

FELLOWSHIP EMPLOYMENT MANUAL

HOSPITAL-WIDE SECTION

Please Refer to the Division-Specific Manual for Further Details

CHILDREN'S HOSPITAL AND RESEARCH CENTER OAKLAND

2009-2010

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

**CHILDREN’S HOSPITAL & RESEARCH CENTER OAKLAND
2009-2010**

FELLOWSHIP MANUAL – HOSPITAL-WIDE

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1. Introduction

The current Fellowship Employment Manual represents the written agreement between the fellow and the departmental fellowship program at Children's Hospital & Research Center Oakland (CHRCO). In accordance with the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Pediatrics (ABP), the Fellowship Manual delineates the clinical and research responsibilities of the fellows, as well as the terms and conditions of employment and benefits. The clinical and research curricula and educational program are also included in the manual.

Children's Hospital and Research Center Oakland (CHRCO) was founded in September 1912 as the Baby Hospital. It began as a 30-bed hospital and has grown today to a 191-bed nationally recognized pediatric tertiary care center and research institute. There is a 47-bed Neonatal unit, a 23-bed PICU unit, an 18-bed Medical Rehabilitation unit, and a 12 bed immuno-compromised unit for Bone Marrow Transplant and Oncology patients. CHRCO has the only Pediatric Emergency Room and Pediatric Trauma Center in Northern California. Over 32 medical subspecialty services and programs are available at CHRCO, representing all the major pediatric medical and surgical subspecialties.

Education is an important component of the hospital's mission and a core value for our faculty members. The Pediatric residency program began in 1926 and now includes 81 residents, including three Chief residents. Additionally, visiting residents from local surgery, anesthesiology, orthopedic, radiology, and emergency medicine residency programs come to CHRCO for a pediatric experience. Fellowship programs in Emergency Medicine, Hematology/Oncology, Infectious Disease and Pulmonology are active and accredited. The Pediatric Critical Care fellowship is jointly operated by CHRCO and UCSF. Our postgraduate training programs provide an organized educational experience, which promote professional and personal growth while ensuring safe and appropriate care for patients.

Children's Hospital and Research Center Oakland has a major commitment to research. Our 80,000 sq. ft. research institute (CHORI) fosters an environment of collaboration in basic and clinical research in many Pediatric subspecialties. CHORI ranks fifth in the nation for NIH funding in pediatric research. The yearly budget now exceeds \$40 million. The CHORI facility currently serves more than 200 researchers and support staff. Areas of research include: hemoglobinopathies, stem cell biology, iron overload and iron metabolism, molecular genetics, cancer, cystic fibrosis and pulmonary diseases, lipid biochemistry, infectious diseases, vaccine development, immunology, diabetes, mass spectrometry, and aging. CHORI scientists strive for fundamental advances in both the basic and applied biomedical sciences and improve the lives of children. CHORI sponsors regular educational research symposia at CHORI and at CHRCO, in addition to serving as the host for visiting clinicians and scientists, to provide our postgraduate trainees opportunities and exposures to the latest in technologies and scientific discoveries. CHORI also sponsors a summer educational research experience for students in the community.

Children's Hospital and Research Center Oakland: Mission and Code of Conduct

The mission of Children's Hospital & Research Center Oakland is to ensure the delivery of:

- The highest quality pediatric care for all children through regional primary and subspecialty networks;
- A strong education and teaching program;
- A diverse workforce;
- State of the art research programs and facilities;
- And nationally recognized child advocacy efforts.

The medical staff rules and regulations of CHRCO expect all members of the medical staff to adhere to the following standards of professional conduct. As such, each member of the medical staff shall:

- Treat all patients, family members and staff with professionalism, civility, courtesy and respect.
- Refrain from engaging in the following interpersonal behaviors:
 - Sexual harassment or sexual innuendo. This includes but is not limited to offensive sexual flirtations, advances or propositions, engaging in unwarranted or unwanted physical touching, using sexually degrading abusive or suggestive words or gestures, and the display of sexually degrading or suggestive objects or pictures in the hospital or in conjunction with any work-related activity in the hospital.
 - Using rude, demeaning, foul or abusive language, including slander and repetitive sarcasm.
 - Threatening with gestures, retribution, violence, financial harm or litigation.
 - Making racial or ethnic slurs.
 - Engaging in actions that are reasonably felt by others to be intimidating, including inappropriate shouting or unnecessary invading of another's personal space.
 - Criticizing staff in front of others while in the workplace or in front of patients or their families.
 - Shaming others for negative outcomes.
 - Engaging in any behavior that could reasonably be considered retribution, such as: implied or direct threats, physically intimidating behavior, withholding information, refusing to speak to co-workers, and attempting to find out who might have registered a complaint.
- Refrain from treating patients while impaired by alcohol, drugs or serious illness, as this would place the patient at risk.
- Support and follow hospital policies and procedures. Address any dissatisfaction with such policies and procedures through appropriate channels.

Fellowship Program Goals and Objectives

Please refer to your Division-Specific manual for more information on this topic.

2. Employment Policies

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

Recruitment:

Only applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs sponsored by CHRCO:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment or,
 - Have a full and unrestricted license to practice medicine in the U.S. licensing jurisdiction in which they are training.
4. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

General Selection Requirements:

1. Eligible applicants must be selected on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. No program may discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
2. It is strongly encouraged that all ACGME-accredited programs sponsored by CHRCO participate in an organized matching program for all first-year positions, such as the National Resident Matching Program (NRMP), where such is available.
3. In the event that the program finds it necessary to recruit and appoint one or more fellows at other than a first-year position, the following is required.
 - To determine the appropriate level of training for a fellow who is transferring from another ACGME-accredited program, the Program Director must receive written verification of the previous educational experiences in that program and a statement regarding the

performance evaluation of the transferring fellow prior to accepting them into the program.

- If an applicant is under contract to another training program, the Program Director shall contact the individual's current Program Director prior to formally offering the position to request release of the applicant from their contract. If such release is not forthcoming, no position shall be offered to that individual.

Division-Specific Selection Requirements:

Please refer to your Division-Specific manual for more information on this topic.

Appointment:

1. Fellows accepted into ACGME-accredited programs sponsored by CHRCO will be provided a length of training sufficient to meet the American Board of Pediatric requirements for certification in their respective specialty or subspecialty, unless their performance proves unsatisfactory. Likewise, fellows accepting a position in a training program are expected to stay in the program until completion. Training programs have no obligation to allow continuation from year to year of a fellow judged to be unsatisfactory (See Requirements for Promotion and Disciplinary Guidelines, Sections 2.CC.5 and 2.EE).
2. All fellows are required to give formal notice of their intention to continue in the program at least six months prior to the start of the next academic year. All fellows who elect to continue their residency training, as long as their performance has not been judged unsatisfactory, shall receive an individual written letter of appointment accompanied by a copy of the current Fellowship Employment Manual. This letter shall include the current salary scale for their level of training and set forth the general terms and conditions of employment at Children's Hospital & Research Center Oakland. This letter of appointment must be signed and returned to the Program Director at least one month prior to the start of the academic year.

B. Medical Staff Appointment

Appointment to the Medical Staff is determined by Division. Please refer to your Division-Specific manual for more information on this topic.

C. Training Courses

Pediatric Advanced Life Support (PALS):

All fellows are encouraged to acquire PALS certification prior to beginning clinical duties and maintain certification throughout their period of fellowship training. PALS or BLS is required for appointment to the Medical Staff.

D. Employee Health

All fellows must have tuberculosis screening performed by employee Health Service upon employment and annually thereafter. In higher risk areas (e.g., Infectious Diseases, Pulmonology) employees are required to have PPD testing every 6 months. If a fellow is known to be PPD positive, then a chest x-ray is required to exclude tuberculosis (may be performed up to one year prior to employment). All newly hired fellows must undergo a physical examination as soon as possible following employment. In addition, all newly hired fellows should bring evidence of immunity (serologic) or previous immunization to the following diseases: varicella, measles, rubella, and hepatitis B. If a fellow is neither immunized nor immune to these diseases, Children's Hospital and Research Center Oakland will provide serologic testing and immunization at no charge to the fellow. All job-related injuries or needle-stick accidents must be reported immediately to Employee Health. Details of the general policy on employee health issues are available upon request.

E. Licensure

All fellows are required to have a current California Medical License. The Medical Board of California allows residents to train in an ACGME accredited training program for a maximum of two years. After two years, the physician must be licensed. As fellows are beginning, in general, their 4th year of training, they will be required to have a California license at the start of the fellowship program. Issuance of a California Medical License may take several months from the date of application; therefore, fellows from out of state should apply for a California Medical License and Drug Enforcement Agency (DEA) number as early as possible the year prior to the start of the fellowship program.

All fellows shall furnish a copy of their California Medical License and DEA license to the Program Director as soon as possible following issuance and with subsequent renewals. A DEA license is required for membership on the Medical Staff.

F. Examinations

Please refer to your Division-Specific manual for more information on this topic.

1. American Board of Pediatrics:

All fellows are encouraged to take the American Board of Pediatrics certification examination during the first year of fellowship, if not previously certified. Certification in General Pediatrics is required prior to taking the sub-board examination.

