



PEDIATRIC INFECTIOUS DISEASES

FELLOWSHIP EMPLOYMENT MANUAL

DIVISION-SPECIFIC SECTION

Please Refer to the Hospital-Wide Manual for Further Details

2016-2017

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This manual to be used in conjunction with the Resident Manual for UBCHO

**UCSF Benioff CHILDREN'S HOSPITAL OAKLAND
2016-2017**

FELLOWSHIP MANUAL – DIVISION-SPECIFIC

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I. Introduction

See Hospital-Wide Manual

Mission and Code of Conduct

See Hospital-Wide Manual

Fellowship Program Goals and Objectives

The intent of UBCHO fellowship programs is to train pediatricians in the prevention, diagnosis and management of disease so as to provide comprehensive, compassionate care for children and adolescents. The hospital's training programs are unique and diverse, though they hold to a common goal to provide future academic pediatricians with a foundation to become competent clinicians, researchers, and teachers. To achieve this, our training programs hold to the following objectives:

- To provide the clinical experiences and educational opportunities necessary to build a solid foundation of medical knowledge, critical thinking abilities, literature review, diagnostic acumen and technical skills.
- To provide academic pediatricians the research training and experience to develop careers as physician-scientists.
- To train well-rounded, empathetic clinicians to develop skills in communication and counseling with patients and families.
- To impart to our fellows the skills necessary to become lifelong learners and teachers, develop leadership skills and work effectively with team members.
- To impart to our fellows a sense of responsibility to act as advocates for the health of children and families within our society.
- To expose our fellows to the concept of multi-institutional collaborative research and encourage them to become active members of the profession's national societies.
- To prepare future pediatric infectious disease specialists for the changes taking place within our health care system, including managed care, limitations on resource utilization, and the shift of medical care to ambulatory settings.
- To create pediatric infectious disease specialists able to practice the culturally competent medical care necessary in our increasingly diverse population.

- To teach professionalism by mentorship, validating the critical roles of personal ethics, responsibility, respect, compassion, communication, and self-awareness.
- To educate our fellows on current national guidelines and evidence-based recommendations.
- To train in aspects of quality care and understand microsystems and continuous processes to evaluate and determine changes/needs in order to enact and monitor outcomes.
- To provide our training in an environment of respect and support, recognizing that fellowship is a difficult and challenging time in one's life.

The field of Pediatric Infectious Diseases encompasses a broad array of disorders of children and adolescents with disorders from infectious organisms. The goal of the **Pediatric Infectious Diseases Fellowship** at UCSF Benioff Children's Hospital Oakland (UBCHO) is to develop physicians with:

- the information and experience necessary to diagnose and manage pediatric patients with a wide variety of acute and chronic infectious diseases, including disorders of host defense
- the ability to understand and apply the principles of disease control, prevention of healthcare associated infections, hospital outbreak control, emerging pathogens, immunization programs, and/or vaccine-preventable diseases
- an understanding of basic epidemiologic and biostatistical methods and their application to clinical research and patient care
- expertise in the functions and appropriate utilization of diagnostic microbiology, immunology, virology, mycology, and parasitology laboratories
- the ability to conduct research in the broad area of pediatric infectious diseases
- appropriate teaching skills that can be used in the area of pediatric infectious diseases

To achieve these goals, a three-year program has been developed, consisting of about 12 months of clinical experience and about 24 months of research training. The I.D. faculty consists of seven full-time and part-time infectious disease attending physicians and five M.D. or Ph.D. scientists with laboratory-based research programs in infectious diseases, epidemiology, molecular biology, genetics, bioinformatics, and immunology.

The Infectious Diseases Division sees over 500 new consults in the hospital and over 2000 inpatient consult follow-ups per year. We see over 200 new outpatient consults and over 1000 follow-up outpatient consults per year. We care for about 60 active HIV-infected children with over 500 clinic follow-up visits annually in our Pediatric HIV/AIDS clinic. In addition, our Pediatric Tuberculosis Clinic at UBCHO manages consultations for patients with active tuberculosis, tuberculosis exposures and latent disease from many surrounding counties.

The Infectious Diseases Division attending physicians provide coverage of infectious disease issues for the hospital 24 hours/day, 365-days/year. The ID attendings and fellows supervise the activities of the pediatric residents from the hospital's own training program, as well as the activities of rotating residents from other programs.

ID consultations are requested from all areas of the hospital, including the Pediatric Intensive Care Unit (PICU), the Neonatal Intensive Care Unit (NICU), the Surgery and Surgical subspecialty departments, the Emergency Department, the Hematology/Oncology/Bone Marrow Transplant service, the Rehabilitation service, and the General Pediatric ward service. Outpatient

consultations are primarily requested by the Emergency Department, Urgent Care Clinic, and by ambulatory and community pediatricians.

The Pediatric ID Fellowship Program at UBCHO provides a broad range of experience and background for the subspecialty fellows. Essential components of the three-year program include patient care, research, and teaching.

The ID fellowship program provides the training and experience necessary to diagnose and manage pediatric patients with a wide variety of acute and chronic infectious diseases, including disorders of host defense, both in hospitalized and ambulatory patients. The educational program includes training in the following:

- the appropriate use of antimicrobial agents in a variety of clinical settings, their mechanisms of action, pharmacokinetics, and potential adverse reactions
- microbiological and immunologic factors that determine the outcome of the interaction between host and microbe
- training in microbiology laboratory techniques, including culture techniques rapid diagnostic methods, and molecular methods for identification of bacteria, mycobacteria, fungi, viruses, rickettsiae, chlamydiae, and parasites in clinical specimens
- the effects of underlying disease states and immunosuppressive therapies on host response to infectious agents
- mechanisms of protection against infection, e.g.: active or passive immunization and immune-modulating agents
- clinical pharmacology of antimicrobial agents including drug interactions, adverse reactions, dose adjustments for abnormal physiology, and principles of pharmacokinetics and pharmacodynamics
- methods of determining activity of antimicrobial agents and techniques to determine their concentrations in blood and other body fluids
- indications for diagnostic procedures and the interpretation of results. Examples include bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities and soft tissues
- the sensitivity, specificity, efficacy, benefits, and risks of contemporary technologies, such as those for rapid microbiologic diagnosis and for diagnostic imaging
- the principles and practice of hospital epidemiology, infection control, and outbreak management
- the understanding of adverse events attributed to specific immunizations and immune-modulators
- public health issues pertinent to pediatric infectious diseases

Because of the tertiary nature of UBCHO, ID fellows gain a broad clinical experience in the application and interpretation of diagnostic tests and the indications, risks and interpretation of the results of therapeutic procedures. This involves experience with inpatients and outpatients having infectious diseases due to bacteria, fungi, viruses, parasites, rickettsiae and chlamydiae including the following categories:

- Upper respiratory tract infections
- Lower respiratory tract infections
- Central nervous system infections
- Urinary tract infections
- Cardiovascular infections
- Bone and joint infections
- Skin/soft tissue/muscle infections
- Gastrointestinal tract/intra-abdominal infections
- Hepatic/biliary infections
- Ocular infections
- Reproductive tract infections
- Sexually transmitted diseases
- Foreign-body and catheter-related infections
- HIV infection
- Healthcare associated infections
- Surgical and traumatic wound infections
- Congenital infections
- Systemic infections without focal findings
- Inflammatory and vasculitic diseases with possible infectious etiologies

1. Infectious Diseases Clinic

The Infectious Diseases Clinic has four dedicated clinic rooms available at all times, all of which are negative pressure rooms and can be used for isolation of patients with infectious diseases, including tuberculosis. The clinic has its own library with relevant journals and reference materials, a conference room, a medication room and offices for the co-directors, physicians, fellows, nurses, research personnel, social workers, and support staff. The Infectious Diseases Division has its own research laboratory, used when needed for processing and testing of specimens for clinical trials and other research studies.

2. Clinical and Microbiology Laboratories

The clinical laboratory at UBCHO includes a complete clinical microbiology laboratory, located in the main hospital building, which provides diagnostic bacteriology, mycology, and parasitology services. There is also an immunology laboratory, and both incorporate rapid diagnostic tests. Jon Rowland, M.D. is the director of the hospital's laboratory; the microbiology supervisor is Kristie Vetterli. Dr. Rowland is also the Director of the Immunology and Serology laboratories, which perform antigen and antibody tests to confirm etiologic agents of infectious diseases as well as basic tests to investigate immune deficiency states. All labs are certified by the American Society of Clinical Pathologists and by CLIA.

The microbiology laboratory has an isolation area with hoods and appropriate media. It has capabilities for identification and susceptibility testing of bacteria, as well as isolation and identification of fungi and identification of parasites. During their clinical or research years, ID

fellows rotate through the microbiology laboratory for two full weeks. During this time, they will become familiar with diagnostic microbiology by processing various specimens under the direct supervision of the microbiology supervisor. ID fellows will work with and process specimens at the bench, including rapid bacterial and viral diagnostic tests. They may repeat the rotation until they become proficient in interpretation of cultures, various rapid stains and interpretation of susceptibility tests. In addition to the formal rotation and bench work, ID fellows and ID attending physicians may make microbiology rounds during the week, examining patient specimens as interesting cases arise. Dr. Brian Lee is the consultant to the Microbiology Laboratory.

Viral diagnostic services are available through the Molecular Diagnostics Laboratory (MDL) at UBCHO. The MDL, directed by Kathleen Houtchens, PhD, offers testing for EBV, CMV, enteroviruses, and HIV using PCR technologies. In 2009, it started offering a Respiratory Viral Panel by PCR, which identifies RSV A, RSV B, rhinovirus, influenza A and B, human influenza A/H1 and A/H3, parainfluenza viruses 1/2/3, adenovirus, and human metapneumovirus, mainly from nasopharyngeal swabs but also from pulmonary and bronchoalveolar lavage specimens. The MDL also does HLA typing and genetic testing to predict biological responses to certain medications, such as for HLA-B5701* in patients with HIV to check for hypersensitivity to abacavir.

Other viral diagnostic services are provided by outside commercial laboratories and through the California Department of Public Health's Viral and Rickettsial Diseases Laboratory (VRDL). We also have a close working relationship with the staff at the former Neurosurveillance testing project, which is part of the VRDL and now focuses on unusual infections with serious consequences, especially in critically ill patients.

3. Infection Control Program

The ID Division oversees the hospital's Infection Control program. Dr. Ann Petru, the Co-Director of ID, also serves as the Infection Control Officer for UBCHO, while daily issues are usually addressed by Amanda Lucas, RN, MS. The purpose of the UBCHO Infection Control plan is to reduce the risk of endemic and epidemic healthcare acquired infections in patients and healthcare workers and to optimize use of resources through a strong preventive program. The Infection Control program allows for a systematic, coordinated and continuous approach:

- TJC guidelines, OSHA regulations, and pertinent Federal, state and local regulations pertaining to infection control are implemented and followed.
- Patient care services include Medical, Surgical, Special Care Units, Operating Room, Post-Anesthesia, and Ambulatory Care Units.
- Needs and risk factors of patients include a patient population at high risk of acquiring infections and who have multiple medical problems.
- In-service education is provided for all employees with particular emphasis on isolation precautions and proper use of personal protective equipment (PPE) for personnel at risk of accidental exposure to respiratory pathogens, blood and/or body fluids. In addition, emphasis is placed on educating staff regarding TB, its mode of transmission and the TB exposure control plan.
- Surveillance includes routine evaluation for healthcare associated infections (HAIs) among patients and personnel. Targeted studies will be conducted on infections that are high risk and high volume at UBCHO. Surveillance to meet specific objectives will be done on an as-needed basis.

- Departmental policies and procedures for infection control will be reviewed and/or revised as an ongoing practice.
- Employee health related issues will be reviewed and in-service education related to infection control practices will be provided.
- Medical waste management and disposal will be reviewed.
- Interaction with and mandatory reporting to the Department of Health will be carried out.

Because potential infection control problems may be present in any area of the hospital, the infection control program maintains an open communication with all departments within the hospital, including general services and clinical departments, as well as administration and medical staff. The ID fellows participate in monthly Infection Committee meetings; they become familiar with the surveillance of HAIs, isolation guidelines, outbreak and exposure control, employee health issues, device-related infections, and risk factors associated with HAIs; and they are trained in the reporting of communicable disease to public health agencies. They are responsible for ordering appropriate isolation procedures for ID patients, recommending the same for consultations, coordinating appropriate control and preventive measures in exposures/outbreaks, and presenting current literature on HAIs to the house staff and during the monthly journal club sessions.

II. Employment Policies

A. Recruitment, General Selection Requirements, Division Specific Selection Requirements and Appointment

Recruitment:

See Hospital-Wide Manual

General Selection Requirements:

See Hospital-Wide Manual

Pediatric Infectious Diseases Division Specific Selection Requirements:

Candidates for ID Fellowship must have completed an accredited Pediatrics Residency Training program in good standing and must have passed the In-Service examinations for General Pediatrics. They must have completed requirements and applied for licensure in the State of California and have taken or be eligible to take the Pediatric Board Exam of the American Board of Pediatrics. They should be enthusiastic, bright, and attentive to detail, with excellent oral and written communication skills, and should be able and willing to work hard during the three-year fellowship training.

Appointment:

See Hospital-Wide Manual

B. Medical Staff Appointment

All fellows are **required** to join the Medical Staff at UBCHO. Reimbursement of Medical Staff dues will be provided by the Pediatric Infectious Diseases Division.

Fellows must comply with all the Medical Staff rules and regulations as stipulated in the bylaws.

C. Training Courses

See Hospital-Wide Manual

D. Employee Health

See Hospital-Wide Manual

E. Licensure

See Hospital-Wide Manual

F. Examinations

1. American Board of Pediatrics

See Hospital-Wide Manual

2. In-Training Examination

See Hospital-Wide Manual

G. Library Policies

See Hospital-Wide Manual

The Pediatric Infectious Diseases Division maintains a subspecialty library in the outpatient clinic for the general use of the staff. The Health Sciences Library at UBCHO is located on the fourth floor of main hospital building. It allows access to a comprehensive clinical collection of books, journals, file materials and audio-visual aids, as well as interactive search and retrieval technology. While primarily focused on clinical medicine, the collection also addresses the needs of administrative, managerial, research, clerical and other non-clinical services. Materials not available in our collection can be procured within a few days through interlibrary loan. The library is accessible 24 hours a day for resident and fellow use. The library offers a number of other services as well. Available to all house officers and specialty fellows are self-directed internet based searches of the medical literature using databases such as MEDLINE, CINAHL (nursing and allied health), HEALTH (non-clinical medical topics), BIOETHICS, and CANCERLIT. Members of the library staff can also perform searches on specifically requested topics using online access to other medical databases. UCSF Library access is available electronically to ID fellows as well.

