



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

Program Director:

Jason B. Weinberg, MD (jbwein@umich.edu)

Associate Program Director:

Michael E. Watson, MD, PhD (mewats@umich.edu)

Program Coordinator:

Brenda Spaulding (bspauld@umich.edu)

Division Director:

John J. LiPuma, MD (jlipuma@umich.edu)



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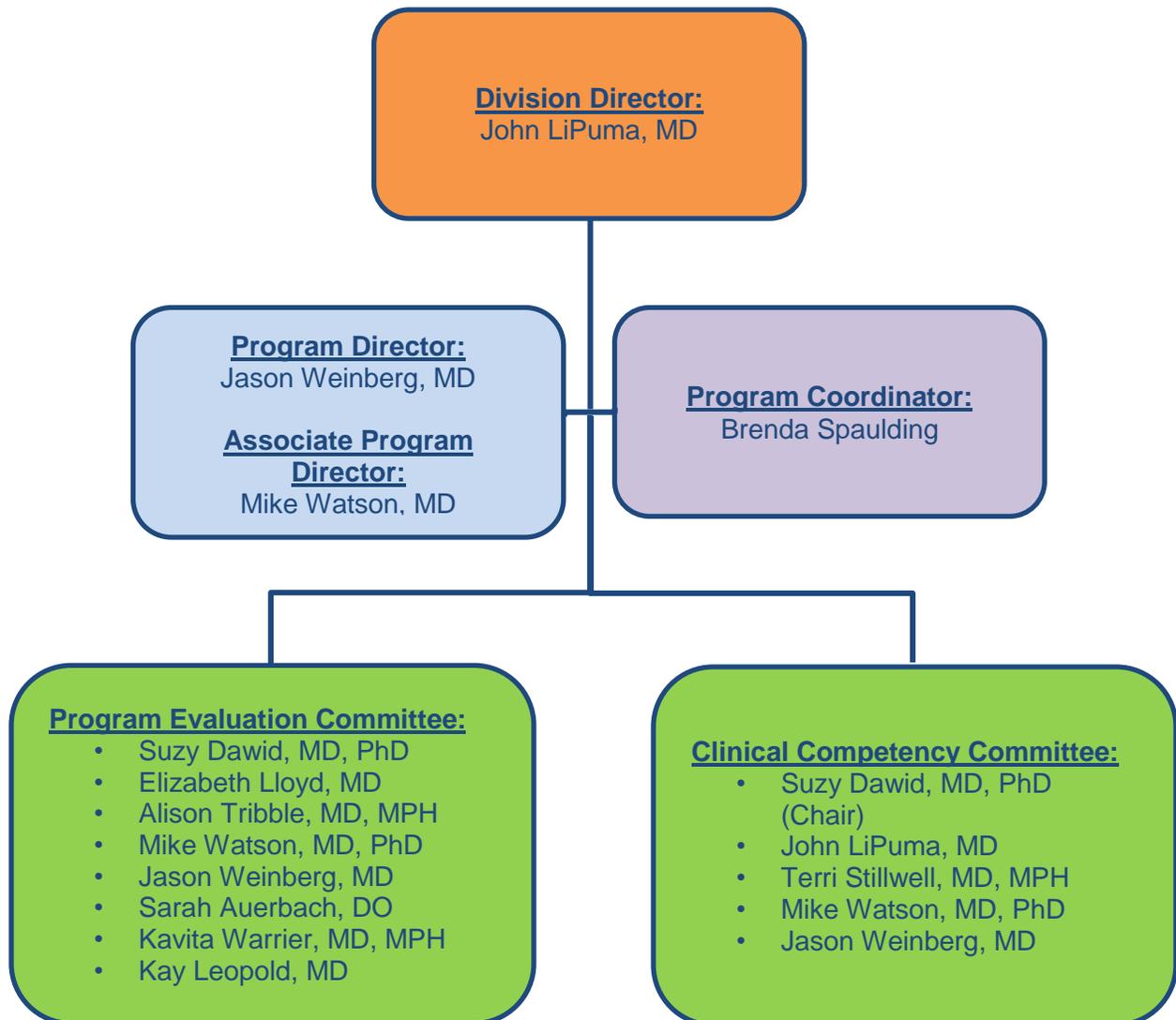