2. In-Training Examination:

All fellows are required to take the annual Sub-specialty In-Training Examination (SITE), as given by the American Board of Pediatrics. The fee for SITE may be reimbursed by specific Divisions.

G. Library Policies

Please refer to your Division-Specific manual for more information on this topic.

All fellows have 24 hours-per-day access to the Health Sciences Library located on the 4th floor of the Main Hospital. Materials may be checked out only when the librarian is present during the Library's normal business hours. On-line and CD-ROM based searches of the medical literature are available at no cost to fellows. These may be self-directed or provided by the library staff.

H. Medical Records

All fellows are expected to complete their medical records in a timely fashion and avoid delinquent records. Fellows should plan to visit the Medical Records Department weekly to keep in compliance.

An incomplete medical record becomes delinquent two weeks following discharge. An operative report becomes delinquent 24 hours following the procedure. Failure to complete delinquent records in a timely manner will result in sanctions which may include suspension from clinical duties. Repeated failures may result in imposition of probationary status.

The medical record file room and transcription services can be accessed 24 hours a day.

I. Schedules

1. Yearly Tracks

The Program Director will distribute yearly schedule tracks to all clinical fellows approximately 1-2 months prior to the start of the new academic year.

2. Monthly Schedules

Monthly call schedules for the department are distributed the month prior. Fellows are encouraged to participate in creating the call schedule. Any changes or requests after posting are subject to the discretion of the Program Director.

3. Schedule Requests

All schedule requests must be submitted in writing to the Program Director. While reasonable efforts to accommodate all schedule requests will be made, not all schedule requests can be granted.

4. Schedule Changes

Schedule changes in the distributed monthly call schedule, no matter how minor, must be approved in advance by the Program Director. Schedule change approval requires that there be no adverse impact on patient care or other fellows. All steps, including notification of telephone operators, must be followed. Subject to the above, schedule changes will not be unreasonably denied.

J. Shared Positions

The following guidelines apply to shared positions in the Children's Hospital Oakland Fellowship Program:

1. Granting of shared positions is at the discretion of the Program Director.
2. Any fellow desiring a shared position must submit a formal written request as early in the year as possible, preferably by October 1st.
3. If there is another fellow already interested in being a partner in a shared position, both fellows should jointly submit a request.
4. If there is no other fellow in a shared position at the time of request, the application will remain on file and will be matched with the next compatible request submitted.

5. Fellows entering a shared position must agree to complete a total fellowship year before re-entering the program as a full-time fellow. In other words, once a commitment is made to share a position, it will be with the full understanding that it will take two years to complete one year of fellowship.
6. All shared position must be designed such that each fellow will work alternate six consecutive month periods (applies to clinical year only).
7. The availability of shared positions is completely dependent upon the ability of the fellowship training program to recruit an acceptable fellow replacement.
8. Salary, medical/dental/vision benefits and malpractice insurance coverage, will not be provided during the six months away from the hospital.

K. Fellow Duty Hours and the Working Environment

Please refer to your Division-Specific manual for more information on this topic.

1. General

Providing fellows with a sound academic and clinical education must be carefully balanced with concerns for patient safety and fellow well-being. Didactic and clinical education has priority in the allotment of fellows time and energy. Duty hour monitoring assures faculty and fellows collectively have responsibility for the safety and welfare of the patients.

a. Supervision of Fellows

- Qualified faculty must supervise all patient care. The Program Director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.
- Faculty schedules must be structured to provide fellows with continuous supervision and consultation. This clinical schedule is available on the Share drive and posted in the departmental office. There is always an assigned attending for each fellow clinical assignment (inpatient service, clinic, night and weekend call).
- Faculty and fellows must assume a joint responsibility to recognize signs of fatigue. The Program Director should be immediately notified if the fellow or faculty express a concern that the fellow cannot provide competent and safe clinical care or take call due to fatigue. The Program Director will excuse the

fellow until he or she is rested, for a minimum of one day, and re-evaluate the situation, in addition to any extenuating circumstances leading to the excessive fatigue (prolonged night call, emotional exhaustion, moonlighting, etc). The fellow and Program Director will create a plan to prevent such extreme fatigue and interference with clinical duties.

b. Duty Hours

The Pediatric Fellowship Programs at Children's Hospital and Research Center Oakland recognize the importance of duty hour policies that support the physical and emotional well being of fellows, promote an appropriate educational environment and facilitate patient care. The programs fully comply with the general duty hour requirements adopted by the ACGME and any additional requirements of the RRC for Pediatrics.

- Duty hours are defined as all clinical and academic activities related to the fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.
- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- Fellows will be provided a minimum of 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities. However, fellows may stay an additional 6 hours beyond this time for certain specified circumstances (e.g. providing continuity of patient care or taking advantage of educational opportunities). No new patients may be accepted after 24 hours of continuous duty.

2. On-Call Activities

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

- In-house call is defined as those duty hours beyond the normal work
- day. Only critical care Fellows at CHRCO are assigned in-house overnight call responsibilities.

- At-home call (pager call) is defined as call taken from outside Children's Hospital & Research Center Oakland and any participating institutions.

3. Monitoring

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

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

L. Moonlighting

Moonlighting must not interfere with the fellow's ability to achieve the goals and objectives of the educational program. Therefore, fellows of training programs sponsored by Children's Hospital and Research Center Oakland are subject to the following guidelines:

- Moonlighting that occurs within the fellowship program and/or Children's Hospital & Research Center Oakland, i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Fellows participating in moonlighting are required to keep accurate records of their work hours and the Program Director will monitor internal moonlighting by fellows to ensure that duty hour limits are not violated.
- Moonlighting is defined as any professional and patient care activity that is external to the educational program.
- Fellows have a primary responsibility to the care of patients at Children's Hospital and Research Center Oakland.
- Fellows must not be required to engage in moonlighting.
- Fellows moonlighting outside CHRCO are not covered by the department's malpractice insurance.
- Program Directors are responsible for deciding whether individual fellows in their program are allowed to moonlight. Any fellow who desires to engage in moonlighting must prospectively obtain a written statement of permission from their Program Director.
- Program Directors must monitor individual fellow performance for any adverse effects of moonlighting on clinical or research performance. Adverse effects may lead to withdrawal of permission by the Program Director.
- Moonlighting that occurs within the fellowship program and/or CHRCO, i.e. internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Program Directors must monitor internal moonlighting by their fellows to ensure that duty hour limits are not violated. See above section regarding duty hour monitoring.
 - Fellows must prospectively inform the Program Director of specific moonlighting shifts whether internal (i.e. at CHRCO) or external (i.e. at another institution).

- Because internal moonlighting is counted toward the 80-hour per week duty hour limits and may infringe upon the minimum 10-hour rest period required between patient care activities, the following procedure must be followed:
 - At least 1-week prior to the scheduled moonlighting shift, fellows must report the anticipated number of moonlighting hours to the Program Director.
 - If the internal moonlighting shift would result in violation of duty hour limitations, then the request for permission to moonlight will be rejected.
 - The hospital Payroll Department may be contacted following the moonlighting shift to confirm the actual number of hours of internal moonlighting.
- Because external moonlighting is beyond the purview of our department and institution, the hours are not counted toward duty hour limits. However, such activities can nevertheless impact the fellow's patient care and education at CHRCO and therefore the following procedure must be followed:
 - If it is determined that a negative impact has occurred, a warning will be given to the fellow and a letter describing the concerns will be placed in the fellow's record. Moonlighting privileges may be revoked at this time by the Program Director.
 - If after a warning has been given, there is another occurrence in which external moonlighting activities negatively impact the fellow's performance at CHRCO, permission to moonlight will be revoked and a letter describing this action will be placed in the fellow's record. Furthermore, disciplinary action may be initiated as described in Section 2.EE.
 - The Program Director may request that the fellow provide confirmation of the actual hours of external moonlighting from the outside institution.
- Any purposeful violations of this policy by the fellow may result in disciplinary action as described in Section 2.EE.

M. Dress and Grooming Policy

Fellows are expected to dress in an appropriately professional manner in accordance with the general Children's Hospital and Research Center Oakland dress code policy. Patients, family members and visitors to CHRCO rightfully expect a professional and pleasing environment. Appropriate grooming on the part of all employees communicates respect for our patients, pride in CHRCO, and professionalism in our work.

Specifically, denim jeans, shorts, T-shirts, baseball hats, athletic clothing, suggestive clothing, and similar attire that do not represent a businesslike appearance are not permitted. Fellows are discouraged from wearing scrub suits outside of the operating theater.

Security/ID Name Badges are provided to fellows and must be worn and visible while on duty.

N. Paychecks

Please refer to your Division-Specific manual for more information on this topic.

O. Salaries

Please refer to your Division-Specific manual for more information on this topic.

P. Vacation

All fellows are provided a total of 4 weeks vacation annually, and this may be taken in 1 to 2 week blocks. Requests for shorter or longer periods of time off will be considered individually. The dates of assigned vacation are included in the assigned yearly schedule tracks and changes in vacation dates are subject to the usual change procedures. Up to one week of vacation per year may be carried over to the next year, subject to the approval of the Program Director.

Q. Holidays

Please refer to your Division-Specific manual for more information on this topic.

