

COMMON FELLOWSHIP EMPLOYMENT MANUAL

Children's Hospital & Research Center Oakland
(dba UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND)

2019-2020

**This manual to be used in conjunction with the Specialty Specific Fellowship
Manual**

CHILDREN'S HOSPITAL & RESEARCH CENTER OAKLAND

COMMON FELLOWSHIP MANUAL

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I. Introduction to Children's Hospital Oakland, Pediatric Residency Program/Fellowships

The current Fellowship Employment Manual represents the written agreement between the fellow and the departmental fellowship program at Children's Hospital Oakland (CHO). 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 Oakland officially opened its doors at its present site on September 16, 1914 as the Baby Hospital. From a humble beginning with 30 beds in the McElrath mansion and a clinic located in the carriage house, the Hospital has grown into a 190-bed, nationally recognized tertiary care center, fully accredited by the Joint Commission. The 190 beds include a 47-bed Neonatal Unit, a 23-bed Critical Care Unit, an 18-bed Medical Rehabilitation Unit and a 12-bed Immunocompromised Patient Unit for Bone Marrow Transplant and Oncology patients. Children's has the only Pediatric Emergency Room & Trauma Center in Northern California. The Medical Staff of over 700 includes over 160 hospital-based physicians representing the major pediatric medical and surgical subspecialties.

Education is an important component of the Hospital's mission. Our Pediatric Training Program, which began in 1926, now includes 80 Pediatric Residents, 4 Chief Residents, and 12 Fellows in Pediatric Hematology-Oncology, Pediatric Infectious Disease, and Pediatric Emergency Medicine, as well as 12 joint BCHO-UCSF Fellows in Pediatric Critical Care who receive half of their clinical training with us. Our Graduate Medical Education programs strive to provide organized educational experiences which promote the residents' professional, ethical and personal growth while ensuring safe and appropriate care for patients. The DIO, the Chair and Members of the GMEC, the Program Directors and their staff oversee the programs and assure compliance with ACGME Common, Specialty/Subspecialty-specific, and Institutional Requirements.

CHO was founded in September 1912 as the Baby Hospital. It began as a 30-bed hospital and has grown today to a 196-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.

Children's Hospital & Research Center Oakland (the legal name of the non-profit hospital) has a major commitment to research. The 80,000 sq. ft. research institute, Children's Hospital Oakland Research Institute (CHORI) fosters an environment of collaboration in basic and clinical research in many Pediatric sub-specialties. 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.

UCSF Benioff Children's Hospital (BCHO) is a DBA entity. All fellowships are accredited under the name Children's Hospital Oakland (CHO), and the legal name of the hospital is Children's Hospital & Research Institute Oakland (CHRCO), which is an independent non-profit institution sponsoring the residency and fellowship training programs. Fellows are employed by BCHO and therefore matters related to employment will be addressed with this name. All training requirements as stipulated by the ACGME and ABP will refer to CHO as the accrediting entity.

Children's Hospital & 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 physician 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.

II. Employment Policies

A. Recruitment, General Selection Requirements, Appointments/Contracts

Recruitment

Applicants must fulfill the following qualifications to be eligible for appointment to the CHRCO Fellowship Program:

1. Applicants must fulfill one of the following qualifications for medical school education eligibility:
 - a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b. Graduates of colleges of osteopathic medicine in the United States and Canada accredited by the American Osteopathic Association (AOA).
 - c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - 1) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates or,
 - 2) Have a full and unrestricted license to practice medicine in the U.S. licensing jurisdiction in which they are training.
 - 3) Foreign medical graduates with VISAs are eligible, though department costs for application or maintenance of the VISA and eligibility for grant funding will be considered in the selection process. Please consult with the Program Director.
2. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
3. Applicants must fulfill one of the following qualifications for pediatric residency training eligibility:
 - a. Graduates of pediatric residency programs in the United States and Canada accredited by the ACGME.
 - b. Graduates of pediatric residency programs outside of the United States and Canada who meet the following qualifications:
 - 1) Letter from the Medical Board of California stating you are qualified for licensure in the state.

- 2) Letter from the ABP stating your credentials have been reviewed and you are eligible to take the certifying examination in general pediatrics.
4. Applicants must apply for licensure in the state of California and have a valid license *prior* to the start of the fellowship.
5. Board Certification in general pediatrics is required either prior to or during the fellowship training period. Therefore, all applicants must demonstrate eligibility for taking the examination with documentation of successful completion of an ACGME residency program, or equivalent as confirmed by the ABP. It is the expectation that all fellows will take the Pediatric board examination during the first year of fellowship. Pediatric Emergency Department fellows with prior training in Adult Emergency Medicine will be expected to take the EM board examination.

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, gender identity, sexual orientation, race, age, religion, color, national origin, disability, or veteran status.
1. The ACGME-accredited programs sponsored by Children's Hospital Oakland participate in the National Resident Matching Program (NRMP) and Electronic Residency Application System (ERAS). Fellow candidates may be accepted into the positions outside the match at the discretion of the individual fellowship programs.
2. In the event that the program finds it necessary to recruit and appoint one or more fellows beyond 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.

Appointments/Contracts

1. Fellows accepted into ACGME-accredited programs sponsored by Children's Hospital Oakland 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. Fellows in the Emergency Medicine training program entering as graduates of a prior adult EM program will be eligible for boards in that subspecialty. 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. Unsatisfactory performance may also lead to immediate dismissal and is at the discretion of the fellowship Program Director and the Clinical Competency Committee (CCC). (See Requirements for Promotion and Disciplinary Guidelines, Sections II.Y and II.AA).
2. All fellows are required to give formal notice of their intention to continue in the program three months prior to the start of the next academic year. All fellows who elect to continue their fellowship training, as long as their performance has not been judged unsatisfactory, shall receive an individual appointment contract which will include the current salary scale for their level of training and set forth the general terms and conditions of employment at BCHO. This contract must be signed by both the fellow and Program Director at least one month prior to the start of the academic year. The Program Director will also provide to each fellow an updated copy of the Common and Specialty Specific Fellowship Manual by the start of the academic year.

B. Medical Staff Appointment

Medical Staff appointment is not required by the fellowship programs, but the fellow planning to moonlight at the hospital will be required to have a medical staff appointment.

C. Training Courses

All fellows are encouraged to acquire PALS certification prior to beginning clinical duties and maintain certification throughout their period of fellowship training. Additional training may be required by

the specific division (e.g. ED). PALS or BLS certification is required for appointment to the Medical Staff.

D. Employee Health

All fellows will undergo Human Resources (HR) mandated screening with Employee Health. This will include tuberculosis screening upon employment and annually thereafter. If a fellow is known to be PPD positive, a chest x-ray is required to exclude tuberculosis. 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, Employee Health 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 from HR on CHONet.

E. Licensure

All fellows are required to have a current California Medical 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 prior to the start of the fellowship program.

All fellows shall furnish a copy of their California Medical License and DEA license (if obtained) 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 Specialty-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 ABP 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. Fellows will be reimbursed for the SITE fee. Requests for reimbursement should be processed through the Program Director.

G. Library Policies

All fellows have 24 hour-per-day access to the Library at UCSF Benioff Children's Hospital Oakland, located on the 4th floor of the hospital. The library houses a collection of textbooks, journals, videos, and electronic resources covering primarily pediatrics and its subspecialties. Approximately 400 journals are received, and there are over 4000 books and, counting the bound journals, about 13,000 volumes. Users have access to electronic databases and online journals in the rear of library, and from every computer terminal in the hospital. The library is staffed from 7:30 a.m. to 4:45 p.m. Monday through Friday.