H. Medical Records

See Hospital-Wide Manual

I. Schedules

See Hospital-Wide Manual

J. Shared Positions

See Hospital-Wide Manual

K. Fellow Duty Hours and the Working Environment

1. General

a. Supervision of Fellows

See Hospital-Wide Manual

b. Duty Hours

See Hospital-Wide Manual for Basic Duty Hour Policy

The Pediatric Infectious Diseases Fellowship Program at UCSF Benioff Children’s Hospital Oakland recognizes the importance of duty hour policies that support the physical and emotional well being of fellows, promote an appropriate educational environment and facilitate patient care. The program will fully comply with the general duty hour requirements adopted by the ACGME and any additional requirements of the RRC for Pediatrics.

- Duty hours are defined as all clinical and academic activities related to the fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- Duty hours will never exceed 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. A log is provided to record duty hours manually and is located in shared ID drive. The fellows are responsible for documenting their work hours on a weekly basis.
- Adequate time for rest and personal activities will always be provided. This will consist of a minimum 10 hour time period provided between all daily duty periods and after in-house call. Because there are no in-house (overnight) call responsibilities, ID fellows will always have at least 10 hours between daily duties for rest and personal activities.
- Moonlighting that occurs within the fellowship program and/or UCSF Benioff Children’s Hospital Oakland, i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Fellows participating in moonlighting are required to keep accurate records of their work hours and the Fellowship Director will monitor internal moonlighting by fellows to ensure that duty hour limits are not violated.

- Fellows will be provided a minimum of 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- Pediatric Infectious Diseases fellows in the first year will work an average of one weekend per two weeks. This schedule provides each fellow 4 days (2 weekends) off every 4 weeks, or 1 day in 7 free from all educational and clinical responsibilities when averaged over a 4-week period. If more than 4 fellows are in the program, call continues to be shared equally and may be less frequent.
- Pediatric Infectious Diseases fellows in the second and third years will work an average of one weekend per 4 weeks. Weekends and holidays are shared equally among 2nd and 3rd year fellows.

2. On-Call Activities

See Hospital-Wide Manual for Basic On-Call Information

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period.

- In-house call is defined as those duty hours beyond the normal work-day when fellows are required to be immediately available in the assigned institution. Fellows in the Infectious Diseases Fellowship are not assigned in-house overnight call responsibilities.
- At-home call (pager call) is defined as call taken from outside UBCHO and any participating institutions. ID fellows are required to take at-home call every other weekend during the first year and once per month during the 2nd and 3rd years. Call responsibilities include answering evening phone consultations from home and evaluating new and follow-up ID consultation patients in the hospital during the day.
- The frequency of at-home call is not subject to limitations for in-house call. At-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow. Call responsibilities include answering evening phone consultations from home and evaluating new and follow-up consultations in the hospital during the daytime. Fellows are asked to document the time spent on call and to document the time spent in the hospital if called in to assess patients. The Program Director must monitor the demands of at-home call and make schedule adjustments as necessary to mitigate excessive service demands and/or fatigue.
- When fellows are called into the hospital from home, the hours fellows spent in-house are counted toward the 80-hour limit.
- The faculty and Program Director ensure that if one of the fellows has to spend most of the evening and night in the hospital caring for a sick patient, the 24-hour work rule goes into effect. As soon as the fellow finishes basic patient care duty or an essential lecture they are released to go home for the remainder of the day. Additionally, the Program Director verbally monitors workload with the fellows, especially those on the inpatient service, on a weekly basis.

3. Monitoring

See Hospital-Wide Manual

Violations of the duty hour rules could only occur if a fellow engages in moonlighting activities, if there is an inadvertent error in the scheduling of on-call weekends, or if fellows trade on-call weekends. Moonlighting is addressed in the next section. In order to prevent violation of duty hour rules resulting from scheduling mistakes or trading of on-call weekends between fellows, the following protocol has been developed:

- 1) A preliminary 6-month on-call schedule will be developed by the administrative assistant with consideration of scheduling requests by fellows. First year fellows will be assigned to take call every other weekend, while 2nd and 3rd year fellows will take call one in 4 weekends. This schedule must be reviewed and approved by the fellowship Program Director.
- 2) Fellows may request changes to the call schedule, such as trading of on-call weekends, but such changes must be reviewed and approved by the Program Director prior to implementation in order to ensure that duty hour limitations are not violated.
- 3) Prior to finalization and distribution of the on-call schedule each month, the Program Director will make a final review and approve the schedule if no violations are noted.
- 4) If scheduling conflicts are such that the fellow is put in a situation that may violate duty hour limitations, then the Program Director must utilize one of the following options:
 - a. Instruct the fellow to take mandatory time off during the week to ensure that there is at least 1 day off in 7 days (averaged over a 4-week period)
 - b. Relieve the fellow of on-call duties for the weekend in question so that a violation does not occur. The on-call attending will assume all weekend responsibilities without the fellow.

L. Moonlighting

See Hospital-Wide Manual

Because ID fellowship is a full-time endeavor, moonlighting must not interfere with the fellow's ability to achieve the goals and objectives of the educational program and therefore is subject to the following policy:

- Any fellow who desires to engage in moonlighting must prospectively obtain a written statement of permission from the Program Director.
- Fellows must prospectively inform the Program Director of specific moonlighting shifts whether internal (i.e., at UBCCHO) or external (i.e., at another institution).
- Because *internal* moonlighting is counted toward the 80-hour per week duty hour limits and may infringe upon the minimum 10-hour rest period required between patient care activities, the following procedure must be followed:
 1. At least 1-week prior to the scheduled moonlighting shift, fellows must report the anticipated number of moonlighting hours to the Program Director.

2. If the internal moonlighting shift would result in violation of duty hour limitations, then the request for permission to moonlight will be rejected.
 3. The hospital payroll department will be contacted following the moonlighting shift to confirm the actual number of hours of internal moonlighting.
- Because *external* moonlighting is beyond the purview of our department and institution, the hours are not counted toward duty hour limits. However, such activities can nevertheless impact the fellow's patient care and education at UBCHO and therefore the following procedure must be followed:
 1. At least 1-week prior to the scheduled moonlighting shift, fellows must report the anticipated number of moonlighting hours to the Program Director.
 2. The Program Director and other ID attending physicians will monitor for any negative impact that the external moonlighting may have on the fellow's performance at UBCHO.
 3. If it is determined that a negative impact has occurred, a warning will be given to the fellow and a letter describing the concerns will be placed in the fellow's record.
 4. If after a warning has been given, there is another occurrence in which external moonlighting activities negatively impact the fellow's performance at UBCHO, permission to moonlight will be revoked and a letter describing this action will be placed in the fellow's record. Furthermore, disciplinary action may be initiated as described in section 2.EE.
 5. The Program Director may request that the fellow provide confirmation of the actual hours of external moonlighting from the outside institution.

Any purposeful violations of this policy by the fellow may result in disciplinary action, as described in section 2.EE.

M. Dress and Grooming Policy

See Hospital-Wide Manual

N. Paychecks

Fellows are employees of the hospital assigned within the Infectious Diseases Division. Paychecks are issued every other week. Fellows may elect to have their paychecks deposited directly into their bank account. If and when a fellow is funded by an outside agency during the research training years, the paychecks will be provided by the outside agency in accordance with the agency's own policies.

O. Salaries

The following salary scale is in effect as of July 1, 2015:

1st year fellows Approximately \$65,000 (= PL4)

2 nd year fellows	Approximately \$67,000 (= PL5)
3 rd year fellows	Approximately \$70,000 (= PL6)

The current salary is reflected on the individual letter of appointment. The individual letter of appointment provided to each fellow upon employment states the approximate current salary. All three years' salary is guaranteed by the Infectious Diseases Division. Nevertheless, fellows are encouraged to apply for alternate sources of funding.

P. Paid Time Off

See Hospital-Wide Manual

Q. Reserved

R. Reserved

S. Leave of Absence

See Hospital-Wide Manual

1. Maternity Leave

See Hospital-Wide Manual

2. Paternity/Adoptive/Domestic Partner Leave

See Hospital-Wide Manual and "Maternity Leave" Above

SDI provides a maximum of 6 weeks unpaid leave during the first calendar year life of the child. This leave may be taken in divided portions. The use of vacation as part of the leave is at the discretion of the employer. Please review the UBCHO policy. Since the hospital has over 50 employees, FMLA and CFRA rulings will apply. These two programs provide a longer absence LOA than the SDI.

3. Other Leave

See Hospital-Wide Manual

T. Other Absences

See Hospital-Wide Manual

U. Education Leave and Expenses

See Hospital-Wide Manual

Requests for education leave must be approved in advance by the Program Director. Fourteen days advanced notice is required. Receipts must be submitted to the Program Director within seven days. Fellows are encouraged to apply for travel grants to attend national infectious disease conferences during their training, including the first year. Expenses (registration fee, travel costs, lodging, per diem meal allowance, etc.) are often

covered by an external grant. Subsidy by the ID department for uncovered expenses is possible, but it is dependent on the availability of funds.

V. Insurance/Benefits

1. Health/Dental/Vision Coverage

Fellows may choose from one of UBCHO's offered plans at the time of their initial employment; thereafter, changes are allowed annually.

Division paid health insurance coverage is provided to the end of the calendar month following completion of fellowship training. Thereafter, graduates may elect to purchase health insurance for a maximum period of 18 months at the current COBRA rates.

2. Malpractice Insurance

See Hospital-Wide Manual

As employees of UBCHO, malpractice coverage is provided through the hospital. See Medical Education Office for more details.

3. Life Insurance

Currently, there is no life insurance policy available for fellows in the Infectious Diseases Division. However, financial planning and assistance with choosing and purchasing life insurance may be available through UBCHO.

4. Disability Insurance

Disability Insurance is provided through the California State Disability Insurance Program (SDI) with payroll deduction of premiums biweekly.

5. Long-Term Care

No long-term care policy is provided for the fellows.

6. Retirement Plan

There is no retirement plan offered for fellows in the Infectious Diseases Division.

W. Parking

Parking expenses are not covered by the Infectious Diseases Division. Parking in the building adjacent to the Out Patient Center is available for a standard fee charged by the hospital; free parking is available at several remote parking lots.

X. Office Space

Shared office space is provided for fellows and is located on the fourth floor of the OPC. This office provides ample space for books, files, and personal belongings. Computers

and HIS terminals are available in the office. Mailboxes are located in the mailroom on the fourth floor of the OPC, in the I.D. Division. Fellows should keep this office locked when unattended in order to keep their own and other fellows' personal belongings secure.

Y. Housing/Laundry/Meals

As fellows are not expected to take in-house call, no provisions have been made to offer housing, laundry facilities, or meals.

Z. Employee Assistance Program (EAP)

Fellows who are employees of the hospital (including ID fellows) have access to the Employee Assistance Program and have mental health coverage through the basic health insurance plan. Professional assistance is available for stress, depression, marital difficulties, alcoholism, and drug abuse.

AA. Harassment

See Hospital-Wide Manual

BB. Physician Impairment/Substance Abuse

See Hospital-Wide Manual

CC. Evaluations/Promotional Review

1. General Policies

See Hospital-Wide Manual

Formal feedback sessions are held with the Program Director every six months. After a review of all evaluations (see below) during the preceding period, a summary of the fellow's performance will be generated, noting consistent strengths and weaknesses and focusing on goals for the ID fellow over the subsequent 6 month period. The ID fellow has the opportunity to review and respond to the written summary evaluation. The purpose of these evaluations is to facilitate the ID fellow's personal and professional growth and development. They are meant to be constructive. If the ID fellow should have any concerns related to these evaluations or the training experience at UBCHO, the concerns may be put into writing by the ID fellow and entered into a permanent fellowship file. The written summary is signed by the ID fellow and the Program/Division Director, and is kept as part of the ID fellow's permanent record. A copy is also provided to the ID fellow.

ID fellows are asked to complete an evaluation form on the fellowship training program and on each of the ID attending physicians twice during each year. The components of the attending evaluation include availability, interest in teaching, learning value of rounds, prepared lectures, bedside rounds, ability to encourage independent thinking, and ability as a research mentor. Similar attending evaluations are requested of pediatric residents who rotate on the ID service. In order to maintain anonymity, all of these evaluations (including those by fellows and residents)

are shared by the Program Director with ID attending physicians in a summary form. The residents' evaluations of the attendings are done using MyEvaluations.com and are presented by the ID Division Director.

In addition to the written evaluations of the training program, ID fellows are required to attend ID division meetings, during which issues related to the fellowship are regularly discussed. Feedback from the ID fellows plays an important role in the ongoing improvement of the curriculum. Once yearly, the ID divisional meeting (Program Evaluation Committee or PEC) is completely devoted to discussion of the fellowship training program and all current fellows as well as ID attending physicians are encouraged to attend. This meeting will specifically address comments and suggestions put forth in the written evaluations from fellows.

Year 1: In addition to the frequent informal feedback given to ID fellows on a daily basis, the ID fellows are formally evaluated by the ID attending physicians at any weekly Tuesday ID conferences where the fellows presents material and at the end of each month-long block. Competency in the following areas will be assessed:

- a. Patient care
- b. Medical knowledge
- c. Systems-based practice
- d. Practice-based learning and improvement
- e. Professionalism
- f. Interpersonal and communication skills

In addition, fellows will also be evaluated for competency in the above areas by other participants in their training experience, including:

Residents rotating on the ID service (at the end of a resident's rotation)

Patients/families under their care (weekly, if possible). **It is the fellow's responsibility to ask the family to complete an evaluation form, which is stocked in each clinic room, and to return the form to one of the administrative assistants.**

All staff (including nurses, social workers, administrators) in the ID department (annually)

The Clinical Competency Committee (CCC), composed of ID faculty, meets twice per year and takes into consideration the evaluations compiled over the preceding 6 months and agrees on the progress that the fellow has made along the Milestones of clinical development as set forth by the ACGME. The evaluation that takes place at the end of the each year of training summarizes the ID fellow's performance throughout the year and verifies progress towards the demonstration of sufficient professional ability to practice clinical pediatric infectious diseases competently and independently. *If deficiencies are noted, then the evaluation will include an educational plan that the ID fellow must successfully complete during the subsequent two years in order to receive verification of clinical competence.*

Year 2 & 3: During their research years, ID fellows are also formally evaluated by their research mentors every 6 months using written evaluation forms. The Scholarship Oversight Committee will also formally evaluate each fellow's progress in their scholarly work approximately three times beginning in the second year. These evaluations will be kept as part of the ID fellow's permanent record.

All 3 years: Evaluations of ID Consultations are done periodically to verify that the fellows are gradually able to demonstrate the skills necessary to practice pediatric infectious diseases independently and competently in each of these areas:

- History and physical examination
- Formulation of comprehensive differential diagnosis
- Critical analysis of available test results and development and justification of a plan for additional diagnostic testing
- Development and justification for a treatment and management plan
- Appropriate fund of knowledge.

A final evaluation at the end of the 3 years of training incorporates the ID fellow's clinical evaluations, research progress reports, and evaluation by the Scholarship Oversight Committee in order to verify the ID fellow's clinical and research competence.