The following are recognized holidays at Children's Hospital and Research Center Oakland: Independence Day, Labor Day, Thanksgiving Day,

Christmas Day, New Year's Day, Martin Luther King, Jr. Day, President's Day, and Memorial Day.

Holiday coverage is similar to weekend coverage. Fellows not on call that day are not required to come into the hospital. All conferences and clinics are cancelled on recognized holidays.

Assignment of holidays will be primarily based on patient care needs but reasonable effort will be made to accommodate individual fellow requests.

R. Illness

Please refer to your Division-Specific manual for more information on this topic.

Any fellow with an illness necessitating absence from the hospital regardless of assigned rotation must notify the Program Director immediately. The Program Director may request documentation from a treating physician for periods of illness or disability which extend beyond three consecutive days or which appear chronic or recurring.

Extended absences due to illness which interfere significantly with the fellow's educational experience or the ABP guidelines for fellowship training may delay the fellow's graduation from the program.

S. Leave of Absence

Please refer to your Division-Specific manual for more information on this topic.

Leaves of absence shall be administered within the purview of the family and Medical Leave Act of 1993 (FMLA) and the California Family Rights Act (CFRA) and State Disability Insurance (SDI Family Leave Act). For specific information on leaves of absence please refer to your division-specific manual.

1. Maternity Leave

Pregnant fellows are encouraged to contact the Program Director as soon as possible to begin arrangements for maternity leave. Groups of 50 or more employees are subject to the FMLA and CFRA. Groups of fewer than 50 employees are not subject to these acts. Fellows who make contributions to the State Disability Program (payroll deduction) are eligible to apply for State Disability Insurance. The majority of FMLA and CFRA provides leave without pay and the job/position is not in jeopardy. The SDI Program supplies a percentage of income based on

the employee's monthly salary. Vacation time use during the maternity leave is specifically addressed in the Division-Specific policy.

Health insurance coverage is required by FMLA and CFRA.

In the event that the employee has medical complications before or during maternity leave, it is understood that the above terms may need to be adjusted accordingly. Throughout your pregnancy, it is important to communicate with your Fellowship Director so that appropriate plans can be developed.

2. Paternity/Adoptive/Domestic Partner Leave

Prospective fathers, adoptive parents, and domestic partners may be entitled to unpaid leave for infant bonding. Fellows anticipating such leave should contact the Program Director as soon as possible to begin arrangements.

3. Other Leave

Leaves of absence for other reasons, including illness, may be granted at the discretion of the Program Director. The FMLA and SDI have provisions for care of a sick family member. Any leave of absence, depending on length, may require the fellow to extend their period of training to meet the ABP requirements for Board Certification. *An extended absence of more than 3 months requires a letter of explanation from the Program Director to the ABP and is subject to review by the Credentials Committee.* The Program Director shall at all times apply the policies and procedures delineated by the RRC in a fair and consistent manner to all fellows.

T. Other Absences

Please refer to your Division-Specific manual for more information on this topic.

Fellows are expected to remain in the hospital during the usual working hours of their assigned rotation. Exceptions to this policy require the notification and approval of both the supervising faculty member and the Program Director.

Absences due to personal or family crisis (including death or illness of family members), necessity for job-related interviews, routine medical/dental/vision appointments, and other circumstances not covered above are allowed subject to notification and approval by the Program Director.

U. Education Leave and Expenses

Please refer to your Division-Specific manual for more information on this topic.

Paid educational leave is available for fellows to attend medical or scientific conferences. Please refer to Division-Specific Manual for details of this policy. Leave must be approved in advance by the Program Director. Additional leave may be granted to fellows to attend conferences in which they are presenting their work in either a poster or an oral presentation.

Original receipts and/or cancelled checks are necessary for reimbursement and should be submitted to the Program Director. All monies must be spent by the end of each academic year and cannot be carried over to the next year.

Approved medical education expenses include conference expenses (registration fee, travel costs, lodging, per diem meal allowance, etc.), medical textbooks, medical journals, and medically related software expenses. If in doubt contact the Program Director prior to incurring the expense.

V. Insurance/Benefits

1. Health/Dental/Vision Coverage

Please refer to your Division-Specific manual for more information on this topic.

Health and dental insurance is provided to the fellow. Provision of vision insurance for fellows and insurance coverage for spouse, dependents and domestic partners is Division-specific.

2. Malpractice Insurance

Details of the malpractice insurance policy including terms, limits and duration of coverage are available from the Division-Specific manual.

Each Division at Children's Hospital and Research Center Oakland will provide professional liability coverage for all fellows acting within their assigned duties while on scheduled rotations within the United States during their period of fellowship training. Fellows will be covered while on required rotations at other hospitals or facilities. Malpractice insurance is not provided for fellows while employed or moonlighting outside Children's Hospital and Research Center Oakland.

3. Life Insurance

Please refer to your Division-Specific manual for more information on this topic.

4. Disability Insurance

Please refer to your Division-Specific manual for more information on this topic.

5. Long-Term Care

Please refer to your Division-Specific manual for more information on this topic.

6. Retirement Plan

Please refer to your Division-Specific manual for more information on this topic.

W. Parking

Please refer to your Division-Specific manual for more information on this topic.

Parking is available in the Parking Garage located adjacent to the Outpatient Center.

X. Office Space

Please refer to your Division-Specific manual for more information on this topic.

Y. Housing/Laundry/Meals

Please refer to your Division-Specific manual for more information on this topic.

Z. Employee Assistance Program (EAP)

All fellows have access to confidential counseling services through the Children's Hospital and Research Center Oakland Employee Assistance Program (EAP). Professional assistance is available for stress, depression, marital difficulties, alcoholism, drug abuse, legal, financial, and other problems. Subject to certain restrictions, these services are provided free of charge. Participation in this program is strictly voluntary. Interested fellows should contact the EAP directly at 547-8830. All calls and services are completely confidential.

AA. Harassment

It is the policy of Children's Hospital and Research Center Oakland to provide a work environment free from harassment. CHRCO maintains a strict policy prohibiting sexual harassment and harassment because of race, religious creed, color, national origin, ancestry, disability or physical handicap, medial condition, marital status, age, sexual preference or any other basis made unlawful by federal, state, or local ordinance or regulation.

Fellows that are subject to or are witness to prohibited harassment should immediately report such conduct to either the Program Director, Director of the Division, or the Director of Medical Education. If the Program Director is the source of the harassment, the employee should report directly to the Chief Medical Officer. Upon receiving the complaint, a full investigation will be conducted. Details on this policy are available from the Personnel Department.

BB. Physician Impairment/Substance Abuse

Early identification and intervention for fellows who may be exhibiting signs of impairment due to substance or alcohol abuse, chemical dependency, mental illness, or stress-related conditions is an important responsibility of the Program Director, Director of the Division, Director of Medical Education, Supervising faculty and the other fellows.

The following policies apply to physician impairment/substance abuse at Children's Hospital and Research Center Oakland:

- Program directors and hospital management will treat all communications regarding a potentially impaired fellow, including those involving alcohol or drug use, with the strictest confidentiality.
- Children's Hospital and Research Center Oakland has a strong commitment to provide a safe workplace for its employees and to promote employee health. The hospital's policy regarding alcohol and

drug use reinforces this commitment and is in compliance with the Drug-Free Workplace Act of 1988. For this reason, alcohol and/or non-medically authorized drug use which adversely affects or is likely to affect a fellow's job performance or jeopardizes the safety of the fellow, other employees or patients may result in disciplinary action.

- Disciplinary action for alcohol or drug use in the workplace depends on the nature and seriousness of the problem. If deemed appropriate by the Program Director, the fellow may be required to undergo psychiatric evaluation, counseling and/or successfully participate in a formal drug rehabilitation program in order to continue fellowship training.
- Failure to successfully complete such a program would result in further disciplinary action, including failure to be re-appointed to the next level of training or termination of employment as a fellow prior to the end of the academic year.
- All disciplinary action taken against individual fellows is subject to formal appeal through the written grievance procedures outlined in the Fellowship Manual, Section 2.EE.

CC. Evaluations/Promotional Review

1. General Policies

Evaluations and promotional review procedures in use at Children's Hospital & Research Center Oakland (CHRCO) are in accordance with the most recent ACGME Institutional Requirements and any applicable individual RRC Program Requirements. Assessment of fellow performance throughout the program must be documented with the results being utilized to improve performance. The purpose of the evaluation process at CHRCO is to:

- Identify fellows experiencing significant difficulties as early as possible in their training so as to provide support and effective remediation. Deficiencies, if any, are immediately discussed with the fellow by the Program Director, rather than waiting for the evaluation period, so as to allow immediate guidance and correction. Refer to Section 2.CC.2 Academic Probation.
- Provide formative feedback, in as continuous a fashion as possible during fellowship training, to allow the fellow to obtain maximum educational benefit from their fellowship training.
- Provide a consistent method to determine the appropriateness of promotion of an individual fellow from year to year.

- Provide adequate documentation to protect both the fellow and the fellowship program in the event of disciplinary proceedings.
- Provide a record of fellow performance that facilitates application for certification to the sub-board of The American Academy of Pediatrics and for the writing of future letters of recommendation that accurately reflect the fellow's strengths, weaknesses, and overall fellowship performance/competence.

