

# **Pediatric Endocrinology and Diabetes Fellowship**

## **Handbook of Policies and Procedures 2025-2026**

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## **Pediatric Endocrinology and Diabetes Fellowship Handbook of Policies and Procedures**

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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 clinical research, basic science research, medical education scholarship, and quality improvement initiatives. Training received upon successful completion of this program will prepare one to pass the examination administered by the sub-board of the American Board of Pediatrics in 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 to reduce the faculty's clinical responsibilities. The faculty serves as a resource and convenience to the fellow educators, mentors, and clinical resources for fellows, not as substitutes for service coverage. The Pediatric Endocrinology and Diabetes Division is structured as an educational program, not a service model, dedicated to the development of highly competent pediatric subspecialists.

## 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 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 the University of Texas Health at San Antonio offer several 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 didactics, Tuesday Fellow Homework sessions, 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 Friday morning Fellows' and Residents' Case Conference and Journal Club. This is currently set for every Friday morning with rotating topics. 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 before completion of the fellowship.
3. Monday weekly 3:00-5:30 PM Pediatric & Adult Endocrinology 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 weekly and are 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
  - 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.

# Inpatient Pediatric Endocrinology Consult Service Expectations for Fellows

## Purpose

The inpatient pediatric endocrinology consult service is a core component of fellowship training. It provides fellows with progressive responsibility in the evaluation and management of hospitalized children with endocrine disorders while ensuring patient safety through appropriate supervision. These expectations are designed to promote graduated autonomy, clinical ownership, professionalism, efficiency, and readiness for independent practice, in alignment with ACGME and American Board of Pediatrics (ABP) training principles.

## Goals of the Inpatient Pediatric Endocrinology Consult Experience

The inpatient pediatric endocrinology consult service provides fellows with progressive responsibility in the evaluation and management of hospitalized children with endocrine disorders. This clinical experience is designed to develop diagnostic reasoning, clinical judgment, communication skills, professionalism, and readiness for independent subspecialty practice while maintaining patient safety through appropriate supervision.

## Core Goals

### 1. Develop Expertise in Inpatient Endocrine Care

- Evaluate and manage a broad spectrum of inpatient pediatric endocrine conditions, including endocrine emergencies and consultative care.
- Apply evidence-based guidelines and pathophysiologic principles to inpatient clinical decision-making.
- Recognize when urgent intervention is required and escalate care appropriately.

### 2. Build Diagnostic Reasoning and Clinical Judgment

- Formulate prioritized differential diagnoses for complex inpatient presentations.
- Integrate clinical data (history, exam, labs, imaging) into cohesive assessments and management plans.
- Navigate diagnostic uncertainty with increasing independence across training years.

### 3. Demonstrate Progressive Ownership and Accountability

- Take primary responsibility for assigned consult patients under attending supervision.

- Follow patients longitudinally throughout hospitalization, including transitions of care.
- Track and act on laboratory and diagnostic results in a timely manner.
- Ensure clear communication of recommendations to the primary team.

#### 4. Strengthen Communication and Consultation Skills

- Provide clear, concise, and actionable consult recommendations.
- Communicate effectively with interdisciplinary teams (ED, PICU, floor teams, nursing).
- Engage patients and families in bedside discussions appropriate to level of training.
- Respond promptly and professionally to pages and consult requests.

#### 5. Develop Efficiency and Systems-Based Practice

- Prioritize consults appropriately based on clinical urgency.
- Pre-round effectively by reviewing overnight events, vitals, labs, and medications.
- Manage consult workflow efficiently while maintaining high-quality care.
- Recognize system barriers and participate in improving consult service processes.

#### 6. Practice High-Quality Documentation

- Produce timely, accurate, and clinically meaningful consultation and progress notes.
- Clearly document diagnostic reasoning, recommendations, and follow-up plans.
- Ensure documentation supports continuity of care and patient safety.

#### 7. Foster Supervision, Teaching, and Leadership Skills

- Participate in bedside and team-based teaching of residents, students, and junior fellows.
- Model professionalism, organization, and clinical reasoning.
- Progress toward leading the consult service with attending oversight in later training years.

#### 8. Prepare for Independent Practice

- Demonstrate readiness for unsupervised inpatient consult practice by the final year of fellowship.
- Integrate clinical knowledge, judgment, efficiency, and communication skills.
- Recognize personal limitations and appropriately seek consultation.

## Graduated Expectations Across Fellowship Years

- **First-Year Fellow:** Focus on foundational skills, safety, structured assessments, and supervised independence.

- **Second-Year Fellow:** Emphasize efficiency, ownership, diagnostic reasoning, and consult communication.
- **Third-Year Fellow:** Develop autonomy, leadership, and readiness for independent inpatient consult practice.

## Alignment with ACGME & ABP Expectations

This clinical experience supports progression toward:

- ACGME Pediatric Endocrinology Milestones (Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Systems-Based Practice, Professionalism)
- ABP Entrustable Professional Activities (EPAs), including inpatient consult management, emergency recognition, and care coordination.

## Universal Expectations (All Fellows)

### Professional Responsibility & Communication

- Carry the endocrine consult call phone as assigned and ensure availability during service hours. The Endocrine and Diabetes fellow supervises and assists the general pediatric residents in the care of the patients in the Pediatric Intensive Care Unit, Neonatal Intensive Care Unit, and on the hospital wards.
- The Pediatric Endocrinology and Diabetes service functions as a consultative service to support the care of hospitalized patients with endocrine concerns. The role of the consult team is to provide expert recommendations, diagnostic guidance, and management support in collaboration with the primary medical team. Responsibility for overall patient care, order execution, and discharge planning remains with the primary service unless otherwise explicitly agreed upon.
- Fellows are expected to respond promptly to all pages and clinical communications during assigned service hours. At times, the source of a page may not be immediately identified. Regardless of whether the origin of the page is known, fellows should return the page within approximately 30 minutes, provided the clinical situation appears non-urgent, and it is safe to do so.
- Promptly respond to pages from the Emergency Department (ED), Pediatric Intensive Care Unit (PICU), and inpatient floors.
  - **Urgent pages:** immediate response, especially if explicitly labeled *STAT* or *urgent*
    - ED – within 15 minutes (as soon as safely possible)
    - PICU – within 15-30 minutes (as soon as safely possible)
    - Pediatric floor – within 30 minutes (as soon as safely possible)
    - If the page is marked urgent, involves a critically ill patient, or suggests time-sensitive clinical decision-making, fellows are expected to respond as

soon as possible and prioritize immediate communication. When in doubt regarding the urgency of a page, fellows should err on the side of responding promptly.

- o **Routine consults:** timely acknowledgment and plan for evaluation
  - Within 30 minutes during daytime service hours to acknowledge page
  - Patient typically seen **same day**
  - Timeframe communicated clearly to primary team
- o **Routine questions/Non-Urgent follow-up:** clarification questions, lab interpretation not requiring immediate action, discharge planning coordination
  - Within 1 hour during daytime service hours
  - By end of day if received late afternoon
- Fellows should immediately inform the attending of unstable patients. The fellow should discuss the care of all critically ill patients with the attending in a timely fashion.
- Fellows should clearly communicate anticipated evaluation timing to the primary team and escalate concerns early to the supervising attending to ensure patient safety.
- Communicate clearly and respectfully with consulting teams, nursing staff, patients, families, and faculty.
- Escalate concerns early to the supervising attending for patient safety, diagnostic uncertainty, or system barriers.

## Patient Care & Ownership

- Take primary ownership of assigned consult patients under attending supervision.
- Perform timely bedside evaluations, including history, physical examination, and review of available data.
- Participate and contribute to discussion on rounds to stimulate discussion, to query house staff, suggest broader differential diagnosis, and offer alternative management plans.
- Follow patients longitudinally throughout their hospitalization, even if the primary endocrine issue stabilizes.
- Ensure continuity by following patients after discharge in clinic when appropriate.
- Teaching for newly diagnosed patients with diabetes should be a skill acquired by the fellow by first observing education by a CDCES and/or attending, then participating, and finally providing education under the supervision of the CDCES nurse and attending.

