appointments and Promotion Committee all letters of evaluation obtained by the department relating to the proposed candidate. When negative letters are received, the chair’s letter of recommendation should be used to address the issues that such negative letters may have raised.

Recommended by the Faculty Appointments and Promotion Committee
September 17, 2003

Approved by the Executive Faculty
December 17, 2003
ix. Faculty Promotion Process Overview

Promotions to the senior ranks are initiated within the faculty member’s department and are evaluated by the Committee on Faculty Appointments and Promotions in the School of Medicine. This committee makes recommendations to the Dean and the Executive Faculty through the Executive Committee of the Executive Faculty. When a Department Chair recognizes a faculty member should be promoted, he or she discusses the proposed promotion with the Section Chair. If approved, the department begins the process of putting promotion packet together and submitting for approval.

x. Promotion Process Description

When a department chair recognizes a faculty member should be promoted, he or she contacts the Section Chair to discuss the faculty member’s status and requests approval to proceed. If approved, the department begins the process of putting the promotion packet together and prepares a Chair Letter. These documents are all submitted in one complete packet to the Section’s Assistant to the Chair who reviews content for completeness before presenting the dossier to the Section Chair for his or her review. The Section Chair approves by signing the Chair Letter. The Section Assistant to the Chair then scans the approved dossier and emails it to the Section’s Promotion Committee. After the Committee’s review, an approval letter is sent to the Section Chair. The packet is then presented to Faculty Affairs for review by the Faculty Appointments and Promotions Committee (FAPC). The FAPC makes their recommendation to the Dean and Executive Faculty through the Executive Committee of the Executive Faculty (ECEF). If approved by all, a promotion letter is generated and approved by the SOM Dean. Faculty Affairs staff uploads the signed promotion letter to the Documents Library for the Section Assistant to the Chair to distribute. A copy of the promotion letter is placed in the faculty member’s file within the Section Chair’s Office.
Below is the **FACULTY PROMOTIONS CHECK LIST** provided by the VUSM Faculty Affairs Office which lists the required elements of the promotion dossier before it is submitted to the Section Chair. A link to the actual check list on the VUSM Faculty Affairs website is also provided below.

**Academic Titles — School of Medicine (vumc.org)**


---

<table>
<thead>
<tr>
<th>Academic Titles (Job Code)</th>
<th>Term</th>
<th>Track</th>
<th>Required Documents for Review</th>
<th>Required Approvals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigator Track</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Professor (2120)</td>
<td>T</td>
<td></td>
<td>5**</td>
<td>C</td>
</tr>
<tr>
<td>Associate Professor (2030)</td>
<td>T</td>
<td></td>
<td>5**</td>
<td>C</td>
</tr>
<tr>
<td>Assistant Professor (2035)</td>
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<td>TT</td>
<td>3</td>
<td>B/C</td>
</tr>
<tr>
<td>Educator Track</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor (2130)</td>
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<td>NTT</td>
<td>5**</td>
<td></td>
</tr>
<tr>
<td>Associate Professor (2030)</td>
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<td>NTT</td>
<td>5**</td>
<td></td>
</tr>
<tr>
<td>Assistant Professor (2035)</td>
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<td>NTT</td>
<td>3</td>
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</tr>
<tr>
<td>Clinical Practice Track</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professor of Clinical (2723)</td>
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<td>3*</td>
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<td>3*</td>
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<tr>
<td>Emeritus/Emerita</td>
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</tbody>
</table>

**Notes:**
- **Investigator** Letters must be from nationally recognized leaders in the relevant area of scholarship and from individuals who have not been collaborators or played significant role in training or career development of the individual. See OFA website: [https://www.vumc.org/faculty/sites/vumc.org/faculty/files/public_files/GuidelinesLetters_of_Evaluation.pdf](https://www.vumc.org/faculty/sites/vumc.org/faculty/files/public_files/GuidelinesLetters_of_Evaluation.pdf)
- **Clinical Practice** At least three letters must be submitted by professionals holding the requested rank or a higher rank. These letters should be from individuals at Vanderbilt University Medical Center and the region who are knowledgeable of the candidate’s contributions in clinical service. At least one letter must be obtained by a professional from outside of the faculty member’s department and outside of Vanderbilt University School of Medicine.

*(Updated: 04/26/2022)*
xi. Faculty Reappointment Process Overview

Faculty reappointments are monitored by each Section Department using the SOM Faculty Appointment System (FAS). Department Admin are responsible for submitting their faculty reappointment requests 1-2 months prior to the appointment term end date. Once submitted, the request for reappointment requires both the Department Chair and the Section Chair approval before the Faculty Affairs Dean will approve.

The Department Admin initiates all faculty reappointments thru the Faculty Affairs online reappointment system. When time to renew a faculty appointment, the Department Admin should have had a prior conversation with the Department Chair as to whether or not the appointment is to be renewed. If there are no concerns, the request for reappointment is then entered in FAS, then the Department Chair and, in some cases, Chair of Secondary Department, is notified that the submission is pending his or her approval. After the Department Chair and Secondary Chair approves, the request is then sent to the Section Chair’s queue for approval. After all Chairs have approved, the request is electronically sent to the Faculty Affairs Dean queue for final approval. Once request has been final approved by the Dean, the new reappointment letter is automatically generated through the FAS. The Section Assistant to the Chair and /or Department of Surgery Assistant to the Chair downloads all letters and saves to the F drive. They also print a copy for the faculty file. Department Assistant to the Chairs or the Department Admin are responsible for distribution.

Below is the FACULTY REAPPOINTMENTS & NON-RENEWAL CHECK LIST provided by the VUSM Faculty Affairs Office which contains the required elements of Faculty Reappointment and Non-Renewal Notification. A link to the actual check list on the VUSM Faculty Affairs website is also provided below.

Academic Titles – School of Medicine (vumc.org)
Reappointments, Departure and Non-renewal Notification – School of Medicine

Renewals and notification of non-renewal are submitted through FAS at https://ola.app.vumc.org/FAS.
Paper submissions are permitted only for renewals outside the School of Medicine which require approval of primary appointment Chair/Dean.

<table>
<thead>
<tr>
<th>Academic Titles</th>
<th>Usual Term (Years)</th>
<th>Track</th>
<th>Reappointments</th>
<th>Departure/Non-Renewal*</th>
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<td>FAS Department Chair Approval</td>
<td>Statement on tenure progress required (uphol document)</td>
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<tr>
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<td>✓</td>
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<tr>
<td>Volunteer - Clinical/Adjunct/Adjunct</td>
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</tr>
<tr>
<td>Volunteer - Instructor Rank</td>
<td></td>
<td>NA</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Visiting Ranks</td>
<td>Up to 1 Year</td>
<td>NA</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

*Notice of nonrenewal will normally be given as indicated but if funding is in doubt, notice can be given that appointment will not be renewed unless funding obtained.

(Updated: 4/26/2022)
C. Faculty Terminations

i. Resignations

A faculty member may terminate an appointment prior to the term end date provided that he or she gives notice in writing at least four months prior to the date on which they wish their appointment to terminate. Faculty members resigning tenure appointments are expected to give at least six months’ notice. Waivers of notice periods may be negotiated by express consent of both parties.

It is the responsibility of the department’s Administrative Officer to forward the resignation letter to the Section Chair’s office who then forwards the letter on to the Faculty Affairs office. The Administrative Officer should refer to the Faculty Departure Checklist when processing a faculty termination to ensure all items have been addressed.

The 2-page Faculty Departure Check List published by the Vanderbilt School of Medicine Faculty Affairs Office is provided on the following pages, and a link to the PDF is provided below.

Microsoft Word - Faculty Departure Checklist 120815 (vumc.org)
https://www.vumc.org/faculty/sites/vumc.org.faculty/files/public_files/Faculty%20Departure%20Checklist%20120815.pdf
**FOR COMPLETION BY TERMINATING FACULTY MEMBER**

---Human Resources---
- Have you contacted the Benefits Division of Human Resources concerning your health-care insurance and other benefits such as retirement? [ ] Yes [ ] N/A
- If you do not wish to extend your healthcare insurance, have you returned your identification card to the HR Benefits Office or your department administrator? [ ] Yes [ ] N/A
- If you are an international visa holder, have you coordinated your transfer, discharge, or resignation through the Human Resources Office of International Services? [ ] Yes [ ] N/A
- Have you returned your Vanderbilt University/Medical Center: [ ] ID card [ ] library card [ ] animal access card [ ] other assigned cards [ ] Yes [ ] N/A

---Office/Lab---
- Have you returned, or left in its proper place, equipment located in your office or laboratory and returned equipment such as: [ ] dictation [ ] pager [ ] computer [ ] other [ ] Yes [ ] N/A
- Have you returned, or left in its proper place, or received permission to take originals and copies of all hard-copy and computerized: [ ] documents [ ] files [ ] manuals [ ] notes [ ] books [ ] ledgers [ ] research data [ ] biological materials [ ] other [ ] Yes [ ] N/A
- Have you shown and thoroughly reviewed with your chair/division head/administrator the locations of all office, laboratory and computer files? [ ] Yes [ ] N/A

---Research---
- Has a Progress Report been submitted for all grants left at Vanderbilt? [ ] Yes [ ] N/A
- Has a Financial Status Report (FSR) been issued for all grants completed? [ ] Yes [ ] N/A
- Has a final invention and Patent Statement been issued? [ ] Yes [ ] N/A
- If a P.I. on any active research study approved through IRB, have you notified the IRB office of the new P.I. or closed the study? [ ] Yes [ ] N/A
- Have arrangements been made for appropriate disposition of any animal care, stored specimen repositories or similar responsibilities? [ ] Yes [ ] N/A

---Personal---
- Have you contacted the following regarding accounts: [ ] Vanderbilt Credit Union [ ] Payroll [ ] Patient Account [ ] Vanderbilt Medical Group [ ] Yes [ ] N/A
- Have you contacted Central Parking to terminate your parking and return parking card? [ ] Yes [ ] N/A
- Have you completed and turned in to your department administrator any outstanding travel expense forms or outstanding travel advances or payments due [ ] Yes [ ] N/A
- Have you turned in all corporate or access credit cards that might include: [ ] American Express [ ] Vanderbilt Procurement Card [ ] V-Net Calling Card [ ] Telephone Card [ ] Yes [ ] N/A
- Have you returned all keys or entry access cards to department administrator? [ ] Yes [ ] N/A
- Have you completed an exit interview with: [ ] Department Administrator [ ] Division Director [ ] Department Chair [ ] Yes [ ] N/A
- Have you submitted a forwarding address to: [ ] Department Administrator [ ] Human Resources Records Management [ ] Yes [ ] N/A

To the best of my ability, I have fully completed the items above unless noted on an attached sheet.

Faculty Signature/Date

(Updated 12/07/15)
**FOR COMPLETION BY DIVISION/DEPARTMENT ADMINISTRATOR**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you sent written notice of the faculty member’s termination to the Office of Faculty Affairs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If clinical faculty, have you given a 45-day notice to terminate liability coverage to department administrator?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If clinical faculty, have you notified the Physician Billing Systems of the last working day for the faculty member?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you notified Telecommunications to void:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ V-Net number</td>
<td>Yes</td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>□ Telephone calling card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you notified the Department Administrator to void all computer access privileges?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you notified the Computer Network Manager to cancel email access or confirm length of continuation following termination?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you notified Department Administrator to delete:</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>□ people finder listing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ email listing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ organizational chart entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ procurement card authorizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ any signature authorities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ any website listings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ mail distribution address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you made arrangements with the faculty member regarding final paycheck and benefits?</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Has final PAF been submitted and documentation submitted that all expenses related to the departing faculty member have been met?</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Have you received a signed copy of the faculty departure checklist?</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Signature/Date:**

Department/Division Manager

__________________________________________/__________

Department/Division Network Manager

__________________________________________/__________

Department Chair/Division Chair/Department Administrator

__________________________________________/__________

(Updated 12/07/15)
ii. Non-Renewals

Faculty members holding renewable one-year appointments will normally receive written notices of renewal or nonrenewal at least four months prior to the expiration of the appointment term. For faculty members who have appointments exceeding one year, written notices of renewal or nonrenewal normally will be made thirteen months prior to the expiration of the appointment term. In certain circumstances, as when an appointment is dependent on the receipt of outside funds, notification may be delayed with written contingencies provided.

Faculty members may be terminated for cause subject to the procedures described in the Faculty Manual, Chapter 1, Disciplinary Actions. Chapter 1: Disciplinary Actions | Faculty Manual | Vanderbilt University https://www.vanderbilt.edu/faculty-manual/part-iv-disciplinary-actions-and-grievances/ch1-disciplinary-actions/

D. Faculty Grievances

A person who has been disciplined may file a grievance with the appropriate University committee within sixty (60) days after notification of the discipline. After a final decision is reached, the University may, in its discretion, provide notice of the outcome to those persons who were informed about the investigation, may have been affected by the misconduct, or otherwise have a professional need for such information as described in the Faculty Manual, Chapter 2, Faculty Grievances.


A faculty member who believes that the University, acting through any representative, has breached an obligation owed to them/her/him may file a Grievance. All references to days in Chapter 2 refer to calendar days.

A grievance alleging that the University breached an obligation owed to the faculty member in regard to a decision on reappointment, tenure, or promotion shall be filed using the process set forth in Section A, below.

A grievance alleging that the University breached an obligation owed to the faculty member, in situations other than those arising out of a decision on reappointment, tenure or promotion, shall be filed with the Senate’s Grievances Committee utilizing procedures set forth in Section B below.

Faculty members may file a grievance under Section A or Section B, but not both. Where the claims arising under Section A and Section B involve a common or overlapping set of factual circumstances, a grievant shall set forth all such claims and proceed under Section A. A faculty member should review the sections below to
understand the deadlines applicable to the faculty member’s grievance, as the deadlines differ. To the extent that allegations include sexual harassment as defined under Section 106.30 of the USDOE regulations implementing Title IX, resolution will proceed under the procedural requirements set out in the Formal Grievance Protocol (as required by the U.S. Department of Education Title IX Regulations).

To the extent that allegations include sexual harassment as defined under Section 106.30 of the USDOE regulations implementing Title IX, resolution will proceed under the procedural requirements set out in the Formal Grievance Protocol (as required by the U.S. Department of Education Title IX Regulations).

A potential grievant is encouraged to contact the chair of the Faculty Senate to determine whether the grievance would fall under Section A or Section B. If the chair of the Faculty Senate position is vacant then the Senate Executive Committee shall appoint another current member of the Senate Executive Committee to fulfill all duties ascribed to the chair of the Faculty Senate in Part IV, Chapter 2 of the Faculty Manual related to new or pending grievances. The individual appointed will retain their current Executive Committee title. This appointment shall remain in force only until such time as a new chair of the Faculty Senate is duly elected by a quorum of the voting members of the Senate.

Such election shall be held as soon as possible, but not more than ninety (90) calendar days after the appointment is made. After the Chair is elected, all new and pending grievances will be handled by the newly elected Chair of the Faculty Senate.