The methods used for evaluation must produce an accurate assessment of the fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The evaluation process utilizes the MyEvaluations.com program for faculty and fellow program evaluation. Mechanisms for providing regular and timely performance feedback to fellows include:

- Semi-annual written fellow evaluations from faculty mentors on progressive improvements in clinical competence are requested. Assessments are based on direct observation of clinical patient skills including history taking and physical examination, charting, communication with staff and patients/families, and general observations of personal skills (character and professionalism). Additionally, Pediatric residents contribute to the evaluation of teaching competence in the Noon Conference series and inpatient didactics. The maintenance of a record of evaluation for each fellow is accessible for review with the Program Director at any time and kept in a confidential location.
- Semi-annual clinical faculty evaluations are sought from the fellows and submitted anonymously so as to promote honesty and prevent the possible concern of ill will towards the fellow. Faculty may also have the opportunity to review the anonymous fellow evaluations and these evaluations may be used in faculty evaluation and promotion.
- Evaluations will be requested from fellows and faculty for the required clinical rotations. Fellows and faculty are asked to review the written goals and objectives contained within this manual at the start of each rotation. These evaluations will be reviewed collectively with the fellow on a semi-annual basis.
- Research fellows (second and third year) must submit evaluations of the research faculty and the research experience. In turn, research mentors are asked to submit an evaluation of performance of research duties on a semi-annual basis. The SOC serves as an additional evaluation method to monitor progression towards the goal of attainment of scholarly activity as stipulated by the ABP. Fellows are asked to submit to the SOC a progress report and curricula vitae

documenting all research activities such as abstracts, posters and oral presentations. Fellows also present their work to date to the SOC in a formalized fashion approximately every 6-9 months (See Section 4.E.).

- Annual 360° evaluations are requested from the clerical staff, nursing and ancillary staff, patients, and peers for each fellow. Clinical mentors will assist the Program Director in the distribution of patient/family evaluations of the fellow. These are currently available in Spanish and English. Alternatively, the mentor may fill it out with the patient representative if literacy is in question.
- Evaluations are requested at all teaching sessions, including the Fellow's Conference, Journal Club, and Noon Conference. The results of these evaluations are shared with fellows at individual evaluation sessions to discuss progress towards competence in teaching.
- Fellows will be asked to perform a self evaluation on an annual basis. This should include discussion from faculty members and mentors to elicit feedback on performance. Fellows should identify three (3) areas of needed improvement and work with the mentor to develop a professional improvement plan. This will be reviewed with the Program Director at the time of the annual review.
- Fellows and faculty are asked to perform a Program evaluation on an annual basis. The Program Director will review these evaluations in a formal manner with the Curriculum Development Committee, the faculty and fellows at departmental meetings, and integrate the findings and recommendations into program development on a yearly basis.
- A semi-annual evaluation is conducted between the Program Director and fellow. In addition, the Division Chief, and/or clinical or research mentors may participate. During this evaluation session all clinical and research evaluations are discussed, feedback is sought, critical review is given, future goals are generated, and all is summarized in a written form. Fellows are asked to prepare faculty and rotation evaluations prior to the meeting and also be ready to give verbal feedback and criticisms to assist with future program development.
- An annual evaluation session is held at the end of the academic year with each fellow, the Program Director, Division Chief, and mentors (research or clinical, if available). The evaluation session focuses on clinical performance, procedural competence, research performance, participation in departmental didactics and meetings, and performance on the in-training examination (SITE). Deficiencies in performance, if any, are discussed. Finally, goals for the up-coming year are created,

and, a new educational plan is generated to address attainment of future goals and, if necessary, correct deficiencies. A final written evaluation is generated by the Fellowship Director and acknowledged (signed) by all present at the evaluation session.

- The Program Director conducts a final evaluation for each fellow at the completion of the program. The evaluation includes a review of the fellow's performance during training program including the final period of education. As with the semi-annual and annual evaluations, the fellow is asked to provide a progress report or final work product on the research component of training, in addition to a curricula vitae. Feedback from the fellow is sought with respect to improving the educational experience for future fellows. The final evaluation verifies that the fellow has demonstrated sufficient professional ability to practice competently and independently, in either clinical or research arenas, or both. The final evaluation becomes part of the fellow's permanent record maintained by the department. Additionally, the Program Director generates a formal letter to the fellow verifying successful completion of the fellowship program, preparedness for competent, independent practice, and board eligibility.
- Written evaluations are part of the fellow's permanent record, which is maintained in a confidential manner, by the Program Director. Only the director and fellow have direct access to these evaluations. These may be utilized in the future by the director for attestation of clinical and research competence for board application and for future job references.

2. Academic Probation

If, during the evaluation process, significant deficiencies are identified, at or between these evaluation sessions, a remediation plan will be developed in conjunction with the individual fellow and the Program Director or faculty preceptor assigned. A timetable of re-evaluation and performance expectations will be formulated. If, in the opinion of the Program Director, these performance deficiencies are sufficiently serious, a written "Letter of Unsatisfactory Academic Performance" may be placed in the fellow's file. This action may also be accompanied by the imposition of Academic Probation if deemed appropriate by the Program Director and the research and/or clinical mentor.

Failure to achieve required performance expectations upon re-evaluation continued marginal or unsatisfactory evaluations, or failure to comply with the assigned remediation plan will generally result in a "Letter of Unsatisfactory Academic Performance " and the imposition of Academic Probation, if these actions have not already been taken.

Ultimately, failure to correct marginal or unsatisfactory performance may result in either a “marginal” rating being issued to the American Board of Pediatrics (ABP) with or without additional time being required at the current or previous level of training, or an “unsatisfactory” rating to the ABP. If the Program Director cannot sign off on clinical and research competence to the ABP, the fellow will not be eligible to take the sub-specialty board examination.

Academic probation may be imposed for academic or clinical performance deficiencies that are sufficiently serious and/or continue to occur despite attempts at remediation. In exceptional circumstances, where the Program Director has evidence that there is immediate danger to hospital personnel, patients, or the public, by the continued functioning of the fellow, such fellow may be immediately suspended from patient care duties until a definitive course of action is determined.

Academic probation involves the following:

- The fellow must participate in, and complete in a satisfactory manner, an academic remediation program which may consist of assigned readings, periodic sessions with an assigned attending or preceptor, mandatory conference attendance above that is required for other fellows, and other educational interventions. Other interventions such as psychiatric evaluation and/or counseling may also be required as deemed appropriate by the Program Director.
- Loss of moonlighting privileges.
- Probationary status shall be for a minimum of one month. Actual duration is contingent upon the fellow’s progress and success in correcting identified deficiencies as determined by the Program Director.

3. Non-Renewal of Agreement

If, following at least 6 months of clinical or research activities, the fellow has displayed a level of academic performance that appears to the Program Director to likely result in either a marginal or unsatisfactory rating to the ABP, the Director may elect to not renew their contract for the next year of training. In either case, the following guidelines must be followed:

- A written notice of intent to not renew the fellow’s employment agreement must be provided to the fellow as soon as possible but no later than four months prior to the end of their current agreement, unless the primary reason(s) for non-renewal occurs within the four month prior to the end of the agreement. In exceptional

circumstances, termination from the program prior to the end of the academic year may result (See Section EE.2. Dismissal).

- Fellows will be informed in writing of their right to implement the formal institutional grievance and appeal procedures at the time that they receive a written notice of intent to not renew their employment agreement.

4. Appeal Procedures

Fellows have the right of formal appeal of evaluations and actions taken by the Program Director for marginal or unsatisfactory academic performance. The following appeal process shall be used in these cases:

- The fellow must submit, in writing, a request for a formal review of the evaluation or action to the Program Director no later than 30 days following notification of the evaluation or action.
- Upon receiving this request, an ad hoc committee of the Graduate Medical Education Committee will be formed to resolve the issue.
- This committee will be comprised of the Program Director, Department Director, Director of Medical Education, one Chief Resident (chosen by the Medical Director), one Senior fellow, the Chairperson of the Graduate Medical Education Committee, and one additional Medical Staff faculty member. The involved fellow may designate the additional Medical Staff member.
- The ad hoc committee shall investigate the situation and reach a majority decision as to whether the written evaluation or action be either sustained or amended.
- The decision of the ad hoc committee shall be binding and will be communicated to all parties involved, including the Graduate Medical Education Committee.

5. Requirements for Promotion

Promotion from one year to the next in fellowship assumes the fellow has attained appropriate proficiency in performance of patient care duties and/or research. Following are guidelines for fellows and faculty to assist with the evaluation methods and decision with respect to promotion.