Pediatric Infectious Diseases Fellowship Program: Key Clinical Faculty

- John J. LiPuma, MD (Division Director)
- Jason B. Weinberg, MD (Program Director)
- Suzanne R. Dawid, MD, PhD
- Janet R. Gilsdorf, MD (Professor Emeritus)
- Kengo Inagaki, MD
- Elizabeth C. Lloyd, MD
- Terri L. Stillwell, MD, MPH
- Alison C. Tribble, MD
- Michael E. Watson, MD, PhD



Pediatric Infectious Diseases Fellowship Program: Structure and Committee Membership

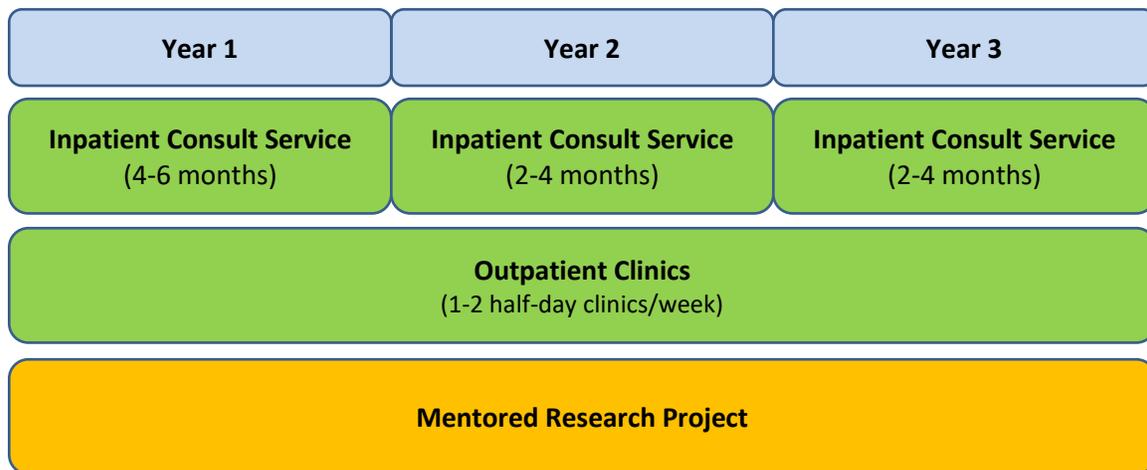




Curriculum Overview

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)
 - St. Jude/PIDS Pediatric Infectious Diseases Research Conference
 - ID Week (Annual Meeting of IDSA, PIDS, SHEA, HIVMA)
 - American Society for Microbiology General Meeting and other ASM Conferences
 - Annual Meeting of the American Society for Virology
 - 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 (2-4 weeks 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

Policy Updated:	September 16, 2018
Policy Approved by PEC:	September 18, 2018

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.



Pediatric Infectious Diseases Antimicrobial Stewardship Pathway and Elective

Key elements:

1. Identify the Pediatric Antimicrobial Stewardship Director as a research and career mentor (either primary or co-mentorship, depending on the fellow's interests).
2. Participate in the Antimicrobial Stewardship elective (see below for details).
3. Actively participate in stewardship activities while on service (e.g., cover pager on weeknights, enter stewardship notes, manage restricted antimicrobials for consult patients, participate in discussion of stewardship issues at conference).
4. Join the Michigan Medicine Antimicrobial Subcommittee and attend monthly meetings.
5. Participate in the development of a treatment guideline
6. Develop a research project relevant to antimicrobial stewardship.
7. Attend at least one antimicrobial stewardship conference during fellowship (e.g., pediatric antimicrobial stewardship conference in June, or the antimicrobial stewardship workshop at IDWeek).