In addition to, and not exclusive of, the grievance procedures noted above and detailed below, faculty members may direct complaints of discrimination, harassment, or retaliation in violation of Vanderbilt’s nondiscrimination or Sexual Misconduct policies (including those that are subject to the Formal Grievance Protocol) to the Title IX Office or the Vanderbilt Equal Opportunity and Access Office, as appropriate. Use of the grievance procedures is not mutually exclusive with the filing of a civil action, although faculty members are encouraged to attempt to resolve grievances internally whenever possible.

**A: Grievances Arising from Reappointment, Tenure, and Promotion Decisions**

The Reappointment, Tenure, and Promotion Grievance Process is available to a faculty member who believes that a decision on their/her/his reappointment, tenure or promotion raises (a) issues of professional ethics and academic freedom; (b) allegations of a failure by the University or those acting for it to follow stated or reasonable procedures; (c) complaints of discrimination, harassment, or retaliation in violation of the University’s nondiscrimination and Sexual Misconduct policies (other than those that are subject to the Formal Grievance Protocol); or (d) allegations of the University’s failure to adhere to express or implied terms of the faculty member’s contract, including relevant portions of the Faculty Manual.

The Chair of the Faculty Senate is the initial point of contact for the grievant. The Reappointment, Tenure, and Promotion Grievance Process utilizes ad hoc committees appointed to handle individual grievances. The Reappointment, Tenure, and Promotion Grievance Process is headed by the Process Chair who serves a two-
year term and is appointed by the chair of the Faculty Senate in consultation with, and with the concurrence of, the Provost. The Process Chair, who must be tenured and hold the rank of Professor, is the reference point for the filing of Type A grievances and serves as a voting member of all ad hoc faculty grievance committees. If the Process Chair believes that a potential conflict of interest exists with respect to a particular grievance, a substitute Process Chair will be appointed through the same process.

Prior to Filing a Grievance

Prior to filing a grievance, a potential grievant may consult informally with the Process Chair concerning the Reappointment, Tenure, and Promotion Grievance Process and possible alternative approaches to the resolution of the matter giving rise to the grievance. Some disputes may be resolved satisfactorily at this informal consultation stage. The informal consultation process, however, does not relieve a potential grievant from the time requirements set forth below for filing a grievance.

Filing a Grievance

A grievance arising from a decision on reappointment, tenure, or promotion cannot be considered unless a written notice of intention to file a grievance is submitted within sixty (60) days after a faculty member is notified in writing of the completion of the full review process for reappointment, tenure, or promotion. Such notices are filed with the Process Chair, must identify the person(s), the title of the person(s), the position held by the person(s), or the committee(s) against whom the grievance will be directed (the “Respondents”), and must include a summary of the basis of the grievance. The complete grievance must be filed in writing with the Process Chair within ninety (90) days of the written notification of the faculty member that the full review process for reappointment, tenure, or promotion has been completed. The Process Chair will transmit copies of the notice and of the full grievance to the person(s) against whom the grievance is directed.

Ad Hoc Grievance Committee Composition

Upon receiving such a notice, the Process Chair will inform the Chair of the Faculty Senate, who will then initiate the process for forming an Ad Hoc Grievance Committee appropriate to the grievance. The Chair of the Faculty Senate in consultation with, and with the concurrence of, the Provost or, in the case of faculty in the School of Medicine-Clinical Departments, the Dean of the School of Medicine, depending on the school of the grievant, will name four members of the faculty to serve as an Ad Hoc Grievance Committee for that grievance, in addition to the Process Chair. One of these four members will be selected through the same process to serve as Chair of the Ad Hoc Grievance Committee. The Process Chair serves as a voting member of the Ad Hoc Grievance Committee and the Ad Hoc Grievance Committee Chair, who must be tenured and hold the rank of Professor, is the point of contact for the grievance until its conclusion. Faculty members appointed to the Ad Hoc Grievance Committee must:
a. be tenured and hold a higher rank than that of the grievant (or the same rank, if the grievant has the rank of Professor), and

b. have been tenured faculty members for at least four years, at least two of which were at Vanderbilt.

Individuals who have had prior involvement in the case (for example, as a member of the grievant’s department or as a member of a school promotion review committee) or who otherwise have a conflict of interest will not be appointed. At least two, but not more than three, which may include the Process Chair, shall be drawn from a pool consisting of faculty members who have previously served on the Promotion and Tenure Review Committee. For a grievance against the Provost or the Dean of the School of Medicine, the Chancellor in consultation with the Chair of the Faculty Senate will designate an appropriate substitute to serve in this selection process.

Members selected for this Ad Hoc Grievance Committee should sign a statement indicating that they can serve impartially and are aware of no conflict of interest with respect to that grievance. The signed statements are submitted to the Chair of the Faculty Senate and, together with all other collected documentation, shall be kept on file in the Faculty Senate office. After the committee has been selected, the Chair of the Faculty Senate will notify the grievant and those charged (the “parties”) of its membership. If any of the parties is concerned about the impartiality or conflict of interest of one or more members, this concern may be brought to the attention of the Chair of the Faculty Senate in writing. The Chair of the Faculty Senate in consultation with and with the concurrence of, the Provost or, in the case of faculty in the School of Medicine Clinical Departments, the Dean of the School of Medicine, determine whether any member should be replaced.

Ad Hoc Grievance Committee Deliberations

The Ad Hoc Grievance Committee will initially review a grievance to determine whether it was filed in a timely manner and whether it states one or more of the enumerated grounds that may be considered through the Reappointment, Tenure, and Promotion Grievance Process. A grievance failing to meet either of these tests will be dismissed. If the grievance is not dismissed, the Ad Hoc Grievance Committee will then determine whether the allegations, under the assumption that they are true, support a claim within one or more of the grounds that may be considered through the Reappointment, Tenure, and Promotion Grievance Process. If they do not, the grievance will be dismissed. Upon dismissing a grievance, the Ad Hoc Grievance Committee Chair will inform the parties in writing of the grounds for dismissal.

If the grievance is accepted for consideration, the Ad Hoc Grievance Committee will inform the person or persons against whom the grievance is filed (the “respondent(s)”) that a response is to be submitted to the Ad Hoc Grievance Committee Chair. The response should be submitted as soon as reasonably practical, but not later than sixty (60) days after the response has been requested. The Ad Hoc Grievance Committee Chair shall provide a copy of the response(s) to the grievant. If a response includes confidential information, the Ad Hoc Grievance Committee will provide the grievant with a summary of that information.
The Ad Hoc Grievance Committee will invite the parties to meet separately with it for the purpose of clarifying or adding to the written statements or to respond to questions. Attorneys may not appear with or on behalf of the grievant, witnesses, or the University in proceedings before the committee. It is assumed that either party may rely on legal counsel in the preparation of any documents or the collection of any evidence to be presented to the committee.

The Ad Hoc Grievance Committee shall have full access to the grievant’s reappointment, tenure, or promotion file. It may, in confidence, seek information from other persons or request other documents. It will not routinely be provided with access to the personnel files of other faculty members. If the Ad Hoc Grievance Committee believes that access to such files would be likely to aid materially in the resolution of the grievance, it may request access to specific files from the Provost or, in the case of faculty in the School of Medicine-Clinical Departments, the Dean of the School of Medicine. The designated files will be provided unless the Provost or the Dean of the School of Medicine determines that the information in the files is not relevant because it would not materially aid in the resolution of the grievance. If the decision is made not to provide the requested files, the decision and the reasons for the decision will be communicated in writing to the Ad Hoc Grievance Committee Chair. If the Provost or the Dean of the School of Medicine is charged in the grievance, the Chancellor will designate a substitute to make this determination.

Ad Hoc Grievance Committee Decision and Report

The Ad Hoc Grievance Committee will maintain a record of its proceedings, including written summaries of relevant information and testimony. Prior to writing its report, the Ad Hoc Grievance Committee will submit to the parties a list of all individuals who provided testimony or other information to the Committee. These parties may submit written comments on this list within seven days. The Ad Hoc Grievance Committee will then write preliminary findings of fact and submit them to the parties, who will be given fourteen (14) days in which to submit written responses. After considering the responses, the Ad Hoc Grievance Committee may continue its review or render a final report. The final report to be submitted to the Chancellor will include (1) a statement of the findings of fact, (2) conclusions as to how those findings of fact relate to one or more of the four grievance criteria, and (3) recommendations. (See Part IV, Chapter 2, Section C on procedures following submission of a Grievance Committee’s final report to the Chancellor.) A record of all proceedings shall be kept on file in the Faculty Senate office.

B: Grievances Other Than Those Arising From Reappointment, Tenure, and Promotion Decisions

The grievance process through the Faculty Senate Committee on Grievances (“Grievances Committee”) is available to a faculty member who believes that the University has breached an obligation owed to the faculty member, including but not limited to an obligation to adhere to: (a) express or implied terms of a faculty member’s contract, including relevant portions of the Faculty Manual; (b) commonly accepted norms of professional responsibility and academic freedom; (c) stated or commonly understood standards of fair and reasonable procedures; and (d) the University’s nondiscrimination and Sexual Misconduct policies (other than those that are subject to the Formal Grievance Protocol).
A faculty member may not be finally dismissed for cause prior to the disposition of any grievance arising from the dismissal. Potential grievants are encouraged to consult informally with the chair of the Grievances Committee concerning common understandings about the University’s obligations, standards of review applied by the Grievances Committee in prior grievance cases, and possible alternative approaches to the resolution of the dispute. Some disputes may be resolved satisfactorily at this stage outside the formal grievance process by informal mediation.

Filing Process

If a faculty member chooses to file a formal grievance, the grievance must be transmitted in writing to the chair of the Grievances Committee within sixty (60) days after the grievant becomes aware of the action forming the basis of the grievance. At the time a grievance is filed, the grievant must transmit a copy of the grievance and all supporting documents to the Chair of the Grievances Committee, who will notify the appropriate University representative(s) whose actions form the basis of the grievance (the “Respondents”), and transmit a copy of the grievance documents to the Respondents. Copies of any supplemental statements later filed by the grievant further to explain the complaint also must be transmitted by the grievant, at the time of filing, to the University representative(s) whose actions form the basis of the complaint.

Membership of the Grievances Committee

The grievant and respondent(s) will be informed in writing of the membership of the Grievances Committee with specific identification of the Committee Chair. If a grievant or respondent believes that any member of the Grievances Committee will not view the grievance with sufficient impartiality, they may file with the Committee a written request that said member recuse themselves/herself/himself from the hearing and disposition of the grievance. If either the member or the Chair of the Faculty Senate agrees that the member’s objectivity or impartiality is subject to question, then the member shall be removed from the hearing and disposition of that grievance. If two or more members of the Grievances Committee are recused with respect to a particular grievance, the Chair of the Faculty Senate shall appoint an equal number of Committee members to the number of those recused in their places with respect to that grievance.

Grievances Committee Deliberations

On receipt of a grievance, the Grievances Committee will convene to determine whether the grievance presents a good faith, nonspurious claim of breach of obligation by the University or its representatives. In reaching its determination, the Grievances Committee may rely on the written request of the faculty member and the supporting documents or may decide to hold a preliminary meeting to explore the matter further. The Grievances Committee, at this stage, will consider the statements or allegations of the faculty member in their most favorable light in order to determine whether the statements or allegations, if proven in a hearing, would establish a breach by the University of an obligation owed to the grievant.
The Grievances Committee will apply the following standard in making an initial determination about whether the grievant has presented a good faith, nonspurious claim: “Under the procedures adopted by the Grievances Committee, in implementation of its duties under the Faculty Manual, the Committee must determine at the threshold, first, whether allegations in the grievance taken in their most favorable light, if proven, would constitute a breach of an obligation owed to a faculty member as described in the Faculty Manual. If the answer to that question is yes, then the Grievances Committee must next determine, from the evidence presented, whether the grievant has a reasonable prospect of being able to prove the allegations made in the grievance. If the answer to both questions is yes, the Grievances Committee will establish a process for a further investigation of the grievance.”

The faculty member presenting a grievance and respondent(s) shall have a written reply by the chair of the Grievances Committee within a reasonably prompt time, which outlines the Committee’s plan of action.

The Grievances Committee shall review the case to assure that the University’s actions were procedurally and substantively sound. The University representative(s) whose actions form the basis of the complaint shall be asked to respond to the grievance in writing, briefly explaining their/her/his position on each major element of the complaint. In addition, the University representative shall be asked to supply in a timely manner any supporting documents not previously filed by the grievant. The Grievances Committee Chair shall provide a copy of the response(s) to the grievant. Each party to the grievance shall be asked to indicate whether they/she/he wishes to appear before the Grievances Committee to add to or explain the written record in the case. If such an appearance is requested, it will be scheduled at an appropriate point in the Grievances Committee’s inquiry. In addition, the Grievances Committee may on its own initiative request that either party appear to answer questions and may request the testimony of witnesses.

Attorneys may not appear with or on behalf of the grievant, witnesses, or the University in proceedings before the Senate Committee on Grievances. It is assumed that either party may rely on legal counsel in the preparation of any documents or the collection of any evidence to be presented to the Committee.

Record of Proceedings and Initial Report

The Grievances Committee will maintain a record of its proceedings, including written summaries of relevant information and testimony. Prior to writing its report, the Grievances Committee will submit to the parties a list of all individuals who provided testimony or other information to the Committee. These parties may submit written comments on this list within seven (7) days. The Grievances Committee will then write preliminary findings of fact and submit them to the parties, who will be given fourteen (14) days in which to submit written responses. After considering the responses, the Grievances Committee may continue its review or render a Final Report.


Section C
Final Reports

A Grievance Committee, whether the Faculty Senate Committee on Grievances (Grievances Committee) or one appointed through the Reappointment, Tenure, and Promotion Grievance Process (i.e., an Ad Hoc Committee), shall submit the final report of its decision to the Chancellor. As stated above, the final report will be in writing, and shall include findings of fact, conclusions, and recommendations. A copy of this report shall be made available to the grievant and to the respondent University representative(s) whose actions formed the basis of the complaint. If the Chancellor elects not to concur with the report, the Chancellor and the relevant Grievance Committee shall meet in an effort to reach agreement.

In any case concerning the dismissal of a faculty member for cause or raising significant issues of conscience or academic freedom in which the Chancellor does not concur with the decision or the recommendation of the Grievance Committee, the Chancellor shall submit a full written report to the next meeting of the Executive Committee of the Board of Trust specifying the reasons for the action. In any other case in which the Chancellor does not concur with the recommendation of the Grievance Committee, the Chancellor will ask the General Counsel to review the file and submit a written report to the next meeting of the Executive Committee of the Board of Trust stating the fact of that disagreement and the issue, or issues, on which the Chancellor disagreed. Copies of the Chancellor’s report (or the General Counsel’s report) shall also be transmitted to the chair of the Faculty Senate, to the chair of the Grievance Committee, and to the grievant and respondent(s).

A record of all proceedings under this Chapter shall be kept on file in the Faculty Senate office.

Section D
Confidentiality and Other Matters

Except as disclosures are reasonably necessary in the investigation, meetings, hearing(s), and final disposition of a grievance, the grievant, members of the Ad Hoc Grievance Committee or the Grievances Committee, and others having knowledge of a grievance are expected to preserve the confidentiality of the grievance, provided that any individuals accused in a grievance of misconduct shall be informed of the grievance and given the opportunity to respond to the charges.

