Pediatric Infectious Diseases Fellowship Program
Program Curriculum, Goals and Objectives, and Policies

Program Director: Jason B. Weinberg, MD (jbwein@umich.edu)
Assistant Program Director: Michael E. Watson, MD, PhD (mewats@umich.edu)
Program Coordinator: Sandra J. Klaus (sjklaus@umich.edu)
Division Director: John J. LiPuma, MD (jlipuma@umich.edu)
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Pediatric Infectious Diseases Fellowship Program:
Key Clinical Faculty

- John J. LiPuma, MD (Division Director)
- Jason B. Weinberg, MD (Program Director)
- R. Alexander Blackwood, MD, PhD
- Suzanne R. Dawid, MD, PhD
- Janet R. Gilsdorf, MD
- Terri L. Stillwell, MD, MPH
- Alison C. Tribble, MD
- Michael E. Watson, MD, PhD
Pediatric Infectious Diseases Fellowship Program:
Structure and Committee Membership

**Division Director:**
John LiPuma, MD

**Program Director:**
Jason Weinberg, MD

**Assistant Program Director:**
Mike Watson, MD

**Program Coordinator:**
Sandra Klaus

**Program Evaluation Committee:**
- Jason Weinberg, MD
- Mike Watson, MD, PhD
- Suzy Dawid, MD, PhD
- Elizabeth Lloyd, MD

**Clinical Competency Committee:**
- Suzy Dawid, MD, PhD (Chair)
- John LiPuma, MD
- Terri Stillwell, MD, MPH
- Mike Watson, MD, PhD
- Jason Weinberg, MD
Curriculum Overview

General Overview
Fellows in Pediatric Infectious Diseases participate in a 3-year program that provides training to prepare them for successful careers in Pediatric Infectious Diseases and to assure their qualification for the American Board of Pediatrics certifying examination in Pediatric Infectious Diseases. Fellows spend time on the Pediatric Infectious Diseases Inpatient Consult Service during each year of the program and also care for patients in an outpatient setting, evaluating new patients and managing established patients in one or two half-day clinics per week throughout the year. The remainder of each year is devoted to a mentored research project, which is tailored to meet their educational and career goals. Fellows identify a research mentor and project during their first year, and the majority of their research project is conducted during the second and third fellowship years. The overall structure of the program is outlined in the figure below.

Clinical Training
- Pediatric Infectious Diseases Inpatient Consult Service (PC/MK/PBL/ISC/P/SBP)*
- Outpatient Clinics (PC/MK/PBL/ISC/P/SBP)
  - New patients are generally seen in a Monday morning clinic.
  - Established patients are seen in a Wednesday morning clinic.
  - Interested fellows see patients with primary immunodeficiencies in the Immuno-Hematology Clinic, which is held two Friday mornings of each month.
- Fellows attend Microbiology Rounds when on the Inpatient Consult Service. Laboratory staff leads short educational sessions devoted to topics in Clinical Microbiology. (PC/MK/SBP)
- Patient care experiences are complemented by educational sessions in a variety of settings.
  - Pediatric Infectious Diseases Clinical Conference (PC/MK/PBL/ISC/P/SBP)
  - Pediatric Infectious Diseases Fellow Core Conference Series (PC/MK/PBL/ISC)
• Pediatric Infectious Diseases Journal Club (PC/MK/PBL/ISC/P/SBP)
• ID Fellows Conference (PC/MK/PBL/ISC)
• ID Grand Rounds (PC/MK/ISC)
• Immuno-Hematology Conference Series (PC/MK)
• Primary Immunodeficiency Conference Series (PC/MK/ISC)
• Department of Pediatrics Grand Rounds (PC/MK)
• Department of Pediatrics Fellow Core Conference Series (PBL/ISC/P/SBP)
• Gorgas Case Series – online case series focused on tropical diseases (PC/MK)
• CDC Self-Study STD Modules for Clinicians – online modules (PC/MK)
• IDSA/SHEA Infection Control Fellows Course – online modules (PC/MK/SBP)

• Fellows participate in a Clinical Microbiology Laboratory rotation during their first year in which they become familiar with common techniques used to identify pathogens in patient samples. (PC/MK/SBP)
• Fellows are encouraged to participate in Infection Control meetings and Antimicrobial Stewardship Program meetings. Fellows with appropriate career interests can become more active in Infection Control and Antimicrobial Stewardship Program activities. (PC/MK/PBL/ISC/P/SBP)

Research Training
• A mentored research project is the core of each fellow’s research training. (MK/PBL/ISC/P/SBP)
• This experience is complemented by participation in lab meetings, conferences in clinical and basic science departments, and other opportunities throughout the University of Michigan that are chosen based on research interests. (MK/PBL/ISC/P/SBP)
• Sessions in the Department of Pediatrics Fellow Core Conference Series are devoted to relevant topics such as statistics and study design, manuscript and grant writing, mentoring, and job interviewing. (PBL/ISC/P/SBP)
• Fellows are expected to present their research at relevant local and national scientific meetings. Examples include: (PC/MK/PBL/ISC/P/SBP)
  o St. Jude/PIDS Pediatric Infectious Diseases Research Conference
  o ID Week (Annual Meeting of IDSA, PIDS, SHEA, HIVMA)
  o American Society for Microbiology General Meeting and other ASM Conferences
  o Annual Meeting of the American Society for Virology
  o University of Michigan Annual Pediatric Research Symposium

*Relationship to Core Competencies
PC – Patient Care
MK – Medical Knowledge
PBL – Practice-Based Learning and Improvement
ISC – Interpersonal and Communication Skills
P – Professionalism
SBP – Systems-Based Practice
Summary of Program Requirements

Year 1
Clinical Training
- Inpatient Consult Service (4-6 months)
- New Patient Clinic (2-3 Mondays/month)
- Established Patient Clinic (every Wednesday)
- Immuno-Hematology Clinic (1-2 Fridays/month)
- Clinical Microbiology Lab Rotation (1 month early in the year)

Research Training
- Select research mentor and research project (in first 6 months)
- Form Scholarship Oversight Committee (in first 6 to 12 months)
- First meeting of Scholarship Oversight Committee (by end of Year 1)
- Write fellowship training grant (many relevant awards have Winter/Spring deadlines)

Teaching
- Present at ID Grand Rounds (1-2 times/year)
- Present at Primary Immunodeficiency Conference (1-2 times/year)
- Present at Pediatric Infectious Diseases Journal Club (monthly)

Year 2
Clinical Training
- Inpatient Consult Service (2-4 months)
- New Patient Clinic (2-3 Mondays/month)
- Established Patient Clinic (every Wednesday)
- Immuno-Hematology Clinic (1-2 Fridays/month)

Research Training
- Continue to work on research project
- Scholarship Oversight Committee meetings (minimum 2 times/year)
- Research Presentation to Pediatric Infectious Diseases Division (1 time/year)
- Other research presentations depending on specific project and setting

Meetings/Conferences
- University of Michigan Pediatric Research Symposium (Fall)
- St. Jude/PIDS Pediatric Infectious Diseases Research Conference (February)

Teaching
- Present at ID Grand Rounds (1-2 times/year)
- Present at Primary Immunodeficiency Conference (1-2 times/year)
- Present at Pediatric Infectious Diseases Journal Club (monthly)

Year 3
Clinical Training
- Inpatient Consult Service (2-4 months)
- New Patient Clinic (2-3 Mondays/month)
- Established Patient Clinic (every Wednesday)
- Immuno-Hematology Clinic (1-2 Fridays/month)

Research Training
- Bring research project to completion
• Finish and submit manuscript
• Scholarship Oversight Committee meetings (minimum 2 times/year)
• Research Presentation to Pediatric Infectious Diseases Division (1 time/year)
• Other research presentations depending on specific project and setting

Meetings/Conferences
• University of Michigan Pediatric Research Symposium (Fall)
• Relevant local and national conferences (e.g. PAS, IDSA, ASM, ASV)

Teaching
• Present at ID Grand Rounds (1-2 times/year)
• Present at Primary Immunodeficiency Conference (1-2 times/year)
• Present at Pediatric Infectious Diseases Journal Club (monthly)
ABP Requirements for Fellowship Completion

The following items must be submitted to the ABP at the end of the third year of fellowship in order to be eligible to sit for the Pediatric Infectious Diseases Qualifying Exam. Although they are submitted to the ABP in June, it is best to plan ahead and complete them by May of the third year of fellowship.