2. Academic Probation

See Hospital-Wide Manual

3. Non-Renewal of Agreement

See Hospital-Wide Manual

4. Appeal Procedures

See Hospital-Wide Manual

5. Requirements for Promotion

See Hospital-Wide Manual

a. Expectations for Skills at the End of the First Year

General Expectations of ID Fellows: ID fellowship is an exciting experience. During your clinical training, you will have the opportunity to see a fascinating array of infectious diseases. While working closely with patients and their families, ID attending physicians, other pediatric specialists and pediatric residents, you will not only develop your clinical skills and knowledge but will also refine your leadership, teaching, and communication skills.

However, the experience is not without its challenges. As you try to balance your clinical responsibilities and your educational goals these years, there may be times when you feel overwhelmed because of the demands placed on you from multiple directions. Learning to prioritize and to manage your time effectively will be keys to making it through the year successfully.

During your training, the ID attending physicians will always be available to provide guidance and teaching, but we will also challenge you so that you can grow into the role of an ID specialist. In order to guide you as you begin your clinical year, we have put together a list of our general expectations. This list is not all-inclusive but touches upon several important areas. Remember that we are here to help you through this process – so please make sure to keep an open line of communication with us, particularly when you are feeling overwhelmed.

- ID fellowship is a full-time endeavor. A commitment of time and energy is necessary in order to fulfill the clinical responsibilities and to achieve the goals and objectives of the educational program.

- Fellows are expected to treat patients, families, and all members of the health care team with courtesy, respect, and integrity.
- Fellows are expected to take ownership of the patients under their care. This means taking responsibility for each of the following:
 - To provide continuity of care from the initial consultation through the duration of illness (including inpatient and outpatient follow-ups)
 - To independently formulate a plan for diagnosis and management
 - To communicate with families and members of the health care team
 - To advocate for the best interests of each patient
- Fellows are expected to read prolifically and to investigate clinical questions related to each patient in order to ensure that as much as possible, recommendations are evidence-based. This includes reading relevant chapters in textbooks, reviewing the current medical literature, and at times, seeking other expert opinion.
- Fellows are expected to maintain close communication with the supervising ID attending in order to ensure that patient care is optimal. This includes signing out to the appropriate ID attending prior to departure from the hospital at the end of *each* workday.
- Fellows are expected to arrive for rounds and conferences promptly and to participate actively at all times. They are expected to communicate closely with the ID attending physicians and to complete the delivery of care for all consultations requested before leaving at the end of each workday.
- Fellows are expected to complete documentation of consults, progress notes, and clinic visits in a timely, accurate and thoughtful fashion.
 - Timely: notes should be completed on the same day for inpatient/ED consults and progress notes; they should be completed within 3 days for outpatient notes
 - Accurate/thoughtful: update all information, paying attention to details, particularly assessment and plan, and daily suggestions for management.
- Fellows are expected to be flexible in assisting other members of the ID team when needed. For example, the “outpatient” fellow, if available, may be asked to see an inpatient consult when the inpatient service is particularly busy.
- While on the inpatient service, the fellow is expected to be the leader of the inpatient team, overseeing the care of *every* ID inpatient (with guidance from the ID attending physicians). Responsibilities include:
 - Managing their “primary” patients
 - Supervising care of patients followed by residents on the ID team
 - Teaching residents
 - Covering patients followed by the other fellow when that fellow is unavailable
- Fellows should take every opportunity to enjoy the privilege of caring for wonderful families and the personal and professional growth that comes from this learning/teaching process.

- The ID Fellowship Program provides supervised experience in the interpretation of results of laboratory tests and diagnostic procedures for use in patient care. Fellows will develop an understanding of their indications, utility, risks, and limitations. The following is a list of some of the procedures with which fellows will become familiar, although there may not be many opportunities to perform these procedures during the fellowship years and most should have been learned during residency training. Fellows are expected to have performed independently the common procedures in Pediatric Infectious Diseases which include some, if not all, of the following:
 - Lumbar Puncture
 - Gastric lavage
 - Bladder catheterization
 - Suprapubic bladder aspiration
 - Proficiency in Gram stain and diagnostic microbiology
 - Leading edge aspirate
 - Intradermal skin testing

In addition, a log will need to be maintained by each fellow, listing *all* inpatient and outpatient encounters, diagnoses, patient population characteristics, and any procedures performed. This will provide documentation of the scope of the fellow's clinical experience during the training years.

a. Promotion in the Research Years

The goals of the Research curriculum are to develop the fellow's skills in the following areas:

- clinical and laboratory research methodology and study design
- assessment of the soundness and validity of published research reports
- biostatistical methods required for scientific research
- preparation of grant proposals
- preparation of abstracts and publications

Fellows are required to develop and conduct their own scholarly research project under the guidance of a research mentor.

Research training for the ID fellows begins in their first year, during which they participate in the following activities:

- the critical review of research papers during ID journal club
- a research curriculum designed specifically for all subspecialty fellows to address the above goals
- ongoing clinical studies conducted through the ID Department
- meeting with a research mentor and formulating a research project to be conducted during the second and third year of training

Several of the ID attending physicians are principal investigators of one or more research projects and co-investigators of other projects. The Division has a research study coordinator who works on a variety of CDC-funded epidemiological studies. In addition, we have two nurses who work on HIV-related projects. Fellows' duties for clinical trials can include obtaining informed consent, enrolling patients, taking a medical history and vital signs, performing physical exams, and obtaining specified laboratory tests. ID fellows will sometimes follow enrolled patients at designated follow-up visits and make decisions as to the efficacy and safety of the medications being studied. Other studies may include chart review and data analyses.

Each ID fellow formulates a research projects and identifies a research mentor, who will work with the fellow to design a project to be conducted during the second and third years. During designated outpatient blocks with a focus on research, ID fellows will work with the research mentor to develop a project and to apply for grant support. The bulk of the work for these projects will be carried out during the last two years. If the research project is to be conducted at UBCHO, ID fellows will be required to obtain approval for their research proposal from the hospital's Research Committee to verify validity of the project and approval of a consent form from the Institutional Review Board before implementation. Research activities ideally should result in publications in peer-reviewed journals.

ID fellows are expected to attend all of the quarterly Scholarship Oversight Committee meetings. For first year fellows, this is an opportunity to learn about the breadth of research opportunities and projects that are available at UBCHO. Second and third year fellows are required to present their research periodically during these meetings, at least 3 times before completing their fellowship training. The Scholarship Oversight Committee will provide guidance and review of fellowship research projects and ultimately will decide whether the fellow has successfully completed a scholarly project.

CHORI laboratories are equipped for research in a number of areas including biochemistry, hematology, immunology, mass spectrometry and cell biology. The Infectious Diseases research laboratory is located on the hospital campus and measures about 300 square feet. In addition to the NIH research grants, the hospital contributes \$100,000 annually toward the purchase of shared capital equipment.

See Hospital-Wide Manual

The Pediatric Infectious Disease group supports the UCSF Training in Clinical Research course and expects all 2nd year fellows to register for and complete this summer course focused on research design and techniques, statistical analysis.

DD. Grievances

See Hospital-Wide Manual

EE. Disciplinary Guidelines

See Hospital-Wide Manual

FF. Fellowship Program Closure/Reduction

See Hospital-Wide Manual

GG. Disaster Policy

See Hospital-Wide Manual

HH. Vendor Interactions Policy

See Hospital-Wide Manual

II. Institutional Agreements

See Hospital-Wide Manual

* During the outpatient rotations, fellows will rotate to UCSF for Pediatric Dermatology and to UCSF for Pediatric Immunology. During these rotations, the fellow's salary and malpractice coverage will continue to be provided by UCSF Benioff Children's Hospital Oakland.

JJ. Committee Representation

See Hospital-Wide Manual

- The ID Fellows are expected to attend and participate in activities of the Infection Control Committee and its subcommittees, as assigned, during the year.

KK. Division Meetings

Mondays

8:30-10:00 a.m.	Rounds with ID attendings
12 noon-1 p.m.	Professionalism Conference (1 st Monday of every month)
5-7 p.m.	Scholarship Oversight Committee (quarterly)

Tuesdays

8-9 a.m.	Grand Rounds
9-10 a.m.	ID Journal Club, ID Fellows' Conference, ID Case Review (QA) Conference or ID Residents' Conference (rotates among these)
10-11 a.m.	ID Physicians' Meeting (quarterly or more if needed)

Wednesdays

9:00-10:30 a.m.	HIV Team meeting (during HIV rotation)
12 noon-1:30 p.m.	Infection Control Committee (3 rd Wed of every month)
	ID Noon Conference (Last Wed of every month)

Thursdays

8-9 a.m.	Resident Case Conferences (encouraged; if invited/ID topics)
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Fridays

10:30 a.m.	ID Attending Rounds (preceded by Radiology Rounds)
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LL. Accommodations for Disabilities

See Hospital-Wide Manual

III. Clinical Responsibilities

A. Activities and Charting Requirements

See Hospital-Wide Manual

1. History and Physical

See Hospital-Wide Manual

2. Progress Notes

See Hospital-Wide Manual

3. Orders

See Hospital-Wide Manual

4. Admission

See Hospital-Wide Manual

5. Discharge

See Hospital-Wide Manual

B. Informed Consent

See Hospital-Wide Manual

Informed consent is an integral component of practicing clinical Pediatric Infectious Disease procedures including:

- Lumbar Puncture
- Gastric lavage
- Bladder catheterization
- Suprapubic bladder aspiration
- Proficiency in Gram stain and diagnostic microbiology
- Leading edge aspirate
- Intradermal skin testing

In addition, fellows may participate in clinical research projects that are open during their fellowship years, which will include obtaining specific informed consent from parents and patients of children who are offered participation in clinical research studies. Fellows will be expected to document the consent process, as outlined in the Hospital-Wide Manual and to complete appropriate documents that are part of the research study under the supervision of an attending physician.

C. Confidentiality of Information

See Hospital-Wide Manual

D. Palliative Care / Do Not Resuscitate (DNR) / Allow Natural Death (AND) Policies

See Hospital-Wide Manual

E. Deaths/Autopsies

See Hospital-Wide Manual

F. Procedural Competencies

See Hospital-Wide Manual

G. Teaching Conferences

See Hospital-Wide Manual

In addition to the teaching conferences described in the Hospital-Wide Manual, the following are Infectious Diseases division-specific conferences.

ID Attending Rounds: ID attending rounds take place twice weekly (Mondays from 8:30-10:00 a.m. and Fridays beginning at 10:30 a.m.). Regular participants include the ID fellows, residents rotating on the ID service, the infection preventionist, and the ID attendings. A hospital pharmacist may participate as well, as part of the Antimicrobial Stewardship Program. The ID fellows present all current inpatients followed by the ID service and any notable outpatient ID referrals. It is expected that the ID fellows have examined and reviewed each patient prior to rounds, especially on Fridays, so that the information presented is up-to-date. Each new inpatient consultation is discussed thoroughly with the attending of the week, with an emphasis on relevant teaching points.

On Fridays, ID attending rounds begin with Radiology rounds in the Diagnostic Imaging Department's Conference Room.

Objectives:

1. Fellows will learn to present consultations in a clear and concise, yet thorough manner, focusing on the history, physical exam, differential diagnosis, diagnostic testing, assessment and management plan.
2. Fellows will learn to identify and discuss diagnostic or therapeutic challenges as related to the patients presented.
3. Fellows will discuss data from the medical literature that is relevant to the care of their patients and how the data may influence their clinical decisions.

Assessment:

Evaluation forms will be completed by the ID attending physicians at the end of every month-long rotation or every 2-3 months if the rotations are similar from month-to-month.

ID Journal Club: ID Journal Club takes place approximately one Tuesday per month from 9-10 a.m. The purpose of Journal Club is to provide fellows and faculty an opportunity to review the most recent, relevant articles in both adult and pediatric Infectious Diseases and to develop skills in critical reading of the literature. Fellows will review and discuss at least one assigned article prior to each Journal Club. Even when not presenting, all fellows are expected to have read all of the assigned articles prior to every session, to optimize their critical thinking and learning experiences.

Objectives:

1. Fellows will learn to critically read the literature with particular attention to study design, bias, confounding variables and biostatistics.

2. Fellows will learn to present a synopsis of journal articles including background, methods, results, discussion and conclusions.
3. Fellows will be able to discuss strengths and weaknesses of journal articles.
4. Fellows will hone their teaching skills by learning to effectively synthesize information from the medical literature for their colleagues.
5. Fellows will understand principles of evidence-based medicine and will learn how to apply information from the medical literature to their clinical practice.

Guidelines for Presentations:

1. Create a 10-15-minute presentation that reviews the following:
 - Background: Give a brief summary of topic to be discussed
 - Methods (the most important part of the paper): Please pay particular attention to study design, bias, confounding variables and biostatistical method. Remember that *not* every paper is reviewed by a biostatistician. If a study is poorly designed, then its results will be poor as well.
 - Results: Summarize important points concentrating on the figures and tables.
 - Discussion: First comment on the authors' conclusions. Does the authors' discussion match the results?
 - Conclusions: Please discuss the strengths and weaknesses of the paper, whether it will affect current practice, and design of future studies to better answer the research question.

Assessment:

Evaluation forms will be completed by the ID attendings.

ID Fellows' Conference: ID Fellows' Conference takes place approximately every other week on Tuesdays from 9-10 a.m. The purpose of this conference is to provide a comprehensive update on topics in both adult and pediatric infectious diseases. Each fellow will prepare and deliver a presentation to the members of the ID division approximately once every 2 months. The presentation is expected to be an in-depth synthesis of the current medical literature as related to a specific clinical topic, question or issue. The conference curriculum is monitored to ensure that a wide spectrum of topics is covered over a 3-year cycle.

Objectives:

1. Fellows will deepen their knowledge about the pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, therapeutic options, and prevention of important infectious diseases.
2. Fellows will learn to perform a thorough review of and to critically assess the medical literature.
3. Fellows will understand principles of evidence-based medicine and will learn how to apply information from the medical literature to their clinical practice.
4. Fellows will refine their teaching skills by creating and delivering effective didactic lectures geared toward sub-specialists.

Guidelines for Presentations:

- Fellows are encouraged to seek guidance from any of the ID attending as they develop their presentations.
- Identify a clinical topic, question or issue that has arisen during the care of a patient.
- Review the medical literature for data pertinent to the clinical topic, question or issue.
- Define 3-5 objectives for your audience.

- Create a presentation that incorporates each of the following components (without necessarily adhering to a strict format):
 - Background: describe the significance of the clinical topic/question/issue (may include a case presentation)
 - Methods: briefly describe how articles were found and chosen
 - Results: summarize data from the medical literature
 - Discussion: assess the strengths/weaknesses of the data and describe what further studies might be needed
 - Conclusions: describe how the data may influence one's clinical practice
 - ALWAYS include the name of the fellow and the date of the conference as well.

Assessment:

Evaluation forms will be completed by the ID physicians.

ID QA/Case Review Conference: ID QA/Case Review Conferences are held quarterly on Tuesdays from 9-10 a.m., in lieu of Journal Club or Fellows Conference. During these meetings, patient cases that are interesting or unusual, or that have resulted in mortality or complications, are reviewed and discussed by ID physicians and fellows. The purpose is to learn from clinical experiences, to identify individual or systemic problems within the department and to improve the quality of care for future patients. First year fellows will review and present at least 1 case during each of these sessions. Second and third year fellows are expected to actively participate in discussions.