## Regular Workday Hours (Inpatient Service)

On regular clinical service days, fellows are expected to be physically present and actively engaged in patient care activities during standard weekday work hours 8 am to 5 pm. The typical workday begins early enough to allow for thorough pre-rounding, independent review of overnight events, and preparation for attending rounds. Fellows are expected to remain available through the completion of daily clinical responsibilities, including but not limited to consult evaluations, documentation, care coordination, family communication, interdisciplinary collaboration, and appropriate sign-out.

While specific start and end times may vary based on patient census, service acuity, and institutional workflow, fellows should anticipate a full clinical workday consistent with graduate medical education standards. Fellows are expected to remain responsive to new consults and urgent clinical issues that arise during the workday and to communicate proactively with supervising attendings regarding workload, efficiency, and any barriers to timely patient care.

Fellows must discuss their plan to leave for the day with the supervising attending before departure to ensure that all clinical responsibilities are completed and appropriate patient coverage is in place.

Fellows must adhere to ACGME duty hour requirements, including accurate duty hour logging. Any anticipated deviations (e.g., early departure for approved educational activities, medical appointments, or approved leave) should be communicated in advance to the supervising attending and program leadership to ensure appropriate patient coverage.

## Documentation

- Pre-round/review on all assigned patients, with special attention to any new admissions, prior to attending rounds, including:
  - Overnight events
  - Vital signs and intake/output
  - Laboratory and imaging results
  - Medication changes
- Develop a preliminary assessment and plan for each patient to prepare for attending discussion.
- The on-service Pediatric Endocrine and Diabetes fellow is expected to provide sign-out each morning to the attending division member on call.

Morning sign-out is intended to be an interactive clinical discussion, not a passive transfer of information. Fellows should present concise yet thorough updates and propose assessment and management plans, highlighting areas of diagnostic uncertainty, active clinical questions, and anticipated needs for the day. This process allows the attending to provide targeted teaching, confirm or refine management strategies, and ensure appropriate supervision while supporting progressive autonomy.

As fellows progress through training, sign-out is expected to become increasingly efficient, problem-focused, and anticipatory, reflecting growing competence and readiness for independent practice. The expectation to pre-round and actively engage in morning sign-out reinforces the fellow's ownership of consult patients and supports meaningful learning at all levels of training.

## Documentation

- Fellows should review the primary team and other consultant notes daily.
- Complete consult notes and daily progress notes accurately and efficiently.
- Fellows are responsible for initial consult notes as well as progress notes.
- Documentation should clearly reflect:
  - Reason for consult
  - Diagnostic reasoning
  - Assessment and plan
  - Anticipated follow-up
- Notes should be completed and routed to the attending promptly, generally on the same day of service, to ensure timely review, billing compliance, and continuity of care.

## Laboratory & Diagnostic Follow-Up

- Actively track pending labs and studies.
- Fellows play an important role in the education of the residents. While writing orders directly may often be the easier path, the fellow should supervise the resident in writing orders and provide educational materials, teaching as much as possible.
- Communicate results and recommendations to the primary team after discussion with the attending.
- To ensure continuity of care and prevent loss of critical diagnostic information during transitions of care (e.g., ICU to floor transfer or hospital discharge), the following expectations apply to all inpatient endocrine consults:
  - **Ownership of Pending Studies**
    - The consulting fellow must assign themselves to all pending endocrine laboratory studies at the time of consult and maintain ownership through completion or appropriate handoff.
  - **Monitoring of Post-Discharge Results**
    - Any endocrine laboratory results that return **after patient discharge** must be reviewed promptly by the fellow before the patient's first scheduled post-discharge clinic follow-up.
  - **Documentation**
    - For results that require interpretation or action, the fellow must:
      - Attach a brief assessment and plan to the lab result in the medical record.
      - Clearly document any recommended follow-up, medication adjustments, or additional testing after discussion with an attending physician
  - **Patient and Family Communication**
    - The fellow is responsible for contacting the patient and/or family to communicate clinically significant or actionable results in a timely manner and documenting that communication in the chart.
  - **Handoff to Outpatient Care**

- Relevant lab results, associated documentation, and any patient communication must be forwarded to the appropriate outpatient endocrinology attending to ensure continuity of care and follow-up.
- **Escalation**
  - Any urgent or abnormal results requiring immediate attention should be discussed directly with the supervising attending at the time of result review.

## Continuity Clinic While on Call

The fellow will maintain a weekly continuity clinic to provide ongoing care for patients throughout fellowship training. An attending physician in the division will supervise visits, and encounters will be cosigned in EPIC once promptly completed. Fellows are expected to adhere to the standards, responsibilities, and graduated expectations outlined in the **Continuity Clinic Expectations for Pediatric Endocrinology Fellows** document, which details preparation, patient ownership, documentation, communication, and follow-up requirements. The continuity clinic experience complements inpatient training by supporting longitudinal patient care, progressive autonomy, and the development of practice-ready clinical skills.

## Fellow Call Schedules

The call schedule is developed by the Program Director after fellows have submitted their call preferences. As a small fellowship program, we prioritize flexibility, transparency, and equitable distribution of clinical responsibilities while maintaining high-quality patient care and educational experiences.

### *Submission of Preferences and Advance Planning*

- Fellows must submit call preferences and anticipated time-off requests to the Program Director.
- To support fair scheduling and scholarly productivity, **the program conducts advance schedule planning twice yearly**, with fellows asked to submit anticipated requests for:
  - Time off
  - Research-intensive periods
  - National meetings, conferences, or major scholarly deadlines
- These planning cycles typically occur approximately **6 months in advance** and are aligned with known educational and research milestones.
- While fellow preferences are considered whenever possible, the final schedule is to be determined by programmatic, clinical, and educational needs.

### *Schedule Adjustments and Flexibility*

- Changes to the published call schedule may be approved in rare instances of unforeseen personal or professional circumstances.
- Any requested changes must be communicated to the Program Director as soon as possible.
- Fellows are strongly encouraged to minimize post-publication schedule changes to maintain fairness, continuity of care, and clinic operations.
- When call days are changed, the fellow requesting the change is responsible for:
  - Ensuring the change is acceptable to all affected fellows

- o Coordinating with clinic staff, if applicable
  - o Maintaining an equitable balance of weekday, weekend, and holiday call (including proportional distribution of major and minor holidays)
- All approved changes must be clearly communicated and documented to avoid scheduling or coverage errors.

#### *Weekends and Holidays*

- Fellows who are not on call are not expected to report on weekends unless required by a scheduled clinical responsibility or educational activity.
- Holidays are treated the same as weekend days with respect to fellow responsibilities.
- Recognized holidays are those observed by the division in accordance with UTHSCSA and University Health policies.

#### *Night Call Structure*

- Night calls are taken from home.
- During clinical rotations, night calls are scheduled in one-week blocks.
- During research or other non-clinical rotations, night call coverage is assigned through a rotating weekend schedule, allowing continued clinical exposure while protecting scholarly time.

#### *Protected Research Time Structure*

- The program provides progressive, protected research time across fellowship years, aligned with scholarly expectations:
  - o **Year 1:** Up to 3 months of protected research time
  - o **Year 2:** Up to 9 months of protected research time
  - o **Year 3:** Flexible, research-focused time, up to 9 months, depending on project scope, mentor availability, and IRB requirements
- Research time may be front-loaded depending on project needs, mentor guidance, and IRB timelines.
- Fellows undertaking large or complex scholarly projects may require increased protected research time, determined in collaboration with program leadership and mentorship teams

#### *Third Year “Buy-Back” Option*

- Fellows in their third year may elect to “buy back” additional non-clinical time by voluntarily taking on extra clinical or call responsibilities after all required scholarly work and milestones have been completed on schedule.
- This option is designed to provide flexibility and has been incorporated in response to fellow feedback.
- Eligibility and implementation are determined on an individual basis in consultation with the Program Director.