- Verification of Competence Form (completed by Program Director; submitted to ABP in June of Year 3)

- Personal Statement (completed by fellow; submitted to ABP in June of Year 3). According to the ABP, the personal statement is integral to the requirement for Scholarly Activity and should:
  - be several pages in length
  - comment on the fellow’s intended career path upon entering fellowship and reasons for choosing a specific area of scholarly activity
  - describe his/her 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.
  - explain how the Scholarly Activity will further his/her career plan
  - reflect upon the educational value of the pursuit of this project

- Scholarship Work Product (completed by fellow; typically a submitted or published manuscript based on the fellow’s research; can be a written summary of research in manuscript form if not yet submitted or published; submitted to ABP in June of Year 3). According to the ABP:
  - The ABP allows numerous options for engagement in scholarly activity, but the substance of the work product must meet the ABP’s expectations. Fellows are expected to complete projects in which they develop hypotheses or projects of substantive scholarly exploration and analysis requiring critical thinking.
  - Abstracts, book chapters, case reports, and review articles would not be expected to meet the requirement for Scholarly Activity, nor would a proposal of work to be completed unless it is a peer-reviewed grant that has been funded or favorably reviewed.

- Cover sheets for both the Personal Statement and Scholarship Work Product are signed by the fellow, the Program Director, and all members of the fellow’s Scholarship Oversight Committee. The signed cover sheets are submitted to the ABP with the Personal Statement and Scholarship Work Product.
Pediatric Infectious Diseases Fellowship Program Policies:
Travel and Educational Funds

Conference Travel
Fellows in Pediatric Infectious Diseases are encouraged to attend conferences to present their research, complement their training, and enhance their career development. Fellows usually attend the St. Jude/PIDS Pediatric Infectious Diseases Research Conference during the second fellowship year. Other opportunities (often once during the third fellowship year) include IDWeek, PAS, ICAAC, SHEA, and other conferences relevant to specific research interests.

The Pediatric Infectious Diseases Fellowship program will support fellow attendance at one conference per year during the second and third fellowship years. Fellows are expected to submit an abstract on their research project for poster or oral presentation at conferences that they attend. Fellows are required to apply for travel awards/stipends from the conference sponsors when available. Of note, applications for travel support for the St. Jude/PIDS Pediatric Infectious Diseases Research Conference are made by the division, not by the fellow.

It is the responsibility of the fellow to arrange coverage for any clinics and inpatient service that will be missed while at a conference. Plans for coverage by another fellow or by the attending who will be on service at that time should be made before abstract submission and registration.

Before submitting an abstract and before registering for a conference, fellows must submit a travel form to the Program Coordinator for Program Director approval. All conference travel needs to be booked in accordance with the University’s Standard Practice Guidelines (SPG). Every effort should be made to minimize travel costs (i.e. booking the least expensive practical flights, making hotel reservations early to take advantage of discounted conference rates, sharing rooms when possible). If charges occur that have not been preapproved or are deemed unreasonable by the Program Coordinator and Program Director, the fellow will be accountable to cover the cost themselves. In those cases, any remaining Educational Funds (see below) may be used instead of personal funds to cover extra conference/travel costs.

It may be possible for a fellow to attend an additional conference in the second or third fellowship year if a travel award/stipend covers the costs of the first conference. This must be approved by the Program Coordinator and Program Director before abstract submission and registration.

Educational Funds
The Pediatric Infectious Diseases Fellowship program will provide up to $300 per year for each fellows’ educational needs, such as books, software, and board review courses (for example, the AAP’s online PREP ID Self-Assessment). Items purchased with university funds belong to the university and should remain at the university when the fellow finishes the program. Fellows must receive the Program Coordinator and Program Director’s approval before purchasing educational items that will be reimbursed by the university. Shipping to a non-university address is typically not allowed, unless there is an appropriate business purpose to do so. Prior approval from Procurement Services is required to ship goods to a location other than an official university address.
Goals and Objectives: Clinical Training in Pediatric Infectious Diseases

Fellows spend time on the Pediatric Infectious Diseases Inpatient Consult Service for one year out of the three-year fellowship. This time is divided between each year of the program. Fellows also care for patients in an outpatient setting, evaluating new patients and managing established patients in one or two half-day clinics per week throughout the year. New patients are generally seen in a Monday morning clinic. Established patients are seen in a Wednesday morning clinic. Fellows are also able to see patients with primary immunodeficiencies in the Immuno-Hematology Clinic, which is held two Friday mornings of each month.

Patient Care
Goal: Provide patient care that is compassionate, appropriate, and effective for the treatment of infectious diseases in children.

Objectives:
1. First Year:
   a. Fellows will routinely gather epidemiological information relevant to an infectious diseases differential, including exposures to ill persons, immunizations, travel, animal exposures, and water sources.
   b. Fellows will be able to plan the initial evaluation and management of common pediatric infectious diseases.
2. Second Year:
   a. Fellows will be able to gather and synthesize information on complex patients with multi-organ system disease as it relates to infectious diseases.
   b. Fellows will be able to develop a plan for diagnosis and treatment of patients with complex infectious diseases.
3. Third Year:
   a. Fellows will be able to independently develop a plan for the diagnosis and management of infectious diseases in highly complex patients, including severely immunocompromised patients and patients with unusual disorders.
   b. Fellows will be able to independently and effectively manage complicated infectious diseases in children.

Medical Knowledge
Goal: Demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences, and apply this knowledge to patient care.

Objectives:
1. First Year:
   a. Fellows will describe the pathogenesis and natural history of common pediatric infectious diseases.
   b. Fellows will describe microbiological techniques and apply this knowledge to use the microbiology laboratory optimally for patient care.
   c. Fellows will describe the pharmacology, pharmacokinetics, and pharmacodynamics of antibiotics and their interaction with other drugs.
2. Second Year:
   a. Fellows will understand the role of the infectious diseases physician in infection control, including identifying and reducing the rates of nosocomial infections and identifying situations that require isolation of hospitalized patients.
   b. Fellows will describe the pathogenesis and natural history of infectious diseases occurring in specialized populations, including those with hematologic malignancies or solid organ transplants and other immunocompromised patients.
   c. Fellows will understand the basic functions of the immune system and apply this knowledge to understand the immunological basis of syndromes associated with infectious diseases.

3. Third Year:
   a. Fellows will independently identify and manage issues related to hospital epidemiology and infection control.
   b. Fellows will recognize the signs and symptoms and understand the pathogenesis and natural history of medically important but uncommon infectious diseases.

**Practice-Based Learning and Improvement**

**Goal:** Fellows will be able to investigate and evaluate their patient care practices and use scientific evidence to improve their patient care practices.

**Objectives:**

1. First Year:
   a. Fellows will be able to identify issues that can be answered using scientific evidence.
   b. Fellow will be able to use a variety of sources, including textbooks, primary literature, and electronic resources, to identify evidence that can be used to inform clinical practice.

2. Second Year:
   a. Fellows will be able to assess the quality of evidence upon which decisions are made and to use that evidence to make appropriate treatment decisions.
   b. Fellows will be able to understand how clinical trials are conducted and scientifically critique published articles.

3. Third Year:
   a. Fellows will be able to use relevant electronic medical database resources to identify patients with a particular diagnosis of interest in order to conduct medical quality improvement or patient-related research.
   b. Fellows will be able to identify and implement projects (e.g., guidelines or educational interventions) that would improve the care of patients with particular diagnoses of interest.
   c. Fellows will be able to analyze medical errors and perform a root cause analysis.

**Interpersonal and Communication Skills**

**Goal:** Fellows will be able to demonstrate interpersonal and communication skills that result in effective information exchange and facilitate interactions with patients, their families, and professional associates.
Objectives:

1. First Year:
   a. Fellows will gather data on sensitive issues related to infectious diseases, such as sexual history, in an appropriate manner.
   b. Fellows will teach medical students, pediatric residents, and other trainees effectively on rounds.
   c. Fellows will clearly communicate all recommendations to each patient’s primary team.

2. Second Year:
   a. Fellows will discuss treatment plans with families and patients using the principles of family-centered care.
   b. Fellows will give effective didactic presentations.
   c. Fellows will provide regular and informative feedback to team members.
   d. Fellows will provide appropriate information to subspecialists and foster a collaborative atmosphere.

3. Third Year:
   a. Fellows will use appropriate tools to resolve differences of opinion with families on the optimal plan of care for infectious diseases.
   b. Fellows will use appropriate tools to resolve differences of opinion with other providers.

Professionalism

Goal: Fellows will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Objectives:

1. First Year:
   a. Fellows will provide timely consultation services.
   b. Fellows will respond to pages within an appropriate time frame.
   c. Fellows will be aware of ethical issues as they pertain to a patient with an infectious disease.
   d. Fellows will consistently use interpreters to communicate with patients with limited English.