Objectives:

1. Fellows will develop the practice of self-evaluation with the goal of clinical quality improvement and professional development.
2. Fellows will learn to synthesize the relevant aspects of a case and to identify problems/issues that can arise during clinical care.
3. Fellows will learn to formulate approaches to prevent/address the problems/issues identified.

Guidelines:

1. Fellows may propose a case to review or will be assigned a case.
2. An ID attending will be available to provide guidance to fellows as they complete their case review.
3. Prior to the case review conference, complete the Case Review Template (up through the case summary).
4. Give a 10-minute presentation that reviews the following:
 - a. Background: Why is this case being presented? What issues were raised by this case?
 - b. Case summary: Include relevant details of the clinical course, diagnostic testing, and management.
 - c. Assessment: Identify the problems/issues raised by this case and discuss approaches to preventing/addressing similar problems in the future.
 - d. Recommendations: Discuss specific plans that should be implemented in order to improve the quality of care for future patients.
5. Following the presentation, the ID team will finalize assessment and recommendations related to the case.
6. The ID fellow will complete the case review form based on the discussion above and submit the form to Dr. Charlotte Hsieh, our QA/CQI coordinator.

Assessment:

Evaluation forms will be completed by the ID physicians.

ID Noon Conferences: The ID Noon Conferences are organized by the Division of Infectious Diseases with the goal of teaching topics in infectious diseases that are relevant to general pediatric residents, attendings, and other medical staff. This conference takes place on the last Wednesday of every month from 12 noon-1 p.m. Fellows are responsible for preparing and delivering a presentation on either an assigned or chosen topic (generally twice a year).

Objectives:

1. Fellows will deepen their knowledge about the pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, therapeutic options, and prevention of important infectious diseases relevant to general pediatricians.
2. Fellows will refine their teaching skills by creating and delivering effective didactic lectures geared toward general pediatricians.

Guidelines for Presentations:

1. The fellowship director, or another ID attending, will serve as a mentor for each presentation and can provide guidance throughout the development process. The presentation should be completed and reviewed by an attending at least 1-week prior to the scheduled talk.
2. Review the medical literature for data pertinent to the assigned or chosen clinical topic.
3. Define 3-5 objectives for your audience.
4. Create a presentation that provides an overview of the topic while focusing upon what is important for the audience to learn. A case description may be included. Consider incorporating some of the following components (without necessarily adhering to a strict format):
 - Background/history
 - Epidemiology
 - Pathophysiology
 - Clinical presentation
 - Differential diagnosis
 - Diagnosis
 - Treatment
 - Prevention

Assessment:

Evaluation forms will be completed by the pediatric residents.

H. The Educational Program

1. ACGME Clinical Core Competencies

See Hospital-Wide Manual

2. Scholarly Activities

See Hospital-Wide Manual

3. Professionalism

See Hospital-Wide Manual

4. Mentorship (clinical mentor)

See Hospital-Wide Manual for Introductory material

In the Pediatric Infectious Diseases fellowship program, any of the clinical faculty can serve as a **clinical and/or career mentor** for the fellow. A 3-year relationship is established with this faculty member, and opportunity for frequent interaction, discussion, and development of a personal relationship often fosters this natural mentor-mentee relationship. Additionally, first year fellows will often conduct short literature reviews, write and submit abstracts on retrospective data, and/or write review articles or case reports with a number of the faculty. These ventures, in addition to specific academic interests, often also lead to a natural alliance between a particular member of the faculty and the fellow. Fellows are asked to seek mentorship and establish formal relationships during the first year. Fellows will meet periodically with the Program Director, to discuss goals (program and personal), check in on progress in clinical and research topics, review evaluations, and be offered support. Mentors are also invited to participate per request of the fellow.

In the middle of the first year, the fellow will begin to pursue an area of investigation for the second and third years. A major part of this research development is to identify a research mentor, who shares a common interest in the research question and is willing to commit the time and attention needed to assure completion of the project and research success. The research mentor assists the fellow in development of the research question, review of background materials, research methodology, periodic reviews at the Scholarship Oversight Committee, and preparation of work for written or oral presentation at national meetings. See details below.

Mentors will be asked to be involved with evaluations of fellow performance with the Program Director and Department Director. They will also be asked to give individual evaluations of performance, and, in turn, mentees will be asked to evaluate their experience with mentors.

I. Curriculum for the Clinical Year/Portions of Fellowship

See Hospital-Wide Manual

The Pediatric Infectious Diseases Program at UBCHO is designed to provide subspecialty training in pediatric infectious diseases for qualified pediatricians. Our goal is to deliver top quality patient care experiences while also contributing to clinical and basic science research in this field. To achieve these goals, a three-year training program has been developed. This program exists in conjunction with a large core pediatric residency training program, in which there are about 90 full-time pediatric residents and three chief residents. There are also over 100 medical students from various medical schools rotating through the facility each year. In addition, many subspecialty residents from other programs also rotate through the hospital.

All Years: Through a combination of a structured educational curriculum and required conferences/meetings, the ID fellowship program at UBCHO encompasses a full range of experiences in all aspects of infectious disease.

Educational Curriculum

- Mini-Intensive for ID Fellows: This is a series of lectures given by ID attending physicians over the first 6 weeks of the academic year and is repeated annually. Basic topics in infectious diseases are reviewed.
- Core Topic Self-Study Curriculum: 36 core topics in infectious diseases have been identified, along with assigned readings for each topic. During the 3-years of training (12 topics per year), ID fellows are required to complete these readings on a self-directed, scheduled basis. Fellows must successfully complete a 10-question exam on each of these topics in order to document acquisition of an appropriate level of competency. This is currently being updated.

Educational Conferences/Meetings (see appendix for more detailed descriptions) – In addition to the clinical and research responsibilities, pediatric ID fellows are expected to participate in the following educational opportunities. Those with an asterisk are required for 1st year fellows, while the rest are required of all fellows, except as noted. **For mandatory conferences, 75% attendance is required, and the fellow is required to sign attendance sheets at each meeting.**

- ID Attending Rounds (two times per week): attended on all clinical rotations.
- ID Journal Club (monthly)
- ID Fellows' Conference (monthly)
- ID Noon Conferences (monthly), with fellows making presentations each, several times per year
- ID QA/Case Review Conference (quarterly)
- Infection Control Committee Meetings (monthly) *
- ID Division Meetings (monthly) *
- Professionalism Noon Conferences (first Mondays, monthly)
- Research Curriculum for fellows (monthly) – refer to Research section
- Scholarship Oversight Committee (quarterly) – refer to Research section
- Meetings of the regional Infectious Diseases Societies (bi-monthly) are optional but are strongly encouraged. These societies, which include the East Bay ID Society and the Bay Area ID Society, are comprised of both adult and pediatric ID specialists. Meetings include lectures on topics related to adult and pediatric infectious diseases. Fellows are encouraged to present and discuss patients with challenging diagnoses at these meetings.
- Joint Conferences between ID and other departments including Hematology/Oncology, PICU, and NICU (periodically). These are by special invitation, as needed and available.

ID fellows also have the opportunity to participate in other educational conferences that are geared toward pediatric residents and community physicians including:

- Hospital Grand Rounds (weekly)
- Case conferences & Morning Report (daily to weekly)
- Pediatric Noon Conferences (daily)
- CHORI Research Seminars (weekly, strongly encouraged)

Year 1: Clinical Training

Approximately 12 months

Inpatient Infectious Disease Consultations	8 months
Infectious Disease Clinic/Continuity Clinic	Ongoing (one ½ every other week)
Outpatient Infectious Disease Consultations	2 months (divided into 1 month blocks)
Ped Dermatology Clinic twice/week	One 1-month block
Ped Immunology Clinic twice/week	One 1-month block (with HIV/TB)
Ped GI clinic (hepatitis) once weekly	One 1-month block (as above)
Adolescent STI clinic once weekly	One 1-month block (as above)
Telephone Consultations	Ongoing
Microbiology Rotation	2 one-week blocks
Research Time	1 month (with an outpatient block)
Call	Every other weekend (average 1.5 days/week) and half the holidays

During this first year of training, fellows will primarily develop their clinical expertise. Fellows will evaluate and manage both inpatients and outpatients with complex infectious disease problems under the supervision of an ID attending physician. Fellows will be assigned rotations with primarily inpatient or outpatient duties on a monthly basis, but may be asked to assist in other areas if patient care requires temporary redistribution of staff.

J. Clinical Curriculum for the Research Years of Fellowship

Years 2 & 3:

Scholarly Research	Approximately 20-22 months combined
Training in Clinical Research Workshop	6 weeks (approx ½ time)
Virology Laboratory Course	4 weeks (approx ½ time)
Ongoing Clinical Training	2 months per year of inpatient consultations
Ongoing continuity clinic	½ day per week twice per month
	Approximately 2 months (broken up)

During the second and third years of training, the ID fellows will devote the majority of their time to fostering their skills in scholarly research. Projects may range from clinical to basic science studies. In the past, fellows have conducted research projects at the Children's Hospital Oakland Research Institute (CHORI); University of California, Berkeley; University of California, San Francisco; Viral and Rickettsial Disease Laboratory or California TB program, both parts of the California Department of Health Services; and in collaboration with private industry. Clinical duties including weekend call are less frequent during this period, as the primary focus is the fellow's research training. However, in order to allow for ongoing clinical training opportunities and depending on the needs of the department and the fellows, 1-2 months of clinical service and weekend call once every 4 weeks will be scheduled, if allowed by the research funding program and if the fellow's research project is primarily located in the East Bay.

Early during the second year of training, ID fellows will attend the Training in Clinical Research (TICR) Workshop offered at UCSF. This program provides an introduction to the world of clinical research, including courses in designing of, responsible conduct of, and career building in clinical research. Additional lectures will be provided at UBCHO during the course of the year, coordinated by Dr. Caroline Hastings (Hematology/Oncology).

In July of the 2nd year or June of the 3rd year of training, ID fellows will also participate in the Virology Training Course (a series of classes available over 4 weeks) offered by the Viral and Rickettsial Disease Laboratory of the California Department of Health Services, in nearby

Richmond. This course helps to train local public health laboratory and other medical personnel in state-of-the-art standardized laboratory procedures required for the diagnosis, investigation, and control of viral diseases. Scheduling of this rotation is the responsibility of the fellow, in conjunction with our administrative assistant/office manager.

Following are the clinical responsibilities for the **second and third year** fellows:

- Continuity clinic:
 - First Year: Approx twice monthly
 - Second year: Approx twice monthly
 - Third year: Approx twice monthly

- Call:
 - First Year: Every other weekend
 - Second year: Average of 1 weekend every 4 weeks.
 - Third year: Average of 1 weekend every 4 weeks.

- Inpatient service: Third year fellows are asked to spend 4-6 weeks on the inpatient service toward the end of the academic year. Senior fellows assume the role of a “junior attending” with full responsibility for the care of the patients on the ID service, in addition to new consultations. Attending back-up and supervision will be provided. This service reinforces the clinical experience and development of skills necessary to transition to independence in clinical management of complex ID patients. During this rotation, billing and coding skills will be reviewed and reinforced.

K. Core Curriculum

Competency and Milestone Based Learning Goals and Objectives for Pediatric Infectious Disease Fellows

The overall goals and objectives for fellows are to gain extensive experience in the diagnosis and on-going care of children with infectious diseases, and to become researchers and teachers in the field. First year fellows spend the majority of their time on inpatient and selected outpatient rotations. Second and third year fellows cover the inpatient services on call nights, weekends, and holidays, and participate in the continuity clinics, while they spend the majority of their time devoted to research activities.

The goals listed below have been established for the *first* year pediatric infectious disease fellows. These are primarily aimed at gaining experience in the daily management and continuity of care of children with known as well as presumptive infectious disease disorders. In general, the expectations of the first year fellow involve demonstration of medical knowledge, comprehension of pathophysiology of disease, development of differential diagnoses, formulation of management plans, dissemination of plans by presentation at clinical conferences, and management of infectious disease patients in inpatient, outpatient, and consultative settings.

Senior fellows are expected to develop increased knowledge and independence with respect to the clinical care goals for the first year fellows. Additionally, the *second and third* year fellows are expected to develop a research project, get appropriate IRB approval and animal research approval as necessary, apply for grant funding as necessary,

carry out necessary experiments or clinical studies, and prepare the results for presentation and publication. All fellows are also expected to engage in regular teaching activities for pediatric residents and medical students.

e. **Goal: Patient Care** that is compassionate, appropriate, and effective for the treatment of patients and optimal promotion of health.

- Specific ACGME Milestones-based Patient Care goals
 - Provide transfer of care that ensures seamless transitions
 - Make informed diagnostic and therapeutic decisions that result in optimal clinical judgement
 - Develop and carry out management plans
 - Provide appropriate role-modeling
- **To reach these milestones, fellows are expected to:**
- Demonstrate *thorough presentations* of patients seen as new patient consults, inpatient rounds, outpatient clinics, and at clinical conferences, and by *documentation* in the medical record the ability to report a detailed and appropriate history and physical examination, pertinent diagnostic studies, and develop rationale for the diagnostic and therapeutic decision-making to optimize the care of children with infectious disease. Fellows must demonstrate the oversight of such a management plan and provide appropriate counsel to the patient and family for such diagnostic and management plans.
- Discriminate severity or changes in clinical status of patients, which need to be reported to the attending immediately, from those that can be presented on rounds. Discriminate between patients who may be appropriately treated on the inpatient unit and those who require escalation of care to the intensive care unit.
- Develop and provide rationale for the management plans of children with acute life-threatening or major organ-threatening disease or complications unique to pediatric infectious diseases such as:
 - Upper and Lower respiratory tract infections
 - Central nervous system infections
 - Urinary tract infections
 - Cardiovascular infections
 - Bone and joint infections
 - Skin/soft tissue/muscle infections
 - Gastrointestinal tract/intra-abdominal infections
 - Hepatic/biliary infections
 - Ocular infections
 - Reproductive tract infections
 - Sexually transmitted diseases
 - Foreign-body and catheter-related infections
 - HIV infection
 - Healthcare associated infections
 - Surgical and traumatic wound infections

- Congenital infections
 - Systemic infections without focal findings
 - Inflammatory and vasculitic diseases with possible infectious etiologies
- Recognize common complications and the indications for and the risks of the following therapies and develop appropriate management plans:
 - Antibiotic (antibacterial) Therapy
 - Antiviral Therapy
 - Antifungal Therapy
 - Antimycobacterial Therapy
 - Antiparasitic Therapy
 - Nutritional Support
 - Pain Management
- When requesting consultation, demonstrate the ability to formulate the appropriate questions and rationale justified by pertinent points of the history, physical examination, and laboratory data.
 - When requested to perform a consultation, demonstrate the ability to obtain the appropriate information to ascertain the urgency, perform a complete chart review and patient history, physical examination, review of pertinent laboratory data, and synthesize a cohesive summary, differential, and management plan. Demonstrate professionalism in the timeliness of the consult and personal demeanor in communicating with other health care staff and patients/families. Also include teaching residents and staff with verbal and written communication and review of the literature with appropriate materials referenced or provided.
 - Recognize the indications for, the common complications of, and achieve competence in performance of the following procedures:
 - Lumbar Puncture
 - Gastric lavage
 - Bladder catheterization
 - Suprapubic bladder aspiration
 - Proficiency in Gram stain and diagnostic microbiology
 - Leading edge aspirate
 - Intradermal skin testing

B. Goal: Medical Knowledge about the scope of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences as well as the application of this knowledge to patient care.