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

- Fellows should be able to handle the clinical service volume with respect to inpatient rounds, consultation requests, performance of procedures, admission of new patients, and triaging phone calls/case management as appropriate.
- Fellows are expected to have performed independently (supervised by faculty) the common procedures in their respective Division. *Please refer to your Division-Specific manual for more information on this topic.*
- Fellows must demonstrate competency with indications for the procedures, familiarity with complications, obtaining informed consent, and documentation.
- Fellows should be facile at evaluating and creating care plans for newly diagnosed patients, including participation in clinical trials as appropriate. Fellows should be able to navigate protocols and ensure compliance with required studies and therapies, including documentation.
- Fellows should be competent to lead an Informed Consent conference independently (though supervised by faculty).
- Fellows should demonstrate responsibility for teaching of residents and students on the teams and providing appropriate supervision and instruction.
- Fellows are expected to satisfactorily take call and demonstrate in the sign-out, discussion with faculty, and follow-up that appropriate advice has been given.
- Mentors and faculty must attest to these skills in the written evaluations for promotion to the next year.

b. Promotion in the Research Years

- Fellows must continue to demonstrate clinical proficiency as per all the requirements in the first year, with noted improvement in knowledge base and independence, as reflected in the clinical faculty evaluations. Fellows should actively assume increased responsibility for patient care during assigned rotations/clinics/call.
- Fellows must develop a hypothesis driven research project, with appropriate guidance by the Fellowship Research Director and research mentor. This project should be developed into a full proposal early in the second year of fellowship. Fellows are encouraged to apply for extramural funds. Fellows are expected to continue to work progressively on their primary research project in the second and third years. Presentation of the work to date at professional societies is encouraged.

- Fellows are expected to participate in a research core curriculum, such as that offered at UCSF. *Please refer to your Division-Specific manual for more information on this topic.*
- Fellows are expected to present their research progress 1-2 times per year before the SOC, an external review board, for critical review. The SOC's evaluation should reflect progress as appropriate at this stage of training.

DD. Grievances

In the event that a fellow believes that the fellowship program has failed to provide a specific condition of employment, or violated any term of agreement as outlined in the Fellowship Employment Manual, or disagree with actions taken by the Program Director under Section DD. Disciplinary Guidelines, the following grievance procedures are to be followed:

Step 1: The grievance must be presented in writing to the Hospital within twenty (20) days after the event complained of or within twenty (20) days after the time when such event could reasonably have been discovered, whichever is later, not to exceed one (1) year from the event. A grievance addressed to the Hospital shall be delivered to the Medical Director, with a copy to the Human Resources Department.

Disposition in Step 1 shall be deemed to have occurred on the earliest of the following dates: the date when the grievance is settled or rejected, or the tenth day after it is presented in Step 1 without a response satisfactory to the grieving party.

Step 2: If a satisfactory settlement of the grievance is not reached in Step 1, the grievance must be presented in writing to the Director of Employee/Labor Relations within (10) days after disposition in Step 1. Grievances presented by the Hospital to the Union shall begin at Step 2, and representatives of the Union and the Hospital shall discuss the grievance. A decision must be made within ten (10) days after presentation of the grievance at Step 2. Any grievance in Step 2 which is not settled to the satisfaction of the grieving party within ten (10) days after it has been so presented shall be deemed rejected.

Settlement Without Proper Appeal: Any mutual settlement of the grievance pursuant to the procedures set forth in this Agreement, or any disposition of a grievance not properly appealed to the next step or arbitration pursuant to this Agreement, shall be final and binding upon all parties and upon the House Staff Officer(s) involved, to the same extent as a final arbitration award.

Step 3 – Arbitration: Any grievance that remains unsettled after having been fully processed pursuant to the grievance procedure may be submitted to arbitration upon the written request of the Union or Hospital, provided such request is made within twenty (20) days after the disposition of the grievance in Step 2. Upon receipt of a timely, written request for arbitration, the Union and the Hospital shall select an arbitrator. If the parties cannot agree upon the selection of an arbitrator, they shall request a list of arbitrators from the Federal Mediation and Conciliation service. The parties shall alternately strike names from such list until one name remains, which person shall be the arbitrator.

The award of an arbitrator pursuant to this Section upon any grievance subject to arbitration shall be final and binding upon all parties to this Agreement and the fellows covered by it; provided, however, that such award may not add to, subtract from or change any of the terms and provisions of this Agreement, giving the words used their common and ordinary meaning. The arbitrator's jurisdiction shall extend solely to claims of violation of specific written provisions of the Agreement and involve only the interpretation and application of such agreement.

Each party shall bear all the expenses of its own representatives and witnesses. The arbitrator's fees, as well as other expenses connected with the formal hearing, shall be borne equally by both parties.

EE. Disciplinary Guidelines

Disciplinary action may be necessary for a variety of reasons. These may include failure to perform clinical assignments, inappropriate professional behavior or conduct, failure to comply with policies outlined in the Fellowship Employment Manual, or violations of the Personnel Policy and Procedures of Children's Hospital and Research Center Oakland.

Disciplinary action by the fellowship program taken against an individual fellow shall generally occur according to the procedures outlined below. In exceptional circumstances, where the Program Director has evidence that there is immediate danger to hospital personnel, patients or the public, by the continued functioning of the fellow, such fellow may be immediately suspended from patient care duties until the usual procedures are concluded.

Depending on the severity of the infraction, a variety of disciplinary measures may be instituted. In some cases, a verbal warning may suffice. As the seriousness of the infraction increases or subsequent violations occur despite previous warning, disciplinary action may take the form of a written "Letter of Reprimand" placed in the fellow's file, imposition of Disciplinary Probation, suspension of employment without pay, failure to be reappointed to the next year of training or, ultimately, termination from the program prior to the end of the academic year.

Section 1: A Fellow shall not be suspended or disciplined without just cause.

Section 2: Alleged administrative misconduct, which is misconduct by a Fellow not based on clinical performance or competence and/or which is not related to their satisfactory fulfillment of the clinical and academic standards of their fellowship program shall be subject to the grievance and arbitration set forth in this Agreement. The procedure may be expedited if agreed to by both parties.

Section 3: Disciplinary actions, including assignment of a remediation program, requiring the fellow to repeat clinical rotations which were unsatisfactory, imposition of Academic Probation, reporting of marginal or unsatisfactory performance ratings to the American Board of Pediatrics, and non-renewal of a fellow, when based on issues of clinical performance or competence, shall not be subject to Section 1 and/or the grievance and arbitration procedure set forth in this Agreement, but shall instead be subject to the following procedure.

- (a) The Program will maintain an evaluation and promotional review procedure that is in accordance with the guidelines issued by the relevant accreditation bodies. Written evaluations based on clinical performance will become part of each fellow's permanent file. If a fellow disagrees with a written evaluation and this disagreement cannot be resolved through discussions with the Fellowship Director, the involved evaluator and the fellow, then the fellow shall have recourse to the formal appeal process outlined in this Section 3 to resolve the disagreement.
- (b) If significant deficiencies are identified by the Program Director, a remediation plan will be developed in conjunction with the individual fellow and the Program Director. A timetable of re-evaluation and performance expectations will be formulated. If, in the opinion of the Program Director, these performance deficiencies are sufficiently serious, the fellow may be placed on Academic Probation.
- (c) Academic Probation may be imposed for academic or clinical performance deficiencies that are sufficiently serious and/or continue to occur despite attempts at remediation.

Academic Probation involves the following:

- A Letter of Academic Probation is placed in the fellow's file.
- The fellow must participate in, and complete in a satisfactory manner, an academic remediation program which generally consists of assigned readings, periodic sessions with an assigned attending, mandatory conference attendance above that required for other fellows, and other educational interventions. Other interventions such as psychiatric evaluation and/or counseling and

testing for learning disabilities may also be required as deemed appropriate by the Program Director.

- Loss of moonlighting privileges.
 - Probationary status shall be for a minimum of one month. Actual duration is contingent upon the fellow's progress and success in correcting identified deficiencies as determined by the Program Director.
- (d) Failure to achieve required performance expectations upon re-evaluation, continued marginal or unsatisfactory evaluations, or failure to comply with the assigned remediation plan may result in either a "marginal" rating being issued to the American Board of Pediatrics (ABP) with or without additional time being required at the current or previous level of training, or an "unsatisfactory" rating to the ABP with a requirement to repeat the year of training in question. If failure to achieve required performance expectations occurs despite remediation, or the fellow fails to comply with the terms of academic probation, the Program Director may also notify the fellow that the Pulmonary Department does not intend to renew the fellow's agreement, in accordance with the "Individual Contracts" section of this agreement.
- (e) In exceptional circumstances, where the Program Director has evidence that there is immediate danger to Hospital personnel, patients or the public by the continued functioning of the fellow, such fellow may be immediately suspended from patient care duties until a definitive course of action is determined.
- (f) Fellows have the right of formal appeal of evaluations and actions taken by the Program Director for academic deficiencies. The fellow must formally request such an appeal, in writing, within fourteen (14) days of notification of the contested action or evaluation.
- (g) The Hospital, within seven (7) days of the written request of the fellow, shall convene an ad hoc committee of the Medical Staff of the Hospital to review de novo any actions made pursuant to the sections above. The ad hoc committee shall be composed of four (4) members of the Medical Staff, as follows: one appointed by the Chair of the Graduate Medical Education Committee, one appointed by the Program Director, one selected by the affected fellow, and the Chair of the Department of Medicine or his/her designee. One member shall be designated as Chairperson. No staff member who has participated in the disciplinary action shall be appointed as a member of the ad hoc committee.
- (h) The ad hoc committee shall meet within one (1) week of its appointment. The affected fellow shall be informed of each and every meeting of the ad hoc committee and shall have the right to bring relevant witnesses. A majority vote of the ad hoc committee shall be necessary to overturn the disciplinary action under review.