Optional elements, as time and interest allow:

1. Participate in monthly Sharing Antimicrobial Reports for Pediatric Stewardship (SHARPS) webinars (national pediatric stewardship collaborative).
2. Join the pediatric antimicrobial stewardship listserv, hosted by SHARPS
3. Participate in other ongoing projects, such as medication use evaluations for the stewardship team or data collection for national collaborative projects.
4. Consideration of formal training in epidemiology, either through the Summer Session in Epidemiology courses or (if funds are identified) work towards a Master of Public Health or Master of Science in Clinical Research degree at the School of Public Health.

Antimicrobial stewardship elective (2-4 weeks)

1. Cover the antimicrobial stewardship pager, managing issues such as approval requests, positive blood culture alerts, drug level alerts, or multidrug-resistant organism alerts.
2. Participate in daily restricted antimicrobial review with pediatric and adult ID pharmacists
3. Attend weekly antimicrobial stewardship team meetings (pediatric and house-wide) and any other relevant meetings.
4. Conduct a medication use evaluation and present results to the stewardship team.
5. Present on a topic of interest at the weekly Pediatric Infectious Diseases case conference.



Pediatric Infectious Diseases Infection Prevention (IPE) Pathway and Elective

Key elements:

1. Identify a research and career mentor from the members of the Department of Infection Prevention & Epidemiology (IPE).
2. Participate in the Infection Prevention elective (see below for details).
3. Participate in various Infection Prevention workgroups appropriate to pediatric healthcare-associated infection improvement.
4. Attend meetings of the Infection Control Committee.
5. Participate in policy updates relevant to Pediatric Infection Prevention.
6. Develop a research project related to Infection Prevention.

Optional elements, as time and interest allow:

1. Participate in exposure and/or outbreak investigations.
2. Consider formal training in epidemiology, either through the Summer Session in Epidemiology courses or (if funds are identified) work towards a Master of Public Health or Master of Science in Clinical Research degree at the School of Public Health.
3. Attend the Society of Healthcare Epidemiology of America (SHEA) Annual Fellows Course during the second or third fellowship year.

Infection Prevention elective (2-4 weeks)

1. Shadow various members of the Department of Infection Prevention & Epidemiology to understand the different roles within the department.
2. Attend daily safety huddles.
3. Attend IPE staff meeting/workgroup meetings.
4. Participate in ongoing pediatric healthcare-associated infection workgroups (e.g. CAUTI, CLABSI, Clostridium difficile, etc.).



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 2-4 week 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 Michael Bachman, M.D., Ph.D. (Associate Director, 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 rotation.

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

Policy Updated:	October 30, 2020
Policy Approved by PEC:	November 5, 2020

Note: This policy is consistent with guidelines of the Accreditation Council for Graduate Medical Education and with the corresponding Institutional Policy for Graduate Medical Education (Clinical Program Trainee Selection Policy; GMEC Approved on 1/27/20).

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.

The University of Michigan Pediatric Infectious Diseases Fellowship Program is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status.

Eligibility

1. Please refer to the Institutional Policy for Graduate Medical Education, Clinical Program Trainee Selection Policy (<http://www.med.umich.edu/i/medschool/GME/policies.htm>) for details regarding mandatory institutional selection criteria addressing items such as acceptable medical school training, citizenship and visa status, board scores, Educational Commission for Foreign Medical Graduates (ECFMG) status, licensure, background checks, and successful completion of the credentialing process including primary source verification.
2. Non-United States citizens are required to have any of the following:
 - a. a valid Permanent Resident (Green Card) status;
 - b. a J-1 visa sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) and must be eligible to renew their J-1 visa for the length of the UMHS GME training program; or
 - c. Be actively pursuing a Green Card and has an ead card that U-M International Center has reviewed and determined the probability that the EAD will remain valid or can be extended for the duration of the training program; or
 - d. Has a EAD card associated with the granting of deferred action under DACA.
3. According to Accreditation Council for Graduate Medical Education (ACGME) guidelines, applicants are required to have successfully completed an ACGME-accredited residency program in Pediatrics, Medicine-Pediatrics, or another program that establishes board eligibility in the field of Pediatrics, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada, unless granted an exception by the GME office of the University of Michigan.