### *Expectations While on Call*

During all call assignments, fellows are expected to:

- Carry the designated endocrine consult call phone
- Respond promptly to pages and consult requests
- Comply with supervision and escalation expectations
- Adhere to ACGME duty hour requirements

### *Duty Hours*

- Fellows are responsible for accurate duty hour reporting and for notifying program leadership promptly if duty hour concerns arise.
- Additional guidance can be found in the policy “**Resident Work Hours**”

All call responsibilities are conducted in accordance with ACGME duty hour standards and institutional policy. Please see the policy “Resident Work Hours,” in the section on specific policies.

## Clinical Case Logs

Fellows are expected to maintain accurate and up-to-date logs of inpatient endocrine consult encounters throughout training. Case logs serve as a tool to document clinical exposure, support assessment of progressive responsibility, and facilitate reflective learning. Logged cases should include a representative spectrum of endocrine diagnoses, consult complexity, and clinical acuity.

Case logs may be reviewed periodically by program leadership and faculty mentors to:

- Assess breadth and depth of inpatient clinical experience
- Support evaluation of ACGME milestones and ABP Entrustable Professional Activities (EPAs)
- Identify gaps in exposure or areas requiring additional experience
- Facilitate feedback, coaching, and individualized learning plans

Maintenance of inpatient case logs is an essential component of professional development and preparation for independent subspecialty practice.

## Overnight, Weekend, and Holiday Call Responsibilities

### Purpose

Overnight, weekend, and holiday calls are essential components of pediatric endocrinology fellowship training. Participation in call provides fellows with exposure to acute and time-sensitive endocrine conditions, enhances clinical judgment, and broadens experience in

consultative care across a wide range of clinical settings, including the Emergency Department (ED), Pediatric Intensive Care Unit (PICU), and inpatient floors.

## Expectations for Call Participation

Fellows are expected to participate in overnight, weekend, and holiday calls in accordance with fellowship and institutional policies. Call responsibilities are structured to ensure patient safety, appropriate supervision, and progressive autonomy across the period of training.

During call, fellows are expected to:

- Carry the endocrine consult call phone as assigned
- Respond promptly to pages and consult requests
- Triage consult urgency and prioritize patient care appropriately
- Communicate clearly with primary teams, nursing staff, and attending physicians
- Seek attending input early for endocrine emergencies, critically ill patients, diagnostic uncertainty, or safety concerns

## Use of SUPERB and SAFETY Frameworks for Communication and Escalation

Effective communication between fellows and attending physicians is essential to patient safety, high-quality care, and meaningful learning—particularly during overnight, weekend, and holiday call. Fellows are encouraged to use structured communication frameworks, including **SUPERB** and **SAFETY**, when contacting the attending physician while on call.

These frameworks provide a shared mental model that supports timely escalation, clear expectations, and psychological safety, and they reinforce the principle that seeking help is a marker of professionalism and sound clinical judgment.

### SUPERB Framework (Attending Responsibilities)

The **SUPERB** framework outlines expectations for supervising physicians and establishes a culture of approachability and safety:

- **S – Set expectations:** Attending physicians clearly communicate expectations for when and how to contact them while on call.
- **U – Uncertainty is a time to contact:** Fellows are expected to contact the attending whenever there is clinical uncertainty.
- **P – Planned communication:** Fellows and attendings discuss anticipated clinical issues and escalation plans in advance when possible.
- **E – Easily available:** Attending physicians remain accessible to fellows during call.
- **R – Reassure:** Attendings reinforce that calling for help is appropriate and encouraged.

- **B – Balance supervision and autonomy:** Supervision is tailored to fellow experience, patient acuity, and clinical complexity.

## SAFETY Framework (Fellow Responsibilities)

The **SAFETY** framework empowers fellows to escalate concerns appropriately and without hesitation:

- **S – Seek attending input early:** Fellows should involve the attending physician promptly when concerns arise.
- **A – Active clinical concerns:** Any concern regarding patient safety, clinical deterioration, or high-risk management warrants attending notification.
- **F – Feeling uncertain:** Diagnostic uncertainty or discomfort with a management decision is sufficient reason to call.
- **E – End-of-life or ethically complex situations:** Attending involvement is required.
- **T – Transitions of care:** Changes in patient status, service, or care setting should prompt communication.
- **Y – You need help:** Fellows are encouraged to call whenever they believe additional expertise or support is needed.

## Application During Call

While on call, fellows are expected to use these frameworks to guide communication with the attending physician, particularly in the following situations:

- Endocrine emergencies or critically ill patients
- New ED or PICU consults
- Unexpected laboratory abnormalities or rapid clinical changes
- Initiation or escalation of high-risk therapies
- Diagnostic uncertainty or deviation from standard management

Use of SUPERB and SAFETY reinforces a **non-punitive, safety-focused culture** in which fellows are supported in making appropriate escalation decisions.

## Educational Value

Incorporating structured communication frameworks during call:

- Enhances patient safety
- Clarifies supervision expectations
- Supports graduated autonomy
- Promotes reflective learning and clinical reasoning
- Normalizes help-seeking as a professional responsibility

Fellows are expected to become increasingly adept at recognizing when escalation is needed and at communicating clearly and efficiently with supervising attendings as they progress through training.

## Compliance with Duty Hours and Supervision

All call responsibilities are conducted in compliance with ACGME duty hour requirements and institutional supervision policies. Fellows are expected to accurately report duty hours and to prioritize rest and patient safety. Backup systems and attending support are available at all times.

## Fellowship Year–Specific Expectations

Throughout the period of fellowship training, fellows are expected to demonstrate progressively increasing responsibility on the inpatient pediatric endocrinology consult service. Early in training, fellows participate in inpatient consults under direct supervision and instruction, focusing on developing foundational skills in data gathering, clinical assessment, consult communication, and documentation. As fellows gain competence and confidence, they assume greater independence in the evaluation and management of consult patients, with supervision transitioning from direct to indirect in accordance with demonstrated ability and patient complexity.

With increasing experience, fellows are expected to take on an expanding teaching role within the inpatient setting. Fellows will teach general pediatric residents and other trainees the endocrine knowledge and clinical reasoning appropriate for the level of a general pediatrician, including recognition of common endocrine conditions, initial evaluation, and indications for subspecialty involvement. Teaching responsibilities are undertaken with attending supervision as appropriate and are tailored to the fellow’s level of training and the clinical context.

By the final year of fellowship, fellows are expected to function with substantial autonomy on the inpatient consult service, serving as clinical leaders who model effective consultation, diagnostic reasoning, professionalism, and interprofessional communication, while recognizing the limits of their scope and seeking attending input when appropriate.

### First-Year Fellow (PGY-4)

**Focus:** Foundations, Safety, Supervised Independence

- Carry the call phone with close attending backup.
- See consults promptly and present all patients in detail to the attending.
- Participate in bedside discussions and family communication with direct or indirect supervision.
- Learn consult workflow, prioritization, and documentation standards.
- Develop structured presentations and clear problem lists.

**Not Yet Expected:**

- Independent management of high-risk endocrine emergencies
- Managing diagnostic uncertainty without attending input

## Second-Year Fellow (PGY-5)

**Focus:** Efficiency, Diagnostic Reasoning, Ownership

- Independently evaluate inpatient consults and formulate preliminary assessments and management plans, with required discussion and confirmation of plans with the supervising attending physician prior to implementation or communication.
- Provide timely recommendations to consulting teams after attending discussion.
- Manage multiple patients efficiently while maintaining accuracy, attention to detail, and patient safety, seeking attending input as needed for prioritization and complex decision-making.
- Anticipate laboratory trends and follow-up needs.
- Begin mentoring junior fellows and learners on service.

## Third-Year Fellow (PGY-6)

**Focus:** Autonomy, Leadership, Practice Readiness

- Function with the attending in a consultative and supervisory role with direct and indirect oversight, appropriate to patient acuity and clinical complexity.
- Lead rounds and coordinate consult service workflow, ensuring clear communication and shared understanding with the attending physician.
- Manage complex endocrine cases and diagnostic uncertainty with minimal prompting, while discussing key decision points and management strategies with the attending.
- Model professionalism, efficiency, and clinical reasoning for junior trainees.
- Demonstrate readiness for independent inpatient consult practice by integrating clinical judgment, effective communication, and appropriate escalation of care.