UCSF MyAccess Account Activation

To activate your resident UCSF MyAccess account, you will need your ***@mail.cho.org email address; then follow the instructions below:

1. Go to <http://it.ucsf.edu/services/myaccess-sso/tutorial/myaccess-account-activation>

Click on myaccess.ucsf.edu, then the Get MyAccess button on the left, then you will be asked for your email - USE YOUR CHO EMAIL ***@mail.cho.org

2. You will then immediately receive an email with your My Access Username and Password. Use the Username starting with SF....., and the password starting not with question marks but fill in last 2 of birth year then the rest of the password, or follow the directions in fine print.

3. When you are logged in successfully to MyAccess, scroll down to Library Electronic Resources and you should be all set to search!

4. The UCSF VPN will require the Junos Pulse VPN client to be installed on your device; follow the instructions at <https://it.ucsf.edu/services/vpn>

If you get an error message that your email is not in the UCSF directory, then call UCSF IT at 415-514-4100. Tell them your name and that you need your 'MyAccess login & password' (DO NOT ASK FOR LIBRARY ACCESS), that you were put on the list by UCSF GME office. Katherine should have emailed you your UCSF employee number back in June, if they can't find it for you. Then they should email you your My Access log in and you can go back to my directions above.

Internet Access to Databases

Databases for literature searching are accessed through the web based Ovid Technologies interface. The address for Ovid is:

<http://ovidsp.ovid.com/autologin.html> userid: oakcho password: search

Textual information as well as bibliographic information is available through ClinicalKey, which has about 40 textbooks, 50 full text journals, 600 clinical practice guidelines and 3000 patient education brochures. Residents may access ClinicalKey from any computer terminal in the hospital at www.clinicalkey.com.

In addition, they may access UpToDate from any computer terminal in the hospital at www.uptodate.com. This can subsequently be accessed from home by making a login in the hospital to enable remote access.

Interlibrary Loan

The library can obtain copies of articles from journals, chapters from books, or the books themselves from other libraries. Borrowing is always attempted through free sources with whom the library has reciprocal agreements. If materials are not available free, your department may pay for them.

Personal Book Orders

Personal medical books can be ordered through the library. These orders are placed with our outside vendor. Requests should be given to library staff, who will check on the current price. You must pay in advance by check or exact cash.

Staff Reference Service

The Librarian can provide reference assistance to library users. She will help with search strategy and do MEDLINE and other database searches. Fill out a blue search request form and leave it at the circulation desk or call for an appointment at 510-428-3448 or x3448.

H. Medical Records

All fellows are expected to complete their medical records in a timely fashion and avoid delinquent records. Fellows will receive formal training in the EMR system, EPIC, during the first year orientation in July. Access to EPIC will be available from a home computer for access while on call.

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 will result in imposition of probationary status.

I. Fellow Duty Hours and the Working Environment

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. 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 expresses 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 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 Resident Review Committee (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. There is a minimum of 10 hours of rest required between shifts/clinical responsibilities. Call taken from home is also included in the 80 hours per week.
- 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 are assigned in-house overnight call responsibilities.
- At-home call (pager call) is defined as call taken from outside Children's Hospital 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 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.

J. 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 Oakland are subject to the following guidelines:

- Moonlighting that occurs within the fellowship program and/or Children's Hospital Oakland, i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours. Fellows participating in moonlighting are required to keep accurate records of their work hours and the 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 Oakland.
- Fellows must not be required to engage in moonlighting.
- Fellows moonlighting outside CHO are not covered by the hospital'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.
 - Fellows must prospectively inform the Program Director of specific moonlighting shifts whether internal (i.e. at CHO) 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 Children's Hospital Oakland and therefore the following procedures 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 Children's Hospital Oakland, 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 Sections II.Y. and II.AA.
 - 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 Sections II.Y. and II.AA.

K. Dress and Grooming Policy

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

L. Paychecks

Please refer to HR policies on CHONET for additional details. HR contacts can be found in the Employee Benefits Guide.

Fellows who are employed through BCHO will receive paychecks every 2 weeks and will receive a monthly housing stipend. Fellows in the Union will receive compensation as determined by Union negotiations; fellows not in the Union will receive the same compensation for equity.

M. Salaries

Fellow salaries are determined by agreements made between BCHO and Union-based fellows (i.e., Emergency Department fellows). Though the fellows in Infectious Diseases and Hematology Oncology are not in the Union, all fellows will receive the same compensation for the purpose of maintaining equity amongst the fellow trainees. Fellows are asked to sign a contract prior to each year of employment that will delineate the salary, housing stipend, and educational compensation.

N. Vacation

All fellows are provided a total of 4 weeks of 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.

O. Holidays

The following are recognized holidays at BCHO: 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 distributed equitably amongst the fellows and a reasonable effort will be made to accommodate individual fellow requests.

P. Illness

Any fellow with an illness necessitating absence from the hospital regardless of assigned rotation must notify the Program Director *immediately*. Periods of illness or disability which extend beyond 3 consecutive days, or which appear chronic or recurring, will require documentation from a treating physician to the Program Director and HR.

Extended absences (≥ 1 week) 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. Fellows will be required to make up the time. The ABP requires a petition for an absence of more than 3 months (12 weeks) (typically vacation) over the 36 month training period. See below for special absences related to maternity leave. Extended absences will also need to be reported to HR and counted towards PTO (paid time off) and may cut into vacation time.

Q. Leave of Absence

Please see HR policies regarding leave of absence.

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).

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. 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 may be used to extend maternity leave and total time off should be discussed with the Program Director. A waiver is required to be submitted to the ABP by the Program Director to request a waiver (non-made up time) of up to 8 weeks. The decision to grant this waiver is at the purview of the ABP.

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. It is therefore important to communicate with the Fellowship Director and HR so that appropriate plans can be developed to accommodate needs.

The Program Director may file a petition with the ABP on behalf of a fellow taking maternity time. To date, the ABP has granted a period of 8 weeks, in addition to the 3 months in the 36 month training program, as acceptable for this purpose, however this waiver remains at the sole discretion of the ABP. Any additional time off beyond this 8 week period must be made up and is at the discretion of the Program Director and program/patient care needs.

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 and HR 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 (petition) from the Program Director to the ABP and is subject to review and decision by the Credentials Committee.***

R. Other Absences

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. The fellow is responsible for reporting an

anticipated or current absence immediately (and directly) to the Program Director.

S. Education Leave and Expenses

Educational leave is available for fellows to attend medical or scientific conferences. Leave must be approved in advance by the Program Director. Additional educational leave may be granted to fellows to attend conferences in which they are presenting their work in either a poster or an oral presentation and advance requests are required.

Original receipts and/or cancelled checks are necessary for reimbursement and should be submitted to the Program Director.

Approved medical education expenses include conference expenses (registration fee, travel costs, lodging, per diem meal allowance, etc.), manuscript publication costs, poster preparation costs, medical textbooks, medical journals, and medically related software expenses. Fellows are requested to contact the Program Director **prior** to incurring the expense to ensure reimbursement will be provided.

T. Insurance/Benefits

Please see Employee Benefits Guide provided by HR for information.

1. Health/Dental/Vision Coverage

Please see Employee Benefits Guide provided by HR for information and options.

2. Malpractice Insurance

BCHO will provide professional liability coverage for all fellows acting within their assigned duties while on scheduled and required rotations at Children's Hospital Oakland as well as at designated facilities and hospitals during their period of fellowship training. Malpractice insurance is not provided for fellows while employed or moonlighting outside Children's Hospital Oakland.

3. Life Insurance

Please see Employee Benefits Guide provided by HR for information.

4. Disability Insurance

Please see Employee Benefits Guide provided by HR for information.