- (i) The parties agree that the procedure described in this article shall be the sole and exclusive avenue of recourse for the aggrieved fellow under this Agreement.

FF. Fellowship Program Closure/Reduction

Should the sub-specialty training program at Children’s Hospital and Research Center at Oakland close or reduce the number of trainees, the following guidelines will be followed:

1. All fellows will be informed, verbally and in writing, as soon as possible.
2. If possible, fellows currently in training will be allowed to complete their fellowship year, or the entire program.
3. Every effort will be made by the Program Director and Department Director to assist the fellow in re-location to another accredited fellowship program.

GG. Disaster Policy

Children’s Hospital & Research Center Oakland GME committee, Residency Director, and the fellowship Directors are working together to develop a policy in the event of a disaster that leads to interruption of patient care and resident/fellow education. The ACGME requires that the sponsoring institution have such a policy that addresses administrative support for the programs, including assistance in continuation of resident/fellow assignments. To the extent reasonably possible, Children’s Hospital & Research Center Oakland and the individual residency and/or fellowship programs will provide assistance in re-location and continuation of education. It is recognized such physicians may be involved in the community in disaster assistance. Such policy is currently under preparation.

HH. Vendor Interactions Policy

A conflict of interest/vendor interaction policy is currently under development by the GME and Medical Staff committees at Children’s Hospital & Research Center Oakland.

II. Institutional Agreements

Please refer to the Physician Conflict of Interest Policy Statement for Residents and Fellows. This document is included in the Resident Manual for CHRCO.

Fellows may participate in elective or required rotations outside of the sponsoring hospital, and, as such, the Program Director is required to create an Institutional Agreement with each of the participating programs. The agreements contain written objectives (as outlined in this manual), responsible physician, evaluation process, and confirmation that malpractice, salary and benefits will continue.

JJ. Committee Representation

Please refer to your Division-Specific manual for more information on this topic.

Fellows are encouraged to join a Medical Staff committee. These include both standing and ad hoc committees. Appointment of fellows to a medical staff committee is at the discretion of the Program Director, the Medical Staff President, and the relevant committee chairpersons. A representative for the fellows, selected by his/her peers, will be appointed to the Graduate Medical Education Committee. All fellows are required to participate in their Division's Quality Improvement process. Additionally, fellows are asked to participate in the Fellowship Internal Review process and Curriculum Development/Education committee.

KK. Division Meetings

Please refer to your Division-Specific manual for more information on this topic.

Fellows are expected to participate unless specifically excused. The Department Director oversees this meeting at which the group reviews Quality Assurance (QA), business planning and practice management, billing and coding, personnel management, Quality Improvement (QI), education, fellowship education and program development, and other agenda items. Fellows are asked to participate in presentation of patients for QA review and to present their work on QI projects. Fellows are also exposed to division or program development including outreach development, program organization and maintenance, and development of necessary collaborations within the institution (such as with other sub-specialty groups or administration) and beyond the institution (e.g. participation in national cooperative care groups, multi-center research collaboratives). Exposure to administrative aspects of delivery of care appropriate for the discipline afford new opportunities for fellows to actively participate in creation of new learning endeavors, quality assessments, and acquisition of administrative and leadership skills.

LL. Accommodations for Disabilities

Children’s Hospital & Research Center Oakland has a policy of provision of accommodations for disabilities. The training programs all adhere to these policies.

(See Policy E05 ADA Compliance on CHONET)

3. Clinical Responsibilities

A. Activities and Charting Requirements

Accurate and timely medical record documentation is an important part of each fellow’s patient care responsibilities. The chart is a major route of communication for the team members and it is often the primary source of information used for retrospective reviews for quality assurance and legal considerations. All entries in the medical record must be dated, timed, and signed.

1. History and Physical

Patients admitted to CHRCO must have an H&P completed by the primary house officer assigned to the patient, co-signed by a senior resident, fellow, or attending. It must be recorded within 4 hours of admission. The fellow must write an additional note which includes a summary of the patient’s presenting features, pertinent physical examination findings, laboratory and radiographic results, and an assessment and plan for the current hospitalization. Patients admitted to Children’s Hospital who are over 21 years of age may not have an assigned resident. These patients are cared for by the fellow/attending on service. Therefore all admission, progress, and discharge notes must be completed by the responsible fellow and attending in a timely manner.

2. Progress Notes

Progress notes serve to document the patient’s course in the hospital and the chronology in which treatment was delivered, and should reflect any changes in the condition and results of treatment. They should also reflect periodic review for longer hospitalizations, or as a patient’s condition warrants.

Progress notes should be written in a standard **Subjective, Objective, Assessment, Plan (SOAP)** format.

Progress notes should emphasize the fellow’s assessment and proposed plan, they should not merely record the previous 24-hour activities. The notes should include a physical exam, laboratories, therapies

administered, procedures performed, discussions with the family, and overall impression and management plan. Progress notes must be written by the fellow at least once daily on all patients.

3. Orders

The use of verbal orders is discouraged. Physicians should use the computerized order entry system. Verbal orders are to be given only when failure to do so would be detrimental to patient care. They must be transmitted only to a Registered Nurse (RN) or Respiratory Care Practitioner (RCP). When a verbal order is given, it is required that it be written down first, then repeated by the person who gave the order to ensure its accuracy. All verbal orders must be dated and signed as soon as possible and always within 48 hours by the ordering physician.

Orders written by medical students must be reviewed and co-signed by the supervising resident or fellow before they can be carried out.

Pharmacy orders must be entered on the computer order entry system.

Efforts should be made to utilize standardized order sets for specific diagnoses when available.

4. Admission

The Fellow on call will coordinate the admission of the patient in consultation with the attending. The fellow will communicate this plan to the Nurse and the on-call resident. Once the patient is evaluated by the Fellow and discussed with the resident, the resident will assume routine cross-coverage overnight responsibilities for the patient.

An attending physician will see patients who are stable and admitted within 24 hours of admission.

5. Discharge

The primary house officer assigned to the patient is responsible for completing the discharge instruction sheet and abstract prior to discharge. The discharge instruction sheet should be completed as far in advance of discharge as possible. The discharge instruction sheet should be filled out in layman's terms and must be signed by the resident physician. In the event the patient is older than 21 years of age, the fellow and attending are responsible for completing this paperwork, including a narrative summary and dictation if the hospital stay exceeds 48 hours.

A narrative discharge summary is required on all patients hospitalized greater than 48 hours and on all expired patients regardless of length of stay. For short stays (<48 hours) the discharge abstract must contain

sufficient details of the patient's presentation, hospital course, and post-discharge plan.

This discharge summary should be a succinct summary, not a repetition of the original admission notes and progress notes and must be dictated within three (3) working days after discharge. The dictated discharge summary must be signed as soon as possible following dictation. Dictated summaries are generally available within three working days following dictation.

B. Informed Consent

Please refer to your Division-Specific manual for more information on this topic.

Informed consent is an integral component of practicing clinical procedures, and major changes in therapeutic plans. The process of Informed Consent is taught in both a didactic fashion and by direct observation. Didactics may be given in the context of a Noon Conference, inpatient resident didactic, or the weekly Fellow's Conference. Once the fellow has observed a number of informed consent conferences and is very comfortable with the process and subject matter, they are given greater autonomy in participating in and eventually leading a consent process. This is always done in a mentored environment with graduated responsibility. The attending physicians, social workers, and interpreters all participate in the informed consent process, and in turn provide valuable constructive feed-back to the fellow.

All physicians (residents, fellows and attendings) are required to document Consents in the patient's medical record. HIPAA consents are also required for every patient registered on a research protocol (clinical or biological).

Documentation consists of:

1. Original consent in the Medical Record; signed and dated by:
Parent/guardian;
Witness;
Physician (providing consent/performing procedures/etc.);
Interpreter, if applicable.
2. Notation in the progress notes (date and time) of consent conference with family, and other individuals present.
3. Appropriate literature given to family i.e. Transfusion consent requires written information on risks/benefits per Paul-Gann Act to be given to the family; chemotherapy protocol consents which include descriptions of medications, side-effects; therapy roadmaps, etc.).
4. Copy of consent to the family.
5. Copy of consent in the clinic chart (department specific).

Transfusion consents are required prior to all transfusions. Patients going to the OR must have a consent in the chart prior to leaving the acute care unit. Ideally, the physician responsible for the procedure, or an associate, should provide consent. A parent should not be asked to sign a consent unless they have been given ample opportunity to hear the risks and benefits of the procedure, available options, and ask questions. IRB (Institutional Review Board) approved consent forms for the multi-center protocols are available from the department's primary research contact or the IRB Office.

C. Confidentiality of Information

The confidentiality of patient/family and staff information must be respected. Confidential information includes, but is not limited to, information acquired by discussion, consultation, examination, treatment and/or access to records. Be sensitive to your surroundings when discussing cases with your colleagues.

Passwords used to access the Hospital Information System (HIS) must not be disclosed or shared with anyone. The HIS system is not to be used to access patient or Hospital information except to conduct legitimate business. Log off of the system when work is completed to prevent access to information by unauthorized persons.

CHRCO values confidentiality rights with regards to patients, families, and restricted hospital information. Any person who violates these rights, is subject to disciplinary action, up to and including termination.