- **Specific ACGME Milestones-based Medical Knowledge goals**
 1. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- **To reach these milestones, fellows are expected to:**

- Develop a prioritized differential diagnosis for children with infectious diseases hospitalized for acute illnesses, seen in the outpatient or continuity clinics, or during consultation.

Fellows must demonstrate use of information technology to optimize patient care and education. Fellows should also become proficient at determining which laboratory tests are indicated and their appropriate interpretation. Supervision will be provided; it is expected that fellows will assume progressive responsibility with time and experience.

- Demonstrate knowledge of the pathophysiology of disease, review of recent advances in clinical medicine and biomedical research, dealing with complications and death, and the scientific, ethical, and legal implications of Informed Consent and confidentiality. Fellows are expected to become familiar with the infectious diseases listed in the Core Curriculum, section I. These diseases will frequently be encountered in the clinical setting and additionally reviewed formally by the fellows at the Fellows Conference.
 - Take the SITE examination yearly and review the results by sub-section for feedback on general academic knowledge base and areas needed for self-improvement.
 - Be an active participant in teaching and learning at the Fellows Conference, Journal Club, sign-out rounds, and clinical rounds. Fellows are expected to plan and implement the Fellows Conference and the Journal Club.
 - Demonstrate a commitment to primary care responsibility with acquisition of a group of primary patients of varied infectious disease diagnoses, and continued involvement in the clinical management of these patients, on therapy and off to assess for complications of disease or therapies and provide appropriate interventional strategies. Remain the primary physician contact for the family and the remainder of the health care team, including the referring physician.
- c. **Goal: Systems Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the health care system and the ability to call upon resources to provide high quality health care and advocate for patients within the context of the health care system.
- **Specific ACGME Milestones-based Systems Based Practice goals**
 1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
 2. Coordinate patient care within the health care system relevant to their clinical specialty
 3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
 4. Work in inter-professional teams to enhance patient safety and improve patient care quality
 5. Participate in identifying system errors and implementing potential systems solutions
 - **To reach these milestones, fellows are expected to:**

- Prioritize the various modes of diagnostic testing and select the most appropriate testing modality, with a goal toward preventing unnecessary laboratory or imaging studies.
 - Demonstrate the ability to work effectively with other members of the health care team, including, but not limited to, other physicians, nurses, pharmacists, dietitians, interpreters, social workers, child life specialists, and chaplains. This includes effective working relationships during very stressful times for the patient and family such as at initial diagnosis and implementation of new therapy plans or surgical procedures, arranging home care or discharge, and making a pain management or end of life plans.
 - Acknowledge medical errors in a forthright manner, and report observed medical errors (real or potential) to the appropriate member of the care team and to the hospital errors reporting system, then work with the team to develop a plan for preventing future errors. Participate in the Division Quality Improvement Committee(s) to draft policies and procedures and present the findings/outcomes in interdisciplinary meetings and conferences as well as provide in-service teaching to implement new methods.
 - Comply with institutional systems that have been developed to prevent errors in the administration of “high-risk” medications such as immunosuppressive medications or transfusions.
 - Avoid use of ambiguous or unacceptable abbreviations in the medical record, prescriptions, and medical orders (See Resident Manual for full description).
 - Participate in departmental business meetings to gain knowledge and experience with regards to resource allocation, quality improvement, practice management, and current economics of health care.
- d. **Goal: Practice Based Learning and Improvement** that involves the investigation and evaluation of the knowledge, skills, and attitudes needed for continuous self-assessment, using scientific principles, methods, and evidence to investigate, evaluate, and improve one’s patient care practice.
- **Specific ACGME Milestones-based Practice Based Learning and Improvement goals**
 1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
 2. Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
 3. Use information technology to optimize learning and care delivery
 4. Participate in the education of patients, families, students, residents, fellows, and other health professionals

- **To reach these milestones, fellows are expected to:**
 - Present new cases and new problems with primary patients at clinical conferences with detailed literature review to support the chosen management plan.
 - Critique one's practice experience to recognize strengths, deficiencies, and limits in knowledge and expertise; then identify and utilize the appropriate resources for remedying those identified deficiencies. Fellows will be asked to complete an assessment of their own clinical and research skills on a semi-annual basis in addition to evaluation of their peers.
 - Meet individually with the responsible attending physicians at least monthly during the clinical rotations to obtain feedback on performance. Meet with the continuity clinic attending/mentor at least monthly for this critique as well. Incorporate this feedback and that from the SOC for research performance to develop a professional development plan.
 - Actively seek out and listen to constructive feedback from other members of the health care team as well as patients and families, and incorporate this feedback as appropriate into a professional, individual development plan.
 - Actively participate in the education of patients, families, pediatric residents, medical students, and other health professionals by leading clinical rounds, providing daily direct updates on patient status and plan of care, and providing teaching points and scheduled didactics.
 - Fellows will have the opportunity to teach and participate in continuing education activities as well as assume some departmental administrative responsibilities, such as QA and QI. Fellows will learn methods of adult learning for self-education and teaching purposes.
- e. **Goal: Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
- **Specific ACGME Milestones-based Professionalism goals**
 1. Professional Conduct : High standards of ethical behavior which includes maintaining appropriate professional boundaries
 2. Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
 3. Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients
 4. The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty
 - **To reach these milestones, fellows are expected to:**

- Consistently maintain respect, compassion, integrity, honesty, and responsiveness to the needs of patients and the health care team in a way that supersedes self-interest.
- Attend educational programs geared towards Professionalism with respect to bioethics, professional relationships (with patients, family, health professionals), conflict of interest, medical error, etc.
- Continually demonstrate accountability to all patients and the health care team, including all physicians involved in the care.
- Demonstrate a commitment to excellence and ongoing professional development by being prepared, on time, in appropriate attire, polite, contributing to rounds without dominating, and participating/leading teaching conferences.
- Exercise sensitivity to the needs of the patients and the family/guardians by applying cultural awareness, negotiation, compromise, and mutual respect in the care of the patients.
- Recognize and demonstrate an understanding of the ethical, cultural, religious or spiritual values of import of patients and families during communications and care decisions. Ensure all information is communicated in the patient/family's primary language.
- Demonstrate a commitment to confidentiality, privacy, and respect for patients and families.
- Demonstrate empathy towards the child and family in negotiating and designing goals of treatment, including relevant medical, legal, and psychological issues.
- Demonstrate advocacy for patients and families.
- Honestly assess one's contribution to errors that are made, accept responsibility for personal mistakes, and implement plans to prevent one's self and others from making the same mistake.
- Demonstrate commitment to the fellowship program and pursue appropriate feedback in Fellows Education Sub-Committee and standard channels to effect changes that improve the program.
- Demonstrate commitment to peers via support, guidance and positive mentoring to more junior fellows.
- Learn to give criticism sensitively and accept criticism graciously.

f. **Goal: Interpersonal and Communication Skills** that result in effective information exchange and collaboration with patients, their families, and professional associates.

- **Specific ACGME Milestones-based Interpersonal and Communication Skills goals**
 1. Communicate effectively with physicians, other health professionals, and health-related agencies
 2. Work effectively as a member or leader of a health care team or other professional group
 3. Act in a consultative role to other physicians and health professionals
- **To reach these milestones, fellows are expected to:**
- Communicate effectively in a developmentally appropriate manner with patients, and their families, to create and sustain a professional and therapeutic relationship across a broad range of socioeconomic and cultural backgrounds.
- Lead discussions with the family of a child (and/or patient as age permits) with a newly diagnosed disease.
- Obtain Informed Consent for fellow performed procedures, and both research-based protocol therapy and non-research based therapies.
- Effectively communicate changes in patient status with all members of the health care team.
- Maintain comprehensive, timely and legible medical records on inpatient and primary continuity patients.
- Communicate with attending physician (co-primary or on service attending) on a daily basis and with referral physicians on a periodic basis (new patients, discharge, change in status or plans, off therapy).
- Provide timely written letters to referring physicians and consultations. Mentor should provide a structured review of such documentation and give feedback. Such feedback should be documented on the faculty evaluations of fellows.
- Assume the unique roles of team leader, team member, and/or consultant, as appropriate. Responsibility in these roles should increase with experience and time during the fellowship.

1. Primary patient care skills		
Interpersonal and communications skills		
Systems-based practice		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<u>First Year fellows should:</u> 1. Be able to systematically and efficiently evaluate and manage patients. Be mindful	<u>The first year fellows should:</u> 1. Perform initial evaluations and consultations of new patients and review recommendations with	<u>Staff should:</u> 1. Critically evaluate fellow patient evaluations regarding appropriate differential

<p>of cost issues relating to ordering laboratory and imaging studies.</p> <p>2. Identify problems and develop appropriate differential diagnoses.</p> <p>3. Formulate a treatment plan when a diagnosis is reached.</p> <p>4. Be able to obtain consultations and coordinate multidisciplinary comprehensive care with appropriate integration of other subspecialties (i.e. surgery, pathology, diagnostic imaging; social services, PT/OT, etc.)</p> <p>5. Create and maintain appropriate and timely medical record documentation.</p> <p>6. Appreciate the dynamics of patient and family interaction.</p> <p>7. Recognize the roles and values of nurses, nurse practitioners and social workers in patient care and education.</p>	<p>staff.</p> <p>2. Write organized consultations with appropriate differential diagnoses and discussions and communicate recommendations to primary service/ referring physicians.</p> <p>3. Participate in patient conferences and protocol explanations – initially observing, then taking a larger part in giving diagnostic talks to new patients. Obtain informed consent.</p> <p>4. Learn to present a patient’s change in status and revised treatment plans to family and medical team.</p> <p>5. Keep accurate medical records including daily progress reports, flow sheets and discharge summaries.</p> <p>6. Communicate with referring physicians verbally and in written form to keep updated on patient status.</p> <p>7. Participate in the education of the family and patient regarding disease and treatment including complications.</p> <p>8. Establish a cohort of patients to provide continuity of care in cooperation with the attending physicians and PNPs.</p>	<p>diagnoses and indicated evaluations and management plans including considerations of issues of cost containment. Faculty will assess overall quality of task and provide feedback to fellow.</p> <p>2. Review fellow’s written work for organization, clarity and content. Provide list of desirable features.</p> <p>3. Observe and document fellow proficiency and progression of skills in presenting diagnostic conferences including change of status and treatment plans in a thorough and understandable manner appreciating the family’s ability to comprehend.</p> <p>4. Observe the fellows’ ability to coordinate multidisciplinary care.</p> <p>5. Obtain feedback from nurses, advanced practitioners and social workers regarding trainee’s professionalism.</p>
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1. Primary patient care skills Interpersonal and communications skills Systems-based practice		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<p><u>Second year fellows should:</u> 1.Be able to competently perform all above goals and objectives, with demonstration of increased independence in assessment and decision making. 2. Lead patient consent conferences and discussions on patient status, and development of management plans.</p> <p><u>The third year fellows should:</u> 1. Demonstrate further competence and independence with above stated goals.</p>	<p><u>The second year fellows should:</u> 1.Be able to implement all above stated tasks competently and with demonstrated increased independence. 2. Be able to develop and implement complex management plans for complicated and relapsed patients. 3. Assume greater responsibility for primary patients in evaluation, management, presentation at Tumor Board and multidisciplinary conferences.</p> <p><u>The third year fellows should:</u> 1.Be able to demonstrate further increased competence and independence in decision making and management of patients, in addition to team leadership. 2. Be the inpatient ward attending for 4 weeks and lead all patient care evaluations, management, and decision making. 3. Assume a leadership role in on the inpatient team to coordinate multidisciplinary care and education of staff, residents, and first year fellows. 4. Determine necessity of, consent families, and perform all procedures. Write chemotherapy orders.</p>	<p><u>Staff will:</u> 1.Continue to encourage independence in evaluation and decision making in the care of primary patients, sick patients, and consultations. 2.Provide supervision as appropriate for level of training and fellows’ demonstrated increased knowledge. 3. Provide mentorship to senior fellows to establish independence in clinical skills, team leadership, and communication skills.</p>

Level Specific Competency Based of Training and Evaluation

2. Protocols, Clinical Research Medical Knowledge Practice-based Learning and Teaching		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<p><u>First year fellows should:</u></p> <ol style="list-style-type: none"> 1. Know the elements of diagnosis, management options and outcome of the more common infectious disease disorders. 2. Understand the rationale of current clinical trials and the questions being asked by the studies. 3. Be able to follow diagnostic and treatment outlines of infectious disease protocols and clinical practice guidelines. 4. Be able to collect and record appropriate clinical data. 5. Know the common infectious disease drugs, their actions and side effects. 	<p><u>The first year fellow should:</u></p> <ol style="list-style-type: none"> 1. Perform self-directed review of appropriate literature and protocols. 2. On their own initiative, identify and review appropriate sources regarding infectious disease problems. 3. Participate in didactic lecture series when on ward service. Give a resident noon conference. 4. Attend local and national meetings and educational conferences. 5. Learn to critically review reports of clinical research in preparation for presentations in Journal Club and Fellows Conference. 6. Present cases and discuss relevant literature at ID meetings. 7. Attend the Orientation to Clinical Care course in the first month of fellowship (daily lectures). 	<p><u>Staff should:</u></p> <ol style="list-style-type: none"> 1. Access fellows' understanding of clinical trials by observing and reviewing fellow presentations to families regarding informed consent. Document progression of these skills. 2. Critique fellow presentations at conferences and lectures including use of literature source materials and visual aids. 3. Review fellows' written documentation in the outpatient EMR/HIS as well as on the ward charts. 4. Fellows will use the NIH web-based training module regarding human research and obtain certification.