## Rounds & Team Integration

- Participate in interdisciplinary rounds when feasible (PICU, complex floor patients).
- Communicate clear, concise recommendations to primary teams.
- Ensure recommendations are documented and understood.

## Call Responsibilities

- Respond promptly to all consult-related calls and pages.
- Triage consult urgency appropriately.
- Notify the attending early for:
  - Endocrine emergencies

- o Critically ill patients
- o High-risk therapies or safety concerns

## Education, ACGME & ABP Alignment

Fellows are expected to:

- Demonstrate progressive responsibility consistent with ACGME milestones.
- Participate in direct patient care, supervision, and team-based learning.
- Maintain inpatient case logs to support ABP Entrustable Professional Activities (EPAs).
- Use inpatient experiences for reflective learning and competency development.

## Professionalism & Accountability

- Arrive prepared on time.
  - o During assigned inpatient service weeks, fellows are expected to be present and actively engaged in clinical responsibilities from approximately 8:00 AM to 5:00 PM, Monday through Friday. Fellows should arrive early enough to complete pre-rounding and patient preparation before attending rounds and remain available through the completion of daily clinical duties. Departure before 5:00 PM should be discussed with and approved by the supervising attending to ensure that all clinical responsibilities are complete, and appropriate patient coverage is arranged.
  - o Variations in departure time may occur depending on patient census, acuity, or service workflow; however, fellows should anticipate a full clinical day consistent with graduate medical education standards.
- Close the loop on consults, labs, and follow-up plans.
- Recognize limitations and seek supervision appropriately.
- Failure to meet inpatient service expectations will be addressed through feedback, coaching, and, if needed, formal remediation per fellowship policy.

## Key Principle

Graduated autonomy is earned through demonstrated competence, reliability, and professionalism. Patient safety and high-quality care remain the highest priorities at all stages of training.

# Clinic Expectations in Outpatient Clinic for Pediatric Endocrinology Fellows

## Purpose

The continuity clinic experience is a core component of pediatric endocrinology fellowship training. Fellows are expected to progressively assume responsibility for outpatient endocrine care while working under the supervision of attending physicians. These expectations are designed to promote patient safety, continuity, efficiency, professionalism, and graduated autonomy.

## Fellow Quick Reference (by Fellowship Year)

### UNIVERSAL EXPECTATIONS (ALL FELLOWS)

#### Before Continuity Clinic

- Review chart, growth data, labs, and prior plans
- Identify missing labs or studies
- Prepare a proposed assessment and plan

#### During Continuity Clinic

- See patients independently unless otherwise directed
- Examinations of private or sensitive areas should be conducted with the attending present, following appropriate consent and chaperone practices, and include real-time discussion of findings to ensure shared understanding and agreement
- Staff all patients with attending **before finalizing the plan**
- Know your patient in detail and be prepared to provide such information to the attending
- Ask for help early for uncertainty or safety concerns

#### After Continuity Clinic

- Close the loop on labs, messages, and orders
- Discuss further assessments and plans with attending before notifying parents
- Complete documentation and follow-up tasks

### FELLOW CLINIC RESPONSIBILITIES (ALL YEARS)

Task	Expectation
Lab review	Routine: 3–5 business days
Urgent labs	Same day
Abnormal labs needing action	≤48 hours
Clinic notes	≤48 hours (same day encouraged)

Patient communication	Discuss the plan with the attending <b>before</b> communicating with the patient and family, and document in the chart.
Orders/referrals	Completed by the fellow, but <b>all</b> results are to be <b>reviewed and discussed with an attending within the time frame listed above.</b>
<b>If timely communication from a clinic preceptor is not occurring and expected turnaround times for labs, messages, or clinical decisions are at risk, fellows should notify the Associate Program Director (APD) or Program Director (PD).</b>	

## FELLOWSHIP YEAR–SPECIFIC EXPECTATIONS

### FIRST-YEAR FELLOW (PGY-4)

#### Focus: Foundations, Safety, Supervised Independence

##### Patients

- Complex and high-acuity endocrine conditions
- New growth and puberty evaluations
- Established endocrine diagnoses

##### Supervision

- Low threshold for early attending involvement, including discussions before clinic days if necessary
- Most patients discussed **in detail**
- Joint visits with direct supervision, as indicated, are encouraged for complex cases
- Communicate results with patient and family under either **direct or indirect** supervision by the attending physician

##### Clinic Skills

- Learn clinic flow and documentation standards
- Develop clear, structured, and detailed presentations
- Begin longitudinal ownership of patients

##### Not Expected Yet

- Independent management of high-risk or rare conditions
- Managing diagnostic uncertainty alone

### SECOND-YEAR FELLOW (PGY-5)

#### Focus: Efficiency, Diagnostic Reasoning, Ownership

##### Patients

- Complex and high-acuity endocrine conditions
- Broad outpatient endocrine diagnoses
- New referrals with moderate complexity
- Longitudinal management of chronic conditions

##### Supervision

- Targeted attending input
- Independent assessments with appropriate oversight and confirmation of plan
- Joint visits with direct supervision, as indicated, for high-risk diagnoses

##### Clinic Skills

- Efficient presentations
- Anticipate lab needs and follow-up
- Communicate results with patient and family under indirect supervision in most clinical cases; other cases may necessitate direct supervision
- Manage increasing patient volume

### **Growing Expectations**

- Identify teaching points for trainees
- Proactively seeking feedback

## **THIRD-YEAR FELLOW (PGY-6)**

### **Focus: Autonomy, Leadership, Practice Readiness**

#### **Patients**

- Complex and high-acuity endocrine conditions
- Broad outpatient endocrine diagnoses
- New referrals with moderate to high complexity
- Diagnostic uncertainty cases
- Longitudinal management of chronic conditions
- Transition-of-care patients

#### **Supervision**

- Attending as a consultant
- Independent plan formulation
- Use focused, problem-based discussions instead of full presentations, while maintaining detailed knowledge of the patient to respond to clarifying questions.

#### **Clinic Skills**

- High efficiency and reliability
- Results may be communicated to the patient and family under indirect supervision; however, all assessments and management plans must be discussed with and reviewed by the attending before communication.
- Model best practices for junior fellows
- Manage complex longitudinal care
- Prepare for independent practice

#### **Leadership**

- Support clinic teaching
- Identify systems issues and workflow improvements

## **1. Patient Assignment & Scope of Practice**

### **A. Patients Fellows Should See Independently (with Attending Supervision)**

Fellows are expected to see and manage the majority of pediatric endocrine diagnoses appropriate to their level of training, including but not limited to:

- Type 1 diabetes mellitus (new diagnosis after stabilization; routine follow-up)
- Type 2 diabetes mellitus
- Obesity and insulin resistance
- Growth disorders (short stature, growth hormone deficiency, idiopathic short stature)
- Puberty disorders (precocious puberty, delayed puberty)

- Hypothyroidism (congenital and acquired)
- Hyperthyroidism
- Thyroid nodules and thyroid cancer patients
- Polycystic ovary syndrome
- Disorders of calcium, vitamin D, and bone health
- Adrenal disorders (congenital adrenal hyperplasia, adrenal insufficiency)
- Disorders of sex development (to include longitudinal care)
- Dyslipidemia and metabolic syndrome
- Endocrine complications of chronic disease or medications (e.g., steroids)

Patient complexity and autonomy should increase with fellowship year.

Fellows are encouraged to **ask for help early and often**.