The fact that a grievance is pending may not be used as grounds for delaying consideration of promotion or tenure beyond the time that such consideration is required by university rules.

A grievance may be withdrawn by the faculty member at any time prior to the issuance of the final report of the Ad Hoc Grievance Committee or the Grievances Committee. The withdrawal of a grievance shall not preclude the Dean or the Chancellor from investigating the charges contained in the grievance or related matters.

It is understood that there are legal requirements relating to the time limitations when one may file a charge of discrimination with federal or state human rights agencies. Should the grievant elect to file a charge with a governmental agency, this will not prejudice the grievance process.
E. Disciplinary Actions


i. Standards of Conduct

The faculty of the University is a community characterized by personal interaction and mutual trust. Standards for faculty conduct are derived from tradition and evolve with contemporary practice. Accordingly, grounds for discipline for members of the faculty of a university are usually not made the subject of precise statement; when commonly held standards of conduct are broken, however, disciplinary action must be taken if the community is to be sustained.

At Vanderbilt, the Deans of the schools are responsible for assuring that the University’s standards for faculty conduct are observed. Accordingly, Deans will, in cases in which there is a pattern of activity by a faculty member that appears questionable, advise the faculty member at the earliest reasonable date and counsel the faculty member concerning applicable standards of performance. In serious cases, a single instance of unacceptable activity by a faculty member may be serious enough to warrant discipline in addition to counseling. In other cases, the continued pursuit of a course of unacceptable activity after counseling by the Dean may warrant discipline.

Disciplinary actions against faculty members may include, but are not limited to, a reprimand, a probationary period with specified conditions, suspension (with or without pay), or dismissal for cause. The grounds for cause include: (a) professionally incompetent performance or neglect of duty; (b) gross personal misconduct rendering the person unfit for association with students or colleagues; (c) misconduct in research; and (d) conduct employing unlawful means to obstruct the orderly functioning of the University or Vanderbilt University Medical Center or to violate rights of other members of the University or Vanderbilt University Medical Center community.

The severity of any discipline shall not exceed a level that is reasonably commensurate with the seriousness of the cause.

Misconduct in research is considered to be a special case of deviation from standards of conduct established by the University or other practices that seriously deviate from those that are commonly accepted within the scholarly community for proposing, conducting, or reporting research. Misconduct in the pursuit of truth is inimical to the goals of this community and represents a breach in the commonly held standards of conduct of the community.
Faculty employed by the Vanderbilt University Medical Center will be subject to the standards of conduct adopted by the Vanderbilt University Medical Center, in addition to the standards of conduct adopted by the University, including those set forth in the Faculty Manual. Disciplinary and grievance actions for faculty members will be in accordance with the Faculty Manual. Vanderbilt University and Vanderbilt University Medical Center will coordinate actions whenever matters affecting both are involved.

The University defines misconduct by individuals involved in research or research training as: 1) falsification, fabrication, or theft of data or samples; 2) plagiarism; 3) unauthorized use of privileged information; 4) abuse of authorship; and 5) significant failure to comply with federal, state, University as or Vanderbilt University Medical Center rules governing research (or with appropriate professional or international rules when research is conducted outside the United States): examples include rules involving human subjects, animals, recombinant DNA, new drugs, new devices, radioactive materials, and preservation of antiquities and natural resources.

The intent of the University with respect to allegations of misconduct in research is to 1) recognize that honest error in judgment or interpretation of data does not constitute misconduct, 2) establish fair procedures for dealing with allegations of misconduct, 3) ensure that policies and procedures are made known to faculty and staff members, and 4) initiate confidential preliminary inquiries promptly after receiving an allegation of misconduct to determine whether a formal investigation is necessary.

A tenured faculty member may not be finally dismissed for cause prior to an opportunity for a hearing as provided in Part IV, Chapter 1, Section B. In cases where in the judgment of the Dean, the Provost, or the Chancellor, and after consultation with at least one other of these officers, immediate action against a tenured or non-tenured faculty member is necessary to prevent harm to the faculty member or others, the faculty member may be suspended pending a hearing. Any suspension is presumptively with pay; a decision to suspend a faculty member without pay requires a documented finding of exceptional circumstances by two officers (two among the Dean, Provost, and Chancellor) who authorize the suspension. See the remainder of this chapter as well as Part IV, Chapter 2, Section B, for further information about dismissal for cause.

ii. Procedures

In reaching a decision to discipline a faculty member, the Dean of the relevant school, hereinafter referred to as “the Dean,” shall afford that faculty member, hereinafter referred to as “the Respondent”, appropriate procedural protections to assure that the decision is fully informed and fair.
In the case of allegations concerning misconduct in research sponsored by the U.S. Public Health Service, the procedures shall apply found in the following Policy shall apply: The Vanderbilt University Policy for Responding to Allegations of Research Misconduct in Research Sponsored by the US Public Health Service.

To that end, the following general procedures shall apply in all cases of alleged faculty misconduct, or misconduct by a staff member participating in a research project.

1. Any allegation of misconduct should immediately be brought in written form to the attention of the Dean of the relevant school, who in turn will notify the Provost or the Vice Chancellor for Health Affairs of the existence of the allegations. Initial allegations of misconduct that are found to be false and maliciously motivated may themselves become the basis of a disciplinary action. But no allegations made in good faith, however incorrect, will be the basis for discipline against a complainant, and efforts will be made to assure that no retaliatory actions occur over the good faith reporting of alleged misconduct.

2. Upon receiving a report of misconduct, the Dean may conduct an initial inquiry to determine whether the allegations have merit and whether a formal investigation is warranted. Such an initial inquiry will be completed as expeditiously as possible with a goal of completing it within sixty (60) days. The Dean, at their/her/his discretion, may appoint one or more persons, including an ad hoc committee, to conduct the initial inquiry and make a recommendation to the Dean. The initial inquiry is not a formal hearing, but a gathering and reviewing of facts to determine whether a full investigation is warranted or, alternatively, whether the facts do not sufficiently support the need for a full investigation.

As soon as possible after they are received, but within thirty days, the Respondent will be given written notice of the allegations, including references to the time, place, others present, etc., when the alleged acts occurred. This notice must reasonably inform the Respondent of the specific activity that is the basis of the allegations. The Respondent will be afforded confidential treatment to the maximum extent possible. It is normally expected that persons having or reasonably believed to have direct knowledge or information about the activity that is the basis of the allegations will be consulted and that those consulted will maintain the confidence of the consultation. The person or persons bringing allegations of misconduct may request that their identity be withheld during this stage of the initial inquiry, but their identity must be disclosed to the Respondent should the process proceed to the stage of formal investigation. The Dean will notify the Provost of the outcome of this initial inquiry. Where the initial inquiry involves allegations of misconduct in research, the records of the inquiry will be kept for at least three years and may be provided to authorized funding agency personnel.

3. Regardless of whether the Dean decides to conduct an initial inquiry, the accused faculty member will be invited to make a response in writing to the Dean regarding the allegations of misconduct. At his or her option, the accused faculty member may also respond in person.

4. Based on the allegations, the initial inquiry (if any), and the response of the accused, the Dean shall make a decision falling into one of two categories:
a. That insufficient grounds have been presented to warrant further pursuit of the allegation and, therefore, that the accused will be subject to no discipline or that grounds exist only for minor discipline. The Dean will maintain sufficiently detailed documentation of inquiries to permit a later assessment, if necessary, of the reasons for determining that an investigation was not warranted. In the case of faculty in School of Medicine Basic Science Departments, the Provost or Provost’s designee will fulfill the functions of the Dean.

b. That there is presumptive evidence for major discipline and that a formal investigation is warranted. If so, the Dean will notify the Respondent in writing, summarizing the evidence received, relevant interviews, and the conclusions of the initial inquiry, if any.

If, in the previous step, the Dean determines that minor discipline is warranted, the final disciplinary action will be taken by the Dean at that point with the matter being subject to the grievance process set forth in Part IV, Chapter 2, Section B.

If, in the previous step, the Dean concludes that grounds for major discipline may exist, the Dean will so notify the faculty member and will appoint and convene an ad hoc faculty committee, hereinafter referred to as “the Investigative Committee,” generally within thirty days to carry out an investigation.

5. If federal regulations require, as in the case of alleged misconduct in research, the Dean will, on or before the date the investigation begins, notify the Office of Scientific Integrity (OSI), within the Department of Health and Human Services, or other appropriate agency, of the circumstances and of plans to conduct an investigation. Similarly, the Dean will notify the OSI or other appropriate agency during any stage of the inquiry, and may take appropriate interim measures, if it appears that any of the following conditions exist:

   a) there is an immediate health hazard involved;
   b) there is an immediate need to protect federal funds or equipment or there is a need to protect the funding agency’s resources, reputation, or other interests;
   c) there is an immediate need to protect the interests of the person(s) making the allegations or of the individual(s) who is the subject of the allegations as well as his or her co-investigators and associates, if any;
   d) it is probable that the alleged incident is going to be reported publicly;
   e) the scientific community or the public should be informed;
   f) there is a reasonable indication of possible criminal violation. In that instance, the University will inform, if applicable, the OSI or other research oversight agency, as well as the appropriate law enforcement agency, within 24 hours of obtaining that information.

If thought necessary by the Dean, he or she may elect to suspend research in the relevant program(s) pending the outcome of the investigation.
6. The purpose of the formal committee investigation is to explore further the allegations in order to determine whether misconduct has actually occurred. In appointing the investigative committee, the Dean will include individuals with knowledge and background appropriate to carry out the investigation. The Dean will also take precautions against real or apparent conflicts of interest on the part of members of the investigative committee. Such conflicts of interest may include: administrative dependency, close personal relationships, collaborative relationships, financial interest, or scientific bias. The committee members will be expected to state in writing that they have no conflicts of interest.

The Investigative Committee will be given the notice of the allegations as provided to the Respondent and will be charged to investigate the matter. The Investigative Committee will be expected to talk with witnesses and review documentary evidence within sixty (60) days. The Investigative Committee will secure necessary and appropriate expertise to carry out a thorough and authoritative evaluation of the relevant evidence, advise the Respondent of the evidence against them/her/him, and offer the Respondent a reasonable opportunity to respond and present evidence. As in the initial inquiry stage, it is normally expected that persons having or reasonably believed to have direct knowledge or information about the activity that is the basis for the allegations will be consulted, and that those consulted will maintain the confidence of the consultations.

Complete summaries of committee interviews with witnesses shall be prepared, provided to the interviewed party for comment or revision, and included as a part of the investigatory file. Detailed minutes of the investigation will be kept.

Attorneys may not appear with or on behalf of the Respondent or any witness in proceedings before the Investigative Committee. The Respondent and other witnesses may rely on their own legal counsel in the preparation of any documents or the collection of any evidence to be presented to the Investigative Committee.

During the formal proceedings before the Investigative Committee, the Respondent shall have full access to all evidence that may form the basis of discipline within a reasonable time to allow the Respondent to respond to the evidence, including knowledge of the person or persons alleging misconduct. Only with such full access is the Respondent afforded an adequate opportunity to refute or explain the evidence. Thus, evidence normally must be acquired by the Dean or Investigative Committee for use in the investigation with no assurances of confidentiality of sources. If such an assurance of confidentiality must be given to facilitate investigation, the evidence obtained under that assurance may not be used as a basis of disciplinary action. The Investigative Committee will allow the Respondent to submit a written response to the evidence that may form the basis for discipline before the Investigative Committee writes its report to the Dean.

The Investigative Committee will reach findings of fact in regard to the Dean’s charge. If the committee finds facts that appear to constitute a breach of relevant University or scholarly standards of performance or conduct, the committee’s report shall state the nature of the breach and assess the seriousness of the breach. A written report containing the methods of procedure, how and from whom the information was obtained, including the views of those found to have been engaged in misconduct, conclusions, and recommendations of the committee
will be submitted to the Dean with a copy to the Respondent at the end of the investigation. All records of the investigation will be maintained under the control of the Dean.

7. After receiving the report with findings of fact from the committee, the Dean will reach a decision and determine the disciplinary action and the appropriate sanctions to be taken against the accused. The severity of the discipline will not exceed a level that is reasonably commensurate with the seriousness of the cause. The disciplinary actions or sanctions may include, but are not limited to, any of the following: a) reprimand; b) a requirement to correct or retract publications affected by the findings of the investigation; c) a special program for monitoring future research activities; d) removal from a project; e) probation; f) suspension; g) reduction in salary and/or rank; or h) termination of employment.

The Dean will notify the Provost or the Vice Chancellor for Health Affairs and, if appropriate, will provide a full report to the OSI or other agency concerning the final outcome of the investigation.

8. The process of a formal misconduct investigation will be conducted as expeditiously as possible with a goal of being completed within one hundred and twenty (120) days. This period includes conducting the investigation, preparing the report of findings, making that report available for comment by the subjects of the investigation, and submitting the report to the Dean for decision and submission to the ORI or any other appropriate agency.

All of the foregoing procedures should be carried out promptly and in confidence so that the risk to the reputation of the person under investigation is minimized. Diligent efforts will be made to restore reputations of persons alleged to have engaged in misconduct when allegations are found not to be supported.

9. A person who has been disciplined may file a grievance with the appropriate University committee in accordance with the grievance process set forth in Part IV, Chapter 2, Section B (“Faculty Grievances”). After a final decision is reached, the University may, at its discretion, provide notice of the outcome to those persons who were informed about the investigation, may have been affected by the misconduct, or otherwise have a professional need for such information.
F. Clinician Professional Practice Evaluation

### Policy: Clinician Professional Practice Evaluation

<table>
<thead>
<tr>
<th>Category</th>
<th>Policy Number</th>
<th>Approval Date</th>
<th>Effective Date</th>
<th>Supersedes</th>
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<tbody>
<tr>
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<td>QSRP 10-10.12</td>
<td>February 2021</td>
<td>February 2021</td>
<td>May 2018</td>
</tr>
</tbody>
</table>

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### Applicable to
- [x] Adult Enterprise
- [x] Pediatric Enterprise
- [x] Behavioral Health Enterprise

### Team Members Performing
- [x] Other: MD and all clinicians with clinical privileges
- [ ] All faculty & staff providing direct patient care or contact
- [ ] Faculty & staff
- [ ] MD
- [ ] House Staff
- [ ] APRN/PA
- [ ] RN
- [ ] LPN

### Responsible Committee
- [x] Clinical Operations Committee
- [x] Clinical Practice Committee
- [x] Quality Steering Committee
- [x] Infection Prevention Executive Committee
- [ ] Pharmacy, Therapeutics, and Diagnostics Committee
- [ ] Health Record Executive Committee
- [ ] Information Privacy and Security Executive Committee
- [ ] Medical Center Safety Committee

### Content Experts
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- Warren Sandberg MD, Chief of Staff
- Shubhra Jagasia MD, Chief of Staff
- Chad Fitzgerald, Regulatory Officer and VP Health System Emergency Operations
- Brittany Youngblood, Assistant Director, Accreditation and Standards

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I. **Purpose:**

To promote safe and effective care and to support a culture consistent with VUMC goals, the medical staff engages in ongoing assessment of the performance of clinically privileged individuals through Ongoing Professional Performance Evaluation (OPPE) and Focused Professional Performance Evaluation (FPPE).
II. Policy:

All clinically privileged individuals will undergo ongoing assessment of their performance through Ongoing Professional Performance Evaluation (OPPE) and Focused Professional Performance Evaluation (FPPE). Data from OPPE and FPPE will be used by the service chief or the service chief’s designee to support privileging decisions.

