Pediatric Endocrinology and Diabetes Fellowship

Handbook of Policies and Procedures

2022-23

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Vision for the Fellowship of Pediatric Endocrinology and Diabetes

The Division of Endocrinology and Diabetes of the Department of Pediatrics at UT Health San Antonio provides training in both the clinical and basic science of pediatric endocrinology and diabetes, under the tutelage of qualified academic practitioners. Appropriate trainees are general pediatricians, who are board certified or eligible, and who possess a desire to sub-specialize in Pediatric Endocrinology and Diabetes. We emphasize the science of medicine, combined with an appropriate appreciation of the art of medicine, in providing humane patient and family centered care. We also strive to prepare our trainees to contribute to the fund of scientific knowledge through either clinical or basic science research. Training received with successful completion of this program will prepare one to undergo and successfully pass examination by the sub-board of the American Board of Pediatrics for Endocrinology and Diabetes and to practice pediatric endocrinology and diabetes medicine in either an academic or private practice setting.

Philosophy of the Fellowship of Pediatric Endocrinology and Diabetes:

Pediatric endocrinology and diabetes fellows are accepted into the program to train, apprentice, and receive mentoring from the Faculty of the program. While supervised clinical experience is certainly an important facet of this training, it is not the responsibility of the Fellow to replace the Endocrinology and Diabetes Faculty at the bedside or reduce the clinical responsibility of the Faculty. The Faculty serves as a resource and mentor to the fellow. The Pediatric Endocrinology and Diabetes Division is not meant to be dependent on Fellow service, but rather an educational program to train strong pediatric sub-specialists.

Requirements for Admission to the Fellowship Program:

1. Completed application form and curriculum vitae submitted on ERAS

2. Successful completion of a General Pediatrics Residency approved by the American Board of Pediatrics and the ACGME.

3. Board certification or eligibility to take the specialty examination offered by the American Board of Pediatrics.

4. A minimum of 3 letters of reference from recent supervising faculty (it is suggested that one letter be from the Chairman of Pediatrics or the Residency Program Director and another from one of the Faculty Endocrinologists).

5. Fulfillment of criteria to obtain a Texas physician in training permit or permanent Texas Medical License.

6. United States Citizenship or permanent visa. (See the Policy, "Resident Selection" in section "Specific Policies.")

Additional documents may be requested subsequently in accordance with university policies and procedures. Competitive applicants will be invited to schedule interviews by directly contacting Ms. Ann Islas to arrange a visit to San Antonio for meetings with program faculty and staff. Employment is contingent upon successful clearance of the applicable sanctions and security checks according to current university policy and regulations.

Fellowship-Related Conference Schedule:

The Division and UT Health San Antonio offer a number of conferences as mentioned elsewhere in the handbook. The fellows are strongly encouraged to attend as many as they are able.. The weekly Friday morning Pediatric Endocrine and Diabetes case conference discussions/journal club and didactics, Friday Pediatric Grand Rounds and Monday Adult Endocrine Grand Rounds are mandatory. Attendance at the Tuesday Diabetes Journal Club is strongly encouraged. (Fellowship Survivor Handout distributed with summary as well)

1. The weekly Fellows' and Residents' Case Conference. This is currently set for every Friday morning. Even when on service the fellows should make every effort to attend.

2. The Friday morning Pediatric Grand Rounds and the Monday afternoon Adult Endocrine Grand Rounds each week are mandatory. Each fellow is expected to present at Departmental Grand Rounds once prior to completion of his or her fellowship.

3. Monday weekly 3:00-5:30PM Pedi & Adult Endo case conference & Grand Rounds

4. Fellows are given the opportunity to attend the Pediatric Division Morbidity and Mortality Review monthly or can substitute this with the matrix grid regarding patient events at the Friday conference.

5. Thursday Noon Fellowship Curriculum Series: (Combined IM and Pediatrics) twice monthly with teaching/writing seminars as well

6. Other: Thursdays 4 PM: Mentored Pediatric Endocrine ABP and PREP review

7. Case conference schedule rotates with MRI/neurosurgery (1 Thursday each month) to discuss endocrinology topics for an hour.

8 Adult and Family Practice Grand Rounds are held on a weekly basis and available for attendance

9. Intensive review of diabetes and metabolism course organized by Dr. DeFronzo every other year. These lectures replace the Diabetes Journal Club and Endocrine Grand Rounds on the related dates.

10. Annual conference hosted by the Pediatric Endocrine Society of Texas, Oklahoma, Louisiana and Arkansas ("PESTOLA") which provides two days of pediatric endocrine lectures on focused topics.

11. Diabetes Journal Club is held each Tuesday afternoon with a preceding didactic session alternating with endocrine didactics lectures, as well as separate thyroid cytopathology and nuclear medicine related topics related to endocrine cases. These conferences are strongly recommended.

12. Medical Ethics, Evidence Based Medicine, Grant Writing and Professional Teaching skills courses are offered for fellows with specific curriculum available each year with three weeks of curriculum in PGY4 year followed by intermittent coursework during PGY5 & PGY6 years. These are outlined in more detail in the Scholarship Oversight Committee handout.

13. Other:
    - MedStudy Pediatrics Comprehensive Review Course Fall PGY3
    - Wednesday Noon Clinical Scholars Program with mentorship and teaching workshops
    - Wednesday 8 AM: Endocrine Tumor Board/Thyroid Cytopathology Conference monthly
    - REI – Reproductive Endocrine Fellowship weekly lectures
    - Statistics mentorship
    - CITI training and UT Health Library and IRB guidance, OVID, Research courses
    - Project Power and Camp Independence
    - Fellows will participate in the Fellows' Conferences and the Division of Pediatric Endocrinology and Diabetes weekly conference by regularly preparing and presenting a topic, as well as attending. Each fellow will present conferences in rotation with the Attendings is estimated this will mean approximately one presentation per month.

Goals of Clinical Experience on Clinical Service

1. Develop proficiency in Pediatric Endocrinology and Diabetes clinical care.

2. Learn to assess patients with endocrine and diabetes emergencies and to oversee immediate therapy.
3. Develop a rapport and educate family members of patients with endocrine disease.
4. Learn how to make the various disciplines that interact in the division and hospital setting work together as a team through demonstration of mutual respect for each person's special skills and talents.
5. Gain experience and skill in the treatment of diabetic ketoacidosis and endocrine emergencies.
6. Develop skill as the coordinator of various specialties that are jointly managing difficult cases and chronic care.
7. Improve teaching skills of fellows, residents, medical students, nurses, nutritionists, and social workers.
8. Learn to appreciate the role played by each member of the Endocrine and Diabetes care team.
9. Serve as an example to other members of the division care team with one's professionalism.
10. Develop management skills. Learn to delegate tasks appropriately.

Clinical Responsibilities

1. When taking call, the on-service Endocrine and Diabetes Fellow is expected to provide sign-out each morning to the Attending division member on call.

2. The on-service Endocrine and Diabetes Fellow is expected to have reviewed all patients in the hospital, with special attention to any new admissions, prior to clinical rounds.

3. The on-service Fellow is required to participate and contribute to discussion on rounds, to stimulate discussion, to query house staff, suggest broader differential diagnosis, and offer alternative management plans.

4. Fellows will actively participate in the arrangements for endocrine stimulation testing done in the outpatient clinics. Patients are examined and interviewed following a chart review. The Fellow will participate in the stimulation test orders and be responsible for understanding the basic skills and principals of this testing for the variety of appropriate endocrine conditions. Interpretation of the test results will be done under the supervision of the patient's attending.

5. The fellow will have graded responsibility through their period of training. Initially the fellow will be expected to participate in all consults by performing them under direct supervision and instruction by the attending physician. As the fellow gains competence he/she will help teach the general pediatric residents the knowledge appropriate for general pediatricians. The fellow's teaching will be supervised by the attending physician as appropriate. Fellows are expected to keep a log of all consults and patient cases.

6. Fellows are responsible for evaluation of all new admissions to the hospital if they occur during their weeks on call or during the clinical rotation times. The fellow should write an admission note on endocrine patients with appropriate history, physical exam, assessment, and plans. The junior fellow should review all admissions with the responsible attending or senior fellow.

7. Fellows play an important role in the education of the General Pediatrics Residents. While writing orders directly may often be the easier path, the fellow should supervise the resident in the writing of orders and provide educational materials, teaching as much as possible.

8. The fellow should review the house staff and/or medical student progress notes daily when on inpatient service. The fellow should add any insights he/she has and should document their involvement with patients, and include their assessment and plans.

9. Teaching for newly diagnosed patients with diabetes should be a skill acquired by the Fellow by first observing, then participating and finally providing education under the supervision of the CDE nurse and Attending.

10. On-call nights and weekends are an opportunity for the fellow to broaden his/her clinical experience, add to his/her familiarity with various illnesses and procedures, and to teach house staff. The fellow should expect involvement by the on-call faculty that is appropriate to the experience of the fellow and the degree of illness of the patient.

11. The fellow must maintain good communication with families, primary care physicians, primary service physicians or surgeons, and the rest of the team. The fellow must notify the attending of significant events, deteriorations, or complications as soon as possible.

12. The fellow will maintain a weekly continuity clinic for ongoing care of patients with Endocrine or Diabetes disease. Visits will be supervised by an Attending Physician in the division and the encounters will be cosigned in Epic once promptly completed. Communication with referring physicians will be prompt and dictations will be reviewed by the Attending.

Fellow call schedules

- The call schedule will be developed by the program director, after each fellow has been given the opportunity to express his or her preferences.
- Fellow preferences must be submitted to the program director by the 1st of each month, for the next month.
- Changes can be made for issues of personal preference after the schedule comes out in the rare instance that an individual fellow has unexpected personal commitments. These changes must be reported to the program director as soon as possible. We ask that changes made after the schedule comes out be kept to a minimum. When call days are changed it is the responsibility of the particular fellow to make sure the change is acceptable to all other members of the program who are affected by the change. Also, the proportion of weekdays and weekend days should remain the same with major and minor holidays divided.
- When not on call, fellows are not expected to come in on weekends.
- Holidays will be treated the same as weekend days in terms of fellow responsibilities. The Holidays recognized by UT Health San Antonio will be those recognized by the Division.
- Night call is taken from home and will be scheduled in one week blocks during clinical rotations and a rotation of weekends for research blocks.

Please see the policy, "Resident Work Hours," in the section on specific policies.

Guidelines for Fellow Attendance to Patients in the Hospital When On- Call

When on-call, the Endocrine and Diabetes resident (fellow) is supervising and assisting the general pediatric residents in the care of the patients in the Medical Intensive Care Unit, Neonatal Intensive Care Unit and on the hospital wards

On all pediatric service patients, the general pediatric resident is the first call physician. The Endocrine and Diabetes fellow must see and evaluate all critically ill patients and assist the general residents in formulation of assessment and plans. The fellow should generally encourage the pediatric residents to see the patients, develop their own assessment and plans, and then review this with the fellow so as to assist the general residents' development of clinical skills. When the patient is unstable the fellow should immediately assist the resident in stabilization and contact the division attending. This requires good judgment as to how to weigh the objectives of resident education with patient safety and quality of care.