## 2. Workflow & Supervision Expectations

### A. Pre-Continuity Clinic Preparation

Fellows are expected to:

- Review the patient chart before clinic (diagnosis, labs, growth data, prior plans)
- Identify missing or overdue labs
- Prepare a proposed assessment and plan
- Be familiar with relevant guidelines and institutional practices

### B. Patient Presentation & Staffing

- Fellows should see patients independently unless otherwise directed.
- Patients must be staffed with the attending physician **before finalizing the plan**.
- Presentations should be **focused, problem-oriented, and efficient**, including:
  - Brief summary
  - Interval history
  - Relevant exam findings
  - Data review
  - Proposed assessment and plan

Presentations should be focused and problem-oriented rather than comprehensive, with the expectation that the trainee is thoroughly familiar with the patient and prepared to address detailed questions as needed.

## 3. Laboratory & Diagnostic Follow-Up

Timely review and clear communication of laboratory and diagnostic results are essential components of safe, high-quality endocrine care. Fellows are expected to take primary responsibility for lab follow-up for their continuity patients and for inpatient consults with whom they were involved, with graduated autonomy based on fellowship year and clear attending involvement for higher-risk decisions.

### A. Ordering Labs

- Fellows are responsible for placing appropriate labs and diagnostic studies for **their** clinic patients. All labs and imaging, other orders should have an attending attached to the orders for attending to also receive results.
- When seeing patients with attendings **outside of the continuity clinic**, fellows may place lab orders; however, **the attending overseeing that patient is responsible for all follow-up**

**and patient communication**, unless under specific conditions in which the patient presents a unique learning opportunity and can be followed in future continuity clinics by the fellow. This is at the discretion of the attending physician and the fellow, and expectations must be clearly communicated. This is not appropriate, in most cases, for routine evaluation and follow-up for diabetes, growth, puberty, and thyroid, as these will likely be seen by the fellow in their continuity clinic.

- Fellows should ensure families understand **where, when, and why** labs are needed.

## **B. Lab Review & Communication**

Fellows are responsible for **reviewing and acting on results for their continuity patients.**

### **Expected turnaround times:**

- Routine labs: **within 3–5 business days**
- Urgent or critical results: **same day**
- Abnormal results requiring action: **within 48 hours**
- For missed or delayed labs: Proactively contact family and document plan
- **If timely communication from a clinic preceptor is not occurring and expected turnaround times for labs, messages, or clinical decisions are at risk, fellows should notify the Associate Program Director (APD) or Program Director (PD).** Early escalation helps ensure patient safety, maintains clear communication, and supports fellows in meeting clinical and educational expectations.

**All plans or clinical recommendations must be discussed with the attending before communicating with the patient and family.** This includes review of normal or reassuring results, which still require clinical interpretation in context. Discussing these findings supports patient safety, consistent messaging, and ongoing learning at all levels of training—reinforcing when reassurance, monitoring, or follow-up is appropriate.

Results should be communicated to families via:

- Patient portal message (including attending on all communication)
- Phone call (when clinically appropriate)
  - Depending on the level of complexity and level of training, this may require direct or indirect supervision
- Documentation of communication is required in the chart with the attending co-sign or included on communication
- Any change to long-term management that was NOT discussed with the attending during the clinic visit requires attending review before communicating with the family.

Attending input should be sought early for:

- Unexpected or concerning results raising diagnostic uncertainty
- High-risk therapies or safety concerns
- Changes to long-term management (medication initiation, discontinuation, or major dose changes)
- Escalation of therapy
- Questions beyond fellow comfort level

## **Inbox Management & Closure of Encounters**

All inbox messages should be addressed promptly and resolved fully. After communicating laboratory results to patients and families or completing the necessary follow-up (e.g., phone call or patient advice request), messages should be closed and removed from the inbox. The goal is to

maintain an empty inbox; items requiring ongoing follow-up should be moved to the designated reminder or follow-up folder rather than left in the inbox.

### **Key Principle**

**All plans or clinical recommendations must be discussed with the attending before communicating with the patient and family, regardless of level of training.** Discussing these findings supports patient safety, consistent messaging, and ongoing learning at all levels of training. Always remember, the attending is the ultimate responsible party.

## **4. Documentation Expectations**

### **A. Clinic Notes**

- Notes should be **accurate, concise, and clinically meaningful.**
- Assessment and Plan should clearly reflect:
  - Diagnostic reasoning
  - Management decisions
  - Follow-up plan
  - Anticipatory guidance

### **Expected turnaround time:**

- Clinic notes completed and routed to attending **within 48 hours**
- Same-day completion is strongly encouraged

### **B. Orders & Follow-Up Tasks**

- Fellows are responsible for completing:
  - Orders
  - Referrals
  - Follow-up reminders
  - Messages related to their clinic patients
- Outstanding tasks should not accumulate across clinic sessions.

## **5. Clinic Mentorship & Continuity**

### **A. Clinic Mentor Assignment**

- Each fellow will be assigned a **clinic mentor** (attending physician).
- The mentor provides longitudinal guidance on:
  - Clinical decision-making
  - Practice efficiency
  - Professional development
  - Case complexity management

### **B. Mentor Meetings**

- Fellows are encouraged to meet with their clinic mentor **at least semi-annually**, or more frequently as needed.
- Meetings may include:
  - Review of challenging cases
  - Feedback on clinical reasoning, documentation, and communication
  - Discussion of autonomy and progression
  - Career development guidance

### **Clinic Volume & Scheduling Expectations**

Fellows typically participate in a minimum of one half-day continuity clinic per week, including during call weeks. Clinic volume is graduated by fellowship year, with an expected average of approximately 4 patients per half-day during the first year, increasing to approximately 5 patients per half-day during the second and third years once approved by program and clinic leadership. This corresponds to approximately 180–200 patients per year in the first fellowship year and 230–250 patients per year beginning in the second year, depending on clinic weeks and scheduling adjustments. Clinic volume and scheduling may be adjusted through shared decision-making between the fellow and program leadership, and these adjustments may change based on clinical needs, educational goals, or individual circumstances.

### **Clinic Utilization During No-Shows**

In the event of patient no-shows, fellows are encouraged—when appropriate and if patients are available on the attending’s schedule—to assist with additional patient evaluations to maintain clinical exposure and optimize clinical workflow.

### **Absences, Clinic Coverage, & Rescheduling**

In the event of an absence (e.g., illness or unexpected circumstances), fellows are expected to notify the supervising attending and program leadership as soon as possible. Clinic cancellations, coverage, and patient rescheduling will follow UT Health San Antonio and University Health policies. Fellows should ensure clear communication with the supervising attending regarding any anticipated or unanticipated absences.

### **Clinical Case Logs (Inpatient & Outpatient)**

Maintaining accurate clinical case logs is a core expectation of fellowship training and supports competency-based assessment, reflective learning, and preparation for independent practice.

#### **Purpose of Case Logs**

Case logs are used to:

- Track clinical exposure across the spectrum of pediatric endocrinology
- Demonstrate progression in case complexity
- Facilitate mentorship and feedback
- Support EPA and milestone assessment
- Identify areas requiring additional experience
- May be requested by prospective employers

#### **Outpatient Case Logs**

Fellows should log outpatient encounters, including:

- New patient evaluations
- Complex follow-up visits
- Cases involving diagnostic uncertainty
- Visits requiring significant management decisions
- Consider keeping a log of every diagnosis seen

#### **Recommended elements:**

- Patient identifying information (ex, name, MRN, age, sex, etc.)
- Date of encounter

- Primary diagnosis
- Secondary diagnoses (if applicable)
- Fellowship year at time of encounter

Routine, stable follow-ups may be logged selectively, with emphasis on educational value rather than volume.

### **Use of Patient Logs in Mentorship**

Fellows are expected to maintain **patient logs** for both outpatient and inpatient endocrine encounters. These logs serve as a tool for **reflection, skills development, and assessment of clinical breadth and depth.**

During mentor meetings, fellows and mentors should:

- Review selected cases from the patient log
- Discuss diagnostic reasoning and management decisions
- Identify gaps in exposure or experience
- Assess progression in complexity and autonomy
- Highlight cases relevant to ABP EPAs and ACGME milestones

### **6. Professionalism & Accountability**

Fellows are expected to:

- Arrive on time and prepared for clinic
- Communicate respectfully with patients, families, staff, and faculty
- Close the loop on labs, messages, and follow-up plans
- **Take ownership of continuity patients and new patients to the department, seen as consults while inpatient, until they are seen for follow-up in the clinic**
- Recognize limitations and seek supervision appropriately

Failure to meet clinic expectations will be addressed through feedback, coaching, and, if needed, formal remediation in accordance with fellowship policies.