Selection



1. 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.
2. All applicants must apply through ERAS. Pediatric Infectious Diseases participates in the NRMP Fellowship Match program.
3. Applications are initially reviewed by the Program Director, Associate Program Director, and Program Coordinator to verify applicant eligibility.
4. The Program Director, Associate Program Director, and Program Coordinator come to a consensus regarding which applicants to invite for an interview, seeking input from the Division Director and other division faculty when there is disagreement. These decisions are based on review of each application in its entirety, with an initial focus on identifying “red flags” that might trigger the need for a more intensive review before inviting an applicant for an interview or are sufficient to lead to the decision not to invite an applicant for an interview.
5. If consideration is given to inviting an applicant with potential “red flags” for an interview, the program will consult with the Department of Pediatrics Associate Director of Fellowship Programs and/or the Lead Coordinator for Fellowship Programs, along with the credentialing personnel in the Graduate Medical Education (GME) Office, prior to offering an interview
6. On interview days, applicants meet individually or in groups with division faculty and fellows. When possible, applicants meet with faculty outside of the division based on identified research and career interests of the applicants. These interviews are designed to provide applicants with information about the Pediatric Infectious Diseases Fellowship Program and to assess applicant suitability for the program.
7. Standardized evaluations are completed by faculty, fellows, and any others who interview applicants. The Program Coordinator collects evaluations and assembles a summary of the data, including a preliminary rank list based on the evaluations, which is shared with division faculty and fellows at the end of the interview season.
8. The Program Director and Program Coordinator lead a meeting in which division faculty and fellows review the applicants and evaluation results. The preliminary rank list is modified if necessary based on the discussion.
9. Before an applicant is placed on the rank list for the Match, the Program Director, Associate Program Director, and/or the Program Coordinator will verify references and contact other sources when deemed appropriate to verify information or seek additional information about an applicant. Other division faculty may assist with this process.
10. When an individual with a potentially problematic background is being considered after the process described above, the program will seek review from the Department of Pediatrics Associate Director of Fellowship Programs and/or the Lead Coordinator for



Fellowship Programs Graduate Medical Education Office before an applicant is placed on the rank list for the Match.

11. The finalized rank list is submitted to the National Resident Matching Program (NRMP) website and certified by the Program Director before the Rank List Certification deadline. This policy is in compliance with the Institutional Policy for Graduate Medical Education, Clinical Program Trainee Selection Policy, which can be viewed at:
<http://www.med.umich.edu/i/medschool/GME/policies.htm>



Pediatric Infectious Diseases Fellowship Program Policies: Clinical and Educational Work Hours

Policy Updated:	September 19, 2018
Policy Approved by PEC:	September 19, 2018

Note: This policy is consistent with the corresponding Institutional Policy for Graduate Medical Education (Resident/Fellow Clinical and Educational Work Hours, GMEC Approved 6/26/17, ECCA Approved 11/14/17, UMHS Policy No. 04-06-044) and with the House Officers Association Contract (<https://hoaumich.org/contract/2021>).

This policy addresses hours and work environment for fellows in the Pediatric Infectious Diseases Fellowship Program. In accord with institutional policy, ACGME guidelines, and the House Officers Contract:

1. Fellow clinical and educational work hours and call schedules will be monitored carefully and regularly by the Pediatric Infectious Diseases Fellowship Program to ensure ongoing compliance with ACGME and institutional requirements.
2. The educational goals of the training program and learning objectives of its fellows must not be compromised by excessive reliance on fellows to fulfill institutional service obligations.
3. Systems are in place to avoid or relieve excessive service demands on fellows and excessive fellow fatigue.
4. The Pediatric Infectious Diseases Fellowship Program ensures that fellows are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

Requirements

The Pediatric Infectious Diseases Fellowship Program monitors fellow clinical and educational work hours to ensure an appropriate balance between education and service, and to prospectively identify any problems that may arise on an individual fellow or programmatic basis. The structuring of duty hours and on-call schedules is focused on quality and safe patient care, continuity of care, and the educational needs of the fellow.

1. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house patient-related activities.
2. Time spent on patient care activities by fellows on at-home call count toward the 80-hour maximum weekly limit.
 - a. At-home call activities that count include responding to phone calls and other forms of communication, as well as documentation, such as entering notes in an electronic health record.
 - b. Activities such as reading about the next day’s case, studying, or reading related to research activities do not count.
3. Research hours or any combination of research, patient care, and required education count toward the 80-hour maximum weekly limit. An exception to this requirement is when fellow research is conducted on their own time for personal growth.
4. Routine clinical and educational work periods for fellows will not exceed 24 hours of continuous scheduled clinical assignments. This is typically not an issue for fellows in



Pediatric Infectious Diseases due to the structure of the clinical service time during fellowship training.

5. Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or fellow education. Additional patient care responsibilities will not be assigned to a fellow during this additional time.
6. To ensure appropriate transitions of care, fellows may remain on-site for an additional four (4) hours, if necessary. Please see the Pediatric Infectious Diseases Fellowship Program Transitions of Care Policy for details of this process.
7. Fellows are provided with one (1) day in seven (7) free of clinical work and required education, when averaged over a four (4)-week period. At-home call is not assigned on these free days.
8. Adequate time for rest and personal activities will be provided. This will consist of at least 8 hours off between scheduled clinical work and educational periods. There may be circumstances when residents/fellows choose to stay to care for their patients or return to the hospital with fewer than eight (8) hours free of clinical experience and education; however, such additional duty must not result in violation of the 80-hour and the one (1) day off in seven (7) requirements.

Fellow Responsibilities

1. Fellows are required to accurately report their clinical and educational work hours on a regular basis.
2. On those occasions when a fellow remains beyond their scheduled work hours to continue to provide care to a patient, the fellow must document this in MedHub as an explanation for the extended time spent on duty.

Program Responsibilities

1. The Program Director, with assistance from the Program Coordinator, monitors fellow clinical and educational work hours to ensure compliance. Monitoring includes an assessment to ensure that an appropriate balance between education and service is maintained. The evaluation process includes:
 - a. Informal evaluation through frequent verbal surveys and queries to faculty and fellows.
 - b. Formal review on a semi-annual basis during regularly scheduled performance reviews with the Program Director.

The Program Director, with input from fellows and divisional faculty, monitors demands on fellows and makes scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.



Pediatric Infectious Diseases Fellowship Program Policies: Leaves of Absence

Policy Updated:	November 1, 2020
Policy Approved by PEC:	November 5, 2020

Note: This policy is consistent with the corresponding Institutional Policy for Graduate Medical Education (Leave of Absence Policy, GMEC Approved 11/23/15).

Fellows are encouraged and supported by the program and the division to not work when they are acutely ill. Fellows may be absent from clinical duties for other planned and unplanned reasons. Appropriate coverage of a fellow's clinical duties when they are absent is a responsibility that is shared by the program and the fellows. Specific types of paid and unpaid leaves of absence are available to fellows depending on the circumstance. Excessive absenteeism may result in extension of the fellowship training period. This policy is consistent with the House Officers Association Contract (<https://hoaumich.org/contract/2021/>).

Planned Absence from the Inpatient Consult Service

1. Scheduling: Whenever a fellow working on the inpatient consult 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. The fellow will arrange for another fellow to provide coverage on the inpatient consult service. The two fellows typically arrange a mutually agreeable trade of an equivalent amount of time 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.
2. Transitions of Care: The fellow who will be absent will provide written and verbal sign-out to the covering fellow no later than 5:00 PM on the day prior to the beginning of the absence. The on-service attending will receive a copy of the written sign-out. The fellow who will be absent will sign their pager over to the covering fellow only after they have provided patient sign-out to the covering fellow.