III. Clinician Professional Practice Evaluation:

A. All clinically privileged individuals participate in Professional Performance Evaluation. Clinically privileged individuals are either undergoing FPPE or OPPE at any point in time.

B. Information from FPPE and OPPE is compiled and used by the service chief or the service chief’s designee to support privileging decisions.

IV. Focused Professional Performance Evaluation (FPPE):

A. FPPE is a time-limited process initiated for all clinically privileged individuals: 1) newly appointed to medical or professional staff and granted clinical privileges or approved for new clinical privileges between reappointment cycles; or, 2) who meet predefined triggers suggesting a need for performance monitoring to ensure the delivery of safe, high-quality patient care.

B. FPPE is conducted when the following conditions occur:

1. First 6 months or predefined number of procedures or activities based on the frequency of the procedure or activity selected by clinical service chief or designee;
2. Clinician meets triggers suggesting a difference in performance from group norms or standards; or,
3. Single events necessitating further performance review.
C. Triggers include:

1. Performance on any general competency which appear to differ from group norms or standards;
2. Events potentially detrimental to delivery of patient care or patient/staff safety;
3. Concerns for unethical or illegal behavior; and
4. Actions that appear to be contrary to VUMC Bylaws or disruptive to VUMC operations.

D. The evaluation includes the clinician’s ability to practice safe and effective care based on review of practice-specific qualitative and quantitative data covering the six general competencies, including:

1. Patient care;
2. Medical/clinical knowledge;
3. Systems-based practice;
4. Practice-based learning;
5. Interpersonal communication; and
6. Professionalism.
E. Sources of data for FPPE may include:

1. Direct observations
2. PARS/CORS Data
3. Chart reviews or overreads
4. Case lists
5. Outcome databases
6. Simulation
7. Discussion with others involved in care
8. Peer or patient surveys, complaints
9. Note if zero data, the evaluator will need to consider why zero data are available and ensure the clinically privileged individual continues to meet the requirements for the requested privileges.

F. FPPE is performed by a proctor with appropriate experience/knowledge to evaluate assigned by the service chief or designee. The Proctor reviews available data and reports findings to chief or designee. External review may be sought if there is a conflict of interest or the procedure is new to VUMC. At the end of the FPPE, next steps are initiated based on the Proctor and Service Chief’s Assessment of adherence to onboarding or monitoring plan, and the clinician’s performance at the end of the predefined period, or response to measures implemented to resolve performance issues, and could include:

1. Transition to OPPE;
2. Continue FPPE as is or with additional elements for an additional time-limited period; or
3. Pursue action to limit or revoke privileges as described in Article XIII of the Medical Staff Bylaws.

G. Documentation:

1. Initiation of FPPE is documented in writing with the reasons for the FPPE, the assigned Proctor, the elements of the FPPE, and the time-limited period of review. The presence of FPPE is communicated to Provider Support Services.
2. For routine FPPE initiated for individuals newly appointed to medical or professional staff and granted clinical privileges or approved for new clinical privileges between reappointment cycles, the above information is included with their initial appointment letter.
3. For FPPE initiated for triggers or single events necessitating further performance review, the documentation is provided to the individual by the service chief or designee and communicated to Provider Support Services.

4. Completion of FPPE or need to pursue further action is documented in writing with the results and interpretation of the FPPE data and the plans for next steps (i.e. move to OPPE, continue FPPE as is or with additional evaluation, or other actions). The status of the FPPE is communicated to Provider Support Services.

V. Ongoing Professional Performance Evaluation (OPPE):

A. OPPE is a continual process to evaluate a clinician’s practice, identify professional practice trends that impact quality of care and patient safety and to validate on-going competence for existing clinical privileges.

B. OPPE is performed for all clinically privileged individuals who are not on FPPE.

C. OPPE is conducted continuously, and data are compiled and reviewed—every 6 months (at least three times per credentialing cycle).

D. OPPE is performed by the Service Chief or Designee, who reviews available data and decides to:

   1. Continue OPPE;
   2. Transition to FPPE; or,
   3. Pursue action to limit or revoke privileges in accordance with Article XIII of the Medical Staff Bylaws.
E. OPPE evaluates the clinician’s ability to practice safe and effective care based on review of practice-specific qualitative and quantitative data covering the six general competencies. Example metrics are shown in the appendix:

1. Patient care;
2. Medical/clinical knowledge;
3. Systems-based practice;
4. Practice-based learning;
5. Interpersonal communication; and
6. Professionalism.

F. Sources of data for OPPE may include:

1. Direct observations;
2. PARS/CORS data;
3. Chart reviews or overreads;
4. Case lists;
5. Outcome databases;
6. Simulations;
7. Discussions with others involved in care;
8. Peer or patient surveys, complaints;
9. Note if zero data, consider why zero?

G. Triggers for a change in status include:

1. Performance on any general competency which appear to differ from group norms or standards;
2. Events potentially detrimental to delivery of patient care or patient/staff safety;
3. Concerns for unethical or illegal behavior; and
4. Actions that appear to be contrary to VUMC Bylaws or disruptive to VUMC operations.

VI. Documentation:

At the completion of each review cycle, the results of the OPPE review are conveyed to the clinically privileged individual. Provider Support Services is notified that OPPE has been completed and the status.
VII. Use of Clinician Professional Performance Evaluation to Guide Privileging Decisions:

A. At the time of recredentialing, the service chief or the service chief’s designee reviews compiled data from OPPE and/or FPPE to support privileging decisions.

B. Failure to successfully complete an FPPE or to participate faithfully in OPPE, may result in corrective action as outlined in Article XIII of VUMC Medical Staff Bylaws.

VIII. Confidentiality:

Access to credentials files is limited to the individuals, committees and boards as outlined in the VUMC Medical Staff Bylaws. All credentialing related committees and professional review processes constitute quality improvement/peer review committees pursuant to state and federal law. These files shall be privileged pursuant to TCA § 63-5-217.
IX. Endorsement:

Quality Steering Committee  January 2021
Medical Center Medical Board  February 2021

X. Approval:

Marilyn Dubree, MSN, RN, NE-BC  2/26/21
Executive Chief Nursing Officer, VUMC

C. Wright Pinson, MBA, MD  2/26/21
Deputy CEO and Chief Health System Officer, VUMC

XI. References:


Medical Staff Standards MS.08.01.01; MS.08.01.03


Joint Commission Resources. Are you on board with The Joint Commission’s FPE/OPPE requirements? Hospital Peer Rev. 2009; 34(12): 137-41.


Governance Category:
VUMC Medical Staff Bylaws
VUMC Medical Staff Rules and Regulations
G. Faculty Leave

i. Faculty Time Away

Time Away is characterized and counted as any normal workday that a provider is not on the Vanderbilt campus, or normal place of business if applicable, such as an off-site clinic. It may be time taken for vacation, sick, holidays, personal activities or for professional external activities (as defined under Vanderbilt’s Conflict of Commitment Policy. The maximum number of allowable days for time away for the Section of Surgical Sciences is forty-two. Extraordinary circumstances or responsibilities may require exceptions to this limit and may be approved by the Chair of the Department in consultation with the Chair of the Section of Surgical Sciences after review of a detailed Conflict of Commitment Disclosure report by the faculty member. Per this policy, Time Away exceeding 50 days commitment, inclusive of holidays, requires a conflict of Commitment disclosure report and approval by both the Section Chair and the Dean of the School of Medicine.

It is the responsibility of the faculty member to communicate to the Department Chair, Division Chief, or designee to obtain timely review and approval for time away using the online tool Faculty Time Away Request Form located on the Section’s website (https://medschool.vanderbilt.edu/surgical-sciences/faculty-time-away-request-forms).

Time away for local travel within the region of the VHAN Network for activities (outreach, marketing, program development, educational conferences) which are planned by the department or by Vanderbilt University are considered Vanderbilt work activities and are approved reasons that will not count against the 42 days. Absence from clinical activities such as clinic sessions or the faculty member’s procedural day must also be requested through the VMG Provider Time Away portal/tool, meet expectations for requesting Provider Time Away and must be approved in advance, preferably 42 days prior to clinic to minimize impact to patient care. (Section’s Complete Policy on Faculty Vacation and Time Away as well as Faculty & Staff Travel Policy are on the Sections website).


Section Faculty and Staff Travel Policy - https://www.vumc.org/surgical-sciences/sites/vumc.org.surgical-sciences/files/public_files/PDF/SectionFacultyStaffTravel.pdf
ii. VMG Provider Time Away

All time away impacting clinics or other clinical time such as allocated OR time must be recorded in the Provider Time Away system and appropriate clinics closed or alternately covered in accordance with established policy. Requests for Provider Time Away made less than 42 days prior to the absence are not approved unless there is a personal or family illness, emergency, or other compelling reason for such absence.

*All non-emergent requests to cancel clinics with less than 42 days of notice must be approved by the Department Chair or Division Chief in advance. Faculty providers are expected to make up missed clinics and surgical procedures that are cancelled by the provider with less than a 42 day notice.*

Link to the online VMG Provider Time Away Tool: [https://timeaway.app.vumc.org/#/requests/find](https://timeaway.app.vumc.org/#/requests/find)

(Requires sign-on with your VUNetID and Password)

**PowerPoint instructions for creating new request:**


iii. Parental Leave Policy

[Faculty Parental Leave Policy | Faculty Affairs & Career Development (vumc.org)](https://www.vanderbilt.edu/faculty-manual/part-vi-faculty-benefits/ch4-leaves-of-absence/)

A full-time faculty member who becomes the parent of a child, or whose spouse becomes the parent of a child, either by childbirth or through adoption of a minor child, shall be entitled to a leave of up to twelve weeks. If a faculty member and their/her/his spouse would otherwise both be eligible for parental leave under this policy, both may take this parental leave, but not simultaneously and not for more than a combined total of twelve (12) weeks.

The request for this leave should be in writing to their/her/his department chair or, in the School of Nursing, the program director and appropriate associate dean. A copy of the agreement shall be submitted to the dean of the school. The agreement shall include a letter from the faculty member indicating that the purpose of the leave will be to serve as a primary caregiver for that child during the period of leave. The request should be made as soon as reasonably possible after the need for a leave becomes known in order to minimize the administrative burden of ensuring adequate coverage. The parental leave will ordinarily be taken in the perinatal period or near the time the child is placed for adoption. Special circumstances may be agreed upon with the approval of the department chair or, in the School of Nursing, the program director and appropriate dean. Such special
circumstances must also receive endorsement from the dean of the school. The faculty member will be relieved of their/her/his normal duties and responsibilities during the period of leave. A faculty member who takes a parental leave is expected to return to active status.

The benefits afforded faculty under this policy are intended to be consistent and not in conflict with the rights afforded under the Federal Family and Medical Leave Act (FMLA). Any leave taken under this policy is intended to count as and run concurrent with FMLA leave, and the written agreement should clearly state that intention. Under the Tennessee Maternity Leave Act (TMLA), faculty who give birth may request up to four weeks of additional leave beyond the twelve weeks defined by this policy.

A faculty member who takes parental leave under this policy shall receive salary and benefits for up to six (6) weeks. For faculty on variable or performance salaries, the salary to be paid will be the average of the salary paid during the four months prior to the effective date of the leave. If additional weeks of leave are requested, full benefits but not salary will be maintained for up to a maximum of an additional ten weeks.

For purposes of this policy, parental leave in the case of multiple birth or simultaneous placement for adoption of multiple children counts as one leave event.

Section Faculty Parental Leave Process:
Tab IV – Finance

A. Overview of Accounting

i. Understanding Center Numbers

The General Ledger Accounting System has two types of centers, a low–level center and a summary center.

Low-Level Centers

A low level center is used to accumulate financial data for the University by individual departments or purpose within specific areas. A low–level center number consists of ten digits, all numeric. The four fields and positions are as follows:

<table>
<thead>
<tr>
<th>Position</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Type of fund</td>
</tr>
<tr>
<td>2 &amp; 3</td>
<td>Division</td>
</tr>
<tr>
<td>4, 5 &amp; 6</td>
<td>Department Number</td>
</tr>
<tr>
<td>7, 8, 9 &amp; 10</td>
<td>&quot;Unique identifier&quot;</td>
</tr>
</tbody>
</table>

Type of Fund

The fund types are predefined for position one as follows:

*1 = Operating (Unrestricted) funds, excluding Hospital
2 = Hospital unrestricted funds
3 = Operating Centers – Self–Balancing (Mainly VMG funds)
4 = Designated (Restricted) funds/ all areas
5 = Loan funds
6 = Endowment funds
7 = Life income funds
8 = Plant funds
9 = Agency funds
* Fund in which unrestricted revenues and expenditures are budgeted in University Central Budget System.

Explanation of Fund Types
Operating (Unrestricted) current funds include all resources received for which no stipulation was made by a donor or other external agency as to the purpose for which the funds should be expended. Current operating funds are intended for general operating purposes (Centers that begin with 1, 2 (Hospital), and 3 (Self-Balancing and Vanderbilt Medical Group [VMG] mainly).

Designated (Restricted) current funds are those resources available for financing operations but limited by the donor or other external agencies to specific users, for example, a research project or departmental chair (Centers that begin with 4).

Loan funds are used to account for resources available for loans to students. (Centers that begin with 5).

Endowment funds are not expendable but are invested or are available for investment for the purpose of producing revenue (Centers that begin with 6).

Life Income funds are composed of funds acquired by an institution on the condition that it pays stipulated amounts periodically or for a lifetime to the donor or other designated person (Centers that begin with 7).

Plant funds are used for four purposes: (1) acquisition of long-lived assets, (2) renewal and replacement of institutional properties, (3) debt service charges and retirement of indebtedness on institutional plant, and (4) the cost of long lived assets (Centers that begin with 8).

Agency funds are held by the institution which acts as a custodian or fiscal agent for students, faculty, staff members, or organizations (Centers that begin with 9).