### **7. Progressive Responsibility**

As fellows advance through training, they are expected to demonstrate:

- Increased efficiency
- Improved clinical judgment
- Reduced reliance on direct supervision
- Leadership within the clinic team

Progression is assessed through direct observation, chart review, feedback, and milestone-based evaluations.

## **Advanced Life Support Certification**

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

## Learning Objectives – Overview of Program

The goal of the Pediatric Endocrinology and Diabetes Fellowship Program is to prepare fellows to become highly competent clinicians, effective educators, and productive academic physicians, should they choose an academic career path. The program is designed to provide progressive responsibility, structured supervision, and increasing independence across clinical, scholarly, and professional domains.

By completion of the fellowship, graduates will have demonstrated the ability to:

### Medical Knowledge

- **Explain** the basic science principles underlying pediatric endocrine and diabetes disorders
- **Describe** the pathophysiology of pediatric endocrine and diabetes diseases
- **Identify** evidence-based treatment options for pediatric endocrine and diabetes condition

### Patient Care

- **Obtain** comprehensive and focused histories relevant to endocrine and diabetes presentations.
- **Perform** accurate physical examinations specific to endocrine and metabolic disorders
- **Interpret** laboratory, imaging, and diagnostic testing relevant to endocrine and diabetes care
- **Formulate** appropriate assessments for pediatric endocrine and diabetes conditions
- **Develop** evidence-based management plans for pediatric endocrine and diabetes patients
- **Adjust** treatment plans based on patient response and disease progression

### Practice-Based Learning and Improvement

- **Identify** personal knowledge gaps in pediatric endocrinology and diabetes
- **Locate** relevant basic science and clinical literature to address clinical questions
- **Critically appraise** the quality and applicability of medical literature
- **Apply** evidence from the literature to patient care decisions

### Research and Scholarly Activity

- **Describe** principles of clinical and translational research methodology
- **Formulate** a focused research question or hypothesis
- **Design** a scholarly project with appropriate methods and analysis
- **Interpret** research data and results
- **Disseminate** scholarly work through presentations or publications

### Professionalism and Ethics

- **Demonstrate** ethical behavior in clinical care, research, and education
- **Recognize** moral and ethical challenges in pediatric endocrine practice
- **Incorporate** cultural, social, and health-equity considerations into patient care

- **Maintain** professional responsibility and accountability to patients and colleagues

### Systems-Based Practice

- **Coordinate** care within interdisciplinary healthcare teams
- **Navigate** healthcare systems to optimize patient outcomes
- **Advocate** for patients within complex healthcare environments

### Interpersonal and Communication Skills

- **Communicate** clearly with patients and families regarding diagnosis and management
- **Collaborate** effectively with residents, fellows, faculty, and allied health professionals
- **Provide** clear and timely consultative recommendations to referring teams

### Lifelong Learning

- **Demonstrate** habits of self-directed learning
- **Incorporate** new scientific and clinical knowledge into practice
- **Commit** to ongoing professional development throughout one's career

These objectives are achieved through a structured, progressive curriculum over the three years of fellowship, as outlined.

## Year 1 – Foundational Clinical Development

During the first year, the fellow develops foundational knowledge in pediatric endocrinology and diabetes and applies this knowledge to patient care under close faculty supervision in both inpatient and outpatient settings. Faculty supervision is primarily on-site, in person, and always immediately available.

By the end of Year 1, the fellow will be able to:

- Formulate initial assessments and management plans for common endocrine and diabetes conditions
- Collaborate effectively with general pediatric residents and interdisciplinary teams
- Present cases clearly and accurately, incorporating relevant laboratory, imaging, and historical data
- Identify gaps in knowledge and independently seek guidance through textbooks and primary literature
- Demonstrate competence in most core endocrine and diabetes conditions, as assessed by faculty evaluations and the Program Director

Educational activities emphasize structured didactics and extensive guided reading. Fellows are expected to regularly search, review, and apply the medical literature to patient care, fostering habits essential for lifelong learning.

Clinical encounters, consults, and clinic visits are closely supervised, with fellows required to review diagnoses, management plans, and potential complications with faculty or senior fellows until competence is demonstrated.

During the first six months, fellows will explore potential research interests and identify a scholarly focus area. Once established, fellows will learn foundational clinical research methods. Approximately three months of protected time during Year 1 are dedicated to research, as outlined in the Research Timetable. Year 2 – Intermediate Responsibility and Scholarly Growth

Year 2 represents a transition toward greater independence, with graduated responsibility tailored to the fellow's development and clinical complexity. Faculty supervision remains robust but is increasingly focused on facilitating critical thinking and autonomous decision-making. 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. Efforts 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.

By the end of Year 2, the fellow will be able to:

- Independently evaluate and manage a broader spectrum of endocrine and diabetes conditions with indirect supervision.
- Analyze complex and rare diagnoses, including during research-focused months.
- Critically evaluate original research literature and integrate findings into clinical decision-making.
- Advance a scholarly project, including hypothesis development, study design, and data interpretation.
- Deliver formal teaching sessions and presentations to trainees and faculty.

Fellows are expected to have mastered the knowledge base of a standard pediatric endocrinology and diabetes textbook and to prioritize original literature and critical appraisal as their primary learning tools.

Approximately nine months of protected time are dedicated to scholarly activity. Fellows will present their research hypothesis, methodology, and progress to the Scholarship Oversight Committee in mid-year. Training during this year emphasizes grant writing, scholarly dissemination, and national educational opportunities relevant to pediatric endocrinology.

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 – Advanced Clinical Leadership and Independence

By Year 3, the fellow is expected to have achieved advanced clinical competence and to function with substantial independence while maintaining appropriate faculty consultation. Faculty remain immediately available and retain ultimate responsibility for patient care, with daily review focused on advanced clinical reasoning and leadership development. 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.

By the end of Year 3, the fellow will be able to:

- Lead and manage an academic endocrine consult service with near-independent clinical judgment.
- Supervise and teach junior fellows, residents, and medical students.
- Demonstrate leadership skills, including service coordination, communication, and systems-based problem solving.
- Function as an acting attending physician for a defined period, as outlined in the Senior Fellow Status policy.
- Complete and disseminate scholarly work, including abstracts, manuscripts, or presentations.

The primary goal of this year is to prepare the fellow for independent academic or clinical practice by developing confidence, maturity, leadership capacity, and scholarly productivity. All research activities should be completed in accordance with the Research Timetable. 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 Competencie.

## Assessment and Evaluation – All Fellowship Years

Fellow performance is assessed through ongoing formative feedback and structured summative evaluation across all years of training.

Attending physicians communicate daily with fellows regarding clinical reasoning, decision-making, and patient care. Attendings directly supervise and examine patients and provide real-time feedback. Identified deficiencies are addressed promptly through coaching, increased supervision, or targeted learning plans as appropriate.

Faculty complete written evaluations at regular intervals based on direct observation of clinical performance, professionalism, communication skills, and systems-based practice. These evaluations highlight both areas of strength and areas for growth and are discussed directly with the fellow to promote reflection and improvement.

Fellow progress is assessed using ACGME core competencies and Pediatric Endocrinology Milestones, incorporating input from multiple sources, including faculty evaluations, clinical performance, scholarly activity, and professionalism.

Formal semiannual reviews are conducted with the Program Director and informed by the Clinical Competency Committee (CCC). These reviews assess progress toward independent practice, identify learning needs, and guide individualized development plans.

Relevant institutional policies regarding “Resident Supervision” and “Resident Evaluation” apply to all fellows and are incorporated by reference.