The junior fellow should immediately inform the attending or senior fellow of unstable patients. The junior fellow should discuss the care of all critically ill patients with the attending or senior fellow in a timely fashion.

The attending physicians do not take in-house call. The attending physician must allow an appropriate level of independence to the fellows. This must be graduated through-out the fellowship. The attending should review the care of all endocrine and diabetes patients with the first year fellow in a timely fashion. Senior fellows are to function as "Acting Attending Physicians." It is important that the faculty attending always be available to assist and guide the senior fellow, while allowing a broad independence to the senior fellow. At least once daily the senior fellow and faculty attending are to round and review the care of the patients and discuss management options and review appropriate literature and principles.

Clinically Related Activities

Administrative Duties: Learning to manage the ill child is not sufficient to be a successful endocrine or diabetes sub-specialist. One must master the many administrative skills that are involved in the management of a complex chronically ill patient. The fellow is expected to observe directly how to improve patient care through a multidisciplinary approach.

Ethics: Each fellow will participate in a medical ethics course offered by during the first or second year of training. In addition, Medical Ethics topics are included

in the Fellow's Conferences and in the Clinical Case Conferences and teaching rounds.

Documentation of Proficiency in Patient Care:

Fellow Log:

All Pediatric Endocrine and Diabetes Fellows are required to maintain a personal log of all consults and patients seen during their training using a log or list using EPIC EMR. This data will serve the following purposes:

1. Demonstrate proficiency to the sub-specialty board.
2. Demonstrate proficiency when applying for clinical privileges.
3. Maintain data for fellowship accreditation purposes.
4. Document an appropriate exposure to the diagnosis related to the sub-specialty field of Pediatric Endocrinology and Diabetes.

Each entry should include an MRN to access the following data:

1. Diagnosis
2. Date
3. Co-morbidities
4. Complications
5. Patient name
6. Supervising attending physician

- To document proficiency in the various diagnoses, the fellow must be directly observed for a minimum number of clinic visits and consults where he/she demonstrates to the senior fellow or attending faculty physician observing that he/she understands the disease pathophysiology, understands the differential diagnosis and therapy options. Clinic visits will be promptly typed with the Attending Physician reviewing and co-signing the note as well as reviewing laboratory results with the Fellow.

The fellows will maintain a logbook database or ongoing patient list which allow the program director to monitor the exposure that the fellow has had and to then review evaluations from the Attendings observing the fellow's skills.

The fellow should be observed and have the supervising physician document proficiency to the fellowship director to determine they have met the requirements for clinical care. They should, however, continue to keep a log of all patients seen throughout the fellowship.

Evaluations will be collected monthly with a 360 degree evaluation included biannually with family, nurse, staff and physician input collected.

Advanced Life Support Certification

All fellows are required to maintain certification in the American Heart Association Pediatric Advanced Life Support Course during their fellowship. Course tuition may be waived for all University physicians to the above courses when offered at the University Hospital.

Learning Objectives – Overview of Program

The goal of the Program is to provide the Pediatric Endocrine and Diabetes fellow every opportunity necessary to become a highly competent clinician, an outstanding educator, and a valuable academic faculty, should the fellow chose that career course. To this end, the following specific goals must be met. The graduate of this program should have been provided with the training necessary to:

- Understand the basic science necessary to attain expert level understanding of the pathophysiology and treatment options for endocrine and diabetes illness.
- Understand the clinical evaluation and treatment of endocrine and diabetes diseases at an expert level.
- Have a broad and deep understanding of the basic science and clinical literature related to the practice of endocrine and diabetes medicine.
- Have an expert level understanding of investigative methods and interpretation of the relevant scientific and medical literature.
- Have a dedication for lifelong learning and a desire to keep up with medical advances and a realization that no physician has ever trained long enough to fully master the science or the art of effective and humane medical care. That an excellent physician must dedicate him/herself to lifelong pursuit of new knowledge and improved skills for the care of people suffering from endocrine and diabetes diseases.
- Have a firm grasp of the ethical, moral, and cultural issues which bear on the person suffering illness and on society as it must grapple with how to provide such care, or on the individual health care provider.
- Have a continued maturation and growth in all the skill areas of the core competencies attained in the general pediatrics residency.

These goals are attained over the course of the Fellowship. Below is an overview by year and following are goals for fellowship progression of skills.

Year 1: During this year the fellow develops basic understanding of the science of care of pediatric endocrine and diabetes patients and obtains experience in the care of such patients by working closely with both the general pediatric residents and the faculty in the inpatient and outpatient setting. The supervision by the faculty is mostly on site, in person, and readily available day and night. The fellow is expected to have already developed strong skills in the core competencies and in the general care of sick patients. The fellow is expected to have already developed general excellent clinical judgment but now needs to take those skills and add the knowledge base and experience necessary to understand the care of endocrine and diabetes patients at an expert level. The fellow will function at a level between

that of a general resident and the faculty. The fellow will develop assessment and plans with the general residents and then review the evaluation with the faculty physician.

During this year the fellow also learns by didactics and is strongly encouraged to read extensively. By the end of this year the fellow should have comprehended the level of material presented in the basic textbooks of pediatric endocrine and diabetes, as well as have developed a much deeper and broader understanding of several areas of clinical care by reading the extensive medical literature and original studies. Much of this deeper learning should be guided by the patients seen. We expect the fellows to regularly search the medical literature for guidance on the care of their patients, and encourage that as a life-long practice.

During this year the fellows are closely supervised in the performance of the consults and clinic visits. They must review with the supervising faculty or senior fellow the symptoms, diagnosis, therapy and potential complications. They are asked to remain closely supervised until they have demonstrated competence as judged by evaluations and the program director. By the end of the year they should have attained competence in most of endocrine and diabetes areas.

During this year the fellow should investigate possibilities for their area of research and should learn basic clinical research methods by taking the two-week intensive clinical investigation course offered in the winter every year. See the section on research timetable. Approximately three months will be dedicated to research during the first year of fellowship.

Year 2: This year is intermediate. The level of responsibility is very similar to year one, except that the closeness with which the faculty will supervise is individualized to the fellow and to the clinical circumstances. The fellow and faculty physician still discuss the management of each patient, but the faculty should encourage more decision making and critical thinking by the fellow. Effort to see and participate in the care of patients with a rare diagnosis will be encouraged throughout the year, even during months dedicated to research.

The fellow is expected to have attained by this time the level of knowledge available in a basic pediatric endocrine and diabetes textbook. The fellow will continue to learn by didactics but is expected to exhaustively review the relevant scientific and clinical literature on their patients and on specific difficult clinical situations. Emphasis on the reading for this year is original literature and evaluation of the medical literature by critical reading.

The fellow is progressing with the research component at this time, as reviewed under research timetable. Approximately nine months will be dedicated to the research project with a goal of presenting the initial research hypothesis, plan and progress mid-year to the Scholarship Oversight Committee.

By the end of this year, the fellow will obtain credit for Medical Ethics and have experience in grant writing. There are several Endocrine specific preceptorship and didactic courses offered on a national level which are relevant to the curriculum of the second and third year of fellowship. There is an emphasis on grant writing for funding based on data and ideas generated during the second year of fellowship.

Year 3: By this year, the fellow should have attained clinical competence in the care of ill endocrine and diabetes patients. He/she has not yet totally mastered clinical care, but has developed the level of competence to proceed to more independent care of the patients with consultation with the faculty physician. The faculty physician is always immediately available to consult and to see the patients and will review the clinical care at least once daily with the fellow for the purposes of encouraging the fellow to think critically and maturely about the problems presented. The faculty physician still retains ultimate responsibility and so also has a supervisory role, but the fellow is to run the academic service and function as an acting attending for three months of the third year. Please see the "Senior Fellow Status" description of this role. The primary goal of this year is for the fellow to gain experience and maturity and to develop the skills to run an academic service and to develop leadership skills.

The research work should be completed this year as reviewed in the research timetable section.

Core Competencies and Specific Learning Objectives:

Many of these are expected to have been attained in general residency training. The Program believes these core skills require lifelong dedication to learning and excellence. The program provides training in these as outlined in the Learning Objectives and Core Competencies attached at the end of this document.

On - Call responsibilities:

Year 1: In addition to nine months on clinical service time, the goal of on-call time is to gain experience with the evaluation and initial treatment of endocrine and diabetes patients in a slightly more independent role than the daytime rotation. It is to be emphasized that the on-call experience is not autonomous and is supervised by the attending physician by phone and in person as is indicated. For all critically ill patients, the fellow should notify the attending physician and review the assessment and plans. Call will take place from home in alternating one week blocks divided between fellows during the months assigned to clinical rotation.

Year 2: There will be three months of clinical rotations with home call rotated in one week blocks with the other fellows and division Faculty. This is very similar to the first year, with the understanding that it is expected the fellow will be increasingly independent in his/her development of assessment and plans. The attending physician and individual fellow should have an explicit discussion about level of responsibility, roles of teaching on rounds, and clinical supervision. It would be anticipated that most fellows early in their second year would still be supervised fairly closely by the attending, but by the end of the year more autonomy of the fellow is allowed. There should still be frequent discussions between the attending and fellow about the management of the ill patients and the attending should always be immediately available.

Year 3: The fellow will still need to gain experience and knowledge in all the areas mentioned above, but in addition, the goal of this year is to develop more independence and leadership skills. The fellow will still be supervised as appropriate by the attending. The attending will still be responsible, but the fellow will have opportunity to act as an attending and will run rounds. The fellow will have a high degree of responsibility for patient care, communication with family, and education of the team of students and house staff. Ideally, the attending will be less present but will round daily with the fellow and will always be available to assist the fellow. The attending will maintain adequate familiarity with the patients to accept responsibility and to ensure the fellow and the residents have an optimal learning experience. The level of responsibility and supervision is described in more detail in the "Senior Fellow Status" section.

The fellows at all levels should develop a sense of responsibility for the care of all patients. They should supervise the general pediatric residents and help them with development of assessment and plans and the coordination of follow-up care.

Assessment and Evaluation - all years

The attending physicians will communicate daily with the fellow about the appropriateness of decisions and care rendered by the fellow- and will see and examine all patients. The attending will have the responsibility to address deficiencies as they arise. Attendings will complete interval written evaluations of the fellows performance and the Program Director will discuss with the fellow any areas of significant concern or areas in which the fellow is particularly skilled. Also note the relevant policy on "Resident Supervision" and "Resident Evaluation."

