

Pediatric Endocrinology and Diabetes Fellowship

Handbook of Policies and Procedures 2023-2024

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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 the University of Texas Health Science Center at 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 convenience 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 permanent 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 University of Texas Health at 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 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 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. Mentored Pediatric Endocrine ABP and PREP review weekly
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 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 PGY4
 - 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
 - Camp Power Up 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. It 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 navigate interactions with the various disciplines when consulting both outpatient and in the hospital setting to 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 skills to coordinate care among 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 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 and often during the clinical rotation times. The fellow should write an initial consult 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 medical student progress notes daily. 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 commitment. 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 and the clinic staff. 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 the UTHSCSA 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 may be approved to function as “Acting Attending Physicians” for the final six months per faculty input. 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 coursework in addition to the medical ethics topics which 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 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 clinic and administrative 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 and CPR 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 choose 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 during the first six months and should learn basic clinical research methods once the project is established. 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 have experience in grant writing, teaching and formal presentations. 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 at least 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 fellow's performance and 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 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 the UTHSCSA 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 projects.

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 experience in clinical pediatric endocrinology and diabetes care. Interactions occur on clinical rotations with the Adult Endocrinology Division.

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 begun their 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. Formalize hypotheses and write research protocol. The fellow should present his/her interests and plans at a divisional research meeting and the Scholarship Oversight Committee.

Year 2, months 1 - 6: Complete IRB approval if required for 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 attending, 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 residents 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

All Pediatric Endocrinology trainees are required to sign up for and take the American Board of Pediatrics SITE examination annually.

The fees for the SITE exam will be reimbursed by the Pediatric Endocrinology Fellowship Program. For reimbursement the fellow will provide the proper paperwork to the administrative office no more than fifteen (15) days from the date of payment.

Pediatric Endocrinology Board Pass Policy

The ABP requires trainees to have passed the initial pediatric board examination before an individual is eligible for the sub-specialty certifying exam.

Pediatric Endocrine Fellows must complete scholarly activity and meet clinical fellowship requirements for our program to graduate. Passage of pediatric boards and state license maintenance is highly recommended to qualify to take the Pediatric Endocrinology Certifying Exam at the end of fellowship:

<https://www.abp.org/content/pediatric-endocrinology-certification>.

Faculty Advisors

During the first year of fellowship, the Program Director or the Associate Program Director 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 identify 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 evaluation or any other problems.

A robust Wellness Program provides counseling 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 absence 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 other to cover. The faculty scheduled for those days will cover. If substantial number of call are missed, the Program Director may, at his/her discretion, ask the fellow to make the up to ensure 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.

Resident Eligibility

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

1. Graduate medical school in the US 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 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 exam.

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 UTHSCSA.

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

Resident Selection and Appointment

It is the policy of 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 candidates from a pool of applicants for the ranking process. The best candidate is the one most able to meet the goals and objectives of the fellowship and demands of the specialty. These judgements are based on the applicants academic performance, the assessment of their faculty as reflected in letters of recommendations, 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 regulations at <http://www.tsbme.state.tx.us/rules/171.htm>.

Levels of Academic Success in Graduate Medical Education

Purpose

An essential component of organized Graduate Medical Education (GME) programs is the clear and unambiguous determination of the academic status of each individual enrolled in the sponsored training programs.

Policy

Individuals training in GME programs sponsored within UTHSA are expected to develop personal, clinical and professional competence under the guidance and supervision of the faculty and staff. The programs ensure the safe, appropriate and humane care of patients and the progression of resident physician responsibilities consistent with each trainee's demonstrated clinical experience, knowledge and skill.

Each program maintains and communicates academic requirements for the educational development of the residents in that program. A primary responsibility of resident trainees is to meet the academic requirements of their specific programs, to meet general and specialty specific milestones and competencies, and to maintain a satisfactory academic status within their programs. While it is hoped that all residents who train within our GME programs will be able to progress satisfactorily through their programs, there may be instances when a resident's academic course does not progress as hoped. In such cases it is the responsibility of the program director, working with the program's teaching faculty, to remediate the resident if possible, utilizing clear documentation and direction. Other faculty may communicate concerns to the Program Director, however only the Program Director has the authority to institute discipline measures within the program. (See Resident Grievance and Due Process policy for further details.)

Residents in training are assigned one of the following levels of academic status:

1. Satisfactory status – in this level of academic status the resident's overall progress toward acquisition of milestone and other academic requirements is considered to meet or exceed program expectations. Individual evaluations of residents in this academic status may contain constructive suggestions for improvement; such suggestions are considered an inherent UTHSCSA Graduate Medical Education Policies Page 2 of 3 element of the educational process, and are not considered to be 'negative evaluations.'