Summary Centers

A summary center is used to accumulate information of low-level centers at various levels within the system for reporting purposes. Each summary center is identified with a six position alphanumeric name. The three most common types of summary centers are for departments, divisions, and type of fund. Divisional summary centers for the unrestricted fund are as follows:

<table>
<thead>
<tr>
<th>Division</th>
<th>Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals &amp; Clinic (includes Cardiology)</td>
<td>HOSP</td>
</tr>
<tr>
<td>School of Medicine &amp; VMG</td>
<td>MSTOT</td>
</tr>
<tr>
<td>School of Nursing</td>
<td>NS1TOT</td>
</tr>
<tr>
<td>Medical Center Other</td>
<td>MCO</td>
</tr>
<tr>
<td>Other Auxiliaries</td>
<td>OAM</td>
</tr>
<tr>
<td>Health Services, Inc.</td>
<td>VHS</td>
</tr>
<tr>
<td>Health Plans</td>
<td>VHS</td>
</tr>
</tbody>
</table>
Divisions

The divisions are predefined for positions two and three as follows:

<table>
<thead>
<tr>
<th>Division</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Vanderbilt University Hospital</td>
<td>01</td>
</tr>
<tr>
<td>Vanderbilt Psychiatric Hospital</td>
<td>02</td>
</tr>
<tr>
<td>Vanderbilt Clinics and VMG Williamson County Division</td>
<td>03</td>
</tr>
<tr>
<td>School of Medicine</td>
<td>04</td>
</tr>
<tr>
<td>School of Medicine (VMG)</td>
<td>05</td>
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<tr>
<td>School of Nursing</td>
<td>06</td>
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<tr>
<td>Education</td>
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<td>08</td>
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<td>Monroe Carell, Jr. Children´s Hospital and Doctors Office Tower</td>
<td>09</td>
</tr>
<tr>
<td>Medical Auxiliaries</td>
<td>11</td>
</tr>
<tr>
<td>Vanderbilt Heart and Vascular Institute</td>
<td>12</td>
</tr>
<tr>
<td>Vanderbilt Heart and Vascular Institute - Pediatrics</td>
<td>14</td>
</tr>
<tr>
<td>Vanderbilt Health Services Inc. Elimination</td>
<td>15</td>
</tr>
<tr>
<td>Vanderbilt Bedford County Hospital</td>
<td>161</td>
</tr>
<tr>
<td>Vanderbilt Tullahoma Hospital</td>
<td>162</td>
</tr>
<tr>
<td>Vanderbilt Health Professional Solutions</td>
<td>18</td>
</tr>
<tr>
<td>Vanderbilt Health Services, Inc.</td>
<td>19</td>
</tr>
</tbody>
</table>

Department Number

The three–digit department number in positions four, five, and six is based upon the reporting structure and areas within each division. The three digit identifier for the Department of Thoracic Surgery is:

726 – Department of Thoracic Surgery
**Summary Centers**

Below are the Summary Centers for the Department of Surgery:

<table>
<thead>
<tr>
<th>Division</th>
<th>Unrestricted Summary Centers</th>
<th>VMG Summary Centers</th>
<th>Restricted Summary Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Thoracic Surgery</td>
<td>THSCH1</td>
<td>THORV3</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>THOR53</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>THOR73</td>
<td></td>
</tr>
</tbody>
</table>

**Unique Identifiers**

The last four positions, seven, eight, nine and ten, are used to further identify the purpose of individual centers.

The **Operating (Unrestricted)** fund (1), **Hospital** fund (2), and the **Agency** fund (9) have limited use of the unique identifier.

The majority of the low–level centers in these funds end with four (4) zeros.

The **Operating Self–Balancing** fund (3) uses the unique identifier to identify center type and for VMG Centers, individual doctors.

The **Designated (Restricted)** fund (4) uses the unique identifier to identify source of funding and collection method.

The **Loan** fund (5) uses the unique identifier to identify the type of loan.

The **Endowment** fund (6) and Life Income fund (7) use the unique identifier to identify the type of endowment or income.

The **Plant** fund (8) uses the unique identifier to identify the specific type of plant fund.
ii. **Understanding Accounts**

**Balance Sheet Account Numbers Used in All Funds Except Current Operating (Unrestricted):**

(19XXXXXXX, 4, 5, 6, 7, 8 & 9XXXXXXX)

<table>
<thead>
<tr>
<th>Subcategories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td>1XXXX</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td>2XXXX</td>
</tr>
<tr>
<td><strong>FUND BALANCES</strong></td>
<td>3XXXX</td>
</tr>
</tbody>
</table>

- **Assets**
  - Cash in bank: 10000 - 10999
  - Cash w/Trustees & Petty Cash: 11000 - 11999
  - Investments: 12000 - 12999
  - Accounts Receivable: 13000 - 15999
  - Notes Receivable: 16000 - 16999
  - Inventories: 17000 - 17999
  - Prepaid Expense, Deferred Charge: 18000 - 18999
  - Fixed Assets: 19000 - 19999

- **Liabilities**
  - Accounts Payable: 20000 - 20999
  - Other Current Liabilities: 21000 - 21999
  - Other Accruals: 22000 - 22999
  - Deposits/Advances: 23000 - 23999
  - Accrued Compensation: 24000 - 24999
  - Payroll Payables: 25000 - 25999
  - 3rd Party Payables: 26000 - 26999
  - Deferred Revenues: 27000 - 27999
  - Long Term Debt: 28000 - 28999

- **Fund Balances**
  - Fund Balances: 30000 - 33999
  - Revenues & Additions: 34000 - 34689
  - Expenses & Deductions: 35000 - 35699
  - Transfers Between Funds: 34690 - 34999
  - Transfers Between Funds: 35700 - 35999
Revenues for Current Operations and Agency Funds

(1, 2, 3, & 9xxxxxxxxx)

<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Revenue Allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>PATIENT CARE</td>
<td>40000 - 43999</td>
</tr>
<tr>
<td>SCHOOLS &amp; GENERAL</td>
<td>44000 - 44999</td>
</tr>
<tr>
<td>AUXILIARIES</td>
<td>46000 - 46999</td>
</tr>
<tr>
<td>REVENUE ALLOCATIONS</td>
<td>47000 - 47999</td>
</tr>
</tbody>
</table>

Subcategories

Patient Care

Inpatient Revenues 40000 - 40399
Outpatient Revenues 40400 - 40599
Outside Services Revenues 40600 - 40799
Miscellaneous 40800 - 40999
Professional Practice Income 41000 - 41099
Inpatient Deductions 43000 - 43299
Outpatient Deductions 43500 - 43999

Schools & General

Tuition 44000 - 44399
Fees 44400 - 44499
Government Grants & Contracts 44500 - 44599
Gifts, Private Grants & Contracts 44600 - 44699
Endowment Income 44700 - 44729
Investment Income 44730 - 44769
Sales & Service of Educational Activities 44800 - 44899
Other Sources 44770 - 44799
Other Sources 44900 - 44999

Auxiliaries

Dining Services 46000 - 46099
Bookstore 46100 - 46199
Housing 46200 - 46299
Athletics 46300 - 46499
Printing Services 46500 - 46649
Investment in Real Estate 46650 - 46699
Student Recreation Center 46700 - 46749
Subcategories
Information Technology Services 46850 - 46899

Revenue Allocations (Contra Revenues)
Plant Operations Allocations 47000 - 47199
Income Distribution System 47200 - 47499
General Revenue Allocations 47500 - 47999

Expenses for Current Operations, Plant and Agency Funds
(1, 2, 3, 4, 5, 6, 7, 8 & 9xxxxxxxxx)

<table>
<thead>
<tr>
<th>Category</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>50000 - 59999</td>
</tr>
<tr>
<td>GENERAL EXPENSE</td>
<td>60000 - 69999</td>
</tr>
<tr>
<td>FACILITIES/PLANT RELATED</td>
<td>70000 - 79999</td>
</tr>
<tr>
<td>ALLOCATIONS/TRANSFERS/OVERHEAD</td>
<td>80000 - 89999</td>
</tr>
<tr>
<td>STATISTICAL ACCOUNTS</td>
<td>9xxxx</td>
</tr>
</tbody>
</table>

Subcategories
Salaries & Benefits
Salaries & Wages 50000 - 54999
Benefits 55000 - 59999

General Expenses
Supplies
General 60000 - 60499
Medical 60500 - 60999
Administrative - Includes: Insurance, Taxes, Licenses, Telephone, etc. 61000 - 61999

Travel 62000 - 62999

Scholarships & Student Aid 64000 - 64999

Library Related 66000 - 66999

Professional Services
Medical 63000 - 63499
General 63500 - 63999
<table>
<thead>
<tr>
<th>Subcategories</th>
<th>65000 - 65999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Related</td>
<td>65000 - 65999</td>
</tr>
<tr>
<td>Costs of Goods Sold</td>
<td></td>
</tr>
<tr>
<td>Dining Services</td>
<td>67000 - 67099</td>
</tr>
<tr>
<td>ITS - Telecommunications</td>
<td>67100 - 67199</td>
</tr>
<tr>
<td>Bookstore</td>
<td>67200 - 67299</td>
</tr>
<tr>
<td>Printing Services</td>
<td>67400 - 67599</td>
</tr>
<tr>
<td>Athletics</td>
<td>67600 - 67799</td>
</tr>
<tr>
<td>Housing</td>
<td>67800 - 67949</td>
</tr>
<tr>
<td>ITS - ACIS</td>
<td>67950 - 67999</td>
</tr>
<tr>
<td>Investment in Real Estate</td>
<td>68000 - 68999</td>
</tr>
<tr>
<td>Facilities and Plant Related</td>
<td></td>
</tr>
<tr>
<td>Repairs &amp; Maintenance</td>
<td>70000 - 70999</td>
</tr>
<tr>
<td>Plant Operations Charges</td>
<td>71000 - 71999</td>
</tr>
<tr>
<td>Construction Costs</td>
<td>72000 - 72999</td>
</tr>
<tr>
<td>Depreciation/Provisions for Replacement</td>
<td>73000 - 73999</td>
</tr>
<tr>
<td>Equipment</td>
<td>74000 - 74499</td>
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<tr>
<td>VUL Library Purchases</td>
<td>74500 - 74999</td>
</tr>
<tr>
<td>Utilities</td>
<td>75000 - 75999</td>
</tr>
<tr>
<td>Allocations/Transfers/Overhead</td>
<td></td>
</tr>
<tr>
<td>IDS Taxes/Programs</td>
<td>80000 - 80100</td>
</tr>
<tr>
<td>Medical Center-Internal Allocations</td>
<td>80101 - 81099</td>
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<tr>
<td>General Internal Allocations</td>
<td></td>
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<tr>
<td>Plant Operations</td>
<td>81100 - 81199</td>
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<tr>
<td>General Allocations</td>
<td>81200 - 81299</td>
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<tr>
<td>ITS - Telecommunications</td>
<td>81300 - 81399</td>
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<td>Unassigned</td>
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<td>Library</td>
<td>81520 - 81529</td>
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<td>MC Parking Garage</td>
<td>81600 - 81649</td>
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<td>Campus Mail</td>
<td>81700 - 81709</td>
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<td>Campus Planning &amp; Construction</td>
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<td>Student Recreation Center</td>
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<td>ITS - ACIS</td>
<td>81850 - 81899</td>
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<td>Housing</td>
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### Subcategories

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<td>82520 - 82599</td>
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<td>Printing Services</td>
<td>82600 - 82619</td>
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<tr>
<td>Dining Services</td>
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<td>Bookstore</td>
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<td>Environmental Safety</td>
<td>82720 - 82729</td>
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<td>Clearing - University General</td>
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<table>
<thead>
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</table>

<table>
<thead>
<tr>
<th>Unassigned</th>
<th>Code Range</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85000 - 89999</td>
</tr>
</tbody>
</table>

### B. Monthly Reports

Monthly reports are prepared by the Sr. Financial Manager (Todd Bisson) and the Director of IT (Eric Howard). The reports are available on the Section of Surgical Sciences Website [https://www.vumc.org/surgical-sciences/finance-operational-reports](https://www.vumc.org/surgical-sciences/finance-operational-reports). Reports available include:

- **Month to Date and Year to Date Summary (MTD Finance Summary)** – provides a MTD and YTD comparison of actual, budget and prior year financial information for all sources of funds:
  - Unrestricted (1-04 centers)
  - VMG (3-04 and 3-05 centers)
  - Restricted, further broken down to (4-04 centers):
    - Sponsored Research
    - Gifts/Endowments

- **Gift and Endowment spending (GnE Spending)** - break down of spending in detail by each project and Cost Center.

- **VMG Gross Revenue** - summarizes professional Charges, Cash Collections, percent of Collections to Charges, Work RVUs, and Collections per Work RVU from the EPIC Billing System.

- **Section Faculty P&L** - Individual physician and billing provider profit and loss statement by department and division.

- **VMG Key Stats** provides a month by month analysis of transaction in the EPIC Billing System. This report is prepared by the VMG.
The Assistant Director sends a notification of the availability of reports and a summary of YTD and MTD highlights which gives an overview of the state of the Section’s performance compared to budget and prior year information.

**Year-End Processes**
The year-end close of the General Ledger System occurs in the month of July and is repeated several times in order for Departments to make any needed adjustments to the records. The Department of Finance makes a schedule available that references cut off dates for Purchase Orders, Check Requests, Journal Entries and Payroll adjustments.

The surplus or deficit funds are handled several ways.

Unrestricted (1-04) funds are left as reserves in the individual cost center. The Department of Finance closes Academic Program Support centers which leaves the Cash and Fund Balance at zero.

VMG funds (3-04 & 3-05) surplus or loss are closed to Departmental reserves and are not available for future use unless approved by the Vice-Chancellor’s Office. An example of this was the Vice-Chancellor allowing the Section to spend 1.9M of our accumulated reserves FY15.

Restricted (4-04) funds are left in the individual cost center and are available for use in future years. As a part of year end close, projects that have ended and have available cash are closed to a discretionary fund to be used to support research or education.

**C. Glossary of Financial Terminology**

**Revenues**
- Cash Collections – Income derived from VMG Clinical Operations (3-05 centers)
- Institutional Taxes – include VMG, Dean’s Office, Vice-Chancellor, IDS (University), and Section taxes (3-05 centers)
- Restricted – Incomes derived from Federal, Non-Federal Sponsored Projects, Gifts and Endowments (4-04 centers)
- Miscellaneous – Income from Contracts, VA IPA’s, and Other Sources in the Unrestricted 1-04 centers (OPO funds) and VA IPA’s are reported in the VMG funds 3-04 centers). There currently no Contracts in the Department of Surgery.

**Expenses**
- Faculty Salary
- Faculty Fringe
- Non Faculty Salaries
- Fringe Benefits
- Supplies – printing, office supplies, postage and lab supplies
- Admin Expenses – Licenses/Fees, Telephone, Long Distance, Pagers, and Memberships/Dues
• Travel – Professional Development, Meetings, Entertainment, Moving, and Travel
• Malpractice – Profession Liability Insurance
• Maintenance & Plant – Repairs/Maintenance and Machine Service Contracts
• Equipment – Capital and Non-Capital
• Service – Laundry/Linen, Subject Participation, and Transcription Fees
• Scholarship – Tuition Fees
• Other – Plant Incidental and Copy Center Charges
• Indirect Cost – Overhead on Federal and Non-Federal Projects
• Section Support – Funds passed to Departments for Research Salary and Light Lab Core Services
• Hospital & Deans Support – GAP funding and Academic Support Programs
• Credits/Transfers – Medical Center Expense Credits i.e. Metro General and VA Contracts
• Section Accrual – Funds set aside at the Section level for Faculty Additional Pays

D. Budget Process
Annual Budget guidelines and timelines are determined by VUMC Finance for the hospital and school of medicine budgets, as well as, program and data files used to complete it. The Section aligns its timeline based on VUMC Finance due dates for needed materials and information. The administrative officer and departmental chairman complete the budget and submit to the Chief Business Officer (Jessica McAllister) and the Sr. Financial Manager (Todd Bisson). The Budget is reviewed by these individuals and a list of questions and observations are addressed with the Department to resolve any outstanding issues. The assistant director is responsible for compiling a completed Budget for the Section of Surgical Sciences including worksheets used by the Director of Finance to complete the review. The Assistant Director is responsible for sending the complete Budget and other schedules required to VUMC Finance.