5. Retirement/Pension Plan

Please see Employee Benefits Guide provided by HR for information.

U. Parking

Please see Employee Benefits Guide provided by HR for information.
Parking at BCHO will be available and reimbursed; check with your Program Director.

V. Employee Assistance Program (EAP)

All fellows have access to confidential counseling services through the BCHO 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 1-800-834-3773. All calls and services are completely confidential. Additionally, confidential counseling services are available through the mental health services available on the medical insurance plan.

W. Harassment

It is the policy of BCHO to provide a work environment free from harassment. BCHO maintains a strict policy prohibiting sexual harassment and harassment because of race, religious creed, color, national origin, ancestry, disability or physical handicap, medical condition, marital status, age, sexual orientation or 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 the misconduct directly to the Chief Medical Officer. Upon receiving the complaint, a full investigation will be conducted. Details on this policy are available from Human Resources.

X. 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 other fellows/trainees and staff.

The following policies apply to physician impairment/substance abuse at BCHO:

- 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.
- BCHO 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 this Common Fellowship Manual, Section II.Z.

Y. Evaluations/Promotional Review

1. General Policies

Evaluations and promotional review procedures in use at Children's Hospital Oakland are in accordance with the most

recent ACGME Institutional Requirements and any applicable individual RRC (Residency Review Council) Program Requirements. Assessment of fellow performance throughout the program must be documented with the results being utilized to improve performance and determine eligibility for promotion. The purpose of the evaluation process at Children's Hospital Oakland is to:

- Identify fellows experiencing significant difficulties as early as possible in their training so as to provide support and effective remediation. Deficiencies, as recognized, should be immediately discussed with the fellow by the Program Director, rather than waiting for the evaluation period, so as to allow immediate guidance and correction. Continued deficiencies will proceed to a period of Academic Probation and possible termination.
- 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, as well as continuation in the current year of training, to allow the deficiencies to be addressed in real time.
- 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 and 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. These evaluations are designed to assess fellows using a competency based system in meeting the requirements of the NAS (Next Accreditation System) for achieving milestones commensurate with the level of training. Evaluation of faculty and fellow performance, in addition to program assessment, will be completed in a confidential manner utilizing online or electronic methods per each department. Mechanisms for providing regular and timely performance feedback to fellows include written and oral evaluation methods with oversight by

the Clinical Competency Committee and Scholarship Oversight Committee.

- Each fellowship program has a **Clinical Competency Committee (CCC)**, as per the ACGME guidelines, to provide broad input to the Program Director about each fellow's clinical performance. The CCC is comprised of a minimum of three faculty members that may include the Program Director, Associate Program Directors, Division Chief, and any member(s) of the subspecialty faculty. The CCC functions in an advisory role and reviews all completed written evaluations for each fellow and generates a summary and recommendations with respect to the performance and promotion recommendation for each fellow. The CCC meets semi-annually and assures reporting of the Milestones evaluations to the ACGME, prepares summary reports of the committee's recommendations and rationale, specifically gives a recommendation for promotion, remediation or dismissal, and advises the Program Evaluation Committee (PEC) about any specific relevant issue.
- Semi-annual written fellow evaluations from faculty mentors on progressive improvements in clinical competence (Milestones) 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.
- Faculty from other subspecialties may periodically provide unsolicited feedback and evaluations based on interactions during consultations and management of patients. Residents also have an opportunity to provide feedback on their clinical rotations and fellow interactions.
- Semi-annual clinical faculty evaluations are sought from the fellows and submitted anonymously so as to promote honesty and prevent the possible perception or 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 the Specialty-Specific manual at the start of each rotation. These evaluations will be reviewed collectively with the fellow on a semi-annual basis.
- 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.
- Educational/didactic evaluations are requested at all teaching sessions, including the required fellowship didactics, Journal Clubs and Case Conferences, and Resident 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 a semi-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 **Performance Improvement Plan (PIP)**. This will be reviewed in person with the Program Director at the time of the semi-annual reviews.
- A semi-annual evaluation is conducted between the Program Director and fellow. In addition, the Associate Program Director(s) (in those programs with these positions), Division Chief, and/or clinical or research mentors may participate. During this evaluation session, the CCC summary and recommendations of all clinical and research evaluations are discussed, feedback is sought, critical review is given, and future goals are discussed. Fellows are asked to prepare faculty and rotation evaluations prior to the CCC and in-person evaluation meeting and be prepared to discuss their individual **Performance Improvement Plan**, as well as give verbal feedback and criticisms to assist with future program development. The intent of these in person sessions is to discuss fully the evaluations, discuss the findings of the CCC, provide critical review of progress, determine if any deficiencies need to be addressed, and ensure the fellow is progressing as expected per year of training.

- 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 the training program including the final period of education. As with the semi-annual and annual end of year evaluations, the fellow is asked to provide a progress report or final work product on the research component of training, in addition to an updated Curriculum Vitae. All faculty evaluations are reviewed and final assessments are given by the CCC and SOC. 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 *final 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.
- Fellows and faculty are asked to perform a Program evaluation on an annual basis. The **Program Evaluation Committee (PEC)** (Section II.GG.) integrates these evaluations, along with faculty assessments of the program, to generate formal recommendations to the Program Director and GMEC on a yearly basis.
- Fellows in their research years (typically the second and third year) are asked to submit evaluations of the research faculty/mentor(s) and their research experience. In turn, research mentors are asked to submit an evaluation of performance of research duties on a semi-annual basis and participate in the SOC meetings. The **Scholarship Oversight Committee (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 at least three times during fellowship. See Section IV.

2. Academic Probation, Non-Renewal

The Program will maintain an evaluation and promotional review procedure that is in accordance with the guidelines issued by the relevant accreditation bodies (ACGME, ABP). (Refer to Section II.Y. in this manual and the Specialty Specific manual). If, significant deficiencies are identified at any time during the fellowship program by the Program Director, faculty, SOC and/or CCC, a remediation plan will be developed by the Program Director in conjunction with recommendations by the CCC and/or SOC as appropriate. A timetable of re-evaluation and performance expectations will be developed by the Program Director and discussed with the fellow. If, in the opinion of the Program Director and/or CCC or SOC as appropriate, these performance deficiencies are sufficiently serious, a written "Letter of Unsatisfactory Academic Performance" may be placed in the fellow's file simultaneous with a remediation plan. This action may also be accompanied by the simultaneous imposition of Academic Probation, if deemed appropriate, by the Program Director, in conjunction with the CCC or SOC, or the research and/or clinical mentor(s).

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

Academic probation may be imposed for academic or clinical performance deficiencies that are sufficiently serious and/or continue to occur despite attempts at remediation; or, at the discretion of the Program Director and CCC (or SOC as appropriate) at the same time as a remediation plan. 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 or terminated immediately.

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 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 including additional supervised clinical assessments. Additional interventions such as psychiatric evaluation and/or counseling may also be required as deemed appropriate by the Program Director in conjunction with the HR department.

- Immediate loss of moonlighting privileges.
- Probationary status shall be for a minimum of 1 month and not to exceed 3 months. Actual duration is contingent upon the fellow's progress and success in correcting identified deficiencies as determined by the Program Director, as well as input from the faculty and CCC. If the fellow shows significant progress but has continued deficiencies, the probation period may be extended at the discretion of the Program Director and CCC (or SOC if the deficiencies are related to research performance).