2. Protocols, Clinical Research Medical Knowledge Practice-based Learning and Teaching		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<p><u>The second year fellow should:</u> 1. Demonstrate increasing competence in the self learning objectives as stated above, in addition to continued active participation in teaching.</p> <p><u>The third year fellow should:</u> 1. Meet all above stated objectives with a continued expectation of teaching first and second year fellows as well.</p>	<p><u>The second year fellow should:</u> 1. Continue to actively participate in all fellowship educational programs as listed above. 2. Submit clinical or basic/translational research for presentation/poster/abstract at national or regional meetings. 3. Provide guidance for first year fellows in presentations at Fellows Conference and Journal Club. Provide leadership in organizing these conferences. 4. Give resident Noon Conference and an Orientation lecture for the first year fellows. 5. Attend the Introduction to Clinical Research course at UCSF.</p> <p><u>The third year fellow should:</u> 1. Meet above stated objectives with continued emphasis on self learning and motivation.</p>	<p><u>Staff should:</u> 1. Encourage active learning and independence in senior fellows commensurate to level of training.</p>

Level Specific Competency Based Aspects of Training and Evaluation

3. Psychosocial aspects of care Communication and Interpersonal Skills; Professionalism Systems-based Practice		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<p><u>The first year fellow should:</u></p> <ol style="list-style-type: none"> 1. Understand the psychological impact of chronic and life-threatening disease and recognize manifestations of various coping methods used by families and patients. 2. Be able to communicate effectively with a grieving family and patient. 3. Develop awareness of the principles of palliative care. 4. Understand the value and role of end-of-life care and be able to discuss this with families. 5. Appreciate the need for aggressive pain management practices for acute and chronic pain, including patients at end-of-life. 6. Understand the impact on oneself of working with patients with chronic and life-threatening diseases. 7. Develop “people skills” and effectively work with colleagues and patients. 	<p><u>The first year fellow should:</u></p> <ol style="list-style-type: none"> 1. Participate in clinical conferences with families of seriously ill children. 2. Attend and participate in Psychosocial conferences with Dr.Giammona while on the ward. 3. Attend multidisciplinary conferences focused on patient care and management issues. 4. Work with end-of-life personnel and help patients make the transition to terminal care. 5. Appreciate and solicit critical feedback from attendings, other experienced caregivers as well as patients and families regarding personal interactions and performance. 	<p><u>Staff should:</u></p> <ol style="list-style-type: none"> 1. Attend all patient conferences presented by the fellows and provide feedback regarding appropriateness of content and style. 2. Solicit evaluation from personnel outside the training program regarding fellows’ performance in providing support for families of seriously ill children and share these responses with trainees. 3. Implement post orientation testing regarding pain management, Palliative and end-of-life care.
<p><u>The second year fellow should:</u></p> <ol style="list-style-type: none"> 1.Meet stated objectives as above and continue to expand upon and apply clinical and communication skill sets. 	<p><u>The second year fellow should:</u></p> <ol style="list-style-type: none"> 1. Demonstrate competence in above skills and continue to develop further expertise. 	<p><u>Staff should:</u></p> <ol style="list-style-type: none"> 1. Continue to have increased expectations of the knowledge base and skill of fellows to provide expert care in difficult clinical situations. 2. Provide mentorship.

3. Psychosocial aspects of care Communication and Interpersonal Skills; Professionalism Systems-based Practice		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<u>The third year fellow should:</u> 1. Attain competency in above stated objectives. 2. While on the inpatient ward service apply knowledge attained in the care and management of patients with pain, psychological suffering, and at end-of-life. 3. Demonstrate leadership skills and professionalism in applying such skills.	<u>The third year fellow should:</u> 1. Continue to demonstrate increased maturity and development of skills in above stated objectives. 2. Provide leadership in the development of care plans for patients with pain or requiring specialized care in the inpatient or outpatient setting, such as end-of-life, palliative care, home nursing, etc.	<u>Staff should:</u> 1. Continue to have increased expectations of the knowledge base and skill of fellows to provide expert care in difficult clinical situations. 2. Provide mentorship. 3. Give structured critiques on performance and encourage independence in clinical decision making and leadership.

Level Specific Competency Based Aspects of Training and Evaluation

4. Education and teaching skills Practice-based learning Communication skills Medical knowledge		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<p>Fellows Should Partake In:</p> <p>1. <u>Self instruction:</u> Fellows should be able to prepare Infectious Disease Conference presentations to include recommendations for workup or treatment or explanation of the protocols involved.</p> <p>2. <u>Teaching house staff and medical students:</u> Demonstrate skill in the education of learners at all levels.</p> <p>3. Critical analysis of patient problems and therapy alternatives.</p> <p>4. Publications: Fellows should be invited to participate with faculty in submitting articles, reviews, chapters, case reports, etc. for publication.</p> <p>5. Develop facility in the use of EMR/HIS systems.</p> <p>All fellows are expected to participate in education and teaching programs. Senior fellows should expect to take a leadership role in the education of staff, residents, and first year fellows in addition to improving their skills in self education.</p>	<p><u>Fellows Should Partake In:</u></p> <p>1. <u>Self instruction:</u> Initially these presentations will be the appropriate case history followed by review of the literature and participation of another discussant. With time, fellows should be able to present a critical review of relevant data and make recommendations for solutions and/or interventions.</p> <p>2. <u>Teaching house staff and medical students:</u> While on the inpatient service, prepare topics of interest from the curriculum or current patient scenarios and present to nursing staff, house staff and/or medical students.</p> <p>3. Fellows will give a resident Noon Conference on a selected topic in infectious disease on a yearly basis.</p>	<p><u>Faculty should:</u></p> <p>1. Assist with preparation of presentations and assess through standardized checklists the quality of such presentations and make suggestions for improvement.</p> <p>2. Faculty should provide opportunity and review submitted papers, articles, reports, or reviews with the fellows, in addition to providing guidance to the fellows of the editor's comments regarding submitted articles.</p> <p>3. Faculty should review and complete all charting done by the fellow using the EMR/HIS systems.</p> <p>4. Faculty should provide mentorship for Fellows Conference and Journal Club with lecture development, review of materials to be presented, discussion, and evaluation/feedback.</p> <p>5. Involved faculty will work with fellows to prepare and submit scholarly publications.</p>

5. Procedural or technical skills

Practice-based learning Medical knowledge		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<p><u>The first year fellow should:</u></p> <p>1. <u>Actual Performance:</u></p> <ul style="list-style-type: none"> • Lumbar Puncture • Gastric lavage • Bladder catheterization • Suprapubic bladder aspiration • Proficiency in Gram stain and diagnostic microbiology • Leading edge aspirate • Intradermal skin testing <p>2. <u>Understanding of laboratory procedures and results</u></p>	<p><u>The first year fellow should:</u></p> <p>1. Fellows will learn the preparation of gram stain</p> <p>2. Fellows will review and interpret microbiology results.</p> <p>Understanding of procedures/ results are obtained via the following educational aspects of training:</p> <p>TB Clinic HIV Clinic Microbiology Rotation Immunology/Dermatology Rotation Infection Control Program Continuity Clinic</p>	<p><u>Faculty should:</u></p> <p>1. Observe all fellows performing procedures and provide evaluation of skills. Fellows will maintain documentation of procedural proficiency.</p> <p>Understanding of procedures/ results:</p> <p>1. Fellows will review and interpret results of laboratory studies.</p>

5. Procedural or technical skills Practice-based learning Medical knowledge		
OBJECTIVES	IMPLEMENTATION/ COMMENTS	COMPETENCY ASSESSMENT
<p><u>The second year fellow should:</u></p> <ol style="list-style-type: none"> 1. Perform procedures when on call and in the outpatient setting to continue to improve skills. 2. Apply knowledge of laboratory procedures and interpretation in on-going patient management. <p><u>The third year fellow should:</u></p> <ol style="list-style-type: none"> 1. Attain procedural competence for independence in above stated procedures. 2. During final clinical month, provide supervision and teaching of procedures to junior fellows and residents. 	<p><u>The second year fellow should:</u></p> <ol style="list-style-type: none"> 1. Continue with active participation in the Tumor Board, Noon Conferences, attend multidisciplinary rounds, team meetings, and morning report. 2. Assume leadership role in Journal Club and Fellows Conference. Participate in Orientation Lecture series for first year fellows. <p><u>The third year fellow should:</u></p> <ol style="list-style-type: none"> 1. Apply knowledge of laboratory testing, evaluation, and procedures for independent management of patients in the inpatient and outpatient settings. 	<p><u>Staff should:</u></p> <ol style="list-style-type: none"> 1. Mentor fellows and provide supervision in procedural competence. 2. Mentor and provide critique for presentations and reviews at team meetings and educational endeavors.

6. Progression of Research Skills

Aspect of Training	Objectives	Implementation/ Comments	Evaluation by Mentor
<p>Use of the Medical and Research literature</p>	<ol style="list-style-type: none"> 1. Knowledgeable about significant journals in the field of Infectious Diseases. 2. Competent to use computer-based literature searches to thoroughly research the literature on relevant problems. 3. Able to read, understand and critically analyze pertinent medical and scientific articles. 4. Able to write a concise abstract describing current work. 5. Able to write complete manuscripts describing the results of their research. 	<ol style="list-style-type: none"> 1. Develop a plan with mentor of remaining current on literature with respect to the fellow's research project and clinical Pediatric Infectious Diseases. 2. Receive training from mentor, UBCHO and/or CHORI staff on use of appropriate databases. 3. Present a critique at least twice yearly of a relevant article at regular research lab group meetings. 4. By beginning of third year, write an abstract for a scientific meeting on research project. 5. Under supervision of mentor, write a manuscript describing research project (third year). 6. Fellow will also obtain copies of any peer review of the manuscript and aid in making required revisions. 	<ol style="list-style-type: none"> 1. Will discuss project and background review with mentor prior to writing research proposal. 2. Fellow will write a review of research area including literature searches for research proposal which is reviewed by mentor and the Scholarship Oversight Committee (SOC). 3. Mentor will meet with fellow after group meeting presentations and committee meetings to evaluate presentation and discuss critique. 4. Mentor will review and edit abstracts, written proposals, and progress reports. 5. Mentor will review and edit manuscripts.

6. Progression of Research Skills

Aspect of Training	Objectives	Implementation/ Comments	Evaluation by Mentor
Research Skills - First Year	<ol style="list-style-type: none"> 1. Be able to identify an area of scientific interest. 2. Be able to identify a specific research question. 3. Be able to develop specific hypotheses. 4. Be able to design specific aims/ experiments to test the hypothesis. 	<ol style="list-style-type: none"> 1. Do general reading to identify an area of interest in mutual agreement with mentor by the end of the first year. 2. Develop a specific area of interest for research in the second year. 3. Write up specific hypothesis to be tested in the beginning of the second year. Write background in preparation for presentation to the mentor and SOC. 4. Participate in Introduction to Clinical Research Course in early second year (must arrange). 	<ol style="list-style-type: none"> 1. Will meet with the Program Director, Department Director and, and potential research mentors during the first year. Review results of background reading and determine further work required to develop the research idea. 2. Fellow will write an introduction/ rationale section of proposal that is evaluated by the mentor in the first year and presented to the SOC in the beginning of the second year. 3. Will review hypothesis and specific aim section of proposal prior to review by the SOC. 4. The SOC will provide a critical review of the research plan, give immediate feedback and make suggestions to the fellow and mentor.

6. Progression of Research Skills – Second and Third Years

Aspect of Training	Objectives	Implementation/ Comments	Evaluation by Mentor
Research Skills - Second and Third years	1. Continue to develop research plan with respect to hypothesis, background reading, writing of methods, and data interpretation.	1. Present on a regular basis (every 6 -9 months) development of research and progress to the SOC. 2. Review data with regard to testing of hypotheses.	1. The mentor and SOC will review the fellow's progress during the second and third years, with a final presentation given at the end of the third year.
Experimental Skills	1. Become knowledgeable with regard to techniques related to the research project. 2. Become competent to perform research techniques related to the project. 3. Design experiments required to carry out the research project, in particular, design of necessary controls. 4. Become competent in the presentation of experimental results. 5. Develop innovative, creative, novel techniques or novel uses of standard techniques. 6. Learn to write scientific abstracts, manuscripts, and prepare oral and	1. Observe experimental methods in current use in mentor's studies. 2. Be trained in necessary methods, including identifying protocols in appropriate references and going to other labs. 3. Perform independent experiments with appropriate positive and negative controls. 4. Present experimental data regularly at formal laboratory meetings, including analysis of data and suggestions for subsequent experiments. 5. Design novel techniques or uses of technology to solve research questions.	1. Mentor will meet with the fellow to identify appropriate methods to observe. 2. Fellow will present progress of experimental plan at laboratory meetings in addition to the SOC approximately every 6-9 months and meet with the mentor after presentation for evaluation. 3. Fellow will present planned design of experiments to mentor at least quarterly and obtain immediate feedback on appropriateness of design. 4. Fellow will obtain feedback from the laboratory group and the SOC following the as well as meet with mentor after presentation for

	poster presentations at meetings, local, regional, and national.	6. Maintain up to date progress reports, data review and analyses. Work with research mentor to initiate writing of abstracts and manuscripts for presentation at appropriate scientific conferences and journal.	additional critique of presentation. 5. Fellow will meet at least yearly with the Program Director, Department Director, and Mentor.
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6. Progression of Research Skills – Second and Third Years

Aspect of Training	Objectives	Implementation/ Comments	Evaluation by Mentor
Experimental Skills			6. Program Director to review and critique status of progress of research, attaining research competence goals, and publications. 7. Advanced fellows will write fellowship grant applications (e.g. K08) including proposals for novel techniques that will receive peer review and written comments. 8. Work with fellows to ensure publication requirements as per the SOC and ABP goals of attainment of competency in scholarly activity.

L. Continuity Clinic

- *See Hospital-Wide Manual*

Outpatient Service – While on the outpatient clinical service, the ID fellows evaluate new outpatient referrals under the supervision of the ID attending on outpatient service. Referrals come from the Emergency Department, Urgent Care Clinic, and community pediatric practices. ID fellows also are expected to follow patients they have seen before until the active Infectious Disease aspects of their medical problems have resolved. Follow-up/continuity clinic visits are scheduled as needed and are supervised by the ID attending who performed the initial evaluation with the ID fellow. ID fellows are responsible for collection of appropriate information, review of laboratory test results, and presentation of patients to the supervising ID attending. With the guidance of the ID attending, the ID fellows develop a list of differential diagnoses, prioritize diagnostic testing, and develop a plan for management. In addition, the fellow is responsible for responding to telephone consultations from community physicians. Together with the ID attending physicians, ID fellows produce consultation reports for clinic visits. These are reviewed and co-signed by the ID attending in every case and should be completed within 3 days of the clinic visits.

After the initial outpatient visit, the same ID fellow/ID attending team provides care for the patient at all subsequent outpatient follow-up visits. This ensures continuity of care, which benefits not only the patient and family but also the ID fellow. The opportunity to follow a patient through the duration of an illness, including diagnosis and management, is an invaluable part of infectious diseases training.

Telephone Consultations – Informal telephone consultations frequently come from hospital and community physicians. These questions are important educational opportunities for the ID fellows and an important service that our department provides, and such telephone calls often lead to patient referrals to our clinic. It is important to keep in mind that formal recommendations can never be provided on the telephone, since patients cannot be fully evaluated by telephone. ID fellows are expected to collect pertinent information from the caller, to formulate an initial assessment, and then to discuss the case with the supervising ID attending. Based on this discussion, ID fellows will contact the caller to relay general guidance related to the case, while reiterating that specific recommendations cannot be given. These discussions should be documented in a telephone consult notebook. A formal referral to the ID Clinic or Emergency Department or for hospital transfer should be requested if there is any degree of complexity or uncertainty. Each telephone consultation is assigned to a primary ID attending physician, who is responsible for supervision of the ID fellow.