2. Second Year:
   a. Fellows will consistently identify and appropriately analyze ethical issues as they apply to patients with an infectious disease.
   b. Fellows will identify cultural differences that create barriers to communication and care.

3. Third Year:
   a. Fellows will independently address ethical issues as they apply to patients with an infectious disease.
   b. Fellows will independently address cultural barriers to communication and care.

Systems-based Practice

Goals: Fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including differences in patient populations and practice settings. Fellows will develop the ability to effectively call on system resources to provide care that is of optimal
value, including maximizing infection control practices, appropriate antibiotic use, and guidelines of care for infectious diseases.

**Objectives**

1. **First Year:**
   a. Residents will effectively seek out infection control expertise to maximize care of patients.
   b. Fellows will appropriately approve the use of restricted antibiotics or provide appropriate guidance on alternatives.

2. **Second Year:**
   a. Fellows will consistently identify infection control issues early in a patient’s hospital course.
   b. Fellows will have an understanding of the cost of different medications used in the treatment of infectious diseases.
   c. Fellows will apply knowledge of resource limitations of practices in smaller communities and isolated rural areas when performing consultations.

3. **Third Year:**
   a. Fellows will provide appropriate expertise to optimize hospital epidemiology and infection control practices at the hospital.
   b. Fellows will understand differences in the practice patterns of various subspecialty groups (e.g. Hematology/Oncology, surgical specialties) when managing infectious diseases.
   c. Fellows will offer advice that is appropriately tailored to various practice settings, including smaller communities and isolated rural areas.
   d. Fellows will be able to formulate and edit guidelines that standardize and maximize the effectiveness of care.

*Note: Objectives for a given year also apply to subsequent years. Objectives for the second and third year build upon objectives from previous years.*

**Teaching Methods**

The majority of teaching in the inpatient and outpatient rotations is through case-based learning. The attending physician on the inpatient service spends time teaching beyond the time required for the provision of patient care. This may include formal lectures, bedside teaching, or both. In addition, microbiology rounds take place on most days of the week. These focused sessions include largely didactic teaching regarding issues in diagnostic microbiology and systems-based practice issues.

**Assessment**

Ongoing informal feedback occurs on a daily basis during the rotation when the fellow presents cases to the attending physician. Formal ongoing feedback takes place at the end of each attending physician’s time on the inpatient service with the fellow. This takes the form of both verbal feedback and a written evaluation in MedHub. The written evaluation is a global competency-based assessment of the fellow’s performance. Additional tools used to evaluate fellow performance include multisource (360°) evaluations from non-physician providers (e.g. pharmacists, nurses), patients and their families, clinical office staff, and program staff. The Program Director will review all rotation evaluations with each fellow on a semi-annual basis. All
evaluations are reviewed by the division’s Clinical Competency Committee when performing
Milestone Evaluations on a semi-annual basis.

Fellows will anonymously evaluate the faculty at the end of the rotation. The Program Director
reviews these comments and summarizes the comments for the faculty on an annual basis. If
there are immediate or serious problems, the fellow should immediately contact the Program
Director. All rotations are evaluated yearly by the fellows in the formal annual program review.

**Level of Supervision**
The fellow is supervised on a daily basis by the attending physician on the inpatient service. The
attending physician is available by pager 24 hours/day, 7 days/week during the rotation if issues
arise outside of daily rounds. The attending physician evaluates the fellows in the competencies
and objectives outlined above. In addition, the attending physician models appropriate behavior
for all competencies.
Goals and Objectives: Research Training in Pediatric Infectious Diseases

Pediatric Infectious Disease fellows have two years of protected time for research that is divided between all three fellowship years. Fellows are expected to identify a research mentor with assistance from the Program Director early in the first year of fellowship. Fellows may seek mentorship with any investigator (clinical or basic science) in the Division of Pediatric Infectious Diseases, in other divisions within the Department of Pediatrics, or in other units at the University of Michigan. With guidance from the mentor and Program Director, each fellow also establishes a Scholarship Oversight Committee that is comprised of the research mentor and other faculty members with related research interests and expertise. Working closely with the research mentor, fellows develop a research project during the first fellowship year. Fellows continue to work on the project throughout the remainder of the three-year fellowship program.

Overall Goals:
1. Fellows will learn how to develop a hypothesis from a thorough understanding of existing data, develop specific aims to test that hypothesis, understand study design and develop an appropriate protocol to accomplish the specific aims, analyze the data, and develop a manuscript to communicate research findings.
2. Fellows will learn various techniques – whether in the laboratory, clinical research, or public health arenas – to add new directions to a project.
3. Fellows will learn how to communicate scientific findings in written and verbal format.

Overall Expectations:
1. Fellows will complete at least one manuscript based on their research project that will be submitted for publication by the end of the three-year fellowship.
2. Fellows will submit at least one abstract to a regional or national meeting by the end of the three-year fellowship.
3. In the second and third years of fellowship, fellows will present their work in progress to the division in the form of a one-hour formal.
4. Although not required, fellows are encouraged to submit a grant proposal during their first and/or second year of fellowship.

Medical Knowledge
Goal: Fellows will understand the background literature applicable to their field of study.

Objectives:
1. Fellows will identify and understand existing background literature.
2. Fellows will evaluate clinical, basic, and epidemiologic data to understand a problem from multiple perspectives.

Professionalism
Goal: Fellows will conduct research to the highest ethical standards.
Objectives:
1. Fellows will conduct their investigations honestly and openly with the highest regard for ethics.
2. Fellows will understand the standards for the protection of human and animal subjects and will maintain their studies to relevant IRB and/or UCUCA standards.
3. Fellows will interact with collaborators, patients, technicians and others in a manner consistent with the highest professional standards.

Interpersonal and Communication Skills
Goal: Fellows will communicate effectively with (as appropriate to their field of research) patients, patients’ families, technicians, and collaborators. Fellows will communicate effectively with patients, collaborators and technicians, and 2) to present data to the research and non-research community in a clear and cogent fashion.

Objectives:
1. Fellows will prepare a manuscript from their data that is carefully written in an appropriate scientific tone, understandable, and concise.
2. Fellows will present their data formally to the division on an annual basis in a manner that the audience can understand the background, study methods, findings, and significance.

Practice-Based Learning and Improvement
Goal: Fellows will be able to appraise and assimilate scientific evidence based on continuous self-evaluation and life-long learning.

Objectives:
1. Fellows will utilize a logical, thoughtful, and evidence-based approach to develop a hypothesis.
2. Fellows will use information technology to obtain and manage information.
3. Fellows will teach others new information from the data obtained and from existing scientific evidence in order to communicate results and advance their research project.

Teaching Methods
The majority of teaching occurs through direct interactions with the research mentor and with associated members of the mentor’s laboratory or research group. Additional teaching depends on the specific research project but may include training from other laboratories, core facilities, or classes provided by groups at the University of Michigan (e.g. the Unit for Laboratory Animal Medicine, the Michigan Institute for Clinical Health Research, or the Center for Statistical Consultation and Research).

Assessment
Fellows are assessed with a global competency evaluation by their mentors on a semiannual basis. Written summary evaluations are prepared by their Scholarship Oversight Committees following each committee meeting. These evaluations are discussed in detail at the semiannual evaluation with the Program Director.
Level of Supervision
The research mentor is expected to provide close supervision throughout the research experience. The nature of this supervision will vary depending on the mentor and the research project. However, fellows are expected to meet with their mentor on a frequent basis (at least every other week) to review their progress.
Goals and Objectives: Pediatric Infectious Diseases Clinical Conference

The Pediatric Infectious Diseases Clinical Conference allows fellows to use clinical cases to guide them in identifying strengths, deficiencies, and limits in their knowledge and expertise. Fellows then use this as a learning activity to achieve self-identified goals in the form of focused clinical questions. Fellows present the clinical cases and summaries of their learning to faculty members, peers, and other learners in a clear and thoughtful manner. The conference meets weekly throughout the year. The fellow on the inpatient consult service leads the conference, presenting cases that are selected on the basis of interesting diagnoses or the desire for input from the division regarding clinical decision making. When residents or medical students are involved in a case, fellows work closely with them to prepare the case presentation.

Medical Knowledge

Goal: Fellows will gain an understanding of the pathophysiology, epidemiology, treatment, and evolving knowledge regarding specific selected infectious disease processes at a very detailed level.

Objective: Fellows will learn the established and evolving issues in the above areas related to the topics of their selected cases.

Practice-Based Learning and Improvement

Goal: Fellows will demonstrate the ability to investigate and evaluate the care of their patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on continuous self-evaluation and life-long learning.