Research

Learning the methods and science behind meaningful scientific inquiry is an integral part of fellowship training. We aim to train physicians who understand the depth and breadth of the field of pediatric endocrine and diabetes medicine. It is imperative that pediatric sub-specialists have a firm understanding of research methods and that they have had first-hand experience designing, conducting, and reporting scientific inquiry in their chosen field.

The Department of Pediatrics will assign to all fellows a Research Oversight Committee composed of at least three faculty members who are accomplished at scientific inquiry and research methods. This committee will guide the fellows in developing the particular research plan for each fellow and will oversee the research education of each fellow. In addition, during the first year of fellowship, each fellow will identify a research mentor. Prior to completion of training, it is expected that each fellow will have developed significant skill in some basic or clinical science investigative techniques and the science of experimental design. It is hoped that each fellow will have authored several abstracts for national meetings, made a

presentation at a national meeting (poster or oral), and have authorship on one manuscript submitted for publication in a quality peer-reviewed scientific journal with requirements met for ABP Scholarly activity.

With each formal evaluation session, research goals will be included in those discussed by the fellow and the Program Director. These same goals should be reviewed with the research mentor. All research mentors are aware of the Board requirements and will tailor projects to fit these needs specifically. In other words, fellows will assume projects which have a known working model and a realistic time frame for completion during fellowship.

The Division applauds any successes by its members and wants to nurture the development of young investigators. The Division will fund travel for relevant abstracts accepted for presentation at a national meeting. It is expected that the fellows should also seek travel awards from these national meetings, if offered as a means to defray costs. It is the goal of this program that not only should the fellow satisfy the research requirements of the Board, but also develop some degree of expertise in investigative science. If a fellow should decide to follow a career of academic basic science investigation as a result of their exposure in the fellowship, it is the goal of this Division that the research experience gained at UT Health San Antonio is a solid foundation for a successful career.

Research log: All fellows should keep a log of activities during their research rotation in order that they can demonstrate to the American Board of Pediatrics their own time commitment to research during the fellowship. This log should be available for review by the Program Director at each evaluation.

There is formal didactic mentorship on statistics and clinical research methods in place for Pediatric Fellows. In addition, fellows may consider applications for funding the formal training in the Master of Public Health Program associated with UT Health San Antonio . Statistical consultation is also available by request for specific research project**s.**

Research Timetable

The American Board of Pediatrics, Sub board for Endocrinology and Diabetes takes the research requirement very seriously. In view of that, the fellows are strongly urged to set specific goals to be accomplished by certain dates. The following is a suggested timetable.

Year 1, months 1 - 6: Gain experienced in clinical pediatric endocrinology and diabetes care. This would be a good time to have several clinical rotations in a one month block in the Adult Endocrinology Division as well.

Year 1, months 7 - 12: Broaden knowledge of the medical literature of pediatric endocrine and diabetes care - both basic and clinical science. Three months of time will be dedicated to formulate a research interest and read intensively on the areas

of possible interest. Identify a mentor by meeting with various Faculty and their respective research staff and attend research meetings. By the end of the first year the fellow should have decided on the general area of research and have a mentor. The fellow should have sufficiently explored the medical literature on the area of interest to have a good grasp of what research questions exist. The fellow should present his/her interests and plans at a divisional research meeting and the Scholarship Oversight Committee.

Year 2, months 1 - 6: Formalize hypotheses and write research protocol. Obtain IRB approval if clinical research (this one step will take several months, and prior to applying for IRB approval, the research protocol must be fully developed). Secure any required sources of funding. By this time, lab space and lab resources should be identified and secured, if basic science. By the end of this period the fellow should have either already started the actual protocol(s) or be completely ready to. All logistic issues should be resolved.
Year 2, month 7 - first half year 3: Complete project, begin analysis of data, and explore further issues which may need to be tested. By the second half of 3rd year, the fellow should have enough accomplished that he/she can confidently expect to be able to prepare a manuscript the last half of the third year.

This timetable is of course, only a guideline. Obviously the latter stages are hard to predict, particularly since one cannot be certain of what the results will be until the research is performed. This makes the initial stage even more important to accomplish on time. The timetable for the first year and a half should be regarded as the longest one can take to accomplish these goals, and it would be ideal to have this all accomplished by the end of year one.

Evaluations:

The Pediatric Endocrinology and Diabetes fellows are formally evaluated quarterly by the on-service attendings, supervising faculty on elective or research staff and faculty. This evaluation is in writing, and records of these evaluations are confidentially maintained by the Program Director. The fellows have the opportunity to read and sign their evaluations. Copies will be provided if so desired.

Every six months, as part of a mandatory meeting, the fellow will meet privately with the Program Director to discuss recent evaluations, progress, deficiencies, accomplishments, and problems. Both immediate and longer term professional goals for the fellow will be reviewed and discussed. More frequent meetings may be requested by the fellow. While the value of these evaluations is stressed, the process should be completed in a non-threatening manner.

If the fellow has any significant disagreement with any specific evaluation, it is the privilege of the fellow to place a written response in his/her evaluation folder. The

fellow is encouraged to discuss any such disagreement with the evaluator informally. If agreement cannot be reached, the Program Director and the Associate Program Director will meet with both parties to mediate. Under such circumstances where the matter still does not achieve resolution, the Chairman of the Department of Pediatrics will review the matter.

Fellows also participate in the evaluation process by completion of a periodic evaluation of the program and faculty. Also, fellows are encouraged to informally discuss strengths and weaknesses in the program with its Faculty, especially the Program Director.

Pediatric Endocrinology and Diabetes In-Service Examination

The ABP requires trainees to have passed the initial pediatric board examination before an individual is eligible for the sub-specialty certifying exam. It is the expectation that the fellow passes the initial board examination by the second year of fellowship training. If a fellow is unable to pass the initial certifying exam by the end of the second year, they are ineligible to complete an ACGME certified fellowship training program and their fellowship training is terminated prior to the third year.

An in-service examination (SITE) is required for all fellows during the fellowship. The American Board of Pediatrics has developed an endocrinology and diabetes in-service exam. This exam will be taken by each fellow at least twice during the training program. Results of this exam will be used to aid the fellow in determining personal deficiencies and by the Program Director to determine weaknesses in the training program.

Faculty Advisors

During the first year of fellowship, the Program Director and the Associate Program Director Diabetes will serve as a personal faculty advisor to the fellow. Fellows will receive informal feedback throughout the year in addition to the formal evaluations completed monthly by the supervising faculty. Each fellow will be supported to identifying a research hypothesis and mentor.

After the start of the second year of the fellowship, the fellow will identify the faculty research mentor.

It is the function of the Program Director to mediate any disagreements regarding formal evaluations or any other problems.

A robust Wellness program provides counselling and wellness services in a confidential model available to all fellows and residents.

Specific Policies: Pediatric Endocrinology and Diabetes Fellowship

Sickness or Family Emergencies

Any absences must be approved by either the Program Director or the Division Chief through direct contact unless extraordinary events have taken place. If circumstances dictate that a fellow miss an on-call evening or weekend, it is not necessary that the fellow do extra call at another time or find others to cover. The Faculty scheduled for those dates will cover. If a substantial number of calls are missed, the Program Director may, at his/her discretion, ask that the fellow make these up to ensure an adequate educational experience and continuing clinical contact.

Dress Code

Proper attire is expected at all times.

Malpractice Coverage

The Department of Pediatrics provides malpractice coverage for all fellows in the training program. This coverage is extended to all activities that are related directly to one's position as a Pediatric Endocrinology and Diabetes Fellow for the Department of Pediatrics. Coverage is not provided for care rendered that is independent of one's responsibilities as a fellow.

Pediatric Endocrinology and Diabetes Residency
(Subspecialty Fellowship)

Program Specific Policies

RESIDENT SELECTION

Resident Eligibility

As per ACGME Institutional Requirements, applicants for residency training at UTHSCSA must meet one of the following qualifications:

1. Graduate of medical school in the U.S. and Canada accredited by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA).
2. Graduate of an international medical school, meeting one of the following qualifications:
   a. Have a currently valid ECFMG certificate or
   b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
3. Graduate of international medical school who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

In addition, all applicants must successfully complete an ACGME accredited General Pediatrics residency and either be certified by the American Board of Pediatrics or be able to provide evidence of eligibility to take the Certifying Examination.

All resident applicants must be screened against Office of the Inspector General (OIG) and General Services Administration (GSA) lists; individuals listed by a federal agency as excluded, suspended, or otherwise ineligible for participation in federal programs (Institutional Compliance Agreement p.6 of 18) are ineligible for residency or fellowship at UTSCSA.

Non-citizens must have permanent resident status or a J-1 visas for medical residency positions at the UTHSCSA.

Resident Selection and Appointment

It is the policy of the UTHSCSA and its affiliated hospitals to sustain resident selection processes that are free from impermissible discrimination. In compliance with all federal and state laws and regulations, the University of Texas System Policy, and Institutional Policy, no person shall be subject to discrimination in the process of resident selection on the basis of gender, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

The Program Director and Faculty will choose the best candidate from a pool of applicants. The best candidate is the one most able to meet the goals and objectives of the fellowship and the demands of the specialty. These judgments are based on the applicant's academic performance, the assessment of their faculty as reflected in letters of recommendation, and personal qualities evaluated during the interview process conducted by faculty and resident representatives, including motivation, integrity, and communication skills.

In addition to the guidelines above, the TSBME mandates a postgraduate resident permit for all residents entering Texas programs. These rules essentially make it necessary for the resident to demonstrate that he/she will be eligible for permanent licensure in Texas. Residents are expected to be familiar with the regulations at http://www.tsbme.state.tx.us/rules/171.htm.

RESIDENT GRIEVANCE AND APPEAL PROCEDURE PERTAINING TO DISMISSAL OR NONRENEWAL

The Graduate Medical Education Committee, excluding the University Health System representative, serves as the appeals body for all residents in programs sponsored by UTHSCSA, independent of their funding source, for dismissal or nonrenewal. Such dismissal or nonrenewal could occur because of failure of the resident to comply with his/her responsibilities or failure to demonstrate appropriate medical knowledge or skill as determined by the program's supervising faculty. This appeals mechanism is open to a resident dismissed during the academic year or a resident whose contract for the following academic year is not renewed in a categorical program in which there has been no explicit information provided to the resident that advancement was on a pyramidal system.

It is the responsibility of the Pediatric Endocrinology and Diabetes Residency to document a warning period prior to dismissal or failure to reappoint a house officer and to demonstrate efforts for the provision of opportunities for remediation. As a rule, a resident is not dismissed without a probationary period except in instances of flagrant misconduct (see next paragraph). Opportunities must be provided and documented for the resident to discuss with the department's or division's program director or chair the basis for probation, the expectations of the probationary period, and the evaluation of the resident's performance during the probation. Discussions with the resident will be documented, copies provided to the resident, and the original documents placed in the resident's training file.