2. Administrative status – in this level of academic status the resident is perceived as having at least a degree of difficulty in acquisition of academic requirements, but is considered to be making progress such that the organized teaching faculty's combined assessment is that the resident is likely to be successful in the attainment of the program's academic requirements. When a Program Director considers placing a resident on Administrative Status, he/she should report the matter to the DIO and/or chair of the GME Committee prior to action. Administrative status is simply more robust and explicit feedback and should not, in general, be considered a reportable action (see below). If the program is considering a reportable action, the program should consider probation in lieu of administrative status.

- Administrative assignment – this level of academic status is assigned for the specific purpose of focused improvement of one or more areas in which a resident has not yet achieved the level of competency expected by the program’s academic requirements. Examples include repeating a clinical rotation for which the resident received less than satisfactory composite evaluation not resulting in a need to extend training, or a substandard in-training exam score.

- Administrative leave – this level of academic status is assigned for the immediate correction of deficiencies in academic requirements. An example would be for correction of significant medical records deficiencies or delinquencies.

3. Probationary status - is considered to be an adverse academic status of a significant degree, wherein the resident has experienced clear failure to achieve academic requirements of the program, and in which the possibilities of remediation and failure (termination or non-renewal of a resident’s training agreement) coexist. When a Program Director is considering implementation of Probationary status for a resident, he/she should present the matter to the DIO and/or chair of the GME Committee for review and guidance. Probationary status is a “reportable action.” Reportable actions are those actions that the Program must disclose to others upon request, including without limitation, future employers, privileging hospitals, credentialing boards, and licensing and specialty boards. In addition, when Probationary status is implemented, the Program Director must report that to the Texas Medical Board (TMB) within the reporting period required by the TMB.

Any change in the academic status of a resident must be documented in his/her training file, and should be considered in the program’s annual review of program effectiveness.

Resident Grievance and Due Process Policy

This Grievance and Due Process Policy shall be utilized for the following reportable actions which include:

- Academic Probation
- Suspension (other than brief clinical suspension for investigation)
- Dismissal
- Non-renewal of contract
- Non-promotion to the next level of training

This policy also sets forth the manner in which resident grieves a reportable action (s). These actions typically follow a sequence of nonreportable, corrective steps and emphasize academic due process. All residents as defined in this policy may seek resolution of grievances under this policy.

Definitions:

Residents – refers to all interns and residents serving in a GME program, accredited by the ACGME, CPME, or other nationally recognized GME accrediting entity, or approved by the TMB under UTHSA- sponsorship will fall under this policy.

Dismissal – refers to the termination of participation in a residency or fellowship training program at the election of the program prior to the completion of the academic course of study.

Because participation in a residency or fellowship program is requisite to the Residency Contract, Dismissal results in termination of the contract. Further, termination of contract or being barred from a major participating site may result in Dismissal due to inability to continue training. (See GME Policy 2.1.) *Immediate Dismissal may be appropriate when evidence of unprofessional conduct is egregious, including but not limited to gross negligence, misconduct, or professional dishonesty. This may be a pattern of past performance or may reflect a single act.

Reportable Actions

All residents and fellows participating in an ACGME accredited or non-ACGME accredited program shall be afforded the opportunity to have reviewed. Reportable Actions as defined above and in GME Policy 2.9: Levels of Academic Status in Graduate Medical Education. The process described in this document is designed to provide appropriate review of actions that may adversely affect a resident's or fellow's status while at the same time ensuring patient safety, quality of care and proper conduct within the training programs. The resident/fellow is not entitled to legal representation at any point in the Grievance Review Process.

- A. Program Level Review. The following process for review of an academic or other disciplinary action shall be available to the resident or fellow:
1. Upon receipt of a written decision from the Program Director, resulting in a reportable action covered in this policy, the resident/fellow may request the opportunity make a Program Level Review appeal to the Department Chair or his/her designee.
The resident/fellow must make this request for Program Level Review to the Program Director, in writing, within five (5) business days of receiving the written notice of the decision. (If the program-level policy is more narrowly defined, it shall prevail.) The resident/fellow presentation to the Chair (or designee) shall occur within ten (10) business days of receipt of the request to the Chair unless a later date is mutually agreed to by all parties. The nature of the presentation will be at the Chair's discretion, but a response should occur within five (5) business days.
 2. If the Chair was substantially involved in the initial decision, the resident would need to be informed and referred for a GME Level Review if desired.
 3. If the resident/fellow waives all or any remaining steps in the process afforded under the Program Level Review or if the initial decision is upheld and all procedural steps of the Program Level Review have been exhausted, the Program Level Review has been concluded. If the resident/fellow does not make a request within 5 business days for the GME Level Review, the decision resulting from the Program Level

Review shall be final and binding on the resident/fellow and Program and shall conclude the Grievance Review Process.