M. Clinical Objectives and Responsibilities on the Inpatient Services

See Hospital-Wide Manual

Inpatient Service – While on the inpatient clinical service (about 8 months during the clinical year and a total of about 4-6 months total in the research years), the ID fellow is a key member of the ID team, which includes a supervising ID attending and rotating pediatric residents. Initial consultations on inpatients are performed by the ID fellow, followed by discussion with and evaluation by the ID attending on the clinical service. These patients are followed by the ID team on a daily basis during bedside rounds. ID

fellows are responsible for collection of appropriate information, review of laboratory test results, and presentation of patients to the team. With the guidance of the ID attending, the ID fellows develop a list of differential diagnoses, prioritize diagnostic testing, and develop a plan for management. The ID fellows, together with the ID attending, document their assessment and recommendations in a comprehensive initial consultation report and in daily progress notes, which are then co-signed by the ID attending. The notes must be completed within 24 hours of a request for consultation, at the latest. The ID team continues to provide care for the patient during the entire hospital stay and for outpatient follow-up, if required.

Consultation requests come from all inpatient services, including the NICU, PICU, general medical and surgical units, oncology/bone marrow transplant unit, and rehabilitation unit. During their initial year, fellows will interact with many hospitalists and with subspecialists in Cardiology, Pulmonology, Hematology/Oncology/Bone Marrow Transplantation, Endocrinology, Adolescent Medicine, Gastroenterology, Neurology, Nephrology, Radiology, Rheumatology, Child Development and all surgical subspecialties. We also maintain close collaboration with subspecialists in Allergy, Immunology, , and Dermatology who are based either at the University of California, San Francisco.

Supervision – The ID fellowship program provides ongoing teaching staff supervision of the ID fellows in the performance of their duties. This supervision is designed to assure high quality patient care, meet the educational needs of the fellows, fulfill all legal statutes, satisfy hospital accreditation requirements, and comply with applicable ACGME and RRC requirements.

ID fellows are responsible for performing a history and physical examination, for collection of pertinent information, for follow-up examinations, for review of laboratory test results, for presentation of patients to the supervising ID attending, and together with the attending physician, for documentation in the form of the initial consultation report and subsequent progress notes. ID fellows are expected to develop a list of differential diagnoses, to prioritize the laboratory tests, and to formulate a plan for management of the patient under the supervision of an ID attending.

Every inpatient and outpatient evaluated by the division of Infectious Diseases is assigned to a primary ID attending physician, who is responsible for supervision of the ID fellow and who is ultimately responsible for the patient's care. Attending physicians are required to perform an independent history, examination, and assessment of all patients seen by the ID fellows, to co-sign all consultations and progress notes, and to be continuously available by telephone for clinical issues on their patients.

N. Night/Weekend/Holiday Call and Sign-out

Call – First-year fellows take call every other weekend, including half the holidays. Call duties involve answering evening telephone consultations and evaluating new and follow-up ID consultations in the hospital on the weekends (Fridays-to-Monday mornings). There are no in-house overnight call responsibilities. The on-call ID attending is available at all times to provide supervision and teaching for the fellow and sees the patients during weekends on call with the fellows. Non-holiday weeknight calls are assigned to ID attendings only (with no fellow coverage). In the second and third years, fellows take call every 4th weekend, and a proportionate number of the holidays.

Fellows take call from home, however, they may on occasion need to come to the hospital to evaluate patients experiencing complications of their disease or treatment of patients with infectious diseases. An attending is always available for back-up and should be called for difficult questions, newly diagnosed patients, critically ill patients warranting admission or transfer to the ICU, and deaths. Fellows are expected to call the attending and come into the hospital to evaluate ICU patients and newly diagnosed infectious diseases patients or to admit patients. Also, any patient, in the judgment of the fellow or attending, that may require a timely assessment should be seen right away and not wait to the next morning.

Fellows are asked to keep a log of their calls, patient names, diagnoses, reason for call, and recommendations. Select patients are signed out in person to the entire clinical department on Monday morning. On Friday mornings, patients not followed by the primary team are signed out to the weekend team in the same format: in person. iPASS format is suggested for patient these and all patient handoffs. Fellows must also document time spent actually taking the calls and time spent in the hospital. Any unusual circumstance that warrants immediate attention, such as a new admission or consultation or new information about critically ill patients, should be communicated verbally to the responsible fellow and attending, depending on who gathers that information.

Weekend sign-out rounds occur in person on Monday mornings. The iPASS format is encouraged for patient handoffs and sign out. The on-call fellow and attending give a verbal presentation of all current inpatients, in addition to the current diagnostic and management issues on all active in-patients, including new consultations. All fellows, attending physicians, and rotating residents are expected to attend. This also provides an opportunity for discussion of patient management and updates on the status of primary patients.

iPASS format is as follows:

Illness severity

Stable, “watcher”, unstable

Patient summary

Summary, events leading to admission, hospital course, ongoing assessment, plan

Action list

To do list, timeline and ownership of patient

Situation awareness and contingency planning

Know what going on, plan for what might happen, know potential therapies or interventions

Synthesis by receiver

Receiver summarizes what was heard, asks questions, restates key action items

O. Teaching Responsibilities

See Hospital-Wide Manual

P. Supervision and Supervisory Lines of Responsibility

See Hospital-Wide Manual

All patients seen at or admitted to UCSF Benioff Children's Hospital Oakland will have a designated Attending Physician who is a member of the medical staff.

As required by the Medical staff Rules and Regulations, the Attending Physician is ultimately responsible for all decisions related to the patient's diagnostic and treatment plan and outcomes. The diagnostic and treatment plan must be discussed with the Attending Physician at the time of admission and subsequently on a daily basis. Ideally "discussion" will be by verbal communication, but may, as circumstances dictate, be by entries into the Progress Note section of the Medical Records. Any significant changes in the diagnostic or treatment plan must be communicated to and be approved by the Attending Physician, unless a delay in intervention might compromise the patient's health, safety, and/or treatment course.

Pediatric Infectious Diseases fellows are supervised for all clinical care and decision-making. Fellows are given progressive responsibility under the close supervision of the Attending Physicians. All diagnostic and therapeutic procedures performed by fellows are also directly supervised by the Attending Physician.

While on-call, the fellow is expected to consult the on-call Attending Physician for any situation in which the patient is critically ill, the fellow needs to come in for a new patient, or if the fellow is inexperienced or uncertain of how to proceed with a certain patient or illness. See Night/Weekend/Holiday Call and Sign-Out, Section III.N. As the first year progresses, fellows are expected to assume more responsibility in patient care and decision-making. Fellows are given feed-back and encouragement by the faculty supervisors with respect to independent decision-making.

While on the inpatient services, fellows assume a supervisory role for medical students and pediatric residents. They are expected to assume the role of a junior attending physician and provide general teaching and instruction in patient care, examination, procedural performance, interpretation of laboratory and diagnostic studies, and creation and monitoring of clinical care plans. See Section III.M. for level-specific responsibilities. Second and third year fellows may also provide supervision while on call, and during the third year inpatient rotation, for first year fellows, in addition to residents and medical students.

Q. Clinical Objectives for the Infectious Diseases Rotation

Clinical Activities, Responsibilities and Procedures

Prior to the beginning of each month, a schedule of clinical responsibilities including weekday coverage, weeknight call, and weekend coverage/call is distributed to the ID fellows, ID physicians, and other departmental staff. Weekday coverage responsibilities are divided to provide care for inpatient consultations at UBCHO's main hospital and at Summit's satellite unit, antimicrobial stewardship consultations, outpatient consultations, telephone services, and consultations at Alta Bates Hospital. Along with the ID fellows, when available, each responsibility is assigned to a supervising ID attending.

Pediatric HIV/AIDS Clinic Rotation

The Pediatric HIV/AIDS Program of the Division of Infectious Diseases at UBCHO provides state-of-the-art, comprehensive medical care for children with known or suspected HIV infection. The clinic currently follows about 60 active HIV-infected

children and approximately 30-40 HIV-exposed children, comprising over 500 visits annually. The HIV care team includes physician, nurses, social workers, and sometimes a nutritionist and behavioral pediatrician. ID fellows are required to rotate through this clinic during at least 1 with an option to spend 2 separate month-long blocks in their 2nd and/or 3rd year of training.

Goals: To become familiar with the clinical presentation, diagnostic evaluation, treatment considerations and management of complications of children infected with or exposed to HIV, and to learn to evaluate and counsel patients and families after potential exposure to body fluids that might put them at risk for HIV.

Objectives:

- Fellows will learn to assess HIV risk and to provide risk-reduction and pre/post HIV test counseling
- Fellows will learn to perform an initial evaluation and participate in on-going comprehensive care for children with or at risk for HIV infection.
- Fellows will understand the CDC criteria for staging HIV disease and for diagnosing AIDS in children.
- Fellows will learn to recognize and manage HIV/AIDS-related problems in children.
- Fellows will learn to provide and monitor antiretroviral and prophylactic therapies for children with HIV/AIDS.

HIV Clinic Schedule:

Monday	10 – noon and 1-4:30 p.m.	HIV Clinics
Wednesday	9-10:30 a.m.	HIV team meeting
	10:30 a.m.-12 noon; 2-4 p.m.	HIV Clinics
Friday	9 a.m.-12 noon	HIV Clinic

Suggested Readings: (all available for download at

<http://aidsinfo.nih.gov/Guidelines/Default.aspx?MenuItem=Guidelines&Search=On>)

- 1) Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection
- 2) Treating Opportunistic Infections Among HIV-Exposed and Infected Children in MMWR September 2009.
- 3) Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States
- 4) The Red Book 2012, Chapter on HIV (available at Red Book Online)

Assessment:

The ID fellow must complete the HIV Web Study Case-Based Modules available at <http://depts.washington.edu/hivaids/cme.html>. With 12 modules, the fellow should complete (at minimum) 1-2 modules during each week of the HIV/AIDS Clinic Rotations.

A copy of the CME certificate (issued after successful completion of the web-based modules) must be provided to the Fellowship Director as documentation of successful completion.

Tuberculosis Outpatient Clinic Rotation

The Pediatric Tuberculosis Program of the Division of Infectious Diseases at UCSF Benioff Children's Hospital Oakland provides expertise on pediatric tuberculosis for the counties of Alameda and Contra Costa as well as other areas of Northern California. With the prevalence of tuberculosis disease in California (in particular, Alameda County) surpassing the national average, the TB program works closely in partnership with the county public health departments to provide education to community physicians about tuberculosis and to provide care for children at risk for tuberculosis. There is a large volume of patients seen on an inpatient and outpatient basis for evaluation of active tuberculosis, tuberculosis exposure and latent tuberculosis infection. Fellows are expected to care for these patients during inpatient and outpatient infectious diseases rotations, as well as follow them throughout their course of treatment.

In addition, the Francis J. Curry TB Center in San Francisco offers an annual course on Tuberculosis that is free and open to pediatric ID Fellows, but requires timely registration and arrangements to ensure the time is available for the fellow to attend the course. There is also an online option for this course that fellows may participate in.

Goals: To become familiar with the various clinical manifestations of TB in children, the most appropriate diagnostic evaluation, treatment considerations and management of complications of children infected with or exposed to TB, and to learn to evaluate and counsel patients and families after potential exposure to patients with TB.

Objectives:

1. Fellows will learn the epidemiology of tuberculosis in the United States and in particular, in California and the Bay Area.
2. Fellows will understand the transmission and pathogenesis of TB.
3. Fellows will be able to diagnose and manage a child with latent TB infection.
4. Fellows will be able to diagnose and manage a child with active TB disease.
5. Fellows will understand the role of the public health department in the control of TB.

Readings:

- 1) Targeted Tuberculin Skin Testing and Treatment of Latent Tuberculosis Infection in Children and Adolescents - *Pediatrics*, Oct 2004; 114: 1175 - 1201.
- 2) Treatment of Tuberculosis - *MMWR* 2003; 52 (No. RR-11).

Assessment:

The ID fellow must complete the Interactive Core Curriculum on Tuberculosis available at <http://www.cdc.gov/tb/education/ce/default.htm>. With 9 chapters, the fellow should complete at least 1 chapter during each week of the Tuberculosis Clinic Rotations.

A copy of the CME certificate issued after successful completion of the web-based course must be provided to the Fellowship Director as documentation of successful completion.

Microbiology Rotation

During the clinical year, ID fellows are expected to regularly visit the laboratory during daily rounds in order to understand the role of the laboratory in clinical care. In particular, they should routinely review relevant culture specimens with the microbiologists. In addition, ID fellows are required to complete a formal rotation in the

microbiology laboratory daily during two separate 1-week blocks. ID fellows will become familiar with diagnostic microbiology including rapid viral and bacterial testing, rapid stains, identification of common organisms, and antibiotic susceptibility testing. They will work with and process a variety of clinical specimens at the bench under the direct supervision of the microbiology supervisor, Kristie Vetterli.

Objectives:

1. Fellows will become familiar with common microbiology procedures and tests.
2. Fellows will learn how to work with and process a variety of clinical specimens.
3. Fellows will become familiar with different types of culture media.
4. Fellows will understand common methods of susceptibility testing.
5. Fellows will be able to identify a series of organisms using what they have learned.

Readings:

Specific readings are assigned during this rotation (see separate course syllabus).

Assessment:

ID fellows must accurately identify a series of unknown organisms in order to successfully complete this rotation. A letter confirming successful completion of the rotation will be provided to the Fellowship Director by the Microbiology Supervisor, Kristie Vetterli.

R. Entrustable professional activities and Milestones

See Hospital-Wide Manual

Entrustable Professional Activities (EPAs) have been developed by the American Board of Pediatrics as a framework to help supervisors decide when trainees are ready for unsupervised practice. With EPAs, increased entrustment of the trainee to independently perform clinical care occurs as they are assessed to have achieved progressively higher levels of the Milestones associated with the Pediatric Competencies. Following are EPAs that have been developed for all Pediatric sub specialty trainees and those specific to sub-specialty training. EPAs are linked to specific Pediatric Competencies and their Milestones in the evaluation process. Milestones refer to the developmental progression of knowledge, skills and attitudes for each sub-competency.

EPAs for Pediatrics, all sub-specialties:

- Provide for and obtain consultation with other health care providers caring for children.
- Manage information from a variety of sources for both learning and application to patient care.
- Contribute to the fiscally sound and ethical management of a practice.
- Lead and work within inter-professional health care teams.
- Facilitate handovers to another healthcare provider either within or across settings.
- Engage in mindful practice.

- Lead within the subspecialty profession.
- Apply public health principles and improvement methodology to improve the health of populations, communities and systems,
- Engage in scholarly activities through discovery, application, and dissemination of new knowledge (broadly defined).
- EPAs for Infectious Diseases:
 - 1. Promoting Antimicrobial Stewardship Based on Microbiological Principles.
 - 2. Management and prevention of infections associated with medical/surgical devices, surgery and trauma.
 - 3. Management of healthy patients with pediatric infectious diseases.
 - 4. Management of pediatric patients with complex medical problems and a proven or suspected infectious disease.
 - 5. Prevention and containment of infection.