According to the *UTHSCSA Handbook of Operating Procedures 5.13.3 B 2*, several specific examples of misconduct for which an individual may be subject to dismissal include (but are not limited to) the following: being under the influence of intoxicants or drugs; disorderly conduct, harassment of other employees (including sexual harassment), or the use of abusive language on the premises; or fighting, encouraging a fight, or threatening, attempting, or causing injury to another person on the premises. The full text is available at www.uthscsa.edu/hop/hop5%2D13.pdf.

In the event that a resident is to be dismissed or his/her contract not renewed, he/she may initiate a formal grievance procedure. The resident shall present the grievance in writing to the Associate Dean for Graduate Medical Education within 30 working days after the date of notification of termination or nonrenewal. The grievance shall state the facts upon which the grievance is based and the requested remedy sought. The Associate Dean for Graduate Medical Education shall respond to the grievance with a written answer no later than ten calendar days after he/she receives it.

If the resident is not satisfied with the response, he/she may then submit, within 10 days of receipt of the Associate Dean for Graduate Medical Education's response, a written request for a hearing. The hearing procedure will be coordinated by the Associate Dean for Graduate Medical Education, who will not be a voting participant. The hearing will be scheduled within thirty (30) days of the resident's request for a hearing. The hearing should be held before at least three members of the Graduate Medical Education Committee. The Associate Dean will determine the time and site of the hearing in consultation with the resident and the program leadership. The resident shall have a right to self-obtained legal counsel at his/her own expense; however, retained counsel may not actively participate, speak before the hearing participants, or perform cross-examination. The Associate Dean will preside at the hearing. The format of the hearing will include a presentation by a departmental representative; an opportunity for a presentation of equal length by the house officer; and an opportunity for a response by the representative, followed by a response of equal length by the house officer. This will be followed by a period of questioning by the

Graduate Medical Education Committee members present. The Associate Dean in consultation with the departmental representatives and the resident will determine the duration of the presentations and the potential attendees at the hearing.

The resident will have a right to request documents for presentation at the hearing and the participation of witnesses. The Associate Dean at his/her discretion following consultation with the hearing panel will invite the latter.

The final decision will be made by a majority vote of the Graduate Medical Education Committee participants and will represent the final appeal within the Health Science Center and its affiliated hospitals.

Approved by GMEC February 2002

EVALUATIONS OF FACULTY, EDUCATIONAL EXPERIENCE, AND OVERALL PROGRAM

On a yearly basis the program will distribute evaluation forms for the residents to provide written evaluations of each core faculty member, the quality of the various rotations, the didactic conferences, and the overall program. These evaluation materials will be returned to clerical personnel who will transcribe the written evaluations into type print and then direct them to the attention of the program director. This will allow confidentiality in the evaluation process.

Twice yearly, the Program Director will meet with the residents for evaluations. In addition to reviewing the Program's evaluation of the resident, the Program Director will elicit evaluation of the program by the resident.

On a yearly basis, the entire Division will meet to review the Program and evaluate progress in meeting the goals and objectives as specified in the Fellowship Handbook and in the Program Requirements of the ACGME. The evaluations elicited above will be reviewed and the residents' participation in this meeting will be encouraged. A report will be generated evaluating the Program's effectiveness with an action plan to address all deficiencies identified by consensus of the group.

Approved by GMEC February 2002

Senior Fellow Status
Pediatric Endocrinology and Diabetes Fellowship
UT Health San Antonio

Purpose: The ACGME requirements for sub-specialty training in Pediatric Endocrinology and Diabetes state the program must provide training for the resident not only to be competent pediatric endocrine and diabetes sub-specialists, but also to be supervisors and teachers.

It is the belief of the program that in order to assist the residents in learning to be the leader of an academic care team, the resident (also referred to as fellow, although the Board uses the term resident) must have some experience in the role of functioning as a faculty, staff physician. For this to be an optimal experience, the program faculty must provide some oversight and direction. It is critical, however, that the fellow have some experience

functioning more autonomously than in the earlier stages of the fellowship experience and supervise the general pediatric house staff without the program faculty being immediately present and dominating the team.

It is anticipated that the endocrinology and diabetes resident will typically take the first two years of the fellowship to learn the medical care of the endocrine or diabetes patient, and will be clinically competent by the beginning of the third year of fellowship. During the last year of fellowship, the fellow should have the opportunity to grow into the role of functioning as an academic faculty, with mentorship by the program faculty.

Role of Senior Endocrine and Diabetes Fellow: The senior /fellow will be the primary physician responsible for the daily care of the patients on the inpatient endocrine and diabetes service for the time they are on service, and when on-call. He/she will be viewed by the medical students and the general pediatric residents as an acting attending, and will identify themselves to patients and families as the primary physician. The senior fellow will run daily work and education rounds, will examine all the patients, write progress notes and notify the attending of the patients' status for their review. All of this will be done under the mentorship of the program faculty.

Role of the Program Faculty: The faculty will not be as involved with the hands on management however will examine and see the patients daily. The faculty will remain ultimately responsible for the quality of care given to the patients, the quality of education supplied to the general pediatric residents and medical students, and the education of the fellow. A specific faculty member will always be appointed to:

- Round daily with the senior fellow to review the plans and care of the patients.
- Be available for phone consultation or, when necessary, to assist the senior fellow.
- Review the senior fellow's teaching of the general pediatric house staff, and to seek the general residents' and medical students' feedback on the efficacy of the senior fellow's teaching.
- Provide formal evaluation of the senior fellow;s performance, progress, and leadership at the end of the rotation.

The goal is for the senior fellow to learn to function independently and hone his/her leadership skills, while still having the supervision of the faculty to guide him/her. This supervision is to be very real, daily, and available at all times for when the fellow needs assistance. However, the expectation is that the primary formation of a clinically competent sub-specialist has been done earlier in the fellowship, and the supervision at this point should be aimed at the above goals for the senior resident to develop into a fully responsible academic physician.

Advancement to Senior Fellow Status: It is anticipated that most fellows should advance to this stage at the beginning of their third year. However, this is not to be viewed as automatic. Some fellows will not be ready at this point. The fellow will advance to the Senior Fellow status when the Program Director and the program faculty have determined

that the fellow has attained clinical competence to function as a Pediatric Endocrinologist. Specific criteria will be:

- At least 12 months experience after general pediatric residency caring for patients in the Pediatric Endocrinology and Diabetes clinic, hospital wards and the PICU/NICU. It is expected that in the vast majority of time this will be clinical rotations in the context of the Fellowship Program, although occasionally outside experience can be accepted.
- Satisfactory evaluations by the supervising faculty on recent rotations.
- A consensus among the entire program faculty that the individual fellow is competent to use good judgment and in possession of adequate knowledge to function independently and provide competent care.
- Documentation of competency in most areas of the specialty.

5. Self assessment by the resident that they are ready to progress to this stage.

Specific Policies: Pediatric Endocrinology and Diabetes Fellowship

Resident Work Hours
Pediatric Endocrinology and Diabetes
Fellowship Policy

The Pediatric Endocrine and Diabetes Fellowship shall abide by the Requirements of The ACGME regarding resident work hours, as published by the ACGME at www.acgme.org. In particular, the fellowship program will provide that:

1 Residents shall work no more than 80 hours per week averaged over any four-week period.
2. Residents must be provided 1 day in 7 free averaged over a 4 week period
3. Duty period will be limited to 24 hours, plus a 4-hour period for transition of care and for educational activities. Residents must have 14 hrs free of duty after 24hrs of in house duty and that in house call must not occur more frequently than every third night averaged over 4 week period. (Fellows typically have no in house call)
4. The Program will develop and implement methods of recognizing fatigue and plans on minimizing the detrimental effects of fatigue on the educational process and quality of patient care.
5. Actual work hours will be monitored frequently enough to ensure essential compliance with the requirements.

You are referred to the specific definitions of duty hours, internal moonlighting, external moonlighting, home call, new patient per UTHSCSA policy 2.7 for further details.

In the process of implementing these requirements for the Pediatric Endocrinology and Diabetes Fellowship, the following guidelines will be used.

Patient care is always the ultimate responsibility of the assigned Attending Physician, and an Attending Physician will always be assigned to assist and supervise the Critical Care Fellow.
Fellows will take at home call only with rare needs to go into the hospital after hours in the evening.
At home call does not contribute to the work hours unless the fellow is required to come to the hospital. If it is necessary for the fellow to be in the hospital, then that time contributes to the total work hours requirement and to the 24 work period rules. Fellows who have come in at night will need to be relieved of duty after a 24 hour period. The work period starts from the beginning of the pre-call day until the end of the period preceding a 10-hour rest period. That means, if a fellow has spent the day at the hospital, goes home in the evening, but returns during the night, all the time the fellow was at home also counts, unless there was a continuous 10 hour rest period.

UTHSCSA Department of Pediatrics
Policy on Use of Internet and Social Networking Sites

June 2019

Purpose Social and business networking Web sites (e.g. My Space, LinkedIn, Facebook, Twitter, Flickr, You Tube, Instagram & others) are increasingly used for communication. The purpose of this policy is to provide guidance to residents regarding appropriate use of social networking sites.

Policy Guiding Principles:

- Physicians' professional images are important and should be protected. Portrayal of unprofessional behavior may impair a physician's ability to effectively practice medicine, become licensed, and participate in positions of trust and responsibility in the community.
  - Postings of disparaging comments towards faculty, fellow residents, the institution, patients or the profession are considered unprofessional and can have severe consequences.
  - UTHSCSA and UHS have protocols for routine review and audit of employee (including residents') social networking and online sites to monitor for unprofessional behavior.
  - Be judicious in all postings and assume that they can be visible to your employer.

- Internet use must not interfere with the timely completion of educational and clinical duties. Personal blogging or posting of updates should not be done during work hours or with institutional computers.

- All material published on the web should be considered public and permanent.
  - Even with the strictest of privacy settings, be aware that there are ways to bypass these settings.

- Residents should expect no privacy when using institutional computers.
  - Institutional computer usage is monitored.

- The individual is responsible for the content of his/her own blogs/posts, including any legal liability incurred (HIPAA or other).

- Avoid discussing any sensitive, proprietary, confidential, private health information or financial information about the institution (including but not limited to UTHSCSA and the affiliated health systems). Any material posted by a resident that identifies an institution in which the resident is working should have prior written authorization by the appropriate offices of that institution.

- The tone and content of all electronic conversations should remain professional. Respect among colleagues and co-workers must be maintained in a multidisciplinary environment.

- Refrain from posting any material that is obscene, defamatory, profane, libelous, threatening, harassing, abusive, hateful or embarrassing to another person or any other entity.
  - Be aware that it is in residents' best interests to ensure that social networking sites connected to them be free of pictures or other references tying them to alcohol, drugs, smoking, or unsuitable attire. This applies to residents themselves, as well as acquaintances pictured/referenced with residents.
  - Postings in social areas (i.e. bars, clubs festivals) while wearing UT Health/ UT Kids or UHS scrubs or fleece jackets or badges with visible logos are considered unprofessional and can have severe consequences.