Unplanned Absence from the Inpatient Consult Service

1. Scheduling: If an on-service fellow is unexpectedly absent due to illness or other circumstance, the fellow should contact the on-service attending and Program Director as soon as possible. The Program Director and Program Coordinator will help to determine which fellows are available to provide coverage. 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, if this is possible. In some circumstances, the on-service attending may need to cover the inpatient consult service without a fellow.
2. Transitions of Care: The fellow who will be absent (or the on-service attending, if the fellow is unable to do so) will provide written and verbal sign-out to the covering fellow no later than 5:00 PM on the day prior to the beginning of the absence. The on-service



attending will receive a copy of the written sign-out. The fellow who will be absent will sign their pager over to the covering fellow only after they have provided patient sign-out to the covering fellow.

Absence from the Outpatient Clinic

1. Scheduling: Any fellow who will miss time in the outpatient clinic should notify the Program Director, Program Coordinator, and the Clinic Coordinator as soon as possible so that patients can be reassigned with guidance from the fellow who will be absent and the attending(s) who will be seeing the patients.
2. Transitions of Care: The fellow who will be absent will provide written and verbal sign-out to the covering fellow no later than 5:00 PM on the day prior to the clinic day. When reassignment of clinic patients to another fellow is not possible due to a sudden unexpected absence, other fellows in clinic will make efforts to provide last-minute coverage if possible. If re-assignment to another fellow is not possible, attendings in clinic will see the patients without a fellow.

Paid and Unpaid Leave – Definitions

1. Please refer to the House Officers Association Contract (<https://hoaumich.org/contract/2021/>) for complete descriptions of the types of paid and unpaid leaves of absence.
2. Examples of these include:
 - a. Paid Leave of Absence: Sick Leave, Serious Illness, Bereavement Leave, Jury Duty, Long-Term Disability, Preventative Care (Preventative Care and Personal Day), Maternity Leave, Parental Leave
 - b. Unpaid Leave of Absence: Military Leave, Personal Leave, Family Medical Care Leave

Extended Leave of Absence Due to Serious Illness

1. To provide confidentiality related to a serious illness, fellows will use Work Connections (<http://www.workconnections.umich.edu/>), or its equivalent, to obtain the necessary documentation for a paid leave. This process can be initiated by either the fellowship program or the fellow. The fellow is responsible for ensuring that Work Connections receives required documentation within a reasonable time frame or a time frame that is prescribed by Work Connections.
2. When a House Officer has been off work due to a single serious illness or injury for thirty (30) calendar days, the Program Director and fellow will discuss the circumstances to determine the appropriate course of action, which will typically include:
 - a. A return to work plan based on Work Connections review of medical documentation from the fellow's treating physician.
 - b. Contact of the House Officers Association by the fellow for information regarding the long-term disability plan and other benefits that may be affected.
 - c. Submission of an application for long term disability, if appropriate.
 - d. Approval from the GME Office for the course of action.



Extension of Training Due to Absences

1. According to the American Board of Pediatrics (<https://www.abp.org/content/training-irregularities-subspecialties>), the duration of fellowship training is 36 months. Thirty-three months of training are required.
2. If total absences (during the 36-month training period) exceed 3 months, the missed time must be made up. This applies to any extended absence, whether the absence be for illness, vacation, parental leave, etc.
3. The American Board of Pediatrics must approve any variation in meeting this requirement. If extended absences are expected, fellows should contact the Program Director and Program Coordinator as soon as possible in order to work with the American Board of Pediatrics to seek approval for a waiver or to coordinate an extension in the training period.
4. No continuous absence of more than 1 year will be permitted. Fellows who experience an absence in fellowship of more than 12 continuous months and who wish to re-enter fellowship training must petition the ABP to determine whether credit may be awarded for prior training. The request for credit must be submitted by the fellow or the Program Director before the fellow re-enters fellowship training.