IV. Research Funding/Competence/Scholarship Oversight Committee

The ABP (American Board of Pediatrics) requires all subspecialty pediatric residents to participate in scholarly activities during fellowship training. These activities include: participation in a core curriculum, scholarly activities resulting in a work product, and periodic review by the scholarship oversight committee. The ABP requests that ensuring such activity be the responsibility of the program directors and be reviewed by the RRC (Residency Review Committee) of the ACGME (Accreditation Council for Graduate Medical Education). Fellowship trainees will be required to submit documentation of this training and review at the time of application for the subspecialty certifying examination.

Fellowship trainees are required to demonstrate a meaningful accomplishment in research. The duration of fellowship training is currently 3 years, with 2 years typically being devoted to this endeavor.

A. Research Funding

Funding during the 2nd and 3rd years of the fellowship comes from a combination of grants and department supplementation. Each fellow is encouraged to identify a mentor, a project and be involved in writing and submitting a grant proposal during the first or second year.

B. Research Core Curriculum

All programs must include a core curriculum in scholarly activities. This curriculum should provide skills that lead to an in-depth understanding of:

- biostatistics
- clinical and laboratory research methodology
- study design

- preparation of applications for funding and/or approval of clinical or research protocols
- critical literature review
- principles of evidence-based medicine
- ethical principles involving clinical research
- achievement of proficiency in teaching

The curriculum should lead to an understanding of the principles of adult learning and provide skills to participate effectively in curriculum development, delivery of information, provision of feedback to learners, and assessment of educational outcomes. Graduates should be effective in teaching both individuals and groups of learners in clinical settings, classrooms, lectures, and seminars, and also by electronic and print modalities.

The fellowship Program Directors at UBCHO have addressed many of these topics in the Professionalism noon conference series in addition to special lectures addressing core scientific and research topics for the UBCHO fellows. Additionally, fellows have the opportunity to enroll in the UCSF course in conducting clinical research (as applicable). This course “Introduction to Clinical Research” is an intensive 8 week instructional course during which the fellows begin with a hypothesis in clinical or translational research and more fully develop this hypothesis, in addition to creating their methods and learning basic statistical principles as applicable to their project. The cost for the course is substantial and currently underwritten by the respective fellowship programs. For those fellows who chose to work on basic science projects in the laboratory, they will gain knowledge of scientific methods via laboratory based didactics, direct mentoring, and participation in the CHORI lecture series and those designed by the Program Directors as stated above.

C. Scholarly Activities

In addition to the core curriculum, each program is expected to engage fellows in specific areas of scholarly activity to allow acquisition of skills in the critical analysis of work of others; to assimilate new knowledge, concepts, and techniques related to the field of one’s practice; to formulate clear and testable questions from a body of information/data so as to be prepared to become effective sub-specialists and to advance research in pediatrics; to translate ideas into written and oral forms as teachers; to serve as consultants for colleagues in other medical and scientific specialties; and to develop as leaders in their fields.

All fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued

include, but are not limited to: basic, clinical, or translational biomedicine; health services, quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form to the Scholarship Oversight Committee and elsewhere.

Presentation of research activities in written and lecture format at the SOC on a periodic basis, with critical review, also assists the fellows with accomplishment of many of these goals.

The Fellowship programs at UBCHO have united their efforts and developed a Scholarship Oversight Committee. This committee is composed of clinicians, clinician-scientists, and basic scientists at UBCHO and CHORI. Additionally, all the subspecialty Program Directors and fellows are invited to attend, but are not voting members of this committee. At least 3 members of the SOC must be available for critique of the fellow's presentation and work to date.

The Scholarship Oversight Committee (SOC) in conjunction with the trainee, **the mentor**, and the Program Director will determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activities. In addition to biomedical research, examples of acceptable activities might include: a critical meta-analysis of the literature, a systematic review of clinical practice with the scope and rigor of a Cochrane review, a critical analysis of public policy relevant to the subspecialty, or a curriculum development project with an assessment component. These activities require active participation by the fellow and must be mentored. **The mentor(s) will be responsible for providing the ongoing feedback essential to the trainee's development.**

D. Work Product of Scholarly Activity

Involvement in scholarly activities must result in the generation of a specific written "work product," which may include:

- A peer reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree
- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial

E. Duties of the Scholarship Oversight Committee (SOC)

The Fellowship programs at UBCHO have united their efforts and developed a Scholarship Oversight Committee. This committee is composed of clinicians, clinician-scientists, and basic scientists at UBCHO and CHORI. Additionally, all the subspecialty Program Directors and fellows are invited to attend but are not voting members of this committee. At least 3 members of the SOC must be available for critique of the fellow's presentation and work to date. The purpose of the committee is to:

- Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity.
- Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project.
- Evaluate the fellow's progress as related to scholarly activity.
- Meet with the fellow early in the training period and regularly thereafter.
- Require the fellow to present/defend the project related to his/her scholarly activity.
- Advise the Program Director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities. A final evaluation from this committee is required by the ABP for sub-board eligibility.

It is required that a minimum of three members of the committee review and sign off on each presentation. The research mentor and program directors may not sign off on the evaluations.

The SOC meets quarterly and will review 2-4 fellow presentations, each allotted approximately 30 minutes for slide discussion, Q&A, and evaluation. Fellows and mentors are asked to be present for the entire period.

One week prior to each SOC meeting, the coordinator (Dr. Hastings) will send the progress reports and CVs for each presenter via e-mail to the committee for review. A primary reviewer from the committee will be assigned for each fellow presenter. It is expected that research mentors review the submitted work and presentation prior to review by the SOC.

There will be a moderator assigned to each SOC meeting, who will lead the session with respect to introduction of fellows, adherence to timeliness of presentations, leading the question & answer and evaluation sessions. The moderator should ensure professional conduct and determine appropriateness of questions, which should primarily be directed to the fellow. The primary reviewer is asked to participate actively in this session for their assigned fellow. The moderator is responsible for ensuring the evaluation forms are

complete and readable. The SOC coordinator will distribute the evaluation forms to the respective program directors.

F. Guidelines for fellow presentation to the Scholarship Oversight Committee

Fellows are asked to present their research periodically over the course of their training period. It is recommended that fellows present their research a minimum of three times in their second and third years of training. Fellows in their first year will be asked to make a presentation of their proposal for research, including background review, hypothesis, and methodology. During the course of the second and third years, fellows will present 1-2 times per year and update the committee on the progress of their work. The committee will review the project to date and provide critical evaluation to the fellow, program director, and project mentor. A final presentation and evaluation is then done at the conclusion of the third year. These evaluations are required by the ABP and will be submitted as proof of external research review and accomplishment of meaningful research.

Following are guidelines for the presentations:

- Prepare a written summary of the background, hypothesis, research methodology and/or study design, methods for statistical analysis, and results to date. Submit this summary at least 1 week prior to date of presentation to your Program Director and Caroline Hastings, M.D. (SOC Coordinator).
 - Include name of project, name of mentor, location of research
 - Grant submission or current funding (include plans for submission)
 - Anticipated length of research
 - State if work has resulted in abstract, poster, oral presentation, or manuscript and submit copies (also include if this is in progress)
 - Updated curriculum vitae
- Prepare a 10 minute power point presentation highlighting the key elements of your research as detailed in the written summary. Please adhere to this 10 minute rule for the initial and subsequent presentations. You will be allowed 15 minutes for the final presentation at the end of the fellowship.
- Following the presentation, a 10-15 minute question and answer session will proceed, led by the moderator and members of the SOC.
- **It is expected your research mentor be present at the presentation and evaluation session.** Please also review your presentation and progress report with your research mentor prior to committee review.

- Initial presentations should focus on the background and generation of the hypothesis and include any design/methodology that may have been developed to date. Subsequent presentations should focus on the methods, data collection and analyses. The final presentation should summarize the hypothesis, methods, and data, and focus on the analyses and conclusions. Due to time limitations please do not repeat your background or supporting data. The committee will have had the opportunity to read your report ahead of the meeting and be familiar with this aspect of the work.

G. SOC Evaluation Process

The SOC has developed a formal process for evaluation. An Initial Evaluation will be utilized for fellows presenting their initial hypothesis and supportive background. Following presentation and a Question & Answer period, the SOC will meet without the fellow for private discussion and critique, then invite the fellow to receive verbal feedback. In addition, a written document with guidelines will be developed for the fellow, respective Program Director and mentor. Subsequent committee evaluations will have expectations of progress through the research, further refinement of the hypothesis, review and analysis of data, and application of appropriate statistical methods, and conclusions. The committee will also review publications related to the research. If the committee has concerns about appropriateness of research and/or progress toward the goals as stipulated by the ABP, the fellow may be invited back for a short interval interim presentation and special committee review. A final evaluation is also created at the culmination of the third year, with specific guidelines for a final review and personal statement listed below. The intent of the evaluation process is to provide on-going, non-biased, critical review and constructive guidance, to assist the fellow in attainment of competence in scholarly activity.

H. Final Presentation

The ABP requires Pediatric Sub-Specialty fellows to prepare a summary of the final work product or submit a manuscript. In addition, the fellow must prepare a personal statement several pages in length on the fellow's intended career path upon entering the fellowship and reasons for choosing the specific area of Scholarly Activity. The statement should describe the work and the fellow's role in each aspect of the activity, as well as any preparation beyond the core fellowship curriculum needed to ensure successful completion of the project. Finally, the personal statement should describe how the Scholarly Activity furthers the fellows' career development plan, and should reflect on the educational value of the pursuit of the project. The committee will be asked to sign off on both these activities. Fellows should prepare and submit to the committee all these documents for the final review.

The SOC coordinator and Program Directors will bring the required documents from the ABP for final certification of attainment of research competence. These forms will be required for each fellow desiring to become board certified in this specialty.

I. Mentorship

In the Pediatric Infectious Diseases fellowship program, any of the clinical faculty can serve as a clinical and/or career mentor for the fellow. A 3-year relationship is established with this faculty member, and opportunity for frequent interaction, discussion, and development of a personal relationship often fosters this natural mentor-mentee relationship. Additionally, first year fellows will often conduct short literature reviews, write and submit abstracts on retrospective data, and/or write review articles or case reports with a number of the faculty. These ventures, in addition to specific academic interests, often also lead to a natural alliance between a particular member of the faculty and the fellow. Fellows are asked to seek mentorship and establish formal relationships during the first year. Fellows will meet periodically with the Program Director, to discuss goals (program and personal), check in on progress in clinical and research topics, review evaluations, and be offered support. Mentors are also invited to participate per request of the fellow.

In the middle of the first year, the fellow will begin to pursue an area of investigation for the second and third years. A major part of this research development is to identify a research mentor, who shares a common interest in the research question and is willing to commit the time and attention needed to assure completion of the project and success in the research project. The research mentor assists the fellow in development of the research question, review of background materials, research methodology, periodic reviews at the Scholarship Oversight Committee, and preparation of work for written or oral presentation at national meetings.

Mentors will be asked to be involved with evaluations of fellow performance with the Program Director and Department Director. They will also be asked to give individual evaluations of performance, and, in turn, mentees will be asked to evaluate their experience with mentors.

J. More about Mentorship

A mentor is one of the most influential figures in the life of an aspiring doctor. Mentoring is a reciprocal relationship between an advanced career incumbent (the mentor) and a junior faculty member or physician in training (the mentee) aimed at fostering the professional and personal development of the mentee. Many successful clinicians and scientists identify early positive role models as mentors critical to their success. At various times, the mentor serves as a teacher, sponsor, advisor, and role model. The most critical function of the

mentor is to support and assist the junior person to succeed. Mentoring in academics is traditionally divided into several categories: clinical, research, and career. Additionally, there may be personal mentors for navigating through difficult times and situations, relationship building, and offering guidance in “balancing” personal and career objectives. It is important to distinguish between these types of mentors as they differ in goals, skills, and the fundamental relationship between the mentor and mentee.

The goal of **the clinical mentor** is to assist the fellow in acquisition of clinical skills, knowledge base, and development of relationships with colleagues, staff, and patients and their families. The mentor provides guidance in reaching academic goals and improving basic skills in communication. The mentor and fellow mentee should work together to formulate specific goals for success in the field, such as improving presentations at Tumor Board, giving Informed Consent, and formulation of clinical care plans.

The goal of **the research mentor** is to assist the mentee in the development of a research career. This involves the acquisition of research skills, selecting and conducting research projects, presenting research findings at national meetings, ensuring completion and submission of manuscripts, assisting in networking, and teaching the mentee how to obtain extramural funding. See Section V.K. Role of the Research Mentor for more details.

The goal of the career mentor is to focus on more global aspects of an academic career, including balancing family demands and work, career promotion, juggling different aspects of academic life (teaching administration, clinical care, and research), and major career decisions, such as changing institutions or research direction. Career mentors typically have accumulated years of experience and wisdom in academia.

The brief list of responsibilities of the mentor includes:

- Being available;
- Acting as an advocate for the mentee;
- Insisting on completion of project(s);
- Assisting with networking; and
- Being proactive in seeking extramural funding.

K. Role of the Research Mentor

With respect to the required research project, the specific role of the research mentor is as follows:

- Assist the fellow in development of a scholarly activity that meets the requirements as above and can be realistically completed by the end of the third year of fellowship.
- Provide direct oversight and guidance to the fellow.

- Be available and meet regularly to review progress.
- Assist the fellow with preparation for presentations to the SOC, act as an advocate, and attend all SOC presentations given by that fellow.
- Assist the fellow in developing timelines and insist on completion of projects.
- Assist the fellow in seeking extramural funding and provide assistance in submission of grants.
- Provide semi-annual written evaluations on the fellow's progress in the scholarly activity to the Program Director.
- Meet periodically in a formalized manner with the fellow, the Program Director, and the Division Chief to discuss the progress and timelines.
- Provide a formal written evaluation of the final work product and fellow performance to the SOC, to be utilized by this committee in its final review and recommendations regarding the accomplishment of meaningful research requirement, as defined by the ABP.

Undoubtedly, the single most important ingredient in the mentor-mentee relationship is a sufficient on-going time commitment from the mentor. Effective mentoring requires regular formal, scheduled meetings and informal discussions.

The mentee also has certain responsibilities. The mentee must hold the mentor accountable for various details of the relationship such as time commitment, reading manuscripts and grants in a timely fashion, etc. Mentees must seek out and be willing to hear criticism and be prepared to discuss how to improve themselves. Mentees must also commit appropriate time and effort to analyze data, complete and submit written reports, abstracts or manuscripts per a mutually agreed upon timetable. Mentees are encouraged to foster relationships with more than one mentor in order to gain various perspectives, including colleagues outside the department or institution. The mentor-mentee relationship needs to mature over time, as the mentee transitions to more independence.

Identifying appropriate mentors can be a frustrating task. Mentees need a certain level of self-awareness to be able to articulate the type of colleague they would be able to work with and assure success. Mentees should meet with a number of prospective mentors to discuss goals and expectations, and in addition, should meet with other junior faculty or fellows who have worked with this individual in a mentor-mentee relationship. Also, all need to recognize that sometimes, despite the best of intentions, the relationship is not working and they need to change mentors.