UTHSCSA Department of Pediatrics June 2018
Policy on Use of Internet and Social Networking Sites

- All health care providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA).
  - It is in residents' best interests to refrain from any postings regarding patient information. Posted information is inappropriate if a patient could recognize him or herself from the given information, regardless of whether Personal Health Identifiers are used.

- It is **inappropriate** to "friend" patients on any social networking site or to check patient profiles.

Patient Information:
Identifiable protected health information (PHI) should never be published on the internet. This applies even if no one other than patient is able to identify him/herself from the posted information. Residents must adhere to all HIPAA principles. Patient images should be only obtained with written consent, and then only on institutional hardware, and never on residents' personal equipment. Electronic transmission of such images must be and/or transmitted only on institutional hardware, and never on residents' personal equipment.

Communication Regarding Hospitals or the University
Unauthorized use of institutional (including but not limited to UTHSCSA and the affiliated health systems) information or logos is prohibited. No phone numbers, e-mail addresses, web addresses may be posted to a website without permission from an authorized institutional individual.

Offering Medical Advice
It is never appropriate to provide medical advice on a social networking site.

Privacy Settings
Residents should consider setting privacy at the highest level on all social networking sites.
Tips for Facebook:

- Disable UTHSCSA email, UTHSCSA institution affiliation and any other connections to the HSC
- Go to Account → Privacy settings → Sift though each option to obtain the strictest settings
  - How You Connect: At the least, limit who can search for you, who can post on your wall and who can see your wall posts to Friends Only.
  - How Tags Work: Turn on Profile Review and Tag Review so that you approve what you are associated with. Turn Off Tag Suggestions (Facebook will try to tag you in pictures by analyzing your facial features with photos that have been posted) and turn off Friends Can Check You into Places.

Failure to follow these guiding principles may be considered a breach of professionalism, resulting in any and all consequences deemed appropriate by the individuals program and leadership.

Pediatric Endocrinology Fellowship
Policy on Moonlighting

The GME policy 6.4 on moonlighting shall prevail.

Guidelines for Moonlighting

1) Moonlighting
   i) The duties of the fellow are considered a full time job and thus additional work hours spent moonlighting in patient care duties in the hospital are to be pursued with caution. Moonlighting is a non-required activity and is not allowed if it results in exceeding the 80-hr per week average duty hour limit for the month. Moonlighting is also not allowed if it is determined to interfere with the required duties of the fellow or is in any way disrupting the education or development of the fellow.
   ii) Prior to initiation of moonlighting activities, the PD must review and approve any moonlighting activity and a Moonlighting Approval Form giving the fellow permission to proceed is placed in the portfolio.

GENERAL POLICY OF SUBSPECIALTY FELLOW EVALUATION
PEDIATRIC ENDOCRINOLOGY

Evaluation Process

1) ACGME Core Competencies
   i) Successful advancement in the fellowship program necessitates that the fellow acquires training and demonstrates acceptable skills in the six Core Competencies mandated by the ACGME.
   ii) Training in the acquisition of these competencies is achieved by several means:
      (1) Formal lectures by faculty and staff (Divisional Didactic and Case Based Lectures, Research Conferences and Departmental Core Conferences)
      (2) Conference presentations by the fellow in training (Tumor Board, Hematology Case Conference, Journal Club and Research Conferences)
      (3) Participation in group discussions regarding pertinent patient issues (inpatient rounds, psychosocial rounds)
      (4) Acquisition of skills via direct patient care and clinical service time.
2) Milestones and Entrustable Professional Activities
   i) As defined by the ACGME, milestones are stages in the development of specific competencies.
      (1) Milestones provide suggested behavioral anchors for a given competency.
      (2) The Pediatric Milestone Project has created 21 milestones that each map to specific competencies with key activities that map the progression from early learner to master physician. See Appendix H for a copy of the Pediatric Milestones.
      (3) Fellows have already completed at least three years of previous GME training and are expected to have progressed beyond the early levels of each Milestone to have successfully completed general training. The application of Milestones in fellowship training is still under development.
   ii) Entrustable Professional Activities (EPAs) are a unit of professional practice defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee once he/she has attained sufficient specific competence. EPAs differ from the competencies in the following ways:
      (1) EPAs are not an alternative for competencies but a means to translate competencies into clinical practice.
      (2) Competencies are a descriptor of physicians; EPAs are descriptors of work.
      (3) EPAs require multiple competencies.
3) Assessment
   i) The ability to demonstrate educational outcomes as the achievement of competency-based learning objectives provides evidence of preparing competent physicians who can meet the health care needs of the public.
   ii) Educational assessment is, therefore, a key component of the Outcome Project of the ACGME and is intended to:
      (1) Assess residents' and fellows' attainment of competency-based objectives;
      (2) Facilitate continuous improvement of the educational experience;
      (3) Facilitate continuous improvement of fellow performance;
      (4) Facilitate continuous improvement of fellowship program performance;
      (5) Assessment is defined as the "process of collecting, synthesizing, and interpreting information to aid decision-making." The results of an assessment should allow sound inferences about what learners know, believe, and can do in defined contexts. Assessment, therefore, integrates several concepts, which are described below.
4) Assessment Tools

i) Tools generated to assess the performance of the fellow entail several different mechanisms. They include:
   (1) 360 degree evaluations by physician and PhD faculty, other fellows, nurse practitioners, nurses and other ancillary staff
   (2) Evaluations of written communications, tumor board and research presentations, and journal club
   (3) Procedure logs
   (4) Patient Evaluations
   (5) Written examinations
   (6) These tools are administered 1-2 times per year, depending upon their availability.
   (7) All evaluations are available on New Innovations and can be viewed at any time by logging in.

5) Pediatric Scholarship Oversight Committee
   i) Review of scholarly activity will occur via the Pediatric Scholarship Oversight Committee (PSOC). Each fellow is assigned to a sub-committee of the main PSOC. The PD may serve on a fellow's subcommittee as long as they are not also the chair of the PSOC or the sub-committee. This sub-committee will:
      (1) Determine whether a specific activity is appropriate to meet the American Board of Pediatrics guidelines for scholarly activity.
      (2) Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project;
      (3) Evaluate the fellow's progress as related to scholarly activity;
      (4) Meet with the fellow early in the training period and at least 3 times a year during training.
      (5) Require the fellow to present/defend the project related to his/her scholarly activity;
      (6) Advise the PD 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;
      (7) Twice a year, a letter attesting to the fellow's adequate performance to ultimately fulfill the scholastic requirements of the program will be submitted by the chairman of the full committee.

6) The Evaluation Process
   i) Fellows undergo a formal divisional evaluation process twice a year that is communicated to the fellow by the APD and PD. At this meeting, the fellow reviews the individual learning plan created at the previous meeting. In the absence of the need of disciplinary actions these sessions serve as a formal review of the fellow's performance over the past six months and an assessment of the fellow's overall performance in the context of his/her career development.
   ii) The fellows receive evaluations summarizing his/her assessments by the faculty of the Division of Pediatric Endocrinology in the Department of Pediatrics of UTHSCSA (to be referred to as the "Division" in the subsequent text). The fellows will also receive summaries evaluating his/her performance in the Milestones and EPAs for the subspecialty mandated by the ACGME. This includes a review of the fellow's performance as reflected from patient surveys, 360 degree surveys, performance in the in training examination, and procedure logs.
   iii) Each fellow will receive a written document summarizing his/her performance to date, a statement approving his/her advancement forward in the training program, and a list of suggestions on areas that the fellow can improve in his/her performance. The fellow is given an opportunity to review his/her file and is instructed that his/her file is

available to him/her at any time for review. The fellow is given time to provide feedback to the APD and PD who convey constructive criticism to the faculty of the Division for consideration of any modifications in the program structure.

B. Advancement/Promotion

1) The decision to advance a fellow through the program is made by the PD following the recommendations of the CCC, faculty of the Division and assessments using Milestones and EPAs. In the absence of the need of disciplinary action this assessment is made at the end of each academic year. Graduation from the program necessitates that the fellow must, at a minimum, fulfill the following criteria to achieve satisfactory completion of the fellowship program:
   i) Demonstrate a level of clinical and procedural competence to the satisfaction of the faculty of the Division, and fulfill the requirements of the American Board of Pediatrics for completion of approved training in the fellow's specialty.
   ii) Demonstrate an attitude, demeanor and behavior appropriate for the fellow's specialty with regard to relationships to patients, other health care professionals and colleagues.
   iii) The PD must provide a final evaluation for each fellow who completes the program. This evaluation must include a review of the fellow's performance during the final period of education, and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.
   iv) Certificates are issued upon satisfactory completion of the respective training programs. In addition, satisfactory completion requires that each of the medical records belonging to a fellow's patient be in order and completed, that any financial obligations owed the Hospitals or School of Medicine are paid or terms established for payment, that all Hospitals or School of Medicine property issued solely for use during an academic year, including identification badges and beepers, must be returned or paid for, and that a forwarding mailing address be provided to the Hospital's GME Office for clinical fellows.
2) http://www.uthscsa.edu/gme/gmepolicies.asp.

SUPERVISION POLICY OF SUBSPECIALTY FELLOW
PEDIATRIC ENDOCRINOLOGY

Introduction
Careful supervision and observation are required to determine a resident/fellow's abilities to manage patients. Our subspecialty fellows are licensed practitioners, but are supervised in directly in the management of pediatric endocrinology and diabetic patient care and consultations until the subspecialty training is completed.

Purpose
This policy will establish the minimal requirements for resident/fellow supervision in teaching hospitals of The University of Texas Health Science Center at San Antonio (UTHSCSA). A UTHSCSA teaching hospital may have additional requirements for resident supervision as they pertain to that specific hospital.

Definitions
The following definitions are used in this document:

Fellow: A professional post-graduate trainee in the subspecialty of pediatric endocrinology.

Licensed Independent Practitioner (LIP): A licensed physician who is qualified usually by Board certification or eligibility, to practice independently within the discipline of pediatric endocrinology.

Medical Staff: An LIP who has been credentialed by a hospital to provide care in the subspecialty of pediatric endocrinology.

Faculty Attending: The immediate supervisor of a fellow; this physician is credentialed by his/her hospital or healthcare facility to provide clinical care and perform procedures, within scope of practice, specific to the subspecialty of pediatric endocrinology.

Levels of Supervision
Direct Supervision—the supervising physician is physically present with the resident/fellow and patient.

Indirect Supervision, with Direct Supervision immediately available—the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

Indirect Supervision, with Direct Supervision available—the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision.

Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Job Descriptions by Year of Training
PG4 fellows (first year of fellowship) have defined rotations on the consultations services at University Hospital and in clinic at the Texas Diabetes Institute, as well as continuity clinics in those facilities. During this year the fellows will learn and become competent at inpatient and outpatient pediatric endocrine evaluations.