Objectives:
1. Fellows will learn to identify knowledge deficits regarding a particular disease process and then, based on these deficits, identify learning and improvement goals in the context of a clinical case.
2. Fellows will gain an understanding of the use of information technology and other resources including content experts to acquire medical knowledge and knowledge of health care systems and processes to achieve self-identified goals.
3. Fellows will locate and obtain scientific evidence and will then assess the quality and generalizability of this evidence to the patient case.
4. Fellows will apply knowledge gained to improve patient care directly or indirectly.

Interpersonal and Communication Skills

Goal: Fellows will effectively communicate the results of their investigations to health care professionals.

Objectives:
1. Fellows will learn to organize their presentations in a logical fashion and present the data clearly and succinctly to an audience of peers, faculty members, residents, students, and other health care professionals.
2. Fellows will learn to provide constructive feedback to their peers.
3. Fellows will supervise other trainees as they prepare cases for presentation.
**Professionalism**

**Goal:** Fellows will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

**Objectives:**
1. Fellows will identify ethical issues in patient cases and include consideration of those issues in case presentations.
2. Fellows will identify and discuss cultural differences that impact patient cases and include consideration of those issues in case presentations.
3. Fellows will serve as role models for trainees in displaying professionalism, including timeliness, communication skills, and attention to ethical aspects of patient care.

**Systems-Based Practice**

**Goal:** Fellows will 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.

**Objectives:**
1. Fellows will identify aspects of specific cases that inform general practice patterns in pediatric patients with infectious diseases.
2. Fellows will identify aspects of specific cases that inform practices regarding the approval and use of restricted antibiotics.
3. Fellows will identify aspects of specific cases that inform hospital epidemiology and infection control practices at the hospital.

**Teaching Methods**

Teaching in the Pediatric Infectious Diseases Clinical Conference primarily occurs through case-based learning. Fellows select cases to present in consultation with the attending on the inpatient service. The attending helps fellows to identify important aspects of each case that would serve as useful topics for discussion.

**Assessments**

Immediate feedback on the presentation (format and content) is provided by faculty members and other attendees during the conversation about each case. Formal written feedback is incorporated into the MedHub evaluations of fellow performance that are completed by faculty members at the end of their week on the inpatient service. These evaluations are reviewed and discussed at the fellows’ semi-annual review with the Program Director. Fellows have the opportunity to evaluate this educational experience in the annual Program Survey.
Goals and Objectives:
Clinical Microbiology Laboratory Rotation

The training experience in clinical microbiology is a one-month rotation that takes place in the Clinical Microbiology Laboratory. Fellows are expected to be available from Monday through Friday, except for times when they are scheduled to be in the Pediatric Infectious Diseases Outpatient Clinic. During their time in the Clinical Microbiology Laboratory, fellows participate in structured rotations at the different stations in the laboratory, including experiences with specimen processing, routine cultures of different specimen types, susceptibility testing, blood cultures, anaerobes, mycology, mycobacteria, parasitology, virology, and molecular microbiology. They learn from the medical technologists the basic principles and practices in clinical microbiology and the specific capabilities of our laboratory. Fellows also participate in daily microbiology rounds with the laboratory directors and pathology residents. Current problems, unusual findings, and illustrative cases provide the basis for these discussions. This rotation is directed by Duane Newton, Ph.D. (Director, Clinical Microbiology Laboratory) and Peggy Mahlmeister (Supervisor, Clinical Microbiology Laboratory).

Overall Goal: Fellows will develop a better understanding of how the clinical microbiology laboratory operates and how to use it effectively to establish a specific diagnosis, select the most effective therapy, and improve delivery of care within the health system.

Medical Knowledge
Goal: Fellows will learn the basic laboratory diagnostic techniques and enhance their knowledge of clinical microbiology.

Objectives:
1. Fellows will develop competency in interpreting Gram stains and other special stains of clinical specimens.
2. Fellows will become familiar with the use of growth media employed in the evaluation of common types of clinical specimens.
3. Fellows will understand methods used to cultivate fungal and acid-fast organisms.
4. Fellows will recognize the appearance of common organisms on culture plates (e.g. beta hemolytic streptococci, Streptococcus pneumoniae, Haemophilus species, Staphylococcus aureus, E. coli, Pseudomonas aeruginosa).
5. Fellows will become familiar with methods used for blood cultures.
6. Fellows will become familiar with the use of automated technology in the microbiology laboratory (e.g. Vitek, MALDI-TOF).
7. Fellows will understand methods used for susceptibility testing (e.g. Kirby-Bauer, broth microdilution).
8. Fellows will become familiar with methods used to identify common parasites.
9. Fellows will understand standard methods used to identify viruses in clinical specimens.
10. Fellows will understand basic principles of molecular diagnostic testing in clinical microbiology laboratory.
Practice-Based Learning
Goal: Fellows will 1) identify strengths, deficiencies, and limits in their knowledge and expertise, and 2) identify and perform appropriate learning activities.

Objectives:
1. Fellows will utilize an evidence-based approach to clinical microbiology, including appropriate and timely access to the medical literature.
2. Fellows will provide pertinent literature to the Division of Pediatric Infectious Diseases.

Interpersonal and Communication Skills
Goal: Fellows will communicate effectively with physicians, other health professionals, and health-related agencies.

Objectives:
1. Fellows will work with the laboratory staff to communicate the clinical context of laboratory samples when needed.
2. Fellows will communicate with other physicians on microbiology rounds regarding laboratory results and the science underlying the use of various laboratory assays.
3. At the end of the rotation, fellows will give a talk on a clinical microbiology topic of interest to the Division of Pediatric Infectious Diseases.

Professionalism
Goal: Fellows will demonstrate compassion, integrity, and respect for others. They will also demonstrate accountability to patients, society, and the profession.

Objectives:
1. Fellows will demonstrate respect, compassion, and integrity in their interactions with laboratory staff, other physicians, and other professionals.
2. Fellows will demonstrate a commitment to excellence and ongoing professional development.
3. Fellows will serve as a role model to residents and medical students in the display of professionalism, including timeliness, appropriate communication skills, and responsible and ethical behavior.
4. Fellows will be timely and will communicate with the director and laboratory staff when clinical commitments require their absence.

Systems-Based Practice
Goal: Fellows will participate in identifying system errors and in implementing potential systems solutions.

Objectives:
1. Fellows will participate in discussions on microbiology rounds about reporting and interpretation of laboratory results.
2. Fellows will actively contribute to finding solutions to prevent system errors.
Teaching Methods
Fellows will rotate through the various laboratory areas and will learn techniques taught by the laboratory technologists in each area. In addition, fellows will participate in daily microbiology rounds with the laboratory and consult teams. These sessions incorporate both case-based and didactic teaching.

Assessment
Goals and objectives are reviewed with the fellow at the beginning of the rotation. The director of the Clinical Microbiology Laboratory and/or other senior laboratory staff involved in the rotation evaluate the progress of the fellows at the end of the rotation. This evaluation takes into account input from medical technologists and other laboratory staff who assisted in providing the training. Verbal feedback is provided throughout the rotation, and a written evaluation is provided at the end of the month.

Fellows will anonymously evaluate the faculty and the rotation itself at the end of the rotation. The Program Director reviews these comments and summarizes the comments for the faculty on an annual basis. If there are immediate or serious problems, the fellow should immediately contact the Program Director. All rotations are evaluated yearly by the fellows in the formal annual program review.

Level of Supervision
Fellows are directly supervised at all times by the laboratory technologists with whom they are working. The Director of the Clinical Microbiology Laboratory and other senior laboratory staff provide additional supervision.
Goals and Objectives:  
Pediatric Infectious Diseases Journal Club

The Pediatric Infectious Diseases Journal Club provides fellows with the opportunity to learn to critically review the medical literature with the guidance of Pediatric Infectious Diseases faculty. The journal club meets once a month. Fellows present one or two recent articles that they have selected from the literature. Concise presentations are designed to assess the quality of the study, the validity of the data, strengths and weaknesses of the study, and potential clinical applications of the findings. Fellows are expected to identify and read relevant studies that place their article in the appropriate context. During journal club, faculty and peers ask questions and make comments about the study findings. Faculty are also encouraged to present articles in the same format. The journal club allows faculty members and fellows to interact in a setting that promotes informal mentoring relationships and provides an opportunity for faculty to act as role models.

Practice-Based Learning and Improvement

Goal: Fellows will demonstrate the ability to investigate and evaluate the care of their patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on continuous self-evaluation and life-long learning.