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

Based on evaluation of an individual patient's condition and prognosis and on discussions with the patient, parents or legal guardian and other members of the healthcare team, the attending or Medical Staff physician may decide to write a "Allow Natural Death" order in the medical record. The current policies regarding such orders are summarized as follows:

1. "AND" orders must be documented on the "AND Order Sheet" with any specific orders qualifying the conditions or degree of resuscitation clearly delineated.
2. All patients are considered a full code at the time of admission unless a "AND" order is written by the patient's attending physician.
3. Only the patient's attending physician may write a "AND" order and such orders must be written in the medical record. Verbal orders or telephone orders are never acceptable for "AND" orders.
4. "AND" orders must be rewritten with each admission.

5. Full documentation of the clinical reasons for the “AND” order, discussions that lead to an informed consent being obtained and any consultations obtained must be made in the medical record. Daily progress notes thereafter should specifically mention the “AND” status.

E. Deaths/Autopsies

The general policy of the hospital and its medical staff is to provide for the comprehensive care of deceased patients and ensure the security of their belongings. A procedure has been created that delineates the process for completion of the deceased patient’s medical record, autopsy consent, death certificate, and referral to an organ procurement organization, if appropriate. The procedure for all involved staff is detailed in the Medical Staff Bylaws. The role of the attending physician and/or fellow in the case of patient death is as follows:

1. Respond immediately when called.
2. Carry out pronouncement of death.
3. Document death in the patient’s chart. The death note should be written as soon as possible after the time of death and should include:
 - Time of death.
 - Disposition of body, including autopsy request and whether or not the coroner was notified.
 - Persons contacted including attending and referring physicians.
4. When appropriate a brief summary of the events leading to the physician being called to the bedside.
5. Notify fellow and attending physician on-call and discuss:
 - How, when, and by whom, the family will be notified.
 - Cause of death.
 - Indications for autopsy.
 - Mechanism of obtaining autopsy permit.
 - Responsibility for completion of death certificate.
 - Need for assistance from Social Services Department.
6. Notify pathologist of autopsy.
7. Notify coroner if required.
8. The fellow or attending physician or designee must report a death to the California Donor Network (CTDN) at (800)-55-DONOR (36667).
9. If autopsy is performed, follow-up on completion of death certificate.
10. A narrative discharge summary must be dictated on all expired patients, even on those with stays less than 48 hours.
11. An instructional videotape entitled “Completing the Certificate of Death, A Physician’s Guide” is available in the Medical Education Office.
12. The Postmortem Protocol is available in the Magic Office Library in the HIS system.

F. Procedural Competencies

Please refer to your Division-Specific manual for more information on this topic.

Attaining proficiency in technical procedures specific to the sub-specialty is an important goal of fellowship training. Documentation of procedure competencies during fellowship is required by the ABP and can also be used to support the fellow's application for clinical privileges in the future. A core group of procedures, emphasizing those procedural skills appropriate for the pediatric subspecialty, have been identified as a requirement for graduation for each fellowship program. Fellows are directly taught to perform procedures by the attending physician staff. This is done in an apprentice based system with direct observation of an experienced practitioner, and subsequent performance of multiple procedures under direct supervision with critical review.

The procedure competency system in use at Children's Hospital and Research Center Oakland includes both an initial supervision and certification of a successful procedure attempt, as well as documentation of all subsequent successful procedures performed. Supervision and documentation of skills must be by the faculty. Fellows must write procedure notes in the chart documenting the indication, consent process, and details of the procedure and outcome.

Fellows are asked to maintain a complete list of all procedures performed during their fellowship training. The procedure log should be kept in the fellow's portfolio to be reviewed with the Program Director at the time of semi-annual reviews.

Fellows will receive training in the performance of procedures necessary to practice independently as a pediatric specialist. They will become proficient in the indications for the procedures, associated risks, and diagnostic interpretation. The technical skills deemed required are specified in the Division-Specific Manual.

Additionally, fellows may have the opportunity to: perform conscious sedation for procedures, Fellows should expect to perform numerous procedures and be mentored prior to being assessed as procedurally competent. All fellows are asked to keep a procedure log. The faculty is asked to address procedural competence on the written evaluation forms. After review of the forms and discussion with the faculty, the Program Director makes a decision with respect to each procedure if a fellow has achieved procedural competence. This is documented in either the semi-annual or annual reviews.

The faculty is asked to address procedural competence on the evaluation forms. After review of the forms and discussion with the faculty, the Program Director makes a decision that a fellow has achieved procedural competence with respect to each procedure. This is documented in either semi-annual or annual reviews.

G. Teaching Conferences

Please refer to your Division-Specific manual for more information on this topic.

Formal teaching conferences play an important role in the subspecialty training programs. A core didactic series has been structured for the fellows, in addition to other educational experiences, such as Journal Club, Tumor Board, Clinical Case Reviews, morphology review sessions, and periodic Morbidity & Mortality conferences (often in association with the PICU). Fellow attendance is required for departmental educational programs and those that pertain to the fellowship training program. Fellows are asked to make a concerted effort to attend the majority of the required conferences.

The following are the major teaching conferences at Children's Hospital and Research Center Oakland: Please note that these conferences are open to all residents, fellows and attendings. If specific fellow attendance is expected or required it is so noted.

- **Grand Rounds** are held every Tuesday from 8:00 to 9:00 AM in the auditorium. Attendance by all fellows is encouraged.
- **Case Conference** is held each Thursday from 8:00 to 9:00 a.m. (except every third Thursday when PL-2/3's switch rotations). Attendance by all fellows is encouraged. Case Conference is an interactive session led by senior residents, Chief Residents or CHRCO fellows and attendings on clinical cases with emphasis on differential diagnosis, appropriate management, and clinical problem solving.
- **Noon Conference** is a formal teaching session held every weekday from 12:00 to 1:00 p.m. in the Main Hospital Auditorium. Noon Conference teaching sessions are presented by CHRCO subspecialty attendings, fellows, or visiting lecturers. Each fellow will be assigned to give at least one noon conference each year. *In addition to the core noon conference schedule, approximately 10 conferences a year will focus on issues relevant to all post-graduate pediatric trainees such as professionalism, ethics, legal issues, and wellness. Fellows will be expected to attend this series of lectures. A list of these special conferences will be posted and e-mail reminders will be sent to the fellows.*

Following are the department specific teaching and clinical care conferences. Attendance sheets are kept for all required conferences.

- **Children's Hospital Oakland Research Institute (CHORI)** hosts several conferences a month, typically on Tuesday afternoons, given by the CHORI staff or visiting scientists. Attendance by the research fellows is **required**.

- **Scholarship Oversight Committee** sessions will be held at CHORI. These sessions occur on the second Monday evening from 5-7pm in the Little Theater on the second floor. All subspecialty fellows from Children's Hospital and Research Center Oakland attend these sessions. Each fellow is given the opportunity to present their research to the group at least annually. Clinician scientists and laboratory based scientists critically review the concepts and quality of scholarly activity and provide feedback to the fellows, mentors, and Program Directors. Presentation and review at this committee is a requirement by the ABP to document participation and completion of a scholarly work product. See Section 4.F. All fellows are **required** to attend even if not presenting their research.

H. The Educational Program

The program design and sequencing of educational experiences must be approved by the RRC, as part of the accreditation process.

1. ACGME Clinical Core Competencies

Subspecialty programs must require that its fellows obtain competence in the six areas listed below to the level expected of a new practitioner:

- a. ***Patient care*** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. ***Medical knowledge*** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- c. ***Practice-based learning and improvement*** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. ***Interpersonal and communication skills*** that result in effective information exchange and collaboration with patients, their families, and other health professionals.
- e. ***Professionalism***, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.
- f. ***Systems-based practice***, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

2. Scholarly Activities

Both faculty and fellows must participate actively in scholarly activity. Adequate resources for such activity must be available, e.g., sufficient laboratory space, equipment, computer services for statistical analysis, and statistical consultation services. Scholarship is defined as one of the following:

- The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.
- The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
- The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
- Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship. Offering of guidance and technical support (e.g., research design, statistical analysis), for fellows involved in research; and, provision of support for fellow participation as appropriate in scholarly activities.

3. Professionalism

The ABP and the ACGME require that programs teach and evaluate professionalism of all pediatric residents and fellows. Professional behavior comprises those attributes and actions that serve to maintain patient interests above physician self-interest. It involves the relationships between physicians and their patients, families, colleagues, and professional organizations. It has implications in the conduct of clinical or translational research and in interactions with pharmaceutical industries. Components of professionalism integral in the lives of all physicians include:

- Honesty/integrity
- Reliability/responsibility
- Respect for others
- Compassion/empathy
- Self-improvement
- Self-awareness/knowledge of limits
- Communication/collaboration
- Altruism/advocacy

In addition to these general guidelines for the teaching and evaluation of professionalism, there are unique components in the fields of pediatric specialties. As physicians continually faced with life threatening and grievous medical illnesses, we are in unique clinical situations. We must be able to speak with patients and their families in times of grief and loss, always maintaining professional composure, compassion, honesty, and always

bearing in mind the emotional, educational, social, and cultural status and well being of our patients. Learning to give bad news is a critical component in the education of a fellow. Structured didactics and mentorship are instrumental in this teaching process. Additionally, caregiver health is critical to recognize during the initial training period and appropriate recognition and assistance provided on a regular basis. There is a burn-out rate in specialty training, and learning to face issues early on in training, establish support networks, and improve communication are recognized effective means of prevention for burn-out.