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" or "unsatisfactory" rating being issued to American Council of Graduate Medical Education (ACGME) and/or 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 or immediate dismissal from the program. 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 determine to not renew the fellow's agreement in accordance with the Appointments/Contracts section of this manual. The fellow may be immediately dismissed from the program per the discretion of the Program Director and or CCC (SOC if appropriate). In either case, the following guidelines must be followed:

- A written notice of intent to not renew the fellow's employment agreement or to terminate the fellow's employment agreement must be provided to the fellow as soon as possible but no later than 1 month prior to the end of their current agreement, unless the primary reason(s) for non-renewal occurs within the 1 month prior to the end of the agreement. Termination may occur following a designated period of remediation (1-3 months) if all goals have not been met by the fellow. The Program Director will meet with the fellow on a regular basis,

including at least 1 month prior to the end of the evaluation period, to provide insight on whether this goal is likely to be met. Termination from the program prior to the end of the academic year may result following Academic Probation and lack of meeting satisfactory performance. (See also Section II.AA, Disciplinary Guidelines).

- 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 Academic Probation or intent to not renew their employment agreement. Section II.AA.

Fellows have the right of formal appeal of evaluations and actions taken by the Program Director for marginal or unsatisfactory academic performance. Section II.Z.

3. 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 and care of new patients, and triaging phone calls/case management as appropriate.
- Fellows are expected to have performed independently (supervised by faculty) the common procedures (if applicable to the subspecialty) in their respective specialty. *Please refer to your Specialty-Specific manual for more information on this topic.*
- Fellows must demonstrate competency with indications for the procedures (if applicable to the subspecialty), familiarity with complications, obtaining informed consent (if applicable to the subspecialty), 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, if applicable to the subspecialty).

- 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. The Clinical Competency Committee is responsible for reviewing all verbal and written clinical assessments, summarizing their findings, assigning ACGME competency decisions, and making recommendations to the Program Director. The Program Director may serve on the CCC with other faculty representation.

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 Program 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, as appropriate or necessary for the conduct of their research, such as the Introduction to Clinical Research core classes offered at UCSF (specific for research involving human subjects). *Please refer to your Specialty-Specific manual for more information on this topic.*
- Fellows are expected to present their research progress before the Scholarship Oversight Committee, an external review board, 3-4 times during the fellowship, for critical review. The SOC's evaluation should reflect progress as appropriate at this stage of training and is responsible for making formal recommendations to the Program Director, mentors, and fellow regarding attainment of research competency and promotion. Section IV.

Z. **Appeal of Academic Probation, Grievances**

Fellows have the right of formal appeal of evaluations and actions taken by the Program Director, CCC and SOC, 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** and Chairperson of the Graduate Medical Education Committee no later than 30 days following notification of the evaluation or action.
- Upon receiving this request, an ad hoc committee led by the Chairperson of the GMEC will be formed to address and resolve the issue.
- This committee will be comprised of the Director of Graduate Medical Education, one Chief Resident (chosen by the Director of Graduate Medical Education), one senior fellow (chosen by the fellow), the Chairperson of the Graduate Medical Education Committee, and one additional Medical Staff faculty member (chosen by the fellow). The Chairperson of the GMEC will serve as the Chair of the Ad Hoc Appeals committee.
- This ad hoc committee shall investigate the process of Academic Probation and/or intent not to renew a contract, and reach a majority decision as to whether the process or action should 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.

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 this Fellowship Employment Manual, or disagree with actions taken by the Program Director under Section II.AA. Disciplinary Guidelines, the following grievance procedures are to be followed:

Step 1 – Both Union and Non-Union Residents

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 Director of Graduate Medical Education, with a copy to the Human Resources Department. See details below for the process and whom to notify based on Union or Non-Union employment.

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

Residents Within Union (PL1, 2, 3 and ER Fellows), Please see current Collective Bargaining Agreement Between UCSF Benioff Children's Hospital Oakland and Committee of Interns and Residents SEIU

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 be presented in writing to the Union within the time limits described in Step 1. Authorized 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 was been so presented shall be 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.

Non-Union Fellows

Step 2: The grievance shall be first discussed with the Program Director in an attempt to find a satisfactory solution.

Step 3: If a satisfactory resolution is not reached, this grievance shall then be submitted in writing to the following individuals, in order, until satisfactory resolution is reached:

- Division Chief
- Director of Graduate Medical Education
- Chief Medical Officer

Step 4: If a satisfactory resolution is not reached, then a three-member arbitration panel shall be appointed to consist of a Fellow representative, the Director of Human Resources and the Chairman of the Graduate Medical Education Committee. This arbitration panel shall investigate the matter and issue a binding, majority decision regarding the grievance.

AA. 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 Common and Specialty Fellowship Employment Manuals, or violations of the Personnel Policy and Procedures of UCSF Benioff Children's Hospital 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 (see Section II.Y), reporting of marginal or unsatisfactory performance to the ACGME (Milestones reporting), reporting of marginal or unsatisfactory performance ratings to the American Board of Pediatrics, and non-renewal of a fellowship contract or termination, 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 procedure outlined in Section II.Y.

BB. Fellowship Program Closure/Reduction

Should the sub-specialty training program at Children's Hospital & 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.

CC. Policy on Administrative Support for GME Programs in the Event of Disaster

Purpose: As the Sponsor of Graduate Medical Education Programs, Children's Hospital Oakland will provide administrative support in reconstituting and restructuring residents' and fellows' educational experiences as quickly as possible in the event of a disaster that causes significant disruption of the residents' or fellows' experience.

Procedure:

1. As soon as possible, but no later than five days after the declaration of such a disaster, the DIO or GMEC Chair will arrange a meeting of all program directors to determine whether or not each program can provide adequate educational experience to its trainees.
2. If any of the above individuals are unable to participate in the meeting, designees determined by the CEO, CMO, or Senior Ranking Physician Official at CHO, will be appointed as substitutes.
3. For any programs unable to provide adequate training, alternative arrangements will be sought for the trainees, and the ACGME will be consulted in all such arrangements.
4. Program Directors will contact the appropriate Review Committee Director with information or requests for information.
5. Program Directors will arrange temporary transfers of residents to other programs until the CHO program can provide adequate educational experience, or program directors will expedite permanent transfers if necessary.
6. If more than one program is available for temporary or permanent transfer of a particular resident, the preference of that resident must be considered.
7. All arrangements of temporary or permanent transfers will be done expeditiously so to maximize the likelihood that each resident will complete the year in a timely fashion.
8. Within 10 days after the declaration of a disaster, the DIO will contact the ACGME to discuss due dates that the ACGME will establish for the programs:
 - to submit program reconfigurations to ACGME

- to inform each program's residents of resident transfer decisions
- The due dates for submission will be no later than 30 days after the disaster unless other due dates are approved by the ACGME.

DD. Vendor Interactions Policy / Physician Conflict of Interest Policy Statement

Policy

In is the policy of UBCHO ("Hospital") that its residents and fellows are to refrain from any actual or perceived conflicts of interest with industry. Conflicts of interest arise where there is a divergence between an individual's private interests and his/her professional obligations to the Hospital, other medical staff, patients or employees such that an independent observer might reasonably question whether the individual's professional actions or decisions are determined by considerations of personal gain, financial or otherwise. A conflict of interest depends on the situation and not on the character of the individual.

General Principles

All Hospital clinical decision making and patient care must not be influenced by any relationships with vendors of pharmaceuticals or equipment. If conflicts arise they must be addressed appropriately and expeditiously. Hospital recognizes that interactions are the responsibility of both industry and Hospital personnel.

All faculty, students and staff have a responsibility to ensure, to the best of their abilities that all decisions about clinical care, research and educational content are independent and unbiased. The following guidelines have been adopted to minimize the potential for real or perceived bias in clinical care, education and research. These guidelines cannot identify every potential conflict, but rather serve as a general guideline upon which residents and fellows should act.