E. Funds Flow
Refers to funds passed from the Hospital to the School of Medicine to support new and existing faculty. These funds are part of the annual budget process. The Section of Surgical Sciences reviews the requests and justification for the funds is required. Detailed documents are compiled for the Chair of the Section and Departmental Administrator to negotiate final funding from VMG Administration. The amount of support is capped each year by the Deputy Vice Chancellor for Health Affairs. When recruiting a new clinical faculty member, a proforma is prepared to document the anticipated support for the individual or program.

F. Academic Program Support
These funds are primarily used to support new research and are reviewed during the budget process by the Dean’s Office. The total amount requested is rarely approved. When this occurs, Departments are ask to reduce cost so to not exceed approved amount of support.
G. Medical Directorships
Medical Directorships are paid directly from Hospital Cost Centers and are not reported in the Section’s Operating Reports. The amount of support is calculated as a percent of the individual’s annual base compensation. The percent for faculty at the VA is grossed up to equal the percent of the annual base salary.

H. Gifts and Endowments
Gifts and Endowments for your Department can be provided by Howard Slaughter in the Section Administrative Offices.

I. Budget Records
Budget Records are available from VUMC Finance BudPro system maintained on the Section’s F drive. They are also available in eDog which is the Institutional Web based tool to view, print, and download accounting records in detail or summary formats. All Administrative Officers have permissions to view and update budgets as necessary.

J. Bonus Processing
Bonus Payments to Faculty are considered on up to a quarterly basis. The Department Chairman and Administrative Officer compile a list of payments including a justification for each. The request is submitted to the Chief Business Officer for review. The requests are shared with the Chairman of Surgical Sciences for approval. Final approval is communicated to the Department Chair and Administrative Officer who completes the Additional Pay Forms to generate the payment in the payroll system. At no time should any potential bonuses be shared with faculty prior to approval. Timing of payment is subject to change.

K. Annual Compensation Review
Annual Compensation Reviews are performed on all faculty and include metrics for Clinical, Research, Administration, Education, and Other. The Department Chair or Division Chief prepares the evaluation. When the Division Chief prepares the evaluation, it is submitted to the Department Chair for approval. Once approved the Division Chief presents the evaluation to the individual faculty. See below example.
FACULTY ANNUAL REVIEW

Name: 

Department: 

Division: 

Please list accomplishments under each category below:

ACADEMIC METRICS:

Publications (excluding abstracts), 1st or Senior Author:

Publications (excluding abstracts), Middle Author:

Lectures, Grand Rounds, Session Chair:

National Society Committees and Offices Held:

Funded Research: NIH

Funded Research: non-NIH

Peer Review Activities

EDUCATIONAL METRICS:

(Please list total events and # of hours for each event)

New lectures given:
Repeated lectures given:

Teaching in the clinical setting without billing:

<table>
<thead>
<tr>
<th>CLINICAL METRICS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual wRVU's:</td>
</tr>
<tr>
<td>Actual clinic visits:</td>
</tr>
<tr>
<td>Actual OR Cases:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STEWARDSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR and clinic notes dictated and signed in a timely manner?</td>
</tr>
<tr>
<td>Patient Satisfaction Score:</td>
</tr>
<tr>
<td>M&amp;M and Grand Rounds Regularly Attended:</td>
</tr>
<tr>
<td>Faculty Meetings Regularly Attended:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOALS FOR FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

Vanderbilt Section of Surgical Sciences
Tab V – Clinical Performance

This document includes high level definition for the monthly productivity reports generated by the Section. The reports include individual faculty, division and department summary reports that include monthly and year to date financials and clinical productivity. These are available on Tableau and from your Department Administration.

- Professional Collections
- Professional Work RVUs
- AAMC wRVU benchmarks
- Professional Payor Mix as % of Charge
- Evaluation and Management Profiles
- Clinic Volume
- OR Case volume
- Top services billed

A. Payor Mix as % of Charges

The payor mix profile provides three year comparison of payor mix trend by provider and department. Prior fiscal years represent the full fiscal year while current fiscal year will represent a fiscal year to date total.
Tab VI - Quality

A. Section of Surgical Sciences Quality Structure

Eunice Huang, MD is the Vice Chairman for Surgical Quality, Safety, and Professionalism and also serves as the Executive Medical Director for Quality Safety and Risk Prevention (QSRP) for Vanderbilt Health Systems. Tim Geiger, MD is deputy chief surgical quality for the Section. Within each division of the section, a surgeon is appointed as the safety officer and is responsible for identifying and responding to quality and safety issues within their division. Trushar Champaneria works with Dr. Huang on quality and safety issues within the section of surgical sciences.

B. VUMC Quality Structure

For VUMC as a whole, Gerald Hickson, MD is senior vice president for Quality, Patient Safety and Risk Prevention. QSRP sets annual quality goals, collects and monitors data on quality and safety, creates quality reports, employs quality consultants and infection preventionists, and maintains compliance with and participation in accrediting groups and quality initiatives. Many of the resources at QSRP are centralized. In addition, QSRP assigns a quality consultant to each PCC. QSRP has developed expertise and further quality structures over the last few years. QSRP is also responsible for external quality reporting and reviews and approves all plans for data sharing outside of VUMC.

Prior to the start of a fiscal year, there is discussion regarding the selection of quality pillar goals and threshold, target, and reach goals. Ideally, the quality pillar goals are also measured and reported on the quality pillar dashboard, described below.

C. Quality Reports

QSRP maintains a quality pillar dashboard, updated daily, for the institution as a whole and each PCC, which can be accessed on line here. Users must have permission to access the report, which can be obtained by sending a request for access to QSRPDataTeam@vanderbilt.edu. Results on the quality dashboard are the formal and final results shown to hospital leadership. The quality dashboard is the most important source of quality reports, which are generated by the central Quality data team. Additional reports are listed in the table below. The table below is not exhaustive and additional quality reports exist.

<table>
<thead>
<tr>
<th>Report</th>
<th>Description</th>
<th>Contact</th>
</tr>
</thead>
</table>

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Data registries include quality data include NSQIP, MBASQIP, national trauma data bank, thoracic surgery registry, the hernia registry, and an endocrine surgery registry. In addition, the section has contracted with Arbormetrix to develop a reporting tool based on administrative and registry data to drive surgical value improvement. The tool is currently under development. Dr. Ben Poulose is managing the Arbormetrix project for VUMC.

**D. Quality Conferences**

Regular morbidity, mortality, and improvement conferences are held by each division in the section of surgical sciences and serve to monitor, discuss, and resolve issues. These conferences are managed by training program coordinators and serve the dual purpose of educating trainees and improving quality of surgical care. Both the MCJVCH and VUH hold quarterly, interdisciplinary, perioperative morbidity, mortality, and improvement conferences.

**E. Ad Hoc Quality Data and Reports**

When quality questions arise that merit further investigation, Trushar Champaneria can identify data sources and produce ad hoc reports to evaluate the concern.

**F. Quality Improvement Projects**

Quality projects may be initiated by leadership, local efforts, or national organizations. Many other projects also overlap with quality. Given that, the following list of quality projects is not exhaustive.

*Table 2. Quality improvement projects (as of 4/21/2015)*
### G. Financial Quality Incentives

Within VUMC, obtaining the malpractice insurance rebate requires that the section maintain the quarterly MM&I conferences, document conference attendance, address behaviors that undermine a culture of safety, and train all providers in disclosure. The physician quality reporting system (PQRS) is managed for VMG by the quality, safety, and risk prevention group. Measures currently selected for VMG’s PQRS participation are largely no applicable to surgeons. CMS programs to incentivize high quality in health care delivery include the

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Summary/Details</th>
<th>Leader/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal taskforce</td>
<td>Coordinates efforts to reduce the incidence of surgical site infections in colon and rectal surgeries.</td>
<td>Geiger, Timothy M</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:timothy.geiger@vumc.org">timothy.geiger@vumc.org</a></td>
</tr>
<tr>
<td>Standardization of VTE prophylaxis</td>
<td>Development and implementation of a policy to ensure appropriate and standardized assessment of patient VTE risk and prophylaxis.</td>
<td>TBD</td>
</tr>
<tr>
<td>Reduction of absolute and observed / expected mortality</td>
<td>A new group in QSRP, led by Marc Bennet, is coordinating efforts to review 100% of inpatient deaths and assess and improve documentation and coding of patient severity of illness. A parallel effort exists as VUMC’s participation in a pilot of an AHRQ toolkit to improve VUMC’s performance on PSI-4 (death among surgical inpatients with serious, treatable complications).</td>
<td>TBD</td>
</tr>
<tr>
<td>Elimination of intra-operatively acquired pressure ulcers</td>
<td>This effort focuses on patients with prone positioning during prolonged neurosurgical and orthopedic spine surgeries.</td>
<td>TBD</td>
</tr>
<tr>
<td>Reduction of blood waste in the OR</td>
<td>This project very successfully reduced blood waste in the OR and now monitors blood waste to ensure continuing low rates of waste.</td>
<td>Woods, Marcella C</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:marcella.woods@vumc.org">marcella.woods@vumc.org</a></td>
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<tr>
<td>OR emergency preparedness</td>
<td>The September, 2015 quarterly, perioperative, interdisciplinary, morbidity, mortality, and improvement conference will focus on responding to OR emergencies and will be followed with a day of mock code exercises in the OR.</td>
<td>St Jacques, Paul J</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:paul.stjacques@vumc.org">paul.stjacques@vumc.org</a></td>
</tr>
<tr>
<td>Message basket analytics</td>
<td>The message basket application in Star Panel is widely used. Several clinics have struggled to manage the volume of message basket work, impacting the quality and efficiency of patient care. This project hopes to use message basket data to identify best and worst messaging practices and empower managers to improve message basket workflow.</td>
<td>TBD</td>
</tr>
</tbody>
</table>
readmissions reduction program, the hospital acquired conditions reduction program, and value-based purchasing. Private payers are also using quality data in negotiations.

H. Current Safety Officers

<table>
<thead>
<tr>
<th>Department</th>
<th>Safety Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric Surgery</td>
<td>Meredith Duke</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>William McMaster</td>
</tr>
<tr>
<td>Colorectal Surgery</td>
<td>Aimal Khan</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Trey Bradley</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Sarah Bick</td>
</tr>
<tr>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>Sam McKenna</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>Monica Lopez</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>Kye Higdon</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>Cameron Schlegel</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>Eric Lambright</td>
</tr>
<tr>
<td>Transplant Surgery</td>
<td>Laura Hickman</td>
</tr>
<tr>
<td>Trauma</td>
<td>Robel Beyene</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>John Curci</td>
</tr>
</tbody>
</table>

I. Risk Management

i. PARS – Patient Advocacy Reporting System

PARS is a reliable, empirically based tool to identify high risk professionals and an effective process for promoting professional accountability.

How PARS® Works:
- Through coding and analyzing patients' comments on their health care experiences
- Provides an evidence-based process to identify professionals with high patient complaint levels
- PARS® data is presented against local and national norms, or placed in the context of specialties

How PARS® Helps:
- Promotes a professional culture
- Reduces medical malpractice costs
- Supports clinical efficiency and outcomes
- Addresses behaviors or performances that threaten patient safety and healthcare quality
- Improves interaction with patients and team
A. IT Support

The Network Services Team provides assistance throughout the Section of Surgical Sciences for all IT and computer service needs. The team is located in Medical Center North, office (CCC-4317) or available by appointment for assistance with phones, tablets and personal laptops used for work. If you are having problems with one of the Section supported desktop or laptop computers, a member of this team will come to meet you or remotely log-in to your system to help diagnose the issue.

For immediate assistance call 3-8906 or email sssnet.tech@vanderbilt.edu

Our highly trained specialists provide comprehensive support for PC and Macintosh equipment as well as mobile devices including:

- Account management, email, log-in and permission assistance
- Instruction and advice with new equipment and proper installation
- Personal assistance with internet system issues
- Section website general support, updating and selected maintenance
- Computer malfunctions addressed and coordination of repair services

<table>
<thead>
<tr>
<th>Eric A. Howard, Manager Data Analytics</th>
<th>Paul Lang, Sr. System Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>(615) 343-8906</td>
<td>(615) 343-7456</td>
</tr>
<tr>
<td>(615) 343-2905</td>
<td>(615) 343-8906</td>
</tr>
<tr>
<td><a href="mailto:eric.howard@vumc.org">eric.howard@vumc.org</a></td>
<td><a href="mailto:paul.lang@vumc.org">paul.lang@vumc.org</a></td>
</tr>
</tbody>
</table>

Eric Howard is also available to help with Report Development for faculty and staff

<table>
<thead>
<tr>
<th>Nick Herrin, System Administrator</th>
<th>John Reams, Tech Support Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>(615) 936-6058</td>
<td>(615) 322-5619</td>
</tr>
<tr>
<td>(615) 343-8906</td>
<td>(615) 343-8906</td>
</tr>
<tr>
<td><a href="mailto:nicholas.f.herrin@vumc.org">nicholas.f.herrin@vumc.org</a></td>
<td><a href="mailto:john.reams@vumc.org">john.reams@vumc.org</a></td>
</tr>
</tbody>
</table>
B. Creative and Media Services

Deborah Doyle – Creative/Media Services Coordinator
(615) 322-7048
deborah.doyle@vumc.org

Deborah’s background in design and knowledge of our institution will help make your projects a success. The Creative/Media Services Office is a resource for the Section administration, chairs, chiefs and faculty to develop projects and programs that support their academic and clinical initiatives.

- Develop, review, update and unify the communication objectives of the Section and its departments and divisions.
- Improve the awareness of the Section locally, regionally, and nationally among our academic colleagues, prospective residents and fellows.
- Review and maintain content for all of the Section’s media outlets: websites, newsletters, communications, and promotional materials in electronic and print forms.
- Assist in visually promoting special events and programs for academic and clinical excellence including: conferences, guest lectures, seminars, and CMEs.
- Support our residents and fellows education programs with welcome materials, photos, announcements, invitations, and agendas.
- Design and coordinate outsourced resources such as signage, printing, photo, video, etc.
- Work with Development & Alumni Relations to optimize opportunities for development contact.
- Collaborate with Department and Section staff to identify news items for publications, newsletters and other PR and media outlets. Share and promote news story ideas with the Medical Center News and Communications Office and assist in providing photo releases.

C. Section Website

Vanderbilt’s Section of Surgical Sciences combines many of our surgical departments at Vanderbilt into one framework with the commitment to providing the best in patient care. Our specialty teams of surgeons and researchers work closely with one another to discover and reveal the latest medical and surgical innovations, while teaching our residents the many facets of surgery. This collaboration of disciplines allows us to provide an array of conventional and unique surgical services to the entire mid-south region resulting in outstanding patient outcomes.

Vanderbilt’s hometown Nashville is a vibrant, energetic community that embraces innovation and invention, of which Vanderbilt is a major part. Recently named “America’s Next It City”, “Best Affordable U.S. Destination”, and “One of America’s Best Cities”, Nashville is truly the “Athens of the South”.