### **Evaluations:**

The Pediatric Endocrinology and Diabetes fellows are formally evaluated quarterly by the on-service attending, supervising faculty, or research staff and faculty. This evaluation is in writing, and records of these evaluations are confidentially maintained by the Program Director. This evaluation is documented in writing, and records are maintained confidentially by the Program Director and are accessible to the fellow and relevant program leadership in accordance with institutional and ACGME policies. The fellows have the opportunity to read and sign their evaluations. Copies will be provided if desired.

Evaluations assess fellow performance across the ACGME Core Competencies, including patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, and incorporate input from multiple evaluators when applicable. Evaluation tools may include direct observation, rotation evaluations, scholarly activity assessments, and milestone-based evaluations.

Every six months, as part of a required semiannual review, the fellow will meet privately with the Program Director to discuss recent evaluations, assess progress toward competency milestones, identify areas for improvement, and discuss accomplishments. The Associate Program Director may participate in these meetings as appropriate. 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 importance of these evaluations is emphasized, feedback is delivered in a constructive, supportive manner focused on professional growth and development.

If the fellow has any significant disagreement with any specific evaluation, it is the privilege of the fellow to place a written response in the 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 completing a periodic, confidential evaluation of the program and faculty. Also, fellows are encouraged to informally and formally discuss strengths and weaknesses in the program with its faculty, especially the Program Director without fear of retaliation.

## 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 Scholarly Oversight Committee composed of at least three faculty members who are accomplished in scientific inquiry and research methods. This committee will guide the fellows in developing a 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. Before completion of training, it is expected that each fellow will have developed significant skill in scholarly inquiry, including the principles of study design, data collection, analysis, interpretation, and dissemination. Fellows may achieve this through engagement in basic science, clinical, translational, educational, quality improvement, or population-based scholarship, consistent with ABP expectations. 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, 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 decides to follow a career of academic basic science investigation because 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, subspecialty 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 formulating 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 protocols. 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 before 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 logistical 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 the 3rd year, the fellow should have accomplished enough that he/she can confidently expect to be able to prepare a manuscript by 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.

## 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 they are 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 misses an on-call evening or weekend, the fellows don't need to do an extra call at another time or find someone else to cover. The faculty scheduled for those days will cover. If a substantial number of calls are missed, the Program Director may, at his/her discretion, ask the fellow to make up to ensure adequate educational experience and continuing clinical contact.

### **Dress Code:**

Proper attire is always expected.

### **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 schools in the US and Canada are 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 the 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; 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 Academic Standing— 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'. Progress toward specialty-specific milestones and competencies as assessed by faculty evaluations and Clinical Competency Committee review.

2. Remediation/Focused Improvement Plan, formerly “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. Residents or fellows who demonstrate difficulty meeting one or more academic, clinical, or professional expectations may be placed on a time-limited Remediation or Focused Improvement Plan. This status is formative, non-disciplinary, and intended to support the trainee’s successful progression. Circumstances prompting remediation may include, but are not limited to, below-expected progression on specialty-specific milestones, substandard in-training examination performance, or concerns related to clinical documentation or professionalism. The Program Director should report the matter to the DIO and/or chair of the GME Committee prior to action. The Remediation/Focused Improvement Plan 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 instead of remediation.

The Remediation or Focused Improvement Plan will be provided in writing and will clearly outline identified areas for improvement, specific expectations, available support or educational interventions, and the timeline for reassessment. Progress will be monitored through defined follow-up assessments, and outcomes will be reviewed with the trainee to determine successful resolution or the need for further action.

3. Probationary (Adverse Academic Action)- is considered to be an adverse academic action 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. Probation constitutes an adverse academic action and may impact promotion, contract renewal, or completion of training. Placement on probation is informed by Clinical Competency Committee review and requires notification of the Designated Institutional Official (DIO). 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. Academic status determinations are informed by the Clinical Competency Committee’s review of trainee performance relative to specialty-specific milestones.

### **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 a 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 allowed 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 a waiver of the 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 allowed 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**

Each year, the program will distribute evaluation forms for residents and fellows, as applicable, to provide anonymous and confidential written feedback on core faculty, clinical rotations, didactic conferences, and the overall program. All evaluations are collected and reviewed in a manner that protects the anonymity of the respondents, ensuring confidentiality and encouraging honest, constructive feedback. The aggregated results are reviewed by program leadership for purposes of program evaluation and improvement.

Twice yearly, the Program Director will meet with the residents and fellows, as applicable, for evaluations. In addition to reviewing the Program’s evaluation of the resident and fellow, the program Director will elicit the resident and fellow’s evaluation of the program.

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 and fellows’ participation in the meeting will be encouraged. A report will be generated evaluating the program’s effectiveness with an action plan to address all deficiencies identified by consensus of the group.

### **Senior Fellow Status**

Approved by GMEC February 2002

#### **Purpose**

The ACGME requirements for sub-specialty training in Pediatric Endocrinology and Diabetes state that 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 in the role of functioning as an academic faculty member, 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 is available always for when the fellow needs assistance. However, the expectation is that the primary formation of a clinically competent sub-specialist has been done earlier in the fellowship, and the supervision at this point should be aimed at the above goals for the senior resident to develop into a fully responsible academic physician.

### **Advancement to Senior Fellow Status**

It is anticipated that most fellows should advance to this stage in 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 of 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 most 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 indicates 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](http://www.acgme.org). In particular, the fellowship program will provide that:

1. Residents shall work no more than 80 hours per week averaged over any four-week period.
2. Residents must be provided 1 day in 7 free, averaged over a four-week period.
3. Duty period will be limited to 24 hours, plus a 4-hour period for transition of care and for educational activities. Residents must have 14 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 a 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 calls only, with a very rare need 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 the fellow must be in the hospital, then that time contributes to the total work hours requirement and to the 24-hour work period rules. Fellows who have come in at night will need to be relieved of duty after a 24-hour period. The work period starts from the beginning of the pre-call day until the end of the period, preceding a 10-hour rest period. That means, if a fellow has spent the day at the hospital, goes home in the evening, but returns during the night, all the time the fellow was at home also counts, unless there was

a continuous 10-hour rest period.

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

Purpose: Social and business networking websites (e.g., Instagram, TikTok, LinkedIn, Facebook, X, Flickr, YouTube, & others) are increasingly used for communication. The purpose of this policy is to guide residents regarding the 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 are 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, 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 the residents' best interests to refrain from any postings regarding patient information. Posted information is inappropriate if a patient could recognize themselves 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 the patient can identify him/herself from the posted information. Residents must adhere to all HIPAA principles. Patient images should be 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, or 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 all consequences deemed appropriate by the individual's program and leadership.

## **Pediatric Endocrinology Fellowship Policy on Moonlighting**

GMEC Approved July 12, 2016, updated 02/2026

### **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, updated 02/2026

### **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 the development of specific competencies.
    1. Milestones provide suggested behavioral anchors for a given competency.
    2. The Pediatric Milestone Project has created 21 milestones that each map to specific competencies with key activities that map the progression from early learner to master physician. See Appendix H for a copy of the Pediatric Milestones.
    3. Fellows have already completed at least three years of previous GME Training and are expected to have progressed beyond the early levels of each Milestone to have successfully completed general training. The application of Milestones in fellowship training is still under development.
  - ii. Entrustable Professional Activities (EPAs) are a unit of professional practice defined as tasks or responsibilities to be entrusted to the unsupervised execution by a trainee once he/she has attained sufficient specific competence. EPAs differ from the competencies in the following ways:
    1. EPAs are not an alternative for competencies but a means to translate competencies into clinical practice.
    2. Competencies are a descriptor of physicians; EPAs are 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 a 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 physicians and PhD faculty, other fellows, nurse practitioners, nurses, and other ancillary staff.
  2. Evaluations of written communications, tumor board, research presentations, case conferences, 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, which 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 for 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 in the training program, and a list of suggestions on areas that the fellow can improve in his/her performance. The fellow is given an opportunity to review his/her file and is instructed that his/her file is available to him/her at any time for review. The fellow is given time to provide feedback to the APD and PD, who convey constructive criticism to the faculty of the division for consideration of any modifications in the program structure.