Guidelines

This policy incorporates:

1. Gifts, Meals, Books, Online Subscriptions, Promotional Items and Compensation
2. Drug Samples, Supplies and Equipment
3. Support for Educational and Other Professional Activities
4. Provision of Scholarships or Other Educational Funds

5. Travel funds
6. Speakers and Ghostwriting
7. Research Contracts
8. Disclosure of Relationships with Industry
9. Compliance by Industry

1. Gifts, Meals, Books, Online Subscriptions, Promotional Items and Compensation

a. Personal Gifts, regardless of value, from any industry representative may not be accepted by any resident or fellow as part of any work-related activity or during any clinical or other educational rotation. This includes, but is not limited to loans, economic opportunities, meals, tickets or vouchers for entertainment events, textbooks, software, online subscriptions, pens, notepads or cash. Under no circumstances can promotional items be used in patient care areas.

b. Individuals cannot accept compensation, including but not limited to, reimbursement for expenses associated with attending a CME presentation, sales talk or other activity in which the individual has no other role.

c. Payment of expenses may be provided for speakers at accredited educational meetings, consistent with guidelines developed by the Accreditation Council for Continuing Medical Education (ACCME) and Hospital policy.

d. Residents and fellows are strongly discouraged from accepting gifts of any kind from industry as part of non-professional activities

e. Meals and other gifts or donations given by industry may not be provided to any Hospital location. Industry may provide unrestricted funds to departments or divisions for educational programs. The funds will be managed in accordance with the Standards for Commercial Support of the ACCME.

f. Gifts may not be accepted in exchange for modifying patient care, such as prescribing or changing a patient's prescription.

2. Drug Samples, Supplies and Equipment

a. Proper discretion will be utilized to assure the distribution of drug samples are for the benefit of the patient, not for promotion.

b. Unrestricted donations of drug samples, supplies, equipment can be given to Departments and Divisions, who will then be able to determine the appropriate use.

c. Vendors may donate products for evaluation or educational purposes to a department or division, if there is a formal evaluation process and Hospital invites the donation. Items provided to Hospital at a discount or free as part of a formal contract are not considered a gift.

3. Support for Educational and Other Professional Activities

a. Commercial support for educational programs must be free of actual or perceived conflict of interest.

b. All of Hospital's educational programs must abide by the Standards for Commercial Support established by the ACCME.

c. All funds provided by industry or an industry representative to support educational programs must be given to Hospital as an unrestricted grant. The funds can be provided to the Department, Program or Division, but cannot be given to an individual faculty member, student or staff. This requirement applies to all funds for meals or refreshments, speaker honoraria, or any other expense related to an educational program and includes noon conferences, case conferences, grand rounds, and lectures at all Hospital sites. Funds that are provided by educational groups or other entities that act as 'intermediaries' for industry, must also be provided as unrestricted grants.

d. If they are requested to do so by the department / division chair or designee, vendors may provide education activities at a Hospital site. Fellows and residents are not required to attend.

e. To ensure accountability and to acknowledge generosity, records of the amount of funds contributed and the purposes for which they were used, will be kept by each Division or Training Program Director. These records should be available for review upon request by the Chair of the GMEC, the DIO (Designated Institutional Official) and training program directors.

f. Industry sponsors of educational programs may not determine the content or selection of speakers for educational programs.

g. Residents and fellows should carefully evaluate whether it is appropriate to participate in off-campus meetings or conferences that are partially or fully sponsored by industry, because of the potential for perceived or real conflict of interest.

h. If trainees elect to participate such above activities, then they should abide by the following requirements:

- Financial support should be fully disclosed by the meeting sponsor;
- The content of the meeting or session must be determined by the speaker, not the industry sponsor;
- The speaker must provide a fair and balanced discussion; and
- The speaker must make clear that the content reflects that of the speaker and not the Sponsor.

4. Provision of Scholarships or Other Educational Funds

a. Industry support for residents' and fellows' participation in educational programs must be free from any real or perceived conflicts of interest. All educational grants or programs must comply with the following requirements:

- The Training Program Directors must select the student(s) or trainee(s) for participation.
- The funds must be provided to the Department, Program or Division and not directly to the student or trainee.
- The Department, Program or Division must determine that the conference or program has educational merit.
- There is no expectation that the participant provides something in return for participation in the educational program.
- This provision does not apply to merit based awards which will be considered on a case-by-case basis.

5. Travel Funds

a. Industry that is interested in having Hospital residents and fellows attend meetings should provide unrestricted grants to a designated fund for educational conferences and meetings. The DIO or Program Director will disburse the funds.

6. Speakers and Ghostwriting

a. Residents and fellows are prohibited from publishing articles that are substantially or completely "ghost" written by industry

representatives. Residents and fellows who publish articles with industry representatives must participate in a meaningful way to the interpretation of data and/or the writing of the article and their opinion must be data-driven and not for hire. Residents and fellows shall be listed as authors or otherwise be cited for their contribution.

b. All financial interests of the authors shall be listed in accordance with the standards of the journal.

7. Research Contracts

a. To promote scientific progress, Hospital will accept grants for general support of research (no specific deliverable products) from pharmaceutical and device companies in accordance with established CHORI policies.

8. Disclosure of Relationships with Industry

a. Residents and fellows must disclose all financial interests with outside entities in accordance with Hospital policy. Depending on the activity, the disclosure requirements are set forth below.

- For research activities the relationship must be disclosed to the CHORI Conflict of Interest Committee.
- All publications should be in compliance with the guidelines of the International Committee of Medical Journal Editors (www.icmje.org).
- All continuing medical education activities must be disclosed and resolved as defined by the Office of Continuing Medical Education and the ACCME (<http://www.accme.org>).

b. Residents and fellows who serve as consultants, members of a speakers' bureau or have an equity interest in or similar relationship with industry for which they receive personal compensation or other support must recuse themselves from decision making regarding the selection of products or services to be provided to Hospital (i.e. selection of drugs to be added to the formulary). Similarly, residents and fellows with such ties to industry shall not participate in decisions regarding the purchase of related items, drugs, procedures in their department unless requested to do so by the purchasing unit and after full disclosure of the industry relationship. In all circumstances, the financial relationship must be disclosed and any conflict resolved prior to participation any decision making.

c. Residents and fellows with financial relationships with industry must ensure that their responsibilities do not affect the ability to

properly supervise and educate students and trainees or influence employment decisions for Hospital. All relationships must be disclosed and resolved as defined by ACCME.

9. Compliance by Representatives

a. Industry representatives are permitted in non-patient care areas by appointment only. Industry representatives are not permitted in any patient care areas except to provide scheduled and approved in-service training on devices and other equipment for which there is an executed Hospital contract for these services.

EE. Institutional Agreements

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.

FF. Committee Representation

Fellows are encouraged to join a Medical Staff committee as a trainee representative. 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, on a rotating voluntary basis, will be appointed to the Graduate Medical Education Committee. There is a rotation amongst the disciplines each year to allow for fellow representation from each department with a fellowship program. All fellows are required to participate in their Division's Quality Improvement process. Additionally, fellows are asked to participate in the Program Evaluation Committee and Fellowship Selection Committee.