- B. Graduate Medical Education Level Review. Upon the conclusion of the Program Level Review, the resident/fellow may request the initiation of the applicable GME Level Review, as set forth below, for the sole purpose of determining whether due process was afforded to the resident/fellow. The resident/fellow must make this request to the GME Office in writing within five (5) business days of the conclusion of the Program Level Review. Failure to do so shall constitute waiver of resident's/fellow's opportunity for the applicable GME Level Review. If initiated, the decision resulting from the GME Level Review shall be final and binding on the resident/fellow and the Program and shall be the final appeal within UT Health San Antonio and its affiliated hospitals.

The resident/fellow will meet with a GME Level Review Panel to consist of at least three (3) members of the GMEC as members. The members of the Review Panel will not hold an appointment in the same Department or Program as the resident/fellow in question and will be chosen by the GME office. The resident/fellow will be afforded the opportunity to present any relevant information regarding the Program's failure to provide due process, including oral and written statements in support of the appeal, at the discretion of the Review Panel Chair. The members of the Review Panel will have access to all relevant documents during their discussions and deliberations. The Program Director shall be responsible for presenting information in support of the Program's action to the Review Panel within 5 business days of the resident's presentation. Specific procedures applicable to the review may be adopted by the Review Panel and furnished to the resident/fellow and Program Director. The decision of this GME Review Panel will be presented, in writing, to the resident/fellow within five (5) business days of the meeting, concluding the GME Level Review and Grievance Review Process. If the GME Review panel determines the tenets of academic due process were not met, the GME Review Panel will return the decision to the program for reconsideration, and make recommendations, as appropriate.

- C. Reportable Actions: All actions covered in this policy are "reportable actions." Please see GME Policy 2.9; Levels of Academic Status in GME.
- D. Complaints Related to the Work Environment, Program or Faculty: See Policy 3.6 Policy on Resident Concerns

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 the clerical personnel who will transcribe the written evaluations in 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 the meeting will be encouraged. A report will be generated evaluating program's effectiveness with an action plan to address all deficiencies identified by consensus of the group.

Senior Fellow Status

Approved by GMEC February 2002

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 resident 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 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 spend 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 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 they are 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 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 fellows 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 provided for all questions 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 in a fully responsible academic physician.

Advancement to Senior Fellow Status

It is anticipated that most fellows should advance to this stage at the their third year. However, this is not to be viewed as automatic. Some fellows will 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 judgement and in possession of adequate knowledge to function independently and provide competent care.
- Documentation of competency in most areas of specialty.
- Self-assessment of the resident that they are ready to progress to this stage.

Resident Work Hours Policy

Approved by GMEC 7/12/2016

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 four-week period.
3. Duty period will be limited to 24 hours, plus a 4-hour period for transition of care and fore educational activities. Residents must have 14 hours free of duty after 24 hours 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 Pediatric Endocrinology Fellow.
- Fellows will take at home call only when 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 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

Purpose Social and business networking Web sites (e.g. My Space, LinkedIn, Facebook, Twitter, Flickr, YouTube, 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.
 - 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 through 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 individual’s program and leadership.

Pediatric Endocrinology Fellowship Policy on Moonlighting

GMEC Approved July 12, 2016

Guidelines for Moonlighting

1. Moonlighting
 - a. 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.
 - b. 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.

Pediatric Endocrinology General Policy on Subspecialty Fellow Evaluation

Approved by GMEC August 14, 2018

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, 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. Milestone and Entrustable Professional Activities
 - i. As defined by the ACGME, milestones are stages in 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 descriptions 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 inference about what learners know, believe, and can do in defined context. 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 Evaluations
 - 6. Those 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 the fellow's sub-committee as long as they are not the chair of the PSOC or the sub-committee. The 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 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 assessment by the faculty of the Division of Pediatric Endocrinology in the Department of Pediatrics 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 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 assessment 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 fellows must, at minimum, fulfill the following criteria to achieve satisfactory completion of the fellowship program:
 - a) Demonstrate a level of clinical and procedural competence to 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.
 - b) Demonstrate an attitude, demeanor and behavior appropriate for the fellow's specialty with regard to relationships to patients, other health care professionals and colleagues.
 - c) The PD must provide a final evaluation of 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.
 - d) Certificates are issued upon satisfactory completion of the respective training programs. In addition. Satisfactory completion requires that teach of the medical records belonging to a fellows' 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 al hospitals or School of Medicine property issued solely for use f=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 for Subspecialty Fellow Pediatric Endocrinology

Approved by GMEC August 2018

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 indirectly in the management of pediatric endocrinology and diabetic patient care and consultations until the subspecialty training is completed.