Objectives:
1. Fellows will gain an understanding of the use of information technology to locate relevant literature.
2. Fellows will gain expertise in the assessment of the study methodology to determine if the question is relevant, the study design answers the intended question, and the results and conclusions are valid.
3. Fellows will propose how they will apply results of the study to patient care.
4. Fellows will learn to perform a literature search to identify additional relevant studies that place the study in question in the appropriate context, including this understanding in the presentation.

Interpersonal and Communication Skills

Goal: Fellows will effectively communicate the results of their investigations to health care professionals.

Objectives:
1. Fellows will learn to organize their presentations in a logical fashion and present the data clearly and succinctly.
2. Fellows will learn to provide constructive feedback to their peers.

Assessments

All presentations by fellows are evaluated in MedHub using a standard format in by the faculty. Journal club evaluations are included in the data reviewed and discussed at the fellows’ semi-
annual review with the Program Director. Fellows have the opportunity to evaluate this educational experience in the annual Program Survey.

**Educational Resources**
Fellows have access via the University of Michigan Taubman Health Sciences Library to resources such as Medline and the Cochrane Library. Online access to the full text of an extensive collection of online journals is also available through institutional subscriptions.
Pediatric Infectious Diseases Fellowship Program Policies: Eligibility and Selection Policy

The department desires to recruit and select the most qualified residents for the Pediatric Infectious Diseases Fellowship training program. This shall be done in compliance with the institutional requirements and applicable laws.

Eligibility

Applicants with the following qualifications are eligible for appointment:

- Graduates of University of Michigan-approved US medical schools in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME),
- Graduates of University of Michigan-approved US colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- Graduates of University of Michigan-approved US medical schools outside the United States and Canada who meet one of the following qualifications:
  1. Have received a currently valid certificate from Educational Commission for Foreign Medical Graduates (ECFMG),
  2. Have a full and unrestricted license to practice medicine in the United States licensing jurisdiction.
- Successful completion of an ACGME-accredited residency program in Pediatrics, Medicine-Pediatrics, or another program that establishes board eligibility in the field of Pediatrics.
- Successful completion and a passing score on the USMLE Step I, II and III or equivalent
- Successful completion of the credentialing process including primary source verification.
- Fellows must hold proper work authorization and be able to provide proof of citizenship, permanent residence, green card, Visa documentation (J-1) or other qualifying authorization.

Selection

The Division of Pediatric Infectious Diseases within the University of Michigan will select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, academic performance, and personal qualities.

All applicants must apply through ERAS. Pediatric Infectious Diseases participates in the NRMP Fellowship Match program.

The following information/credentials will be examined:

- Primary source verification for those fellows who hold ECFMG certification.
- Applicants must be able to provide official transcripts from their medical school.
- A minimum of three letters of recommendation from referees who are familiar with the candidate’s qualifications, one of which must be from their residency program director.
The University of Michigan, Division of Pediatric Infectious Diseases is an equal opportunity employer and is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability or any other applicable legally protected status.

This policy is in compliance with the Institutional Policy on House Officer Selection, which can be viewed at:
http://www.med.umich.edu/i/medschool/GME/policies.htm
Pediatric Infectious Diseases Fellowship Program Policies:
Duty Hours and the Working Environment Policy
(Day Off/Vacation/Release Day)

(Modified from the UMMS Institutional Policy for Resident Duty Hours and Working Environment)

This policy will govern duty hours and work environment for subspecialty fellows in the Department of Pediatrics Fellowship Training Programs.

- The educational goals of the program and learning objectives of the fellows must not be compromised by excessive reliance on fellows to fulfill institutional service obligations.
- The program director and associate program director will monitor duty-hours and call-schedules.
- Adjustments will be made as necessary to address excessive service demands and/or fellow fatigue. Duty hours will reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times.
- The program director will ensure that fellows are provided appropriate support when patient care responsibilities are especially difficult or prolonged.

Duty Hours
The calculation of duty hours, for purposes of tracking and monitoring include all inpatient and outpatient clinical activities, on-site call hours, research activity hours, administrative duties related to patient care, the provision for transfer of patient care, and scheduled academic activities such as conferences. Activities that occur at home such as home study, or at-home call, when not required to come back in to the hospital site do not count. Beginning July 2011 duty hours include all moonlighting.

Requirements
Fellowship training programs of the Department of Pediatrics must ensure that fellow duty hours and on-call time periods must be in compliance with the requirements listed below. The structuring of duty hours and on-call schedules must focus on quality and safe patient care, continuity of care and the educational needs of the fellow.

- Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and patient-related activities at home (for example, electronic medical record completion, phone calls to patients or other physicians).
- Fellows must be provided with 1 day in 7 free from all assigned 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.
- Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods (Must be at least 8-hour time period) and after in-house call.
- Fellows must complete surveys of duty hours when requested. This is a program requirement and professional responsibility.
The program director will monitor fellows’ duty hours to ensure that the duty hour policy is followed. Monitoring of duty hours will include an assessment to ensure that an appropriate balance between education and service is maintained. The evaluation process will include:

1. Informally through frequent verbal and email surveys and queries to faculty and fellows.
2. Formal reviews with all fellows semi-annually during their regularly schedule half-year review.
3. The program director and faculty will monitor demands of on-service fellows and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

**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 when fellows are required to be immediately available in the assigned institution.

- In-house call must occur **no more frequently than every third night**, averaged over a four-week period.
- Continuous on-site duty, including in-house call, **must not exceed 24 consecutive hours**. Fellows may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is subject to the every third night limitation. Fellows taking at-home call must be provided with 1 day in 7 completely free from all assigned educational and clinical responsibilities, averaged over a 4-week period.
- When fellows are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit.
- The demands of at-home call in each program will be monitored and scheduling adjustments will be made as necessary to mitigate excessive service demands and/or fatigue.

**Duty Hour Monitoring**
It is the fellow’s responsibility to log all duty hours in the MedHub database system. This is required as part of the fellow’s demonstration of professional responsibility and necessary to facilitate meal voucher requests. Fellows are required to log hours at a minimum every other week for the current week and the preceding week’s activities.

**Vacation/Days Off**
All fellows are entitled to 28 days of vacation per academic year, inclusive of weekends (Saturday and Sunday). Therefore a maximum of 20 of these 28 days will occur on a Monday through Friday schedule. Vacation period is from July 1 through June 30. The process for requesting time off/vacation days for the Pediatric Fellowship Program is done by sending an e-mail from MedHub to the fellowship program coordinator with the dates that you would like off and the reason for the request. You may then check the status of your request by logging into
the MedHub system and viewing your request or your personal calendar.

**Moonlighting**

Because fellowship education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and comply with policy regarding moonlighting objectives of the educational program.

The program director will ensure compliance with the University of Michigan Health Systems Moonlighting Policy. Residents will be required to report their moonlighting activities in writing annually, using the GME approved form, and to advise the program director of any changes that they make. All moonlighting must be prospectively approved by the program director.

**Grievances**

If you believe that your training program has not made a reasonable effort to comply with the 80-hour work week, day off and on-call requirements, you may contact (or file an anonymous complaint to) the Department of Pediatrics Fellowship Program Coordinator or the Department of Pediatrics Associate Director of Fellowship Programs. All complaints will be investigated and discussed with the divisional program director, and careful monitoring of duty hours will occur.
Pediatric Infectious Diseases Fellowship Program Policies:
Leave of Absence/Illness

**Fellow Coverage for Illness and other Absences**
Whenever a fellow working on a clinical service will be absent, the fellow should contact the on-service attending, the Program Director, and/or Program Coordinator as early as possible to arrange coverage. Any fellow who will miss time in clinic should also notify the clinic coordinator. Unscheduled absences may need to be made up at the discretion of the division director.

If an on-service fellow is unexpectedly absent due to illness or other circumstance, the fellow should contact the on-service attending as soon as possible. The fellow (or Program Director, if the fellow is unable to do so) will arrange for another fellow to provide coverage on the inpatient consult service. The Program Director and Program Coordinator will help to determine which fellows are available to provide coverage.

In some circumstances, the on-service attending may elect to cover the inpatient consult service without a fellow. The decision to do so will always be at the discretion of the on-service attending.

The absent fellow will sign their pager over to the covering fellow only after they have provided patient sign-out to the covering fellow.

The Program Director and Program Coordinator will distribute this Leave of Absence policy (and other related policies) to all fellows on an annual basis.
Pediatric Infectious Diseases Fellowship Program Policies:
Supervision

It is the goal of the Division of Pediatric Infectious Diseases to train fellows to become excellent Pediatric Infectious Diseases. To do so, the Division of Pediatric Infectious Diseases will provide sufficient support, mentorship, and guidance in the supervision of physicians-in-training to facilitate education and provide excellent patient care, while providing sufficient autonomy for fellows to develop into independent practitioners.