GG. Program Evaluation Committee (PEC)

The goal of the **Program Evaluation Committee (PEC)** is to provide oversight for curriculum development and program evaluation for each fellowship program. The ACGME requires that each residency and fellowship program have a PEC in place. The PEC will have at least three members with two program faculty, at least one of whom is a

core faculty member, and one at least one fellow. One faculty member will serve as the chair of this committee. The committee will be responsible to:

Plan, develop, implement, and evaluate educational activities of the program;

Review and make recommendations for revision of competency-based curriculum goals and objectives;

- Address areas of non-compliance with ACGME standards;
- Review the program annually using evaluations of faculty, fellows, and others;
- Document on behalf of the program, formal, systematic evaluation of the curriculum at least annually and render a written Annual Program Evaluation (APE), which must be submitted to the GMEC annually in the Annual Program Director Update;
- Monitor and track each of the following: fellow performance; faculty development; graduate performance including performance on the sub-specialty in-training exams (SITE), certifying examination; program quality; and progress in achieving goals set forth in the previous year's action plan;
- Review recommendations from the **Clinical Competency Committee (CCC)**.

The PEC will be provided with confidential fellow and faculty evaluation data.

The Program Director is ultimately responsible for the work of the PEC and must assure that the annual plan is reviewed and approved by the programs' teaching faculty. This approval must be documented in meeting minutes. The program's annual action plan and report on the program's progress on initiatives from the previous year's action plan must be sent to the GMEC annually.

HH. Quality Improvement Project

Fellows are required to conduct Quality Improvement projects to meet a competency. This project is typically conducted in the first year of fellowship and may continue into the second or third years depending on scope of the study. Fellows will be expected to attend appropriate meetings and actively participate in the planning, implementation, and analysis of an intervention on a practice outcome as identified by the department. A designated mentor will provide oversight for this task and assist with the identification of a suitable project. Fellows will be asked to write a summary of the QI project and present it at the Departmental physician meetings. The respective fellows will also be responsible for the educational component of the project, such as new teaching or dissemination of information to other departments or staff at the hospital. This summary will become part of the fellow's portfolio.

II. Accommodations for Disabilities

Please see HR policies for details.

III. Clinical Responsibilities

A. Charting Requirements

Accurate and timely medical record documentation is an important part of each fellow's patient care responsibilities. BCHO utilizes EPIC as the electronic medical record (EMR) and all fellows will receive training at the orientation. 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 BCHO 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.

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 **S**ubjective, **O**bjective, **A**ssessment, **P**lan (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 and must only be used in situations in which failure to do so would be detrimental to patient care. Physicians are required to place all orders in EPIC. 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.

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 patient's 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 or nurse practitioner assigned to the patient is responsible for completing the discharge summary and after visit summary (AVS) prior to discharge in EPIC.

B. Informed Consent

Please refer to your Specialty-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.
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.

BCHO 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 (if applicable)

Please refer to your Specialty-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 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 and CCC determine with respect to each procedure if a fellow has achieved procedural competence. This is documented in the semi-annual reviews.

G. Teaching Conferences

Please refer to your Specialty-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. 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 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.
- **Resident 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.
- **Professionalism lectures:** 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, wellness, and sleep hygiene. Fellows are expected to attend this series of professionalism lectures. The Program Director will post a list of these special conferences and send e-mail reminders to the fellows and staff. The schedule is also available on the CHONet.
- **Children's Hospital Oakland Research Institute (CHORI)** hosts several conferences a month, typically on Tuesday afternoons, given by the CHORI staff or visiting scientists.
- **Scholarship Oversight Committee** sessions will be held in the Outpatient Center. These sessions occur about quarterly. All subspecialty fellows based at Children's Hospital Oakland attend these sessions. Each fellow is given the opportunity to present their research to the group at least annually, and individual fellowship programs may have different requirements for frequency of presentations. 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

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

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 (see section G. Teaching Conferences).

4. Mentorship

A mentor is one of the most influential figures in the life of an aspiring doctor. Mentoring is a reciprocal relationship between an advanced career incumbent (the mentor) and a junior faculty member or physician in training (the mentee) aimed at fostering the professional and personal development of the mentee. Many successful clinicians and scientists identify early positive role models as mentors critical to their success. At various times, the mentor serves as a teacher, sponsor, advisor, and role model. The most critical function of the mentor is to support and assist the junior person to succeed. Mentoring in academics is traditionally divided into several categories: clinical, research, and career. Additionally, there may be personal mentors for navigating through difficult times and situations, relationship building, and offering guidance in “balancing” personal and career objectives. It is important to distinguish between these types of mentors as they differ in goals, skills, and the fundamental relationship between the mentor and mentee.

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

The goal of the research mentor is to develop the research career of the mentee. This involves the acquisition of research skills, selecting and conducting research projects, presenting research findings at national meetings, ensuring completion and submission of manuscripts, assisting in networking, and teaching the mentee how to obtain extramural funding.

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

The responsibilities of the mentor include:

- Being available;

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

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

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

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

5. Fellows College at UCSF

CHO pediatric sub-specialty fellows have been invited to participate in the Fellows College at UCSF. This program offers quarterly activities to assist fellows in the continuing development of teaching, education and leadership. Fellows are divided by year of training and attend specific seminars providing instruction in clinical teaching methods, assessment of educational tools, and new strategies for effective teaching. Professionalism topics common to all sub-specialties are also presented in this forum, in addition to development of skills in assessment, portfolio building, and career development. The college will also offer opportunities to attain and enhance skills in the conduct of clinical or basis science research, in addition to networking with other fellows conducting research. All fellows are encouraged to attend and will be relieved of their clinical or research duties for one

day on a quarterly basis. The program directors will inform fellows of the Fellows College dates and place them on the e-mail list for direct contact to register for these programs.

I. Clinical Objectives and Responsibilities

Fellows will assume primary care responsibility for all the patients on their service. Each sub-specialty program will create level specific competencies for each year of fellowship, commensurate with the EPAs. 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. Following are specific fellow clinical responsibilities for fellows:

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.
- See all consultations with appropriate documentation and communication.
- Chart all interactions, assessments, management plans, consents every day.
- Ensure seamless transition of care in sign-out procedure to next on-call fellow or attending.

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 III.K. Supervisory Lines of Responsibility).
- Prepare didactic/case presentations for the residents on the service.

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

J. Teaching

The Pediatric specialty fellow serves as a primary teacher for pediatric residents on the inpatient and outpatient 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 may be asked to prepare 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. Fellows are encouraged to attend the UCSF Fellows College which provides course work in basic teaching principles. These principles include preparation of material, development of teaching tools, knowledge of adult learning techniques, use of information technology, skills to participate effectively in curriculum development, and the assessment of efficacy in teaching. See Section III.H.5.

K. Supervisory Lines of Responsibility

See also Specialty specific manual. 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. 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.

L. Entrustable Professional Activities and Milestones

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

EPAs for Pediatrics, all sub-specialties:

- Provide for and obtain consultation with other health care providers caring for children.
- Manage information from a variety of sources for both learning and application to patient care.
- Contribute to the fiscally sound and ethical management of a practice.
- Lead and work within inter-professional health care teams.
- Facilitate handovers to another healthcare provider either within or across settings.
- Engage in mindful practice.
- Lead within the subspecialty profession.
- Apply public health principles and improvement methodology to improve the health of populations, communities and systems,
- Engage in scholarly activities through discovery, application, and dissemination of new knowledge (broadly defined).

EPAs for each sub-specialty will be available in the Specialty-Specific manual.

IV. Research Funding/Competence/Scholarship Oversight Committee

The ABP (American Board of Pediatrics) requires all subspecialty pediatric residents to participate in scholarly activities during fellowship training. These activities include: participation in a core curriculum, scholarly activities resulting in a work product, and periodic review by the scholarship oversight committee. Please see ABP requirements for scholarly activity at: <https://www.abp.org/content/scholarly-activity>. 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 research. Adult EM fellows may complete a two year training in the Pediatric EM program.