CHAIR’S REFERENCE MANUAL | 129
Vanderbilt’s winning qualities include our community and regional location, growing reputation, high quality faculty, funded research programs, and clinical experiences; trainees are learning partners in an organization focused on high quality, compassionate, and innovative patient care.

**D. News and Media Relations**

Vanderbilt’s reputation as a national leader in patient care, education and research offers news media a wealth of expert resources on virtually any medically related topic. Vanderbilt University Medical Center’s Office of News & Communications provides media access to the newsmakers and opinion leaders at the medical center as well as external media and news communities. This office responds to thousands of media inquiries each year, from reporters seeking experts on breaking medical news to information on clinical breakthroughs or research discoveries.

Please contact the Office of News and Communications for assistance with interviews or requests from news media. Advance notice of on-site interviews is requested so News and Communications staff can arrange interviews with experts or obtain appropriate patient permission if necessary. In compliance with VUMC policy, and to ensure federal patient privacy standards are upheld for all hospital and clinic patients and their families, a staff member from News and Communications must accompany all reporters and photographers while on the Medical Center’s property.

The VUMC News and Communications Office is comprised of media relations experts, science writers, reporters, editors, photographers and support staff. This office produces several publications, including the weekly VUMC Reporter, the newspaper of record for Vanderbilt University Medical Center. A VUMC Information Officer is on call 24/7 for media requests. To reach the staff after business hours, dial the regular office number (615-322-4747) and ask the message center operator to page the on-call person. Be prepared to give the operator information concerning your request, which will be delivered to the on-call person.

The VUMC News and Communications Office is located in Suite T-5200 of Medical Center North and is open from 8:00 a.m. until 5:00 p.m. Monday – Friday. The office number is 615-322-4747. John C. Howser is the Chief Communications Officer for Medical Center News and Communications.

**E. Branding**

To help Vanderbilt University achieve a consistent image, a cohesive identity system has been developed which reflects the forward thinking yet historic character of the university and asserts to all audiences the high quality for which Vanderbilt is nationally known. This identity system was introduced in 2003.

This graphic standards Website spells out how the system is correctly used on all forms of communication, including Websites, other electronic communication vehicles, and printed publications. Unique situations such as signage and banners may require further interpretation of the guidelines.
In order for this graphic design system to be successful, everyone should abide by the standards outlined here. By following them, we reinforce the reputation of Vanderbilt as a progressive and cohesive institution.

F. Strategic Marketing

The Department of Strategic Marketing, Interactive, Web and Design serve the VUMC community through professional interaction and print design, multimedia, and expert UI/UX and Web development. They create all official clinical websites for Vanderbilt Health, digital media displays, videos, brochures, advertisements, animations, medical illustrations and much more. Jill D. Austin is the Chief Marketing Officer for Medical Center Strategic Marketing. Their offices are located in Suite 470W, 3401 West End Avenue and can be reached by phone at 615-936-3766.

- Logic/graphics standards
- Clinical websites
- Mobile device wallpapers
- Design
- Video
- Video Trailers for download
- Writing
- How to reach your audience
- Web development

G. Outreach

The Section partners with Vanderbilt’s Physician Outreach and Connections Department for outreach opportunities to referring physicians and practices across middle Tennessee to build new relationships or strengthen existing business relationships. Members of the Physician Outreach and Connections Department can assist Section faculty with scheduling in-office visits with referring physicians, provide speaking opportunities at CME programs in community hospitals and make introductions with providers in Vanderbilt’s Health Affiliated Network (VHAN). Michele Hesselrode is the Director of the Physician Outreach and Connections Department. She can be reached by phone at (615)936-3166.
Tab VIII – Research

A. Surgical Research

Overview

The Section of Surgical Sciences through the Division of Surgical Research provides investigators an exciting environment for scholarly research activities of the highest quality. Through these resources, both new and established investigators can expand their research capabilities in pursuit of greater knowledge about surgery.

Research is a keystone to the academic and education programs of the Vanderbilt Section of Surgical Sciences. The faculty’s research efforts are a primary factor in the Section’s preeminent national and international status as a leader in surgical academics.

History and Facilities

Surgical research at Vanderbilt boasts a rich tradition of historic firsts. In 1925, Dr. Barney Brooks became Vanderbilt’s first Professor and Chief of Surgery. He devoted himself to building not only a strong department of surgery, but also organized a strong laboratory of surgical pathology. Later that same year, Dr. Alfred Blalock became Vanderbilt’s first Resident in Surgery. Together, Dr. Blalock and Dr. Brooks engineered some of the most significant advances in surgery and surgical research for their day. Building upon that success, Dr. H. William Scott, Jr. became Professor and Chairman of Surgery in 1952. During his 30-year tenure at Vanderbilt, he established a surgical research facility, made significant contributions to surgical science, and became a world-renowned surgeon and scholar.

This tradition of advancing surgical science continues today as evidenced by the large number of Section investigators working within an ever-expanding multidisciplinary collaborative enterprise. Partnering with Vanderbilt University and the Veterans Affairs Medical Center, we have a large number of nationally and internationally-recognized investigators in most major areas of biomedical research. This allows tremendous opportunities for collaborations and the useful exchange of ideas of surgical investigators with researchers in other departments. The outcome of this interdisciplinary collaboration is reflected in the large number of federally-funded program and center grants.

The Section of Surgical Sciences maintains 32,000 sq. ft. of laboratory space for individual faculty research programs. On average, $30 million dollars per year is awarded to Section faculty and their research endeavors. Support is derived from various federal grants and contracts awarded, including:

- National Institutes of Health
- National Science Foundation
Professional organizations funding include:

- American Heart Association
- American College of Surgeons
- American Diabetes Association
- Industry-Sponsored Research

The S.R. Light Laboratory

The S.R. Light Laboratory was established at Vanderbilt in 1955 through the generosity of Dr. S. Rudolph Light of Kalamazoo, Michigan. The laboratory consists of 6,000 square feet and hosts the Division’s administrative offices and spacious conference room. Additionally, Light Laboratory houses a 1,500 square foot state-of-the-art large animal study area and 700 square feet of pre- and postoperative areas and instrument rooms. A 1,000 square foot simulation lab is located within the Light Laboratory and provides training resources for house staff and residents.

Core experimental laboratory space is designated to support investigators research efforts where specialized instrumentation and space is required. Bright Light and Fluorescent Microscopy resources are supported as Core resources along with analytical instrumentation including scintillation counters, particle counters and centrifuges.

Management and Oversight

The Division of Surgical Research provides the primary administrative infrastructure for all Section research activities. Mr. Phillip Williams, Research Professor and Director, has been leading the Division of Surgical Research since 1982. Ms. Christy Nichols is the Administrative Officer for the Division and has been in that role since 1991. Together, they and their team maintain all the facilities and provide services vital for conducting world-renowned research programs of the Section faculty and investigators.

Research Administration

Division of Surgical Sciences Administrative Core:

The Section of Surgical Sciences provides administrative research support to its investigators through the Administrative Core of the Division of Surgical Research. This Administrative Core is responsible for the oversight and management of grants and contracts that are submitted by and issued to the faculty of the Section. These responsibilities encompass pre and post award activities.

- Pre Award Activities:
• Assists in developing the proposal’s structure such that the proposal adheres to the funding agency’s guidelines
• Assists in budget preparation
• Assists in acquisition of institutional approvals
• Institutional routing
• Assists in the final submission process

   - Post Award Activities:
   • Assists the faculty with acquisition of required regulatory approvals
   • Development and submission of budgets
   • Assists in personnel management related to the award
   • Expenditure approvals
   • Budget management and reconciliation
   • Assists in the preparation and submission of progress reports
   • Assists in project close and final budget reconciliation
   • Assists in preparation and submission of the final report

*General Oversight and Direct Management:*

The Administrative Core of the Division of Surgical Research provides general oversight for all grants and contracts within the Section. General oversight includes both pre- and post-award processes. General oversight of the pre award grants and contracts involves the review and approval of the proposals as they are submitted for institutional routing, and provides assistance and guidance to the investigators and their specific administrative support in the development of the proposal. Likewise Post Award oversight provides guidance and assistance in the administrative aspects of the initiation of the project, daily administrative support and budget management and assistance in project close. Currently the Section of Surgical Sciences has 123 active grants and contracts. The distribution of funding is;

- Federal Agencies: 68
- Industry Sponsors: 42
- Foundation Sponsors: 13

Currently the Section of Surgical Sciences has 62 pending grants and contracts. These are distributed as;

- Federal Agencies: 43
- Industry Sponsors: 0
- Foundation Sponsors: 19
While general administrative oversight for all Section of Surgical Sciences' grants and contracts, pre and post award is a primary function, the Core does provide more direct support for faculty that does not have any administrative support for grants and contracts or simply wishes to have direct support provided through the Core. Table 1 shows the current administrative activities of the number of grants and contracts and the level of management by the Administrative Core and the Section’s Individual Departments.

<table>
<thead>
<tr>
<th>Department</th>
<th>General Oversight</th>
<th>Pre Award</th>
<th>Post Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thoracic Surgery</td>
<td>Surgical Research Administrative Core</td>
<td>6</td>
<td>Thoracic Surgery</td>
</tr>
<tr>
<td>Cardiac Surgery</td>
<td>Surgical Research Administrative Core</td>
<td>3</td>
<td>Cardiac Surgery</td>
</tr>
<tr>
<td>Surgery</td>
<td>Surgical Research Administrative Core</td>
<td>80</td>
<td>Surgical Research Administrative Core</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Surgical Research Administrative Core</td>
<td>28</td>
<td>Surgical Research Administrative Core</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>Surgical Research Administrative Core</td>
<td>7</td>
<td>Surgical Research Administrative Core</td>
</tr>
<tr>
<td>Urologic Surgery</td>
<td>Surgical Research Administrative Core</td>
<td>41</td>
<td>Urologic Surgery</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Surgical Research Administrative Core</td>
<td>0</td>
<td>Surgical Research Administrative Core</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>Surgical Research Administrative Core</td>
<td>20</td>
<td>Pediatric Surgery</td>
</tr>
</tbody>
</table>

Compliance

Compliance is vital, and we are committed to the responsible conduct of research and the accurate and complete documentation of research. Vanderbilt has adopted policies and procedures designed to encourage compliance by providing support, training and educational resources to its faculty and staff.
B. Surgical Clinical Research Center

Vanderbilt and the Section remain committed to driving new scientific breakthroughs by assisting sponsors with navigating the complex environment and challenges associated with making new and novel therapies available to patients. The Vanderbilt Surgical Clinical Research Center (VSCRC) was developed to support Vanderbilt’s surgical physician-scientists in the global advancement of medical therapies for patients through the coordination of quality, impactful clinical and translational research. Services provided by the VSCRC include, initial study feasibility and set-up, assistance with ongoing maintenance, and total project coordination for all faculty within the Section of Surgical Sciences. The SCORR currently consists of Research Navigators, Data Collectors, Research Coordinators, a Finance Coordinator and Manager. Future services to be added include a Regulatory Specialist, Education Coordinator, Biostatistician, Compliance Specialist, Translational Coordinator and a Data Specialist. All staff and services are shared resources working collaboratively campus-wide between adult and pediatric clinical trials. Bree Burks, RN, MSN, CCRP is the Director of the VSCRC and SCORR.

i. SCORR

Surgical Core of Research Resources (SCORR) was organized as a centralized resource for the Section of Surgical Sciences to encompass support for all surgical faculty involved in adult clinical research at Vanderbilt. SCORR provides expertise in coordinating research in a wide range of adult clinical specialty areas, clinical trial design and management services, as well as overall coordination and oversight for national and international multicenter clinical trials that are managed at Vanderbilt.

ii. SOCKs

Surgical Outcomes Center for Kids (SOCKs) was established as a two-pronged approach to clinical research in the pediatric population. Dr. John Wellons is the Medical Director, and Stephen Gannon, CCRP is the Program Director of SOCKs. Together, the SOCKs Team believes that research should be incorporated into everyday clinical activities. This allows them to flesh out research hypothesis, define standardized protocols for care, and evaluate short and long term outcomes in patients. This type of environment encourages residents and students to learn about research methodology while training in a clinical setting.
C. Graduate Research Assistant Compensation

### Graduate Research Assistant Compensation

**Academic Year 2022 - 2023**

**Effective July 1, 2022 - June 30, 2023**

**Graduate Tuition $2,215 per hour**

<table>
<thead>
<tr>
<th>Stipend</th>
<th>Compensation</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,916.57</td>
<td>Monthly</td>
<td>$2,981.93</td>
</tr>
<tr>
<td>$35,000.00</td>
<td>per Annum</td>
<td>$35,783.16</td>
</tr>
</tbody>
</table>

*Tuition and Health Insurance MUST NOT be included in salary*

Adviser: Students paid salary (not on stipend) the student is responsible for paying their student service fees each semester - see chart below.

#### Student Service Fee paid by Graduate Student or Training Grant/Individual Fellowship: No Payroll Deduction

<table>
<thead>
<tr>
<th></th>
<th>Fall 2022</th>
<th>Spring 2023</th>
<th>Summer 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Service Fee</td>
<td>291</td>
<td>291</td>
<td>99</td>
</tr>
</tbody>
</table>

#### Health Insurance

<table>
<thead>
<tr>
<th></th>
<th>Fall 2022</th>
<th>Spring 2023</th>
<th>Summer 2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Ins ($3,491 full year)</td>
<td>$1,746.00</td>
<td>$1,745.00</td>
<td></td>
</tr>
<tr>
<td>Health Ins (enters in spring)</td>
<td>$2,148.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Health Fee ($545 full year)</td>
<td>$369.00</td>
<td>$369.00</td>
<td>$108.00</td>
</tr>
</tbody>
</table>

ALL research grant applications MUST include Health Insurance as a direct line item.

NO payroll deduction for Health Insurance, Student Service fee, or Student Health Fee.

#### Tuition Per Semester

<table>
<thead>
<tr>
<th>Grants --- 35% grant / 65% Remission</th>
<th>Other --- 20% center / 80% Remission</th>
</tr>
</thead>
<tbody>
<tr>
<td>U-Hrs, Per Hr</td>
<td>U-Hrs, Per Hr</td>
</tr>
<tr>
<td>12 Hrs</td>
<td>12 Hrs</td>
</tr>
<tr>
<td>Tuition from Grant/Other</td>
<td>Tuition from Grant/Other</td>
</tr>
<tr>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>$775.25</td>
<td>$443.00</td>
</tr>
<tr>
<td>$9,303.00</td>
<td>$5,316.00</td>
</tr>
<tr>
<td>Dean's Tuition Award</td>
<td>Dean's Tuition Award</td>
</tr>
<tr>
<td>$1,439.75</td>
<td>$1,772.00</td>
</tr>
<tr>
<td>$17,277.00</td>
<td>$21,264.00</td>
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<td>Department Expense</td>
<td>Department Expense</td>
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<td>$200.00</td>
<td>$200.00</td>
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<tr>
<td>$2,215.00</td>
<td>$2,215.00</td>
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<tr>
<td>$26,580.00</td>
<td>$26,580.00</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
</tr>
<tr>
<td>Per Sem</td>
<td>Per Sem</td>
</tr>
<tr>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>$2,215.00</td>
<td>$2,215.00</td>
</tr>
<tr>
<td>$26,580.00</td>
<td>$26,580.00</td>
</tr>
</tbody>
</table>

Tuition must be funded from one or more grants or other sources in proportion to the salary support from each source (unless restricted by grantee).