Institutional Policy

In addition to the above requirements, the Pediatric Infectious Diseases Fellowship Program adheres to the Institutional Leave of Absence Policy available on the GME web site at:

<http://www.med.umich.edu/i/medschool/GME/policies.htm>



Pediatric Infectious Diseases Fellowship Program Policies

Vacation/Paid Time Off

Policy Updated:	November 1, 2020
Policy Approved by PEC:	November 4, 2020

The University of Michigan Pediatric Infectious Diseases Fellowship Program is committed to balancing the educational and professional development needs of its fellows, as well as the need for time away from work to refresh and relax (i.e. vacation). This policy has been developed to allow fellows to request time away from a rotation for planned activities (e.g. exams, interviews, conferences) while still meeting RRC, ABP, contractual, and programmatic requirements. This Policy is consistent with the House Officers Association Contract (<https://hoaumich.org/contract/2021/>).

Vacation Scheduling

1. According to the HOA Contract, fellows are provided 4 weeks (28 days) of vacation, inclusive of weekends, per training level. A maximum of 20 of those 28 days will occur on a Monday through Friday schedule, as described in the House Officer’s Association Contract. Vacations are typically scheduled in one-week increments. The timing of vacations should be coordinated with other fellows to minimize the impact of fellow absences on coverage of the inpatient consult service and the outpatient clinic.
2. Vacation scheduling requests are made through MedHub. Vacation requests should be made at least six weeks before the vacation start date. Exceptions to that timing should be discussed with the Program Director and/or Program Coordinator. Fellows are notified of the outcome of vacation requests by the Program Coordinator and/or Program Director.
3. It is the responsibility of the fellow to arrange coverage for any clinics and inpatient service that will be missed while on vacation (see details below).
4. Either the fellow or Program Director may initiate a request for a change to previously approved vacation, but any changes must be mutually agreed upon. Vacation timing may be changed after the year’s service schedule is created as long as it does not create a service deficit. Fellows should work with the Program Director and the Program Coordinator if schedule changes are needed. Every effort will be made to preserve vacation timing if changes need to be made to the service schedule by the program.
5. Once a vacation request is approved, the Employer shall not unilaterally change or cancel the approved vacation unless the Employer has implemented its Emergency Operations Plan.

Paid Time Off

1. Paid leave is provided for House Officers for various reasons as delineated in the HOA contract (<https://hoaumich.org/contract/2021/>). This includes short-term and long-term sick leave, jury duty, bereavement time, and parental leaves.



2. The Pediatric Infectious Diseases Leaves of Absence Policy explains the process for providing for coverage of patient care responsibilities when a fellow is unexpectedly absent due to acute illness or on leave for illness or other reason. For long-term leaves, the program may instead adjust schedules as needed, maintaining the overall fellow educational experience.

Preventative Care

1. Fellows are encouraged to make preventative medical and dental appointments. The time allowed for these types of appointment should not exceed eight (8) hours per year.
2. Unused Preventative Care shall not be carried over from program year to program year, and shall not be available to use to offset deficits in training due to leaves of absence or other reasons.
3. Requests for accommodations for these appointments in the schedule are made to the Program Director and/or Program Coordinator with at least thirty (30) days advance notice by completing the HO_Time Off Request for Preventative Care 2.0 form found in MedHub.
4. Some rotations (typically research months) are more conducive to these accommodations. The Program Director and/or Program Coordinator will provide this information to fellows at the start of the year to facilitate advance scheduling of these appointments.

Personal Days

1. Each fellow is entitled to receive one (1) Personal Day per program year, which may be used for any personal need. The time may be used in full or half-day increments, but nothing less.
2. Unused Personal Days shall not be carried over from program year to program year, and shall not be available to use to offset deficits in training due to leaves of absence or other reasons.
3. Requests for accommodations for these appointments in the schedule are made to the Program Director and/or Program Coordinator with at least thirty (30) days advance notice by completing the HO_Time Off Request for Personal Day 1.0 form found in MedHub.