PG5 and PG6 fellows (2nd and 3rd year of fellowship) have similar rotations at the UHS and the Texas Diabetes Institute. An accelerated schedule of training however is added to these schedules. In addition, the higher-level fellows have defined times and rotations on which to perform research.

The other differences between activities of the fellows, by year, are defined by their progression of responsibilities, as outlined below.

Procedures

A. Subspecialty residents/fellows are supervised by credentialed providers ("staff attendings"), licensed independent practitioners on the medical staff of the UTHSCSA teaching hospital in which they are attending. The staff attendings are credentialed in that hospital for the specialty care and diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising staff attending is ultimately responsible for the care of the patient.

B. The Program Director will ensure that this supervision policy is distributed to and followed by residents/fellows and the medical staff supervising the fellows. Compliance with this supervision policy will be monitored by the Program Directors.

C. Annually the Program Director will determine if fellows can progress to the next higher level of training. The requirements for progression to the next higher level of training will be determined by standards set by the Program Director (see promotion policy). This assessment will be documented in the annual evaluation of the resident/fellows.

Supervision of Trainees on Inpatient Service

The resident/fellow is considered a physician in training. Therefore, the attending physician assigned to each inpatient must supervise care provided by the resident/fellow. The resident/fellow is to keep the attending informed as to the status of each inpatient under his/her care and to the current treatment plan for that patient. It is expected that as a fully trained pediatrician, the resident/fellow should be allowed to supervise the nursing staff and pediatric residents to implement the care of patients on the inpatient service. The resident/fellow is to serve as the primary liaison to the attending physician in communicating specific issues regarding patient care on the inpatient service and to formulate, with the guidance of the attending physician, an appropriate treatment plan for each patient. Hospital staff, including nurses, nurse practitioners, and residents, are to bring concerns directly to the fellow to ensure that the resident/fellow adequately participates in the care of the patients and optimizes his/her educational experience.

Supervision of Trainees on Inpatient Consultations

All inpatient consultations performed by trainees will be documented in writing, using the dictation system or electronic medical record employed by the UTHSCSA teaching hospital where the consultation was performed, with the name of the responsible staff consultant recorded. The responsible staff consultant must be notified verbally by the resident/fellow performing the consult within an appropriate period of time, generally defined as no later than the same day of consultation if done before close of business, or immediately if emergent. The consulting staff is responsible for all the recommendations made by the consultant team.

Supervision of Trainees in Outpatient Clinics

All outpatient visits provided by residents/fellows will be conducted under the supervision of a staff provider. For the first 3-6 months of training, every clinic patient must be reviewed with the attending staff. Thereafter, the Program Director may give approval for later review of the patient visits. This decision for less supervised practice will be made by the PD using personal observation, and feedback (oral or written) from other faculty. The clinic staff attending will also interview and examine the patient at the staff's

discretion, at the resident/fellow's request, or at the patient's request. The staff doctor has full responsibility for care provided, whether or not he/she chooses to verify personally the interview or examination. Approval for more senior fellows to see patients without patient-by-patient staff review, once approved by the PD, will be communicated to ancillary staff by hard copy displayed in the clinic area and direct communication with the clinic personnel.

Circumstances and events where Fellows must communicate with Faculty Attendings

Fellows are encouraged to communicate with supervising Faculty Attendings any time that they feel the need to discuss any matter relating to patient-care. The following are circumstances and events where Fellows **must** communicate with supervising Faculty Attendings:

- Encounters with any patient in emergency rooms
- All new patient encounters in intensive care or critical care units
- If requested to do so by other Faculty Attendings in any primary or specialty program
- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If the Fellow is uncomfortable with carrying out any aspect of patient care for any reason.

Approved October 2015

Pediatric Endocrinology Fellowship Transition of Care Policy

The ACGME recommends minimizing the number of patient care transitions, a structured and monitored handoff process, education and training of house staff and faculty in handoff competency and a readily available schedule listing fellows and faculty responsible for patient care.

1. Minimizing patient care transfers –
    a. Fellow clinical rotations will be 4 weeks in duration (with alternate weekends time off and call free) Hand off between the fellow on call and incoming doctor on call is done on Tuesdays (usually fellow to fellow) with continuity of the attending physician until Friday. The clinical fellows and attending review the sign-out document on Tuesday.
    b. Faculty rotate every week from Friday to Friday and the same faculty serves as the on call and inpatient attending to provide continuity and hand off of patients is done with a detailed review with the entire division on Friday mornings at didactic session so that all fellows and attending physicians are aware of the inpatient and on call summary for the week.

2. Patient care handoff procedures
    a. Both the inpatient and on call attending and fellow are responsible for overseeing the weekly divisional patient handoffs. On Friday AM, all attending physicians and fellows clinic providers review outpatient issues or concerns with the on call team for the weekend
    b. When completing the week of call, the clinical fellow and attending create an email sign-out document to be securely sent to the entire call team on Friday. See attachment 1 & 2.

3. Education and training on handoffs
    a. Divisional education
        i. Fellows in Pediatric Endocrinology are assumed competent because of prior training, but this competence is is documented by observation both at the beginning of the program and on an ongoing basis. Fellows receive handoff training at orientation and the process is discussed and reviewed at each annual program as part of provider division meetings. Annual handoff summaries with updated contact information and clinical site information are updated biannually.
    b. GME education
        i. An educational video on patient handoffs has been created by the Health Science Center and the Office of Graduate Medical Education to be included in fellow orientation.
4. Schedules

    All schedules are maintained by divisional administrative staff and are posted in the inpatient unit and the outpatient clinic as well as a secure Gmail site which is available for all clinical staff and division members. An on call schedule is provided to the hospital operators and the division has a single pager (not changed for 10 years) that is carried by the physician on call to prevent confusion in determining who is providing coverage for the endocrine service.12/2016

Approved by GMEC, 7/12/2016

Program Evaluation Committee (PEC)

Purposes per the ACGME

- Plan, develop, implement, and evaluate all significant educational activities of the program to include review and recommendations for revision of competency based curriculum, teaching methods and outcomes
- Develop or review all competency-based milestone driven curriculum goals and objectives
- Develop Team based learning strategies for rotations able to implement these methods
- Review and address areas of non-compliance with ACGME standards
- Review Quality Improvement and Scholarly Activity curriculum and monitor projects to completion.
- Render a written Annual Program Evaluation (APE) addressing and tracking the following areas: Trainee performance; faculty development; graduate performance, including performance of program graduates on the certification examination; and program quality.
    - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and the program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program.
    - Action plans should be reviewed and approved by the teaching faculty and documented in meeting minutes.
- Prepare a written plan of action (SWOT/PDSA) to document initiatives to improve performance in one or more of the areas listed as well as delineate how they will be measured and monitored.
- Regular meetings during the academic year of the program leadership, including select core faculty members and residents, to review program outcomes and develop, review, and follow-through on program improvement plans.

Prior to PEC Meeting:

- Render a full, written, annual program evaluation (APE) with SWOT action plan for the program using the PDPlus document and outline from GME. All supporting documents should be noted in the APE and available if requested.

Membership

Members include at least 2 members of the training program faculty and include representation from the trainees and key faculty appointed by the Program Director. *Per ACGME must be composed of at least two program faculty members and should include at least one resident*

Functions

- The individual programs via the PEC must monitor and track each of the following areas via the APE:
    - trainee performance
    - faculty development
    - graduate performance, including performance of program graduates on the certification examination
    - program quality
    - Quality Improvement and Scholarly Activity projects to completion
    - use the results of trainees' assessments of the program together with other program evaluation results to improve the program via the PEC
    - Gain Division approval by the teaching faculty and documented in meeting minutes.
- Prepare a written plan of action to document items above as well as delineate how they will be measured and monitored.
- Receive and review recommendations on issues related to core competencies in trainee education from the CCC, including, but not limited to:
    - Rotation curricula development and improvements
    - Evaluation and assessment tools (effectiveness and data collection)
    - Development of Milestone evaluations

- Teaching Methods
- Testing outcomes and changes

- The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Format

- There must be regular program specific meetings during the academic year of the program leadership, including select core faculty members and trainees, to review program outcomes and develop, review, and follow-through on APE and program improvement plans.
- The overall PEC will meet at least twice per year to review program APE, supporting documents, and action plan progress.
- All members of the Committee agree to keep the information discussed confidential.

Items Reviewed by PEC:

1. APE – completed by program prior to meeting using GME format
    i. Trainee Performance
    ii. Annual ADS – consistent data
    iii. Graduate Performance (Board Certification pass rates, fellowship, etc)
    iv. ACGME faculty survey/ACGME trainee survey
    v. ACGME correspondence (Accreditation and Compliance)
    vi. Faculty Development
    vii. Program Quality - Internal Program Review completed by faculty and trainees
    viii. NRMP outcomes
    ix. Milestone trends
    x. Trainee/Fellow funding allocations
    b. Review and offer suggestions on SWOT/PDSA of annual improvements PRIOR to WebADS update
    c. Review previous years areas of improvement to determine if goals were met
2. Evaluations
    a. Active assessments usability and need to update tools
    b. Review evaluation measures to determine quality of curriculum and transfer of learning based on APE
    c. Creating observation tools for milestones
    d. Ensuring standardize across all programs
3. Curriculum
    a. Gaps in learning based on APE
    b. Standardized introduction, orientation, goals and objectives
        i. Competency and Milestone based
    c. Review of American Board of Pediatrics standards and integration of core curriculum into perceived program knowledge gaps
    d. Review board review curriculum
4. Faculty Development (in accordance with program requirements)
    a. Trainings outside of CME (Grand Rounds)
    b. Committee development
5. Scholarly Activity/QI
    a. Review QI and SA curriculum for trainees
    b. Pediatric Scholarship Oversight Committee and Pediatric Scholarship Oversight Subcommittee updates (title of person only)
    c. Review Scholarly Activity for Faculty – (title of person only)
        i. Standardized reporting for all programs on WebADS
6. CCC
    a. Reports and action plans

Pediatric Clinical Competency Committee (CCC)

Purposes per *ACGME Program Requirements*

- *To review all resident evaluations semi-annually* across all competency domains
- *To prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME*
- *To advise the program director regarding resident progress, including promotion, remediation, and dismissal.*
- Additionally: to provide input to the Pediatric Education Committee to facilitate curriculum development, evaluation effectiveness, and program improvement based on trends found in milestones reporting.

Membership

Members include the program director from the core program as well as all fellowship program directors, associate program directors, educational specialists, and core faculty appointed by the individual Program Directors.
Per ACGME: At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team.