ALL research grant applications MUST include Tuition as a direct line item @ 35%
Tab IX – Education

A. Section Education Team Contact Information

The Section’s Education Team is responsible for the interview process, orientation, graduation, verifications, conference/document preparation, travel, moonlighting, Wall of Fame, and resident composite. You can contact the Section Education office for other assistance, including:

- Resident onboarding – pay forms, pagers, contracts/CVs/appointment letters, dosimetry badges
- Education Budgets
- Resident rotation/vacation/call schedules
- Resident work/call rooms
- Notary Public

The Education Coordinator for Surgery Clerkship assists Dr. Steven J. Eskind, Clerkship Director. This position also serves as Administrative Assistant to Dr. Kyla Terhune, Program Director, General Surgery.

- Organizes and manages orientation for new students
- Serves as a liaison for students and faculty in administrative matters
- Maintains and monitor supply inventory for student/resident training sessions
- Maintains partnership with outside medical schools and institutions
- Monitors and records student evaluation submissions from faculty
- Works with Registrar’s office re: student placement and background checks

B. Residency/Fellowship Contact Information

i. Residency Programs

<table>
<thead>
<tr>
<th>General Surgery Residency Program (ACGME)</th>
<th>Neurological Surgery (ACGME)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christina Bailey, MD, Director</td>
<td>Lola Chambless, MD, Director</td>
</tr>
<tr>
<td>Kate Kmiec, Program Manager</td>
<td>Pam Lane, Program Manager</td>
</tr>
<tr>
<td>615.343.6642</td>
<td>615.343.2452</td>
</tr>
<tr>
<td><a href="mailto:kate.kmiec@vumc.org">kate.kmiec@vumc.org</a></td>
<td><a href="mailto:pamela.lane@vumc.org">pamela.lane@vumc.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral &amp; Maxillofacial Surgery (ADA)</th>
<th>Pediatric Surgery (ACGME)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luis Vega, DDS, Director</td>
<td>Harold Lowvorn, MD, Director</td>
</tr>
<tr>
<td>Courtney Kinnaird, Associate Program Manager</td>
<td>Christine Hamby, Associate Program Manager</td>
</tr>
<tr>
<td>615.936.1612</td>
<td>615.936.1612</td>
</tr>
<tr>
<td><a href="mailto:courtney.kinnaird@vumc.org">courtney.kinnaird@vumc.org</a></td>
<td><a href="mailto:christine.hamby@vumc.org">christine.hamby@vumc.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independent Residency Program in Plastic Surgery (ACGME)</th>
<th>Integrated Residency Program in Plastic Surgery (ACGME)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kyle Higdon, MD, Director</td>
<td>Brian Drolet, MD, Director</td>
</tr>
</tbody>
</table>
### ii. Fellowship Programs

<table>
<thead>
<tr>
<th>Fellowship Program</th>
<th>Program Director(s)</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced GI Minimally Invasive Surgery/Bariatric Fellowship</td>
<td>D. Brandon Williams, MD</td>
<td><a href="mailto:connie.head@vumc.org">connie.head@vumc.org</a></td>
</tr>
<tr>
<td></td>
<td>Michael D Holzman, MD</td>
<td></td>
</tr>
<tr>
<td>Breast Oncology Fellowship</td>
<td>Raeshell Sweeting, MD</td>
<td><a href="mailto:breast.oncology.fellowship@vumc.org">breast.oncology.fellowship@vumc.org</a></td>
</tr>
<tr>
<td></td>
<td>Connie Head, Associate Program Manager</td>
<td></td>
</tr>
<tr>
<td>Vanderbilt Colon &amp; Rectal Surgery Fellowship (ACGME)</td>
<td>Molly Ford, MD</td>
<td><a href="mailto:kate.kmiec@vumc.org">kate.kmiec@vumc.org</a></td>
</tr>
<tr>
<td></td>
<td>Kate Kmiec, Program Manager</td>
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<tr>
<td>Neuro Endovascular Fellowship</td>
<td>Michael Froehler M.D., Ph.D.</td>
<td>Pamela Lane, Program Manager</td>
</tr>
<tr>
<td></td>
<td>Program Director</td>
<td>615.343.2452</td>
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<tr>
<td></td>
<td>Pamela Lane, Program Manager</td>
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<tr>
<td>Pediatric Neurosurgery Fellowship</td>
<td>Robert Naftel, M.D.</td>
<td><a href="mailto:robert.p.naftel@vumc.org">robert.p.naftel@vumc.org</a></td>
</tr>
<tr>
<td></td>
<td>Christine Deyholos, MD, Associate Program Manager</td>
<td></td>
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<tr>
<td>Vanderbilt University Surgical Critical Care (ACGME) &amp; Acute Care Surgery Fellowship Program</td>
<td>Raeanna Adams, M.D., M.B.A., Fellowship Program Director</td>
<td><a href="mailto:andria.keating@vumc.org">andria.keating@vumc.org</a></td>
</tr>
<tr>
<td></td>
<td>Stephen Gondek, M.D., Associate Program Director</td>
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<tr>
<td></td>
<td>Andria Keating, Associate Program Manager</td>
<td>615.343.6642</td>
</tr>
<tr>
<td>Vascular Surgery Fellowship Program (ACGME)</td>
<td>Patrick Stone, MD</td>
<td></td>
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<tr>
<td></td>
<td>Christine Deyholos, MD, Associate Program</td>
<td></td>
</tr>
<tr>
<td>Vanderbilt ASTS Transplant and Hepatobiliary Surgery Fellowship</td>
<td>Sunil K. Geevarghese, MD, MSCI, FACS, Program Director</td>
<td></td>
</tr>
</tbody>
</table>
iii. Table of Important Yearly Events for Education

July

- Create & distribute resident lists, pager list, yearly rotation/vacation schedules to various departments
- Create Outlook contact with pictures & contract info of residents & send to faculty
- ATLS is usually scheduled during this month

August

- Prepare for application season

September

- Receive/review applications from ERAS
- Faculty evaluation letters created & distributed

October

- Receive/review applications from ERAS
- Dean’s letters released for applicants in ERAS
- Begin extending interview invitations

November
Receive/review applications from ERAS
Mid-year resident evaluation meetings begin

December

Hold Clinical Competency Committee (CCC) meeting to review residents
Applicant interviews (Nov/Dec/Jan)
House Staff advancement form due to GME
House Staff position request form due to GME

January

ABSITE
Finish up categorical and preliminary position interviews
Rank order meeting

February

Submit rank order list to NRMP
NDPS begin needing help with applying to other programs for the following year
Non-Renewal letters go out to residents who will not be returning to VUMC after June 30th
Budget preparation & submission to Joe Ennis
Medicare/Medicaid Cost Report due

March

Receive Match results from NRMP
Send welcome letters and onboarding info to matches
ACS/APDS/ASE annual meeting is usually in March or April
Certificate Data Request due to GME office
ABS Qualifying Exam instructions (while was one phone with them)
Personnel Pay Forms are due to GME and finance this monthly
Fundamental of Laparoscopic Surgery (FLS) training – certifications
Mid-year review with Program Director (PD) & resident

April

Distribution/collection of resident GME contracts, confidentiality agreements, CV and appointment letters
Schedule chief wall of fame pictures to be taken
Preparation of rotation/vacation schedules for upcoming academic year
Order chief captains/rocking chair for gift for completion of residency (given at banquet in June)
Distribution/collection of resident GME contracts, confidentiality agreements, CVs and appoint letters
Send requests to residents/attendings concerning awards given in June & schedule meeting to review nominations
Vanderbilt Section of Surgical Sciences

- Fundamentals of surgery curriculum order and distribution to new residents

May

- Order chief residents lab coats
- Mock Orals
- Moonlighting permission forms due to GME office
- Annual picture day for Department of Surgery faculty & residents
- Hold CCC meeting to review residents

June

- Program Evaluation Committee (PEC) meeting
- Annual Chief Resident Banquet
- Chief resident exit evaluation with PD
- Department & GME Orientation
- Beauchamp’s new resident welcome picnic
- Transition week 6/24-30

Annually

- ACGME update
- ABS update
- Moonlighting contracts to GME
- Contracts/confidentiality agreements to GME

Bi-Annually

- Enter Milestones into ACGME database
- 6-month evaluation of resident
- Moonlighting/Mentor agreements

Quarterly

- Collect/distribute resident dosimetry badges
- Report resident duty hours to GME office

Monthly

- Resident call schedules
- Resident/faculty evaluations
- Check resident operative cases
- Conference schedules (Grand Rounds, MMI, Resident Teaching conference)
- Verifications of residency
- Ledgers for Surgery Education Fund, VIS, Book Fund, Travel Fund
Moonlighting payroll

**Daily/Weekly**

- Review resident duty hours
- MMI case report
- Procurement card transactions
- Weekly Surgical Education Lab Meeting (SELM)
- Expense reports in Concur for residents and Surg Ed faculty

## C. Budget Information for Surgery Education

Funds come from Section of Surgical Sciences/Department of Surgery

### i. Surgery Education Fund

Funds used for printing, postage, office supplies, forms, photography & illustrations, chief coats, instructional supplies (FSC, FLS, ABSITE, etc.), lab supplies (instruments), loupes, pagers, fees, dues & memberships (ACS, SAGES, etc.), registration fees, meeting expenses (GRs, RTC, MMI catering), entertainment (Chief Resident banquet, meals to residents for death, birth, surgery, etc.), faculty & admin travel, tuition, Surg Ed admin computers.

### ii. Resident Book Fund

Each GS categorical resident receives $300 per academic year to spend toward educational item(s).

### iii. Resident Travel Fund

Residents may travel to meetings if they are the first presenter. They are allowed one poster travel meeting per year, and one “chief meeting” allowed during PGY 5 year.

### iv. Vanderbilt International Surgery (VIS)

PGY 3 or PGY 4 residents travel to Kijabe, Kenya; historically we’ve had 3 to 4 residents per year travel to Kijabe, costing approximately $3000 per resident.
### House Staff Stipends

**Vanderbilt University Medical Center**

**2022-2023 House Staff Stipend**

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<tr>
<th>PGY Level</th>
<th>Stipend</th>
<th>Monthly Stipend</th>
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<tr>
<td>1</td>
<td>$62,010.49</td>
<td>$5,167.54</td>
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<td>2</td>
<td>$63,869.68</td>
<td>$5,322.47</td>
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<td>$66,743.51</td>
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<td>4</td>
<td>$69,748.10</td>
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<td>8</td>
<td>$82,361.23</td>
<td>$6,863.44</td>
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vi. **Residents/Housestaff Job Codes**

<table>
<thead>
<tr>
<th>Job codes:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>9011 – PGY1</td>
<td>9050 – Resident in Research</td>
</tr>
<tr>
<td>9012 – PGY2</td>
<td>9079 – Resident in Research Trainee or Clinical Fellow Trainee</td>
</tr>
<tr>
<td>9013 – PGY3</td>
<td>NIH (T32 Grant)</td>
</tr>
<tr>
<td>9014 – PGY4</td>
<td>9138 – Clinical Fellow</td>
</tr>
<tr>
<td>9015 – PGY5</td>
<td>9140 – Resident in Research Trainee (Surgery/VA Quality Scholar)</td>
</tr>
<tr>
<td>9016 – PGY6</td>
<td>9139 – Clinical Fellow Instructor</td>
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<tr>
<td>9017 – PGY7</td>
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<tr>
<td>9018 – PGY8</td>
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<tr>
<td>9019 – PGY9</td>
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<tr>
<td>9040 – Chief Resident</td>
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</tr>
</tbody>
</table>
D. Surgery Education Resident Travel Policy

- The Department encourages residents to submit their clinical and basic science research efforts to significant meetings in the United States and Canada for presentation. The Department will endeavor to help fund domestic travel for residents who are first authors to present their paper or their poster, providing certain provisions and expectations are met. Papers and posters may be submitted to international meetings, but the department does not fund expenses for foreign travel. International travel and expenses are the responsibility of the submitter or sponsors.

- Travel assistance is a privilege, not a given. We need residents to be good stewards of the Department’s resources, to treat departmental funds as if they were personal resources, and to meet the Department at least halfway in using common sense and cost-saving measures.

- For insurance to cover residents on their travel, requests and notification for meetings and travel need to be done in advance in writing (e-mail encouraged) with TBD or designee. Tickets need to be purchased in advance to optimize savings; days of travel may need to be adjusted to take advantage of fares; coach fare only can be reimbursed, etc. Searching for the best prices for hotels is encouraged.

- If you prefer, TBD will be happy to make the travel arrangements (booking flight & hotel and taking care of registration) for you. The department procurement card can be used in this situation. **Please note:** All airfare for business purposes must be purchased through the Vanderbilt Medical Center Concur system or designated travel agency, World Travel Services. Airfare not purchased thru Concur or WTS will not be reimbursed.

- To confirm travel status and for insurance purposes, the traveler MUST sign a travel form before leaving on the trip.

- Surgery Education requests that – when residents are dining together – residents pay individually. Please ask that the check be broken up by individual. If the residents do not pay individually, it is the responsibility of the paying resident to obtain reimbursement from fellow dining residents. The resident who turns in the group receipt will only be reimbursed by Vanderbilt for up to $100 per day.

  i. Specific Guidelines and Limits

- Receipts for all purchases regardless of the dollar amount are mandatory. Original, itemized, detailed receipts and proof of payment are required. All receipts must be submitted within ten calendar days of the return date.

- There is a $100 reimbursement limit per day on meals. Alcohol is excluded and is not reimbursable. Meal tips are reimbursable up to 20%.

- Time up to one week total spent at meetings is considered departmental not vacation time. If an individual is at meetings for a total of greater than seven days then the days in excess of seven are subtracted from vacation days.

- Hotels selected will be reimbursed at the base rate. Many hotels offer discounted rates for educational institutions. Such rates should be requested upon registration. Do not use discount third party vendors such as VRBO or AirBNB for booking hotels.
• Car Rental – reimbursable when deemed more cost effective than taxi/cab or flight. Vanderbilt will not reimburse for upgrades (satellite radio, car seat, etc.). Staff who rent cars while on University business should **decline any optional insurance** offered by the rental agency. The use of rental cars should be approved in advance and booked through the Vanderbilt Medical Center Concur system or World Travel Services. Automatic liability coverage for bodily injury, property damage and physical damage to a rental automobile is provided by the University.

• Entertainment, health club expenses, video rentals, etc., are at the expense of the traveler.

• Tips for maids and valet parking are considered personal expenses and are not reimbursable.

**ii. Surgery Education Resident Membership Policy**

Categorical General Surgery Residents are provided yearly memberships to the American College of Surgeons (ACS) for the duration of residency; and to the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) for PGY 2-5.

The Department of Surgery will also cover membership to any societies where residents are presenting. This membership will be maintained by the mentor or the resident (if interested, or the Department will continue the membership if the resident has another paper/abstract accepted to the meeting the following year.

Also, during the chief year, the Department will provide membership to the Society the chief is using for their "chief meeting" but has not yet joined.