According to the ACGME (July 1, 2011), "to ensure oversight of resident supervision and graded authority and responsibility, the program must demonstrate the appropriate level of supervision is in place for all residents who care for patients using the following classifications of supervision:

A. Direct supervision
B. Indirect supervision with direct supervision immediately available
C. Indirect supervision with direct supervision available
D. Oversight

On-call schedules for teaching staff are structured to ensure that supervision is readily available to fellows on duty. The level of responsibility accorded to each fellow must be determined by the teaching staff.

As the educational programs are directly incorporated into the functioning of the hospital, the program must also follow The Joint Commission (TJC) regulations, which outline the roles and responsibilities of the hospital and the attending physicians in relation to their supervision of fellows in the care of patients.

To assure that appropriate supervision of fellows takes place, the Division of Pediatric Infectious Diseases has outlined the policies described below and summarized in the accompanying chart. These are guidelines only; it is the responsibility of the attending physician to determine if more than the outlined supervision is required in certain contexts and act appropriately to provide excellent patient care.

Inpatient Services:

1. Supervision of Pediatric Infectious Diseases Fellows by attendings will be adequate to provide quality patient care and requires the daily examination and evaluation of the patient. Frequency of communication between fellows and the attending of record must be sufficient to assure appropriate patient care.

2. Pediatric Infectious Diseases Fellows gain increasing levels of independence during the three years of fellowship with regard to supervision of house staff, as well as the management of complex medical conditions.

3. All admitted patients will be examined by the attending of record within 24 hours of admission. The attending of record will discuss the assessment and care plan of the patient with the fellow, who will then follow through with the care plan. The supervision of the fellows should be adequate to provide quality patient care and requires daily
examination and evaluation of the patient. Frequency of communication between fellows and the attending of record must be sufficient to assure appropriate care. A fellow may at any time request the physical presence of the attending of record.

4. The fellow caring for the patient will be responsible for timely completion of admission notes, progress notes, orders and discharge summaries.

5. During the first year the attending/faculty closely supervises the Pediatric Infectious Diseases Fellow with gradual increases in autonomy. The first year fellow learns to coordinate communication with consulting services and works closely with the general resident to ensure that all team members are aware of plans and changes in patient status.

6. The second year Pediatric Infectious Diseases Fellow is expected to anticipate patient problems, form contingency plans, supervise general pediatric residents and become the lead person coordinating care of complicated patients.

7. The third year Pediatric Infectious Diseases Fellow is expected to strive toward performance at the staff level, give teaching conferences for residents, and communicate with patients and families as the primary medicine provider. They coordinate communications among subspecialty staff. The fellow continues to communicate closely with the attending of record with updates of any changes in patient status or admission of new patients.

8. During the last two years of his/her fellowship, the fellow may “perform complex procedures or manage complex medical conditions without physical presence/direct contact with attending.” First-year fellows should not be allowed to manage complex medical conditions without physical presence/direct phone contact with an attending. Examples of complex medical conditions might include, but are not limited to, failed antibiotic treatment, complex infections, and infections in an immunocompromised host. In these instances, subspecialty fellows would be allowed to act without the physical presence or immediate phone contact of/with the attending physician. This would only occur after the fellow is judged as competent in that management. However, the fellow must communicate with the attending physician as soon as convenient, and certainly within 12 hours of this management. This would be followed up with physical presence of the attending physician.

9. A fellow may at any time request the physical presence of the attending of record.

10. In emergency situations, fellows may act in the best interests of patients without first consulting with the attending of record. These actions are subject to subsequent review by the attending physician and the usual quality assurance measures of the medical staff.

Outpatient Services:

1. All ambulatory patients will have a designated attending of record who has been granted clinical privileges through the medical staff process. The attending of record has ultimate responsibility for the care of that patient and the supervision of the trainees caring for that patient.

2. In the outpatient clinic, all patients being seen by any Pediatric Infectious Diseases Fellow will be discussed with the attending prior to the discharge from clinic, and the
attending physician will carry out key elements of the history, physical examination, and medical decision making.

3. It is the responsibility of the Pediatric Infectious Diseases Fellow caring for the patient to follow-up on any tests, procedures, or consultations instituted in the plan of care and to discuss the findings with the supervising attending.

4. Pediatric Infectious Diseases Fellow will provide continuity of care for their patients under the supervision of the attending of record.

5. The Pediatric Infectious Diseases Fellow will generate a progress note or letter detailing the visit, which will be reviewed and signed by the attending physician.

<table>
<thead>
<tr>
<th>The following apply as indicated by PGY level(s) checked:</th>
<th>PGY Level</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
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<tr>
<td>Supervises clinical care and education of third &amp; fourth year medical students.</td>
<td>B</td>
</tr>
<tr>
<td>Supervises clinical care and education of junior house officers.</td>
<td>B</td>
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<tr>
<td>Supervises clinical care and education of senior house officers.</td>
<td>B</td>
</tr>
<tr>
<td>Performs admissions, histories, complete physical exams, medical record documentation, informed consent, patient counseling, medical and restraint orders</td>
<td>B</td>
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<tr>
<td>Performs simple procedures or manages simple medical conditions.</td>
<td>B</td>
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<tr>
<td>Performs complex procedures or manages complex medical conditions.</td>
<td>A</td>
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<tr>
<td>Beside procedures - lumbar puncture, paracentesis, thoracentesis, arthrocentesis, small abscess care</td>
<td>N/A</td>
</tr>
<tr>
<td>Placement of central lines and arterial lines</td>
<td>N/A</td>
</tr>
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*Residents can perform specialty-specific procedures while in contact with an attending - for questions contact Jason B. Weinberg, M.D. (Program Director, pager # 13024)*

*Letters in the above chart refer to the following classification of supervision:

A. Direct supervision
B. Indirect supervision with direct supervision immediately available
C. Indirect supervision with direct supervision available
D. Oversight*
Pediatric Infectious Diseases Fellowship Program Policies: Fellowship Moonlighting Policy (Modified from the UMMS Institutional Moonlighting Policy)

Policy Summary
Extracurricular medical practice (moonlighting) includes any services that licensed fellows perform which are outside the scope of an approved GME program. This includes all extracurricular clinical and non-clinical work performed by a resident outside the scope of their current ACGME-approved training program. Fellows within the Department of Pediatrics Division of Infectious Diseases are not required to moonlight, but are allowed to do so pursuant to the current University of Michigan House Officers Association (HOA) employment agreement. Fellows should be aware that the University of Michigan malpractice insurance does not extend to moonlighting activities.

Policy Requirements
There are several additional requirements that must be met in order for a fellow within the Department of Pediatrics Division of Infectious Diseases to receive remuneration for moonlighting activities:

- Services are identifiable physician services;
- Fellow is fully licensed to practice medicine, osteopathy, dentistry or podiatry;
- Services performed can be separately identified from those services that are required as part of the approved ACGME-approved training program;
- Fellow is in good standing in his/her educational program;
- Program director has prospectively approved the fellow’s request to moonlight and has assured that the moonlighting activities are in compliance with institutional guidelines;
- Program director and fellow have determined that moonlighting will not adversely affect the fellow’s training or compromise patient care;
- Fellow has a moonlighting (“Notification of Extracurricular Medical Practice”) form on file;
- Fellow is knowledgeable and adheres to the 80-hour work week rule as appropriate;
  - External moonlighting does count toward the 80-hour work week rule as defined in the Duty Hours policy and must be entered into MedHub.
  - Moonlighting activities that take place at UMHS or affiliated sites must be included in the 80-hour work week calculation, and thus, must also be entered into MedHub.
- Program director and Director of Graduate Medical Education approves all internal moonlighting opportunities as indicated in the Institutional Moonlighting Policy for Internal Moonlighting; and,
- Fellow holds proper Visa and/or work authorization to moonlight.
- Fellow must possess a permanent license and have their own DEA license before Moonlighting can be approved.
- Moonlighting cannot occur while simultaneously on call or otherwise involved in the educational program.

The institutional form on Extracurricular Medical Practice must be completed by each fellow in July, annually, whether or not a resident is engaged in extracurricular medical
practice. The form must be revised or replaced immediately whenever a fellow’s moonlighting status changes (i.e. must be completed monthly preceding any activity).

A fellow who fails to provide accurate documentation of moonlighting activities is subject to disciplinary action, up to and including dismissal.

**Revocation of Moonlighting Privileges**

The Program Director has the right to withdraw permission to engage in extracurricular medical activity or internal moonlighting at any time, if he or she feels that this activity is interfering with the fellow’s education or the overall educational environment of the Training Program.