Functions

- Synthesize multiple different types of assessments (including milestones and dashboards) into an evaluative statement about each trainee's competence.
- Provide assessment of trainee performance as required by the ACGME and ABP.
- Assist the program director in monitoring the competence and professionalism of trainees for the purpose of promotion and certification. Make recommendations to the program director with regard to:
    - Advancement & Promotion
    - Remediation
    - Certification
    - Dismissal
- Identify trainees who are not progressing with their peers in one or more areas. The CCC is charged with establishing thresholds within the program. The Sub CCC/TEPC will use data garnered from assessment tools and faculty observations to assess trainee progress in achieving the Educational Milestones. The CCC provides a group perspective on the trainees' progress in the residency program and will assist in early identification of areas of needed improvement. The CCC will make recommendations for struggling trainees. When a fellowship resident fails to progress academically, the program director may place the resident on Academic Status, which will serve as a warning period prior to instituting a probationary status, termination, failure to reappoint, or failure to promote to the subsequent PGY level. Specific criteria will be shared with the resident for a 90 day time period to allow the resident to demonstrate efforts to remediate the identified concerns. These steps will include notification of the Vice Dean for Graduate Medical Education of the proposed action(s). This process is described in detail in the UTHSCSA Graduate Medical Education Policy entitled: Resident Grievance and Appeal Procedure. A probationary period would follow with allowance for the resident to discuss with the program leadership the basis for probation, the expectations of the probationary period and the evaluation of the resident's performance during the probation. If the resident fails to improve during the probationary period, then they may be terminated or have their contract not renewed. It should be noted that any Probationary action would include a letter informing the Texas Medical Board.
- Make recommendations to the program and Pediatric Education Committee on issues related to core competencies in trainee education, including, but not limited to:
    - Rotation curricula
    - Evaluation and assessment tools
    - Development of Milestones

Format

- Each trainee's performance data in the core competencies will be reviewed and discussed at least twice a year.
- Minutes are to be taken at these reviews using the provided templates.
- Members will systematically review each trainee's 360 packet mid and end of the academic year and make recommendations to the program director regarding competency ratings, advancement, certification, etc.
- Create action plans for all trainees focused on competency and milestones improvement.

- Any trainee with performance concerns in one or more core competencies may be added to the agenda for formal portfolio review.
- The CCC works with the program directors for all specialties in the department to develop appropriate remediation plans, as necessary.
- Additional meetings will focus on development and improvement of training and evaluation in specific core competency areas with attention to the development/tracking of milestones.
- All members of the Committee agree to keep the information discussed confidential.

Trainee Evaluation and Promotion Committee (TEPC)

Purpose:

- Preliminary and internal review of all trainee evaluations and milestones to be reported to the overall CCC twice per year.
- Preliminary and internal review of all program curricula to be reported to the overall PEC twice per year.
- Serve as the liaison between program leadership and trainees via the advisor members to communicate action plans and bi-annual reviews.
- To review the progress of trainees during the course of their training and provide recommendations for promotion and eventual eligibility for American Board of Pediatrics certification to the Program Director.

Expectations:

- To review all trainee (in your specialty) performance across all competency domains using the 360 dashboard.
- To establish and implement Milestone progression and outcome reporting
- To provide first stage review and reporting of all trainees performance (Evaluations, scholarly activity, testing, milestones).
- To provide formative action plans, after initial review of milestones , for formal decision at Main CCC
- To ensure trainees meet or exceed requirements for promotion and graduation using standards set forth by the Accreditation Council for Graduate Medical Education and all institutional, national and accreditation agencies.
- To complete documentation as required by the Accreditation Council for Graduate Medical Education and the American Board of Pediatrics
- To review issues of substandard trainee performance in order to make recommendations on an appropriate course of action. When necessary the committee can collect additional information and hold hearings with involved trainees prior to issuing recommendations.
- To provide input to the Pediatric Education Committee to facilitate curriculum development, evaluation effectiveness, and program improvement based on combined need shown on low level milestone areas assessed by trainees.
- To create initial Annual Program Evaluation to include a SWOT analysis of the program based on input from internal ARPE, trainee input, faculty input and trends found throughout the year with regards bi-annually for formal review by the PEC. Areas reviewed for APE WITH supporting documents: Resident performance, Faculty Development, Graduate Performance, Program Quality.
- To create promotion letters for all years of progression once annually in May.

Membership

Members include all program leadership, teaching and core faculty appointed by the respective Program Director.

Functions

- This committee is the first step of evaluation reviewers, looking at the 360 dashboards, social issues, remediation and discipline outcomes. Committee reviews scores, procedures, attendance, and advisors meet with individual trainees bi-annually to review promotion and attrition.
- Synthesize multiple different types of assessments into an evaluative statement about each trainee's competence. (360 dashboard)
- Synthesize milestones assessments into an evaluative and formative action plan statement about each trainee's competence. All action plans should have supporting documents.
- Assist the program director in monitoring the competence and professionalism of trainees for the purpose of promotion and certification as the baseline evaluation review prior to CCC. Make recommendations to the program director and CCC with regard to:
    - Advancement & Promotion
    - Discipline
    - Dismissal
    - Remediation
    - Certification
    - Milestones Action Plans
- Provide assessment of trainee performance as required by the ACGME and ABP.

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- Make recommendations to the Pediatric Education Committee on issues related to core competencies in trainee education, including, but not limited to:
    - Rotation curricula themed issues
    - Evaluation and assessment tool issues
    - Development of Milestone driven observation ideas to advance trainee outcomes
- Create promotion letters for all years of progression once annually in May.
- To create initial Annual Program Evaluation to include a SWOT analysis of the program based on input from internal ARPE, trainee input, faculty input and trends found throughout the year with regards bi-annually for formal review by the PEC. Areas reviewed for APE WITH supporting documents: Resident performance, Faculty Development, Graduate Performance, Program Quality. (Fellowships only)
- Regularly discuss and consider issues that can affect Trainee performance, including, but not limited to:
    - Inadequate rest
    - Stress
    - Anxiety
    - Depression
    - Substance abuse
- Identify trainees who are not progressing with their peers in one or more areas. Establish thresholds within the individual program using the data garnered from assessment tools and faculty observations to assess trainee progress in achieving the Educational Milestones. The TEPC provides a group perspective on the Trainees' progress in the program and will assist in early identification of areas of needed improvement. The TEPC will make recommendations for struggling Trainees using a standard action plan.
- Fairly, consistently, and indiscriminately apply the department's Evaluation and Promotion and Grievance policies. The department Grievance Policy addresses the process required when a Trainee wishes to appeal a decision made by the CCC. Committee members may be asked by the Department Chair to participate in the appeals process.
- When required, the committee shall convene a formal hearing at the request of the Program Director to examine issues of substandard Trainee academic performance or professional behavior. In this hearing, the Program Director will be required to submit a written request to the committee detailing the reason for the hearing together with accompanying documentation. In addition, the Program Director should provide a list of options to the committee which may include a recommendation for appropriate action. The Program leadership will be invited to discuss their concerns with the committee but *ex-officio* members should NOT be present during any meetings with the Trainee involved eliminate any appearance of conflict of interest. During the formal hearing, the Faculty Advisor assigned to the Trainee involved will serve as the Trainee's advocate to the committee, available to provide information but NOT to provide an opinion or vote on the committee's recommendations. The findings and recommendations following such a hearing by the Committee for Trainee Evaluation and Promotion will be forwarded to the Program Director as per established procedures.

Format

- Review each trainee's performance data in the core competencies and milestones at least twice yearly.
- Systematically review each Trainee's file, evaluations, portfolio, milestones competence and overall performance prior to the end of the academic year and make recommendations to the program director regarding final competency ratings, advancement, certification and action plans.
- Ad-hoc meetings will focus on development and improvement of training and evaluation in specific core competency areas with attention to the development/tracking of milestones. Any Trainee with performance concerns in one or more core competencies may be added to the agenda for formal portfolio review.
- Works with the program director to develop appropriate discipline, remediation and possible dismissal plans, as necessary.
- Meetings provide annual recommendations concerning promotion of Trainees to the next appropriate level of training and assess qualification to sit for the American Board of Pediatrics. Meetings will occur twice yearly (Nov/December and May) and will include all members of the committee.
- Generate promotion letters for all years of progression once annually in May.
- Final formative evaluation recommendations are made to the CCC using Action Plans on each Trainee based on 360 formative data compiled for CCC review.
- To create initial Annual Program Evaluation to include a SWOT analysis of the program based on input from internal ARPE, trainee input, faculty input and trends found throughout the year with regards bi-annually for

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formal review by the PEC. Areas reviewed for APE WITH supporting documents: Resident performance, Faculty Development, Graduate Performance, Program Quality. (Fellowships Only)

- All members of the Committee agree to keep the information discussed confidential.

Faculty Development Opportunities

- The committee will be given 15 min short faculty didactics at each meeting
- The topics covered will be: giving and receiving feedback, how to develop action plans, advising/mentoring, individual Trainee track advising and board review best practices.

Items Reviewed by TEPC – APE report to PEC: (Fellowships Only)

1. APE – completed by program prior to meeting using GME format
    i. Trainee Performance
    ii. Annual ADS – consistent data
    iii. Graduate Performance (Board Certification pass rates, fellowship, etc)
    iv. ACGME faculty survey/ACGME trainee survey
    v. ACGME correspondence (Accreditation and Compliance)
    vi. Faculty Development
    vii. Program Quality - Internal Program Review completed by faculty and trainees
    viii. NRMP outcomes
    ix. Milestone trends
    x. Trainee/Fellow funding allocations
    b. Review and offer suggestions on SWOT/PDSA of annual improvements PRIOR to WebADS update
    c. Review previous years areas of improvement to determine if goals were met
2. Evaluations
    a. Active assessments usability and need to update tools
    b. Review evaluation measures to determine quality of curriculum and transfer of learning based on APE
    c. Creating observation tools for milestones
    d. Ensuring standardize across all programs
3. Curriculum
    a. Gaps in learning based on APE
    b. Standardized introduction, orientation, goals and objectives
        i. Competency and Milestone based
    c. Review of ABP standards and correlation of curriculum to needs
    d. Review board review curriculum
4. Faculty Development (in accordance with program requirements)
    a. Trainings outside of CME (Grand Rounds)
    b. Committee development
5. Scholarly Activity/QI
    a. Review QI and SA curriculum for trainees
    b. PSOC and PSOS updates – Judith Livingston
    c. Review Scholarly Activity for Faculty – Dr. Infante
        i. Standardized reporting for all programs on WebADS
6. CCC
    a. Compile and Submit Action Plan Reports

HOUSE STAFF LEAVE POLICIES

The below House Staff Leave Policies are specific to House Staff (resident/fellows) training at University Hospital. Please consult University Health Policy 4.02.02 Leave Policy for additional guidance on all leave requests.

I. SHORT-TERM LEAVE:

Approved short-term leave includes the following categories: vacation, sick, specialty meetings and seminars (including paper/publication presentations), jury duty, military reserves, board and licensure exams, standard and elective away rotations outside of San Antonio, and funeral leave.

All scheduled leave must be approved by the Program Director and Professional Staff Services.