A professionalism didactic series has been created by the fellowship subcommittee of the Graduate Medical Education committee to address the above topics. The lectures will be given during the resident noon conferences on a monthly basis (10 lectures per year). All fellows are expected to attend.

I. Curriculum for the Clinical Year/Portion of Fellowship

The first year of fellowship is designed to provide a broad clinical experience. Integrated into this year will be orientation to the hospital and programs, and development of a research hypothesis with identification of a research mentor.

Following are the clinical and laboratory rotations for the **first year** clinical fellow:

Please refer to your Division-Specific manual for more information on this topic.

J. Clinical Curriculum for the Research Years of Fellowship

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

Please refer to your Division-Specific manual for more information on this topic.

K. Core Curriculum

Please refer to your Division-Specific manual for Competency-Based Learning Goals and Objectives for fellows.

In designing the clinical objectives for training, the program adheres to the criterion of the American Board of Pediatrics for board certification and the American Council of Graduate Medical Education for training in pediatric subspecialties. Additionally, core curriculum components of training that as

clinicians we believe are essential to the clinical practice of pediatric specialties have been added. Components of the training include: clinical care (direct and consultative), a didactic core curriculum in related basic sciences, and continuing responsibility for the care of patients with sub-specialty diseases. Trainees are expected to become facile at the recognition, diagnostic evaluation, and management of the following disorders:

L. Continuity Clinic

Please refer to your Division-Specific manual for more information on this topic.

The Following Applies to All Fellowships with Continuity Clinics

The continuity clinic experience provides an excellent opportunity for fellows to be completely involved in all aspects of clinical care for their patients, including diagnostic evaluation, assessment, development of care plans, and management of acute and chronic complications related to their disease or effects of treatment. All fellows attend the clinic for one half day per week during all three years. Additionally, fellows have the opportunity to observe the natural course of an illness over a long time period. First year fellows acquire new patients primarily during their inpatient time on service and assume the role as the primary doctor, with the supervision of the primary attending physician.

Fellows are encouraged to either schedule their primary patients into these clinics or arrange to see them in an alternate clinic (for example, when the patient would be due to receive therapy or as per the subspecialty care team). Fellows may also arrange to see their primary patients when admitted to the inpatient service, even if not assigned to that service at the time (analogous to the role of a primary attending). Fellows are expected to be involved in all aspects of primary management for their patients such as: periodic assessments, meetings with the patient and family, evaluation and management of new problems, and presentation at the conferences or boards as applicable.

M. Clinical Objectives and Responsibilities on the Inpatient Services

Fellows will assume primary care responsibility for all the patients on their service while on the clinical inpatient services. Direct supervision will be provided by the attending on the inpatient service. During the course of the three years, it is anticipated that many of the topics listed in the core curriculum will be covered by direct clinical experience. Fellows participate in the evaluation (medical history and physical examination), assessment (clinical, laboratory, radiographic), and management with creation and implementation of care plans. Fellows assess newly diagnosed patients primarily in the first year while on the clinical inpatient services. Fellows

then have the opportunity to co-manage these patients with an attending primary throughout the course of their training. In this way, experience in management throughout and off therapy may be attained. Additionally, fellows are involved in the care of on-going patients in both the inpatient and outpatient areas and attain experience in managing acute illnesses, chronic illnesses, and late effects of disease and treatment. Following are specific responsibilities for fellows on the inpatient services:

Patient Care:

- Assume primary care responsibility for all patients on the service.
- Evaluate each patient with a careful medical history and physical examination.
- Determine necessary diagnostic studies and interpret results.
- Develop and implement a care plan for each patient.
- Perform all procedures.
- While on the service, see all inpatient consultations with appropriate documentation and communication.
- Chart all interactions, assessments, management plans, consents every day.
- Sign out all patients to the on-call fellow, including consultations and ICU patients.

Teaching and Leadership:

- Communicate with the patient and family all aspects of assessment and management, including leading formal consent conferences for therapy and participation in clinical trials.
- Interact with the multidisciplinary team.
- Lead rounds and provide direct supervision and teaching for the residents (See also Section 3.P Supervisory Lines of Responsibility).
- Prepare didactic/case presentations for the residents on the service.

Please refer to your Division-Specific manual for more information on this topic.

N. Call and Sign-Out

Please refer to your Division-Specific manual for more information on this topic.

O. Teaching Responsibilities

The Pediatric specialty fellow serves as a primary teacher for pediatric residents on the inpatient and out patient services. The fellows oversee the clinical care aspects of teaching (leading rounds, performing joint examinations, reviewing and interpreting diagnostic studies) in addition to giving formal didactic presentations. During the inpatient experience, the fellow provides direct supervision to the residents and medical students on the team and provides guidance for self education in the form of providing medical literature and citing appropriate references for review. The fellow serves as the primary orchestrator of patient care as well as the primary educator. In the clinic setting, the fellow also provides direct supervision and teaching to Pediatric residents and medical students. The fellow is also involved in a more formal educational process for the Pediatric residents. Each fellow is asked to prepare at least one Noon Conference on a topic in his/her specialty, participate in Resident Case Conferences, and present cases or lead discussions for the inpatient unit didactic series. Each fellow gives a monthly presentation at the Fellow's Conference, and pediatric residents currently on the team are asked to attend.

P. Supervisory Lines of Responsibility

Pediatric specialty fellows are supervised for all clinical care and decision making. While on-call, the fellow is expected to consult the on-call attending physician for any situation in which the patient is critically ill or if the fellow is inexperienced or uncertain of how to proceed with a certain patient or illness (See Section 3.N. Call and Sign-Out). As the first year progresses, fellows are expected to assume more responsibility in patient care and decision making. Fellows are given feed-back and encouragement by the attending physician supervisors with respect to independent decision making.

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

Q. Clinical Objectives

Please refer to your Division-Specific manual for more information on this topic.

4. Research Funding/Competence/Scholarship Oversight Committee

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

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

A. Research Funding

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

B. Research Core Curriculum

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

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

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

The fellowship Program Directors at CHRCO have addressed many of these topics in the Professionalism noon conference series in addition to special

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

C. Scholarly Activities

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

All fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services, quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form to the Scholarship Oversight Committee and elsewhere.

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

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

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

D. Work Product of Scholarly Activity

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

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

E. Duties of the Scholarship Oversight Committee (SOC)

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

- Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity.
- Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project.
- Evaluate the fellow's progress as related to scholarly activity.
- Meet with the fellow early in the training period and regularly thereafter.
- Require the fellow to present/defend the project related to his/her scholarly activity.
- Advise the Program Director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the

requirement for active participation in scholarly activities. A final evaluation from this committee is required by the ABP for sub-board eligibility.

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

The SOC meets quarterly and will review 2-4 fellow presentations, each allotted approximately 30 minutes for slide discussion, Q&A, and evaluation. Fellows and mentors are asked to be present for the entire period. One week prior to each SOC meeting, the coordinator will send the progress reports and CVs for each presenter via e-mail to the committee for review. A primary reviewer from the committee will be assigned for each fellow presenter. It is expected that research mentors review the submitted work and presentation prior to review by the SOC.

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

F. Guidelines for fellow presentation to the Scholarship Oversight Committee

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

Following are guidelines for the presentations:

- Prepare a written summary of the background, hypothesis, research methodology and/or study design, methods for statistical analysis, and results to date. Submit this summary at least 1 week prior to date of

presentation to your Program Director and Caroline Hastings, M.D. (SOC Coordinator).

- Include name of project, name of mentor, location of research
 - Grant submission or current funding (include plans for submission)
 - Anticipated length of research
 - State if work has resulted in abstract, poster, oral presentation, or manuscript and submit copies (also include if this is in progress)
 - Updated curriculum vitae
- Prepare a 10 minute power point presentation highlighting the key elements of your research as detailed in the written summary. Please adhere to this 10 minute rule for the initial and subsequent presentations. You will be allowed 15 minutes for the final presentation at the end of the fellowship.
 - Following the presentation, a 10-15 minute question and answer session will proceed, led by the moderator and members of the SOC.
 - It is expected your research mentor be present at the presentation and evaluation session. Please also review your presentation and progress report with your research mentor prior to committee review.
 - Initial presentations should focus on the background and generation of the hypothesis and include any design/methodology that may have been developed to date. Subsequent presentations should focus on the methods, data collection and analyses. The final presentation should summarize the hypothesis, methods, and data, and focus on the analyses and conclusions. Due to time limitations please do not repeat your background or supporting data. The committee will have had the opportunity to read your report ahead of the meeting and be familiar with this aspect of the work.

G. SOC Evaluation Process

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

H. Final Presentation

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

The SOC coordinator and Program Directors will bring the required documents from the ABP for final certification of attainment of research competence. These forms will be required for each fellow desiring to become board eligible in their sub-specialty and require meticulous attention and completion at the SOC meeting. The forms will then be forwarded to the appropriate program director for submission to the board.