Whenever approval of a moonlighting activity is withdrawn, the fellow, and the Office of Graduate Medical Education will be given written notice of the withdrawal as soon as possible after the decision is made, prior to the effective date.

A fellow who continues to moonlight after his or her privileges are withdrawn may be subject to disciplinary action, up to and including dismissal from the program.

Any fellow who wishes to challenge the denial of requested privileges to engage in extracurricular medical activity or internal moonlighting can formally protest this denial. Such a protest is made according to the due process policy of the Program (see Program Grievance Policy).

**Institutional Policy**

In addition to the above requirements, the Department of Pediatrics Infectious Diseases adheres to the Institutional Policy on Moonlighting available on the GME web site at: http://www.med.umich.edu/i/medschool/GME/policies.htm

For specific inquiries regarding fellow eligibility to moonlight and for conflict resolution between moonlighting fellow and program director, please contact the GME office as outlined in the Institutional Policy on Moonlighting
Pediatrie Infectious Diseases Fellowship Program Policies: 
Advancement/Evaluation/Promotion/Retention/Dismissal of Fellows

(This policy is consistent with the UMHS Institution Graduate Medical Education Evaluation/Promotion/Retention/Dismissal of Residents in their Educational Training Program Policy #106.032204)

Rationale: Graduates of the Pediatric Infectious Diseases fellowship training program in the Department of Pediatrics at the University of Michigan must demonstrate competence in the knowledge, skills and attitudes necessary for pediatric practice consistent with the requirements of the Pediatric Infectious Diseases RRC, the American Board of Pediatrics, and good medical practices. Competency in six general areas of practice, as specified by the ACGME, are evaluated using a variety of methods in order to ensure that fellows are prepared to advance in the program to increasing levels of responsibility, graduate, sit for subspecialty boards, and enter unsupervised practice.

I. Components of the Evaluation System:
The following are components of this evaluation process. This process will evolve to include additional components in the coming years:

A. Evaluation of Fellow by Faculty
At the end of each rotation, the attending physician evaluates the fellow’s performance. Additional evaluations may be completed by resident peers, non-physician team members, and patient families. The attending physician evaluates performance across each of the six general competencies and sub-components and also gives a summary statement regarding the fellows’ ability to manage pediatric infectious diseases problems. The fellow’s performance must be at satisfactory level for year of training. Early notification of concerns is encouraged. Evaluations may also be obtained from other individuals including staff, patients, and families.

B. Procedural Competency
Pediatric Infectious Diseases fellows do not perform procedures. Instead, their patient case log is reviewed to assure appropriate diversity, number, and complexity of cases.

C. Fellow Self Evaluation
Each fellow completes a self-evaluation/assessment form of their performance prior to their mid-year and end-of-year performance reviews with the program director. The self-assessment will be submitted to the program director prior to each review.

D. Subspecialty In-Training Exam
The Subspecialty In-Training Exam is given in March of each year of fellowship. Satisfactory performance is expected. Fellows who fall in the bottom quartile of performance will be required to follow an individualized plan of remediation. To develop this plan, consultation and testing to determine the fellow’s deficiencies (knowledge vs. test taking, other issues interfering with performance) is generally indicated. If the fellow fails to follow the remediation plan or fails to improve i.e., as measured by the Subspecialty In-Training Examination (achieve a score >25th%), the duration of training may be extended,
the fellow may not be promoted, or the fellow may not be allowed to continue or complete the program as per the decision of the program director.

E. Clinical Competency Committee
Twice a year, the division’s Clinical Competency Committee will review all available evaluations of fellows in order to select the level of subspecialty milestones that best describe fellow performance in relation to those milestones. Milestone ratings and a summary evaluation will be shared with the fellow and Program Director and discussed during semi-annual performance reviews.

F. Program Evaluation
All fellows within the Department of Pediatrics, Division of Pediatric Infectious Diseases will have an opportunity to evaluate their training program annually. These formal evaluations will be administered via the MedHub system and will remain confidential. The purpose of these evaluations is to identify programmatic issues within the fellowship training programs. In the event of a more urgent issue, the fellow may file an anonymous complaint as described in the Department of Pediatrics, Division of Pediatric Infectious Diseases Fellowship Grievance Policy.

II. Formal Review of Resident Performance
Fellow trainees will receive written evaluations regarding their personal and professional development at least semi-annually, or earlier if any areas of deficiency are noted. The semi-annual evaluations will address the ACGME core competencies and milestone evaluations and will detail and outline plans for improvement in those areas that require additional focus. The evaluations will be discussed with the trainee and signed by the program director, or designee, and the trainee. Evaluations will be stored electronically in the MedHub system and a hard copy will be placed in the fellow’s file as specified in the GME Resident Files and Retention policy http://www.med.umich.edu/i/medschool/GME/policies.htm

A final evaluation will be completed for each fellow immediately prior to graduation. This evaluation should be performed using the GME-approved form available at the following link: http://www.med.umich.edu/i/medschool/GME/policies.htm The final evaluation will remain permanently in the fellow’s file.

All evaluation documentation will be kept in confidential files within the division and is available for review by the fellows and other authorized personnel as described in the GME Resident Files and Retention policy.

In the event that a fellow disagrees with an evaluation, he/she has the right to address the stated deficiencies or misconduct through a formal review process as outlined in the UMHS Grievance and Appeal Process and the Department of Pediatrics, Division of Pediatric Infectious Diseases Fellowship Grievance Policy.

III. Promotions
The Pediatric Infectious Diseases Fellowship Program at the University of Michigan entails 3 clinical years of training.

The goal of the entire faculty is for every fellow to succeed in our field. Failure to succeed is a reflection on the faculty personally and on the program, and every possible effort shall be made
for fellows to advance through the program in a timely fashion. It is the duty of the faculty and
program, however, to be sure that all who advance and graduate are safe and competent
practitioners.

Fellows will normally progress to the next post-graduate-year (PGY) level at the beginning of
each new academic year on July 1st. A fellow shall automatically and without specific
confirmation advance to the next PGY level if:

1. He/she has had satisfactory summative evaluations in the previous academic year. A
   satisfactory evaluation means there has been no remediation recommended, and the fellow
   is considered safe and competent for his/her level of training. It is recognized that there will
   always be areas for improvement noted in the evaluations (this is the purpose of the
   evaluations), and such constructive comments shall not constitute an unsatisfactory
   evaluation.
2. No disciplinary or probationary measures are in effect.

If conditions one and two above are not met, the fellow shall not automatically progress
to the next PGY level. The fellow’s progress shall be subject to review by the Program
Director, and as necessary, the entire faculty. Any conditions implemented for
remediation or probation must have been met or be on schedule to be completed for the
fellow to advance. Failure to meet such conditions may result in failure of advancement
or failure of yearly contract renewal and dismissal from the program, subject to the
conditions set forth in the GME policy with regard to due process and notification.

Disciplinary Action

If the program director determines that corrective action must be taken, it may include
remediation, suspension, probation, or termination.

A. Remediation/Warning
Fellows may be asked to follow an individualized plan for remediation if they are not making
satisfactory progress in the program, if they are deficient in any of the six general competencies,
or if the Program Director and/or program faculty identify other concerns. Fellows will be given
a written warning of their deficiencies. A written plan for corrective action and assessment of
progress towards remediation of areas of deficiency will be developed and given to the fellow.
A copy will be placed in the fellow’s file.

Circumstances requiring remediation include, but are not limited to:
• Unsatisfactory performance on the Subspecialty In-Training Exam
• Unsatisfactory performance on an inpatient rotation
• Unsatisfactory or marginal performance in one of the six general competencies
  for level of training. This includes professionalism.
• Unsatisfactory clinical skills for level of training

The remediation plan will be developed by the Program Director, or their designee, and the
fellow. Alternatively, a sub-committee may be appointed to assist the fellow, develop the
remediation plan, monitor the fellow’s progress, and advise the Program Director. The sub-
committee is comprised of program director, fellow mentor, and one other designated faculty
member. The sub-committee will be informed of the plan and the fellow’s progress by the Program Director.

*Note: Violations covered by the UMHS Disruptive Physician Behavior may be handled per this policy, which includes notification of both GME and the Office of Clinical Affairs.

Failure to remediate deficiencies may result in a prolongation of the training period, probation, or termination from the program.