Paid Vacation Leave

Fifteen (15) vacation days with pay are granted each contract year and must be approved by the Program Director. Vacation request forms must be submitted to the University Health Professional Staff Services office as soon as possible but no later than thirty (30) days prior to the requested vacation leave. If a holiday falls within your leave time, it must be counted towards your vacation leave. All vacation leave must be taken within the current contract year. If a contract extension is required, the house staff will not be able to accrue additional vacation days until the extension has been completed. Unused vacation benefits cannot be carried over into the following contract year and will not be paid upon termination of employment.

Paid Sick Leave

Ten (10) sick days with pay are granted each contract year. Sick leave pay shall be granted only in cases of actual illness. Sick leave must be cleared with the Program Director and Professional Staff Services must be notified via the leave form when the house staff is on sick leave.

Unused days of sick leave may be carried over into the following academic year upon the written request of the Program Director. The carry-over request must be submitted to Professional Staff Services before the beginning of the House Staff's new contract year. Late requests will not be accepted. If a contract extension is required, the House Staff will be not able to accrue additional sick days until the extension has been completed.

House Staff cannot utilize sick leave days to depart early from their program and will not be paid for unused sick days.

Holiday Leave

University Health does not recognize "holiday" leave for house staff. House Staff who request leave during weeks with holidays (i.e., Thanksgiving, Christmas, etc.) must utilize their vacation days. They do not automatically receive extra days off. UTHSA holiday schedules will not be taken into consideration when determining leave approval.

Seminars/Meetings Leave

A House Staff Leave Request Form for attending seminars/meetings must be approved by the Program Director and submitted to Professional Staff Services thirty (30) days in advance of the seminar/meeting. The leave form must include the type and location of the meeting. Leave for Seminars/Meetings provided on behalf of the training program will not be deducted from the House Staff's vacation/sick leave accrual unless specifically requested by the department's Program Director or not related to the training program in which the House Staff is participating in.

Other Short-Term Leave

Other Leave includes leave not included is the previous leave sections. This includes leave for licensure exams, board exam, jury duty, military reserve duty, etc. The House Staff Leave Form must be approved by the Program Director and submitted to Professional Staff Services thirty (30) days prior to leave. A jury summons must be attached to a request for jury duty leave. A copy of the military orders must be attached to military reserve leave requests. Leave specified as "other" will not be deducted from the House Staff's vacation and sick leave accrual. Please note: "Other Leave" cannot be utilized for training or post-training job interviews. House Staff interviewing for positions at other institutions must utilize their available vacation leave time.

II. LEAVE OF ABSENCE (LOA)

Leave of absences of any type must be requested as far in advance as possible. House Staff are required to notify the University Health Human Resources department via email at: **UHS.Benefits@uhs-sa.com** as well as to notify both the Program Director and Professional Staff Services. All scheduled LOA approved by the Program Director and Professional Staff Services and must be submitted to UH Human Resources for additional follow-up and review, and may require submission of additional documentation. The written notification of LOA must be accompanied by a memo of explanation (on an official extended leave template) signed by the Program Director and submitted by the program coordinator. The type of LOA (personal, medical, parental or caregiver) must be specified.

An extended leave may impact the timing of a House Staff's ability to complete all requirements of their training program and/or eligibility to sit for examinations by certifying boards. At the time of any approval of a House Staff's leave or as soon thereafter as is practicable, the Program Director, will use its best efforts to inform the House Staff of any impact that a leave could have on the timing of a House Staff's ability to complete all requirements of their training program and/or eligibility to sit for examinations by certifying boards.

Parental/Medical/Caregiver LOA

Over the course of an entire residency, House Staff participating in an ACGME program are provided the opportunity, beginning the first day they are required to report, to a one-time, six-week term of paid leave for approved parental, medical, or caregiver purposes which will be utilized in conjunction with any sick or vacation leave. While such paid leave is limited to six weeks, House Staff may be eligible for additional, unpaid leave for parental, medical, or caregiver under FMLA or other unpaid leave policies. House Staff will remain eligible for any available health or disability insurance benefits during a Parental/Medical/Caregiver LOA.

House Staff may take parental leave for the purpose of childrearing after the birth of their child or the placement of their child following an adoption or foster care arrangement. Leaves for childrearing shall be applied equally to House Staff, regardless of gender or gender identity.

House Staff may take medical or caretaker leave to address their own serious health condition or a serious health condition that is impairing their child, spouse, or parent. Care of a serious

health condition includes inpatient care in a medical care facility, incapacity that requires treatment under the direction of a healthcare provider, or treatments by a healthcare provider that would otherwise likely result in a period of incapacity longer than three days in the absence of treatment.

In addition to the one-time 6 week paid Parental/Medical/Caregiver LOA, House Staff participating ACGME program is eligible for a one-time, one week of Paid Time Off outside the first six weeks approved for Parental/Medical/Caregiver LOA. It must be used in the same academic year in which 6 week paid Parental/Medical Caregiver LOA ends. Any existing paid leave balance, either sick or vacation leave, will be used concurrently.

Requests for maternity/paternity/caregiver leave (whether paid or unpaid) must be submitted to Professional Staff Services as soon as possible but no later than when the House Staff begins the leave. Requests must be accompanied by a memo from the UTHSA Program Director (on the approved extended leave template) and must include the leave start date, the expected date of return, and a breakdown of the type of leave to be utilized (i.e., vacation, sick, or LOA). The memo must include the number of days allowed for each type of paid or unpaid leave. House Staff may be offered FMLA coverage (if eligible) or 30-day Medical Leave (if not eligible for FMLA or the one-time six week Parental/Medical/Caregiver LOA if participating in an ACGME program) on the first day of their maternity/paternity leave and will be required to utilize available paid sick and vacation leave in conjunction with any other eligible leave coverage, and such paid sick and vacation leave shall run concurrently with any FMLA, Parental/Medical/Caregiver LOA or 30-day Medical Leave.

When all available paid leave has been exhausted, the House Staff may be placed on unpaid leave until they have been cleared to return to work. While on maternity/paternity/caregiver leave, house staff are not eligible to use "No Call" status or any other "free" day including holiday leave. A physician's return to work clearance must be provided to Human Resource Benefits prior to being allowed to return to duty.

Family Medical Leave Act (FMLA)

1. The US Department of Labor Family Medical Leave Act (FMLA) provides up to twelve weeks of unpaid job protected leave to eligible House Staff for certain family and medical reasons. Federal eligibility requirements state that an employee must have worked for an employer for at least 12 months and worked at least 1,250 hours during the previous 12 months. The FMLA provides leave to care for:

    - the birth of a child and to care for a new-born child within one year of birth;
    - the placement of the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
    - to care for the employee's spouse, child, or parent who has a serious health condition;
    - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
    - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty"; or
    - twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

House Staff are expected to utilize available vacation/sick leave in conjunction with FMLA coverage. Once all available paid leave has been exhausted, the House Staff will be placed on Leave of Absence without pay.

2. To inquire about going on a leave of absence or to apply, email**: UHS.Benefits@uhs-sa.com.**

House Staff may not return to work until they have reported to University Health Human Resources department, provided a physician's return to work clearance and received approve to return to duty.

Medical Leave

1. Eligible House Staff may take 30 calendar days of continuous leave during the first twelve months of employment because of his/her own serious health condition. Eligibility requirements state that the employee must have worked 6 months and 16 hours per week in the last 6 months. House Staff are expected to utilize available paid vacation/sick leave in conjunction with Medical Leave, which will run concurrently together. Once all paid leave has been exhausted, the House Staff may remain on leave without pay.

2. The Certification of Healthcare Provider form must be provided to Human Resources within 15 days from the request. House Staff may not return to work until they have provided a physician's clearance form to Human Resources and have received Human Resources approval to return to duty. To inquire about going on a leave of absence or to apply, email: UHS.Benefits@uhs-sa.com.

III. HOUSE STAFF TIME DONATION PROGRAM

This program provides House Staff with the opportunity to donate unused sick time to other House Staff members, who have exhausted all accrued vacation and sick leave, in instances of catastrophic illness or injury.

House Staff are eligible to donate up to two sick days per academic year upon completion of all Health System requirements and entering into an active training agreement. Donated time will expire when a house staff member completes his employment at UH, unless the contributed time has already been utilized.

To receive and utilize Donated Time, a house staff member must be out of work for thirty (30) days due to a catastrophic illness/injury or catastrophic illness/injury of a spouse, parent, son or daughter, and must be approved for FMLA coverage.

House Staff may not utilize the Donated Time Program for general maternity/paternity leave nor can it be utilized for worker's compensation related catastrophic illness or injury.

The Donated Time Policy, as well as the Voluntary Donation Form and Application Form can be found on the UTHSA GME website at www.uthscsa.edu/GME > Resources > Our Policies > Hospital Policies > University Health System or by contacting Professional Staff Services atGME@uhs-sa.com.

Resources Available to Fellows

- Computer and library access and technology for advanced literature searches
- Slide/PowerPoint/poster support
- Statistics support
- UHS on line resources and EPIC electronic record use
- Free hospital parking
- Ride Share

Block Schedule example:

Research Months: (3 months of PL3 and 9 months of PL 4 & PL5 year)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Research	Clinic	Research	Research	Didactics
PM	Research	Didactics	Research	Research/Didactics	Research

Clinical Months: (9 months of PL3 and 3 months of PL4 & PL5 year)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Clinic/consult	Clinic/consult	Clinic/consult	Clinic/consult	Didactics
PM	Clinic/Didactics	Didactics	Clinic	Clinic/Didactics	Clinic

UTHSCSA Pediatric Endocrinology Fellowship Policies / Curriculum Goals & Objectives

I have received and have/will review the Goals and Objectives of the Pediatrics Endocrinology Fellowship Program Curriculum of UT Health San Antonio and Affiliated Hospitals.

I have received and have/will review The Graduate Medical Education Policies on:

1. Duty Hours
2. Grievances and Appeals
3. HIPPA Violation Guidelines
4. Social Networking (Facebook, Instagram, Twitter, etc)
5. Levels of Status
6. Blood Borne Pathogens
7. Resident Impairment
8. Harassment
9.Accommodations for Disabilities

GME Policies can be reviewed at the following link: https://www.uthscsa.edu/academics/medicine/about/ogme/policies

_____I have received and have/will review the Maternity and Paternity Leave Policy, the Sick Leave Policy, and the Leave Carry-Over Policy.

_____I have received and have/will review the following policies:

1.Department of Pediatrics Moonlighting Policy
2. House Staff Supervision Policy
3. House Staff Handover Policy

_____I have received and have/will review the ACGME Pediatric Fellowship Common Program Requirements, current Milestones information, and evaluation review procedures

_____
Signature/Date

Program Director Signature/Date

For Questions, Please See UT Health San Antonio web page and refer to Graduate Medical Education: Policies and Procedure