Presentations at Conferences

1. Fellows are encouraged to attend academic conferences pending appropriate coverage of clinical duties. 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.
2. Requests for changes in the schedule to allow conference attendance are made to the Program Director and/or Program Coordinator.



3. It is the responsibility of the fellow to arrange coverage for any clinics and inpatient service that will be missed while at a conference (see details below).
4. Please see the Pediatric Infectious Diseases Fellowship Program Travel and Educational Funds Policy for additional details.

Life Support Training Courses

1. Fellows will receive time off for Pediatric Advanced Life Support (PALS) recertification.
2. The fellow is responsible for coordinating the date of attendance with their Program Director.
3. In the event a certification lapses, the fellow may be required to utilize vacation to attend training or attend the training on a scheduled day off.
4. In the event of a lapsed certification, the fellow is responsible for paying the difference between the cost of the initial certification and the cost of the recertification.

Board/SITE Examinations

1. Board certification is an essential component of a fellow's career. Fellows typically take General Pediatrics board examinations during the first year of fellowship. The Subspecialty In-Training Examination (SITE) is taken each year in February/March by each fellow during fellowship training. As described in the House Officer's Association Contract, fellows receive time off without loss of pay to take board examinations.
2. It is important to plan ahead while making scheduling requests so that these activities can be accommodated during the necessary time frame. Requests for changes in the schedule to accommodate board examinations are made to the Program Director and/or Program Coordinator.
3. It is the responsibility of the fellow to arrange coverage for any clinics and inpatient service that will be missed while taking a board/SITE exam (see details below).

Interviewing for Jobs

1. The Pediatric Infectious Diseases Fellowship Program understand the importance of planning for the next stage in a fellow's career. This includes job interviews.
2. It is important to plan ahead while making scheduling requests so that these activities can be accommodated during the necessary time frame. Requests for changes in the schedule to accommodate job interviews are made to the Program Director and/or Program Coordinator.
3. It is the responsibility of the fellow to arrange coverage for any clinics and inpatient service that will be missed while on a job interview (see details below).

Unpaid Time Off

1. Unpaid leave is provided for fellows for various reasons as delineated in the HOA contract (<https://hoaumich.org/contract/2021/>). This includes military service, personal requests, family care, and child care.



2. Requests for these leaves should be discussed with the Program Director and Program Coordinator. Personal Leaves are granted at the discretion of the Program Director.

Planned Absence from the Inpatient Consult Service

3. Scheduling: Whenever a fellow working on the inpatient consult 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. The fellow will arrange for another fellow to provide coverage on the inpatient consult service. The two fellows typically arrange a mutually agreeable trade of an equivalent amount of time 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.
4. Transitions of Care: The fellow who will be absent will provide written and verbal sign-out to the covering fellow no later than 5:00 PM on the day prior to the beginning of the absence. The on-service attending will receive a copy of the written sign-out. The fellow who will be absent will sign their pager over to the covering fellow only after they have provided patient sign-out to the covering fellow.

Absence from the Outpatient Clinic

3. Scheduling: Any fellow who will miss time in the outpatient clinic should notify the Program Director, Program Coordinator, and the Clinic Coordinator as soon as possible so that patients can be reassigned with guidance from the fellow who will be absent and the attending(s) who will be seeing the patients.
4. Transitions of Care: When reassignment of clinic patients to another fellow is not possible due to a sudden unexpected absence, other fellows, residents, or medical students who are scheduled to be in clinic may provide coverage, when feasible. If reassignment in the outpatient clinic is not possible, patients will be seen without a fellow. The fellow who will be absent will provide written and verbal sign-out to the covering fellow (or resident or medical student, if not reassigned to a fellow) no later than 5:00 PM on the day prior to the clinic day. The fellow will also provide written and verbal sign-out to the attending(s) who will be seeing the patients if those attendings have not already been involved in the patients' care.



Pediatric Infectious Diseases Fellowship