B. Probation
A fellow may be placed on probation by the Program Director upon failure of remediation or multiple and/or serious deficiencies in performance or professional conduct. Notification of Probation will be given to the fellow in writing and be placed in the fellow’s file. The notice will also be conveyed to the Department Chair and the Associate Dean for GME. A specific plan of remediation and performance standards will be developed. The Program Director or Associate Program Director will meet with the fellow and his/her mentor monthly. The Program Director and the Department Chair will evaluate progress at the end of a three-month period. At that time, probation may be continued, discontinued, or the fellow may be dismissed from the program. The Associate Dean for GME will be advised of the decisions made.

C. Suspension
The Program Director, Department Chair or their designee may temporarily suspend a fellow from patient care activities or from the program for any serious incident or pattern of behavior that they deem may pose a threat to the health and/or safety of patients, staff, self, or to be inconsistent with satisfactory performance. Suspension will be reviewed by the Program Director and Chair on the duration of suspension or the return to duty.

*Note: Violations covered by the UMHS Disruptive Physician Behavior may be handled per this policy, which includes notification of both GME and the Office of Clinical Affairs. The Associate Dean for GME will be informed of this action.

D. Termination/Non Reappointment
Failure to remediate multiple or serious deficiencies in performance in any of the six competencies or areas of professionalism may lead to termination or non-reappointment. The Program Director will make this decision with input from the Departmental Chair, and the decision will be communicated to the Associate Dean for GME.

*Note: Violations covered by the UMHS Disruptive Physician Behavior may be handled per this policy, which includes notification of both GME and the Office of Clinical Affairs.

IV. Due Process
A fellow who has concerns regarding the decision or process, may appeal the decision through the Department of Pediatrics, Division of Pediatric Infectious Diseases Grievance Policy.

This policy is consistent with UMHS Institution Graduate Medical Education Evaluation/Promotion/Retention/Dismissal of Residents in their Educational Training Program Policy # 106.032204.
Pediatric Infectious Diseases Fellowship Program Policies:
Grievances Policy

The Division of Pediatric Infectious Diseases has formulated the following Educational Grievance Policy based on the University of Michigan Graduate Medical Education policy. The Department of Pediatrics, Division of Pediatric Infectious Diseases strives to ensure due process for all decisions involving potential disciplinary action for fellows.

Formal Grievances

A. Academic/Clinical Performance Deficiency

The fellow will be notified by the Program Director of academic/clinical performance insufficiency. If the performance is serious, notification will be in writing, and will include a remediation plan with time limits.

1. Academic Warning: For initial academic or clinical performance deficiencies, the fellow and the program director and/or associate program director will meet and attempt to resolve the issue to both parties satisfaction. A remediation plan will be developed.

2. Department Probation: If academic/clinical performance deficiencies are sufficiently serious the fellow will be placed on departmental probation. While on departmental probation, the fellow may be restricted from independently performing clinical duties during regular working hours and/or after hours on call. The fellow will be restricted from participating in moonlighting activities. The fellow will be required to remediate his/her academic deficiency by mastering educational materials and/or showing sufficient improvement on the SITE examination. The fellow may be required to seek counseling in the House Officer Mental Health program. Faculty members will be expected to assist the fellow in his/her remediation effort, but responsibility to improve both academically and clinically to an acceptable level lies solely with the fellow.

   The fellow must satisfactorily remediate within the proscribed time in order to be removed from departmental probation. This will be determined by the program director, associate program director, and designated faculty members.

3. Academic Probation: If the fellow fails to remediate within the proscribed time the fellow may elect to leave the training program or will be placed on official academic probation. Official academic probation must be approved by the departmental GME committee. Official academic probation will be recorded as part of the fellow’s permanent academic record. A new remediation plan will be devised with new time limits. If the fellow fails to remediate after being placed on official academic probation he/she may be dismissed from the program.

Grievance by Fellow

In the Infectious Diseases Fellowship program there is an appeals process available to fellows who choose to challenge any disciplinary actions. In the event a fellow wishes to challenge an academic decision involving her/him, s/he should prepare a written request to the divisional
program director in which s/he describes the circumstances surrounding the decision and requests that a Grievance Review Committee be convened. The Standing Director of the Grievance Review Committee will be the fellowship program director and s/he will convene the Committee within 10 calendar days following the request, or as soon as is practicable. The fellow will be allowed to select any Department of Pediatrics faculty member and the Program Director will also choose a faculty member to serve on the Grievance Review Committee. The fourth member of the Committee will be the Director of Fellowship Programs for the Department of Pediatrics. The fellow will have an opportunity to confront the program director and any other individuals involved in the decision under appeal. The four-member Review Committee will have an opportunity to question both the fellow and the divisional program director regarding the details leading to the academic decision under review. The Committee will then make a final written recommendation to the program director, who will communicate the panel's findings to the fellow making the appeal. This recommendation will be made within 10 business days of the meeting unless a further extension is mutually agreed upon by both the Fellow and the Committee. The program director will review the recommendation and may make some modifications to the recommendations.

Institutional Process

If the fellow wishes to challenge the findings and conclusions of the internal review process, s/he may appeal the decision via the UMHS Procedure for Appeal of Academic Decisions including Suspension or Termination From, or Non-Reappointment to a UMHS Graduate Medical Education Program Agreement between the Regents of the University of Michigan and the University of Michigan House Officers Association, or through the procedures for Appeal of Academic Decisions, whichever is applicable.

This institutional review process will be initiated by the Associate Dean and Director of Graduate Medical Education who shall convene the GMEC within 10 calendar days of receiving the request for review of the matter. The request for review must be submitted in writing. In addition to the request for review, the fellow must submit two copies of a proposed remedy to the problem to be discussed with supporting facts and arguments. This documentation must be received 5 days prior to the date set for the GMEC review. The fellowship program director must also provide, in writing, two copies of the reasons, with supporting documentation, for the departmental decision. This documentation must also be received 5 days prior to the meeting. The involved parties will receive copies of the other party’s documentation 2 days prior to the scheduled meeting. Written responses to the other party’s documentation will be accepted prior to the institutional review. For more details regarding what will occur during the GMEC review, please view the Institutional Policy on Educational Grievances, available at the following link: http://www.med.umich.edu/i/medschool/GME/policies.htm

B. Professional Behavior

Reports of unprofessional behavior will first be discussed with the fellow by the program director. The program director and the fellow will attempt to resolve the problem to their mutual satisfaction. As a result of this discussion, the fellow may be asked to seek counseling with the House Officer Mental Health Program. If the fellow fails or refuses to undergo counseling, or if the fellow’s behavior is perceived to be sufficiently serious as to jeopardize patient safety or well-being of the fellow, the fellow may be required to take a leave of absence. During the leave of absence, efforts must be made to remedy the problem(s).
1. If the problem is such that disciplinary action is considered or if the fellow and the program director cannot come to an understanding and agree on a remedy for the behavioral issue, the program director will consult with the pediatric fellowship director. If the pediatric fellowship director does not concur, then the issue will not be pursued any further. If the pediatric fellowship director concurs that disciplinary action is warranted, a Disciplinary Committee of faculty members consisting of pediatric fellowship director, program director, faculty member and a faculty member chosen by the fellow will be convened to address the problem.

2. The Disciplinary Committee will meet with the fellow within 10 business days of being formed. The fellow may bring a supporting colleague or faculty member to accompany him/her. The program director will first summarize the nature of the behavior problem. The fellow will then have the opportunity to relate his/her point of view to the committee. The Disciplinary Committee will then confer and make a recommendation to the fellowship director within 5 business days of the meeting. Recommendations may include specific disciplinary actions or find that no disciplinary action is needed. Recommended penalties may include leave of absence, restriction from some or all clinical duties including on-call duty, restriction of moonlighting privileges, or dismissal.

3. The Committee will then make a final written recommendation to the program director, who will communicate the panel’s findings to the fellow making the appeal. This recommendation will be made within 10 business days of the meeting unless a further extension is mutually agreed upon by both the Fellow and the Committee. The program director will review the recommendation and may make some modifications to the recommendations.

4. Once the fellow has undergone recommended counseling and/or remediation, the Disciplinary Committee and Fellowship Director will meet to determine if the fellow is fit to return to full participation in the program.

5. If the fellow is deemed by the Disciplinary Committee and Fellowship Director to be incapable of functioning at an acceptable level, he/she will be subject to non-reappointment with notification, as outlined in the HOA contract. Immediate termination would be considered in cases where fellow behavior was deemed to directly jeopardize patient safety or the health/security of the fellow or other hospital employees.
These Program Descriptions, Goals and Objectives, and Policies will be updated and distributed to fellows for review on an annual basis.

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By initialing the boxes above, I verify that I have reviewed the corresponding sections of this document. I understand that I am responsible for logging duty hours in the MedHub system on a weekly basis, and I know my rights to file an anonymous complaint.

Fellow Signature: ____________________________________________  Date: __________