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, though may have not sufficient pilot data to do this until the third 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, and the 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 series as well as individual core curriculum. Additionally, fellows have access to the Training and Introduction to Clinical Research (TICR) course and the Fellows College at UCSF. Other courses may be available depending on area of interest and coursework required by a research mentor. Presentation of research activities in written and lecture format on a periodic basis, with critical review, such as at the SOC, also assists the fellows with accomplishment of many of these goals.

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.

The Scholarship Oversight Committee (SOC) in conjunction with the trainee, mentor(s), primary reviewer(s), 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) and primary reviewer(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)

Review of scholarly activity occurs at the local institution. Each fellow must have a Scholarship Oversight Committee. The SOC should consist

of three or more individuals, at least one of whom is based outside the subspecialty discipline; the fellowship Program Director may serve as a trainee's mentor and participate in the activities of the SOC, but should not be a standing member of that fellow's committee. The SOC will:

- 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 during the training period.
- Meet with the fellow early in the training period and regularly thereafter to evaluate progress related to the scholarly activity.
- Requires the fellow to present/defend the project related to his/her scholarly activity.
- Advises the Program Director and mentor(s) on the fellow's progress and determines whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities.

The ABP requires that members of the SOC complete documentation of critical review of the fellow's completed work product at the time of application for the subspecialty certifying. The Program Director is responsible for ensuring completion of this documentation in addition to review and acceptance of the individual fellows' Personal Statement summarizing education and career goals in the context of the research project.

F. Guidelines for Fellow Presentation to the Scholarship Oversight Committee

The American Board of Pediatrics requires subspecialty fellows to complete a work product in scholarly activity that has been approved by an advisory and review committee, the Scholarship Oversight Committee (SOC). Fellows work with their division and Program Director to develop an area of interest and develop a hypothesis driven project. The Program Director (or Fellowship Research Director if applicable) provides guidance on project selection in addition to appropriate mentorship for the research period (typically 2 years). The SOC has assumed an integral role in providing critical review and guidance to fellows, mentors, and Program Directors. The Program Directors have developed guidelines for fellows on how to present and utilize the SOC for attainment of the goal of completion of a scholarly activity.

Fellows are required to present their research periodically over the course of their training. It is recommended that fellows present to the

SOC on at least 3-4 occasions (specific requirement is per program) during the course of their training.

The **Initial Presentation** is the fellow's proposal for research, including background review, hypothesis, and methodology. It should also contain a brief description of how this scholarly project will allow the fellow to achieve his or her stated short and long term goals. The presentation should include:

1. A Title of the project that reflects its content.
2. Listing of all investigators and lab, please include your primary mentor(s), Program Director, and Primary Reviewer(s).
3. Background and relevance: Provide a clear explanation of the relevance and complete discussion of the background with references.
4. Research question/study hypothesis: Provide a clear statement of the problem and questions with a clear statement of the hypothesis.
5. Methodology: Provide a clear explanation of the methodology and methods of analysis.
6. Provide a realistic timeline for the project completion during the course of the fellowship.

During the research fellowship, 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, fellowship Program Director, and project mentor(s).

Subsequent Presentations (2) should include the following elements:

1. A Title of the project that reflects its content.
2. Listing of all investigators and lab, please include your primary mentor(s), Program Director, and Primary Reviewer(s).
3. Background and relevance: This should be briefly reviewed in oral presentation with 1-2 slides, though should be more detailed in the written progress report and build on the prior submission.
4. Methodology: Give a clear description of the research methods and scientifically appropriate data/analytic plan. Outline any changes since the most recent presentation.
5. Results: Present results to date and analysis with relevant graphs, tables, figures that are clear.
6. Limitations: Discuss any project limitations and the plan to address these.
7. Funding: Identify if any grant funding has been sought or received.
8. Provide a realistic timeline for the project completion and publication of abstracts and manuscripts during the course of the fellowship.

A **Final Presentation** is given by each fellow at the conclusion of the third year, typically in early June. Additional requirements by the ABP for completion of scholarly activity are included in this presentation. Guidelines for this final presentation are as follows:

1. A Title of the project that reflects its content.
2. Listing of all investigators and lab, please include your primary mentor(s), Program Director, and Primary Reviewer(s).
3. Background and relevance: This should be briefly reviewed in oral presentation with 1-2 slides, though should be more detailed in the written progress report and build on the prior submission.
4. Methodology: Give a clear description of the research methods and scientifically appropriate data/analytic plan. Outline any changes since the most recent presentation.
5. Results: Present results to date and analysis with relevant graphs, tables, figures that are clear.
6. Limitations: Discuss any project limitations and the plan to address these.
7. Identify if any grant funding has been sought or received, and how it will be funded if you plan to continue your work post fellowship.
8. Publications: List any publications and national/regional abstracts/posters/presentations. If the project publication is not yet complete give a timeline.
9. The ABP requires fellows completing their training and applying for subspecialty boards to write a **personal statement** on how this Scholarly Activity has meaningfully contributed to their career development. The written statement is 1-2 pages in length and will be formally reviewed by the SOC. 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 oral presentation should include a slide with summary points addressing this topic.

Fellows are asked to submit a formal research **Progress Report** and up to date **Curriculum Vitae** at the time of each SOC presentation. The guidelines above should assist fellows in development of the research report and oral presentation. The progress report should be a document in development throughout the fellowship, with more in depth discussion of each section as the project matures. Expectations for the fellow's SOC presentation are as follows:

1. Submit a written progress report (summary of the background, hypothesis, research methodology and/or study design, methods for statistical analysis, and results to date) **at least 1 week** prior to

the date of presentation to your fellowship director and the SOC chairperson, Caroline Hastings MD.

- a. Include all elements as listed above in your written report.
 - b. State if work has resulted in abstract, poster, oral presentation, or manuscript and submit copies (also state if this is in progress).
 - c. Updated curriculum vitae.
2. Prepare a **10-minute power point presentation** highlighting the key elements of your research as detailed in the written summary and per the guidelines above according to year of fellowship. Please adhere to this 10-minute rule for the initial and subsequent presentations. Due to time limitations please do not repeat your background or supporting data (other than a brief summary slide). The committee will have had the opportunity to read your report ahead of the meeting and be familiar with this aspect of the work.
 3. The fellows will be allowed **15 minutes for the final presentation**. Each presenter should include an initial slide with a financial disclosure statement for the CME program.
 4. Following the presentation, a 10 to 15-minute question and answer session will proceed, led by the moderator, the fellow's primary reviewer(s), and members of the SOC. Fellows are not present during this discussion, though their advocates will be present.
 5. The moderator will then give an oral synopsis of critical feedback to each fellow and complete a written evaluation summarizing the findings and recommendations of the SOC. Should there be a need for a short interval assessment, the SOC chairperson will work with the Program Director and mentor(s) to arrange so as to ensure the fellow's success with the project and subsequent SOC presentations.
 6. General recommendations for slide preparation should include clear and readable information without too much information; figures/tables/graphs as a means of displaying data; and practice to ensure adherence to the time guidelines. The SOC does include presentation style and skills (oral and slides) in addition to the ability to defend and discuss the presentation in an articulate and scientific manner in the evaluation process.
 7. It is expected that the fellow's research mentor(s) and primary reviewer(s) be present at the presentation and evaluation session. Fellows are expected to communicate in advance with these investigators regarding the dates of presentation. Also, fellows are asked to review the progress report and practice the presentation with their respective research mentor(s) and/or division and lab prior to committee review. The primary reviewer(s) will be assigned in advance by the Program Director, SOC Chair, and mentor(s). These individuals serve as the individual fellow's critical review committee and advocates and assist the SOC with understanding the relevance and content of the scholarly 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 and Evaluation of Competence

The ABP requires Pediatric Sub-Specialty fellows to prepare a summary of the final work product or submit a manuscript in addition to the **Personal Statement** as described above. The committee will be asked to sign off on both these activities.

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.

I. SOC: Guidelines for Committee Members

The ABP requires review of scholarly activity occur at the local institution. As members of this committee, you are asked to follow the guidelines as set forth by the ABP for the purpose of fellows to attain competence in the conduct of research. SOC members are comprised of faculty and visiting scientists and clinician scientists directly involved in the research being conducted by fellows at Children's Hospital Oakland. Roles of the committee are varied and include: Moderators, Mentors, Primary reviewers, and general

committee participants and reviewers. Additionally, all subspecialty Program Directors and fellows attend each meeting, in addition to interested CHORI and CHO faculty (including residents and post-doctoral students) for educational interest.

There are 3 subspecialty programs at CHO who utilize the SOC committee for formal review of fellowship research activity: Emergency Medicine, Infectious Diseases, and Hematology Oncology. Each Pediatric subspecialty fellow is asked to present to this committee four times during the research years of the fellowship training period. It is additionally recommended that fellows present their work internally and have the opportunity for periodic critical review by clinician-scientists in their field.

The SOC serves the following functions:

- Determination of whether a specific activity is appropriate to satisfy the ABP requirements for scholarly activity.
- Evaluation of the fellow's progress as related to scholarly activity during the research fellowship (2 to 3-year period).
- Make recommendations to the Program Director, mentor(s), and fellow on the fellow's progress and assess whether the fellow has satisfactorily met the ABP requirement for active participation in scholarly activities.
- Make a final determination of accomplishment of research competence.

It is required that a minimum of three members of the committee be present for review and discussion for each presentation, at least one based outside the subspecialty discipline. The research mentor(s) and Program Directors may not sign off on the evaluations so as not to introduce bias. The Primary Review(s) should focus on an individual fellow's scholarly work and meet on a regular basis with the fellow and mentor(s).

Format for the SOC:

The SOC meets quarterly in the evenings at CHORI (third Monday of the month March, September, and December and the first Monday in June) and hears 2-4 fellow presentations. Each fellow is allotted 30 minutes for an oral presentation with slides, Q&A led by the moderator and primary reviewer(s), and an oral evaluation. Program Directors, mentors, and primary reviewers are asked to be present for the entire period.

The research and clinical components of the fellowship are integrated in a cohesive, synergistic manner. Each participant in the fellow's educational experience plays a critical role in this process of ensuring

communication and an optimal experience for the fellow. The Program Director assumes a leadership role and works directly with each of the mentors to ensure the scientific program is accomplished and the requirements of the accreditation have been met.

All **fellows** are required to attend each SOC meeting, even if not presenting. Presenting fellows are requested to review their work and written materials with their mentor(s) and primary reviewer(s) in advance and practice the oral presentation prior to the SOC. Presenters are required to submit their written initial or progress reports one week prior to the SOC meeting, for distribution by the SOC chairperson to the committee to allow ample time for review. Fellows should adhere to the Guidelines for Fellow Presentations to the SOC to ensure appropriate presentation materials and adherence to the committee requirements. Practice is encouraged as this format is intended to teach fellows the art of didactic and research presentation in an academic setting, such as at a national meeting, and the presentation is also evaluated for style and content.

Program Directors are requested to attend each committee session, though cannot formally be on a committee for their respective fellows (per ABP guidelines). Program Directors serve the following roles in the SOC:

1. Determine dates for respective fellow presentations.
2. Assist with project development and selection of mentor(s) and primary reviewer(s).
3. Assure each fellow is timely with document submission and well prepared for each oral presentation.
4. Work with the fellows to review submitted written materials and practice of oral presentations prior to each meeting.
5. Assure for the final presentation, appropriate written mentor and primary reviewer evaluations are submitted to the SOC.
6. Assure all ABP documentation is completed at the time of the final presentation to include the SOC review of the scholarly work product and the personal statement.
7. Encourage faculty in the division to attend the fellow's SOC meeting to support their work and participate in the discussion and review.

The specific role of **the Research Mentor** is as follows:

1. Assist the fellow in development of a scholarly activity that meets the requirements as above and can be realistically completed by the end of the third year of fellowship.
2. Provide direct oversight and guidance.
3. Be available and meet regularly to review progress.

4. Assist the fellow with presentations to the SOC, act as an advocate, and attend all SOC presentations by that fellow.
5. Develop timelines and insist on completion of projects.
6. Seek extramural funding and provide assistance in submission of such grants.
7. Provide semi-annual written evaluations on the fellow's progress in the scholarly activity to the Program Director.
8. Meet periodically in a formalized manner with the fellow, Program Director, Division Chief, and/or relevant faculty to discuss the progress and timelines.
9. Provide a formal written evaluation of the final research work product to the SOC at the time of the final presentation, to be utilized by this committee in its review and decision regarding accomplishment of the research requirement for the ABP.

The specific role of the **Primary Reviewer** is as follows:

1. Serve as an expert reviewer of the research being conducted by the fellow;
2. Ensure the project is appropriate for the fellowship given the requirements of the ABP.
3. Ensure the hypothesis and methods are sound, and provide advice on data interpretation and analysis.
4. Ensure timelines are adhered to.
5. Provide advice/editorial support on progress reports, grant submissions, abstracts, and publications.
6. Meet with the fellow and research mentor(s) from the time of inception of the project and periodically throughout the conduct of the research project. It is suggested that the primary reviewers meet at least quarterly and just prior to the SOC presentation.
7. Serve as an advocate for the fellow with the goal of ensuring their successful completion of the project and attainment of the goal of learning how to conduct meaningful research.
8. Provide expert advice to the SOC regarding the relevance and content of the work product and the fellow's progress.
9. Complete a written evaluation at the time of the final presentation to the SOC.

Primary reviewer(s) are selected in advance by the Program Director, mentor(s), and/or SOC chairperson. There may be 1-3 primary reviewers for each fellow.

A **Moderator** will be assigned to each meeting of the SOC. The specific role of the moderator is as follows:

1. Lead each SOC meeting, introduce each fellow presenter, and assure adherence to timeliness of presentations.
2. Lead the question & answer and evaluation sessions.

3. Ensure professional conduct and determine appropriateness of questions directed to the fellow during the Q&A session.
4. Provide an oral synopsis of the SOC critical review and recommendations to the fellow.
5. Complete the written evaluation forms and ensure they represent the discussion and recommendations of the committee.

The **SOC chairperson** serves the following duties:

- Creates the fellows' presentation schedule with input from individual program directors.
- Assists mentors and program directors with the selection of primary reviewers for each fellow.
- Selects moderators for each session.
- Creates and distributes guidelines for fellows and committee members.
- Oversees CME requirements with creation of Goals/Objectives, developing and collating evaluation forms, and submitting annual reports.
- Maintains records of attendance, submitted documents, and evaluations (and ensure respective program directors receive these documents/forms as well).
- Creates and distributes appropriate evaluation forms for initial, on-going, and final fellow evaluations, in addition to mentor and primary reviewer evaluations, and special reviews.
- Communicates with fellow presenters and Program Directors to coordinate the schedule, collect the required documents and submit to the SOC in advance of each meeting.
- Assists to coordinate special reviews or SOC sub-groups for fellows needing additional support or who are at risk for not meeting research requirements.

General committee members are asked to attend a minimum of 50% of the SOC meetings and be prepared in advance with reading the submitted materials. Additionally, general committee members may serve as moderators, mentors, or primary reviewers. Comments and discussion with critical review are highly valued and appreciated by all the members. It is expected that critical review will be given in a professional and constructive manner.