## **B. Advancement/Promotion**

- 1) The decision to advance a fellow through the program is made by the PD and APD following the recommendations of the CCC, faculty of the division, and assessment using milestones and EPAs. In the absence of the need for disciplinary action, this assessment is made at the end of each academic year. Graduation from the program necessitates that the fellows must, at a 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 regarding 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 all hospitals or School of Medicine property issued solely for use during an academic year including identification badges and beepers, must be returned or paid for, and that a forwarding mailing address be provided to the Hospital's GME Office for clinical fellows.
- 2) <http://www.uthscsa.edu/gme/gmepolicies.asp>.

## **Supervision Policy for Subspecialty Fellow Pediatric Endocrinology**

Approved by GMEC August 2018, updated 02/2026

### **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. Supervision is tailored to each fellow's demonstrated competence and progression toward specialty-specific milestones, with graduated responsibility granted based on ongoing assessment rather than training year alone.

### **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 qualified and licensed physician, usually by Board certification or eligibility, to practice independently within the discipline of pediatric endocrinology. This includes credentialed faculty.

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

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

### **Levels of Supervision**

The level of supervision provided is determined by the fellow's level of training, demonstrated competence, and the clinical context.

**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 consultation 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 in inpatient and outpatient pediatric endocrine evaluations.

PGY 5 and PGY 6 fellows (2<sup>nd</sup> and 3<sup>rd</sup> 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. As fellows advance through training, they are granted progressively increased responsibility in inpatient and outpatient care consistent with demonstrated competence and Program Director approval.

### **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, based on evaluation data and Clinical Competency Committee review, the Program Director will determine whether fellows may progress to the next 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 fellows must be documented in the electronic medical record. The responsible attending physician must be notified verbally by the fellow within an appropriate timeframe—generally no later than the same day for non-emergent consultations, and immediately for urgent or emergent issues. The attending physician is ultimately responsible for all 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 a later review of the patient's visits. The attending physician retains ultimate responsibility for patient care and determines the level of direct involvement appropriate to the fellow's level of training and demonstrated competence. For senior fellows, the Program Director may approve indirect review of selected patient encounters based on demonstrated competence. Such approval will be clearly communicated to clinic staff and may be modified or revoked based on ongoing performance assessment

### **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, updated 02/2026

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 weekend time off and call-free). Handoff between the fellow on call and the 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. Handoff of patients is done with a detailed review with the entire division on Friday mornings at the didactic session, so that all fellows and attending physicians are aware of the inpatient and on-call summary for the week.
- 2) Patient care handoff procedures
  - a) Both the inpatient and on-call attending and fellow are responsible for overseeing the weekly divisional patient handoffs. On Friday AM, all attending physicians and fellows'

- clinic providers review outpatient issues or concerns with the on-call team for the weekend.
- b) When completing the week of call, the clinical fellow and attending create an email sign-out document to be securely sent to the entire call team on Friday. See attachment 1&2.
- 3) Education and training on handoffs
- a) Divisional education
    - i) Fellows in Pediatric Endocrinology are assumed competent because of prior training, but this competence is 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.
    - ii) During orientation, fellows receive formal training in the I-PASS handoff framework to promote safe, standardized, and effective transitions of care. Instruction includes an overview of the I-PASS components, expectations for use during inpatient and cross-coverage handoffs, and common pediatric clinical scenarios. Ongoing use of I-PASS is expected during inpatient services, with handoff performance incorporated into routine assessment and feedback as part of the program's patient safety and competency-based education efforts.
  - 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)**  
updated 02/2026

Approved by GMEC 7/12/2016,

Purpose per the ACGME

The Program Evaluation Committee (PEC) oversees the ongoing assessment and improvement of the training program in accordance with ACGME Program Requirements. The PEC plans, develops, implements, and evaluates educational activities; reviews program outcomes; and ensures continuous quality improvement through the Annual Program Evaluation and action planning.

- 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 the ACGME must be composed of at least two program faculty members and should include at least one trainee, with additional members appointed by the Program Director as appropriate.*

#### **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 the performance of program graduates on the certification examination
  - Program quality

- Quality Improvement and Scholarly Activity project to completion
- Use of the 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.
- The PEC meets at least twice annually. Program leadership and select faculty and trainees meet regularly throughout the academic year to review outcomes and monitor progress on action plans.
- All members of the committee agree to keep the information discussed confidentially.

#### **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

### **Outputs**

- Written APE
- Written action plan
- Documentation in meeting minutes
- Updates entered into ADS/WebADS

### **Pediatric Clinical Competency Committee (CCC)**

Approved by GMEC 8/14/2018, updated 02/2026

#### **Purpose per ACGME Program Requirements**

- *To review all resident evaluations at least semi-annually across all ACGME competency domains.*
  - *Patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice*
- *To prepare and assure the reporting of ACGM milestones (Milestone 2.0) evaluations of each resident semi-annually to the ACGME*
- *To advise the program director regarding resident progress, including advancement and promotion, need for remediation, certification readiness, and non-renewal or dismissal, when applicable.*

- 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
  - Non-renewal or 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.
  - **Performance concerns may arise from:**
    - Repeated low milestone ratings
    - Professionalism concerns
    - Patient safety issues
    - Deficits in clinical reasoning
    - Failure to complete required scholarly or academic expectations
  - **When concerns are identified, the CCC may recommend:**
    - Targeted educational interventions
    - Increased supervision
    - Structured remediation plans with measurable goals
    - Formal academic warning or probation (per institutional GME policy)
- The CCC will make recommendations for struggling trainees. When a fellowship resident fails to progress academically, the program director may place the resident on a structured Academic Improvement Plan (AIP) with clearly defined deficiencies, specific measurable goals, defined evaluation methods, and a timeline (typically 60-90 days). This 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 confidentially.

### **Trainee Evaluation and Promotion Committee (TEPC)**

Approved by GMEC 7/12/2016, updated 02/2026

#### **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 their training and provide recommendations for promotion and eventual eligibility for American Board of Pediatrics certification to the Program Director.

### **Expectations**

- To review all trainees (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 to make recommendations on an appropriate course of action. When necessary, the committee can collect additional information and hold hearings with involved trainees prior to issuing recommendations.
- To provide input to the Pediatric Education Committee to facilitate curriculum development, evaluation, effectiveness, and program improvement based on combined need shown on low level milestone areas assessed by trainees.
- To create initial Annual Program Evaluation to include a SWOT analysis of the program based on input from internal ARPE, trainee input, faculty input and trends found throughout the year with regards bi-annually for formal review by the PEC. Areas reviewed for APE WITH supporting documents: Resident performance, Faculty Development, Graduate Performance, Program Quality.
- To create promotion letters for all years of progression once annually in May.

The TEPC does not replace the CCC and does not submit Milestones directly to ACGME. Final Milestone determinations are made by the CCC.

### **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 regarding:
  - 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 to 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 a recommendation for appropriate action. The Program leadership will be invited to discuss their concerns with the committee, but *ex-officio* members should NOT be present during any meetings with the trainee involved 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 Performa
  - 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 for each contract year and must be approved by the Program Director. Vacation request forms must be submitted to the University Health Professional Staff Services office as soon as possible but no later than thirty (30) days prior to the requested vacation leave. If a holiday falls within your leave time, it must be counted towards your vacation leave. All vacation leave must be taken within the current contract year. If a contract extension is required, the house staff will not be able to accrue additional vacation days until the extension has been completed. Unused vacation 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 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 exams, jury duty, military reserve duty, etc. The House Staff Leave Form must be approved thirty (30) days before 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 advanced 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)**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>	Research	Clinic	Research	Research	Didactics
<b>PM</b>	Research/Didactics	Research/Didactics	Research	Research/Didactics	Research

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

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>AM</b>	Clinic/consult	Clinic/consult	Clinic/Consult	Clinic/consult	Didactics
<b>PM</b>	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**