Purpose

The 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). The UTHSCSA teaching hospital may have additional requirements for resident supervision as they pertain to the 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.

Medial 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; they physician is credentialed by his/her hospital or healthcare facility to provide clinical care and preform 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 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

PGY 4 fellows (first year of fellowship) have defined rotations on the consultations services at University Hospital and in clinic at the Texas Institute, as well as continuity clinics in those facilities. During this year the fellows will learn and become competent a inpatient and outpatient pediatric endocrine evaluations.

PGY 5 and PGY 6 fellows (2nd and 3rd year 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 resident/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

All inpatient consultations performed by trainees will be documented in writing, using the dictation system or electronic medical record employed by UTHSCSA teaching hospital where the consultation was performed, with the name of the responsible staff consultant must be notified verbally by the resident/fellow performing the consult within an appropriate period of time, generally defined 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 consult team.

Supervision of Trainees in Outpatient Clinics

All outpatient visits provided by residents/fellows will be conducted under the supervision of a staff provider. Every clinic patient must be reviewed by the attending provider. Thereafter, the Program Director may give approval for later review of the patient visits. The attending 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.

Circumstances and events where fellows must communicate with Faculty Attendings

Fellows are encouraged to communicate with the 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 attending:

- 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.

Pediatric Endocrinology Fellowship Transitions of Care Policy

GMEC Approved August 14, 2018

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) Hands off between the fellow on call and incoming doctor on call is done on Mondays (usually fellow to fellow) with continuity of the attending physician until Friday. The clinical fellows and attending review the sign-out document on Monday.
 - 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 of Friday mornings at didactic session so that all fellows and attending physicians are aware of the inpatient an on-call summary for the week.
- 2) Patient care handoff procedures
 - a) Both the inpatient and on call attending ad 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 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 the 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
 - a) All schedules are maintained by divisional administrative staff and are posted in Qgenda and at 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 number to reach the physician on call as back up to prevent confusion in determining who is providing coverage for the endocrine service . 12/2016

Program Evaluation Committee (PEC)

Approved by GMEC 7/12/2016

Purpose 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 documents and outline provided by 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 project to completion
 - use of results of trainees' assessment of the program together with other program evaluation results to improve the program via the PEC
 - Gain Division approval by 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, 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 Milestones 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 the 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 area 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 standardization across all programs
- 3) Curriculum
 - a) Gaps in learning based on APE
 - b) Standardized introduction, orientation, goals, and obj
 - 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) Training 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 Committee 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)

Approved by GMEC 8/14/2018

Purpose 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 minimum the Clinical Competency Committee must be composed of three members of the program faculty. Others eligible for appointment to 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 actions(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 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 information 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)

Approved by GMEC 7/12/2016

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 member 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 Milestones 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 hearing 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 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 assessment 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 and Promotion
 - Discipline
 - Dismissal
 - Remediation
 - Certification
 - Milestone Action Plans
- Provide assessment of trainee performance as required by the ACGME and ABP.
- 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 SWOT analysis of the program based on input from internal ARPE, trainee input, faculty input and trends found throughout the year with regards to 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 the 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 the 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 the 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 to 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/tracking of milestones. Any Trainee with performance concerns in one or more 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 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 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)
- All members of the committee agree to keep the information discussed confidential.

Faculty Development Opportunities

- The committee will give 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 the 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 area 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 standardization 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 needs
 - d) Review board review curriculum
- 4) Faculty Development (in accordance with program requirements)
- a) Training 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- (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) Compile and submit Action Plan Reports.

House Staff Leave Policy

The below House Staff Leave Policies are specific to House Staff (resident/fellow) 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 vacations days until the extension has been completed. Unused vacation benefit 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 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 must be will not be accepted. If a contract extension is required, the House Staff will not be 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.

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 in 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 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 the military reserve leave requests. Leave specified as "other" will not be deducted from the House Staff's vacation/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 vacation leave time.

For more information regarding Short-Term Leave, Leave of Absence, FMLA, or the House Staff Time Donation Program, please visit the University Health House Staff Manual. <http://www.uthscsa.edu/academics/medicine/about/ogme/benefits>.

Resources Available to Fellows

- Computer and library access and technology for advance literature searches.
- Slide/PowerPoint/Poster Support
- Statistics Support
- UHS online resources and EPIC electronic record use
- Free hospital parking
- Ride Share

Block Schedule Example;

Research Months: (3 months of PL3 and 9 months of PL4 & PL 5 year)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	Research	Clinic	Research	Research	Didactics
PM	Research/Didactics	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	Clinic/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 Pediatric Endocrinology Fellowship Program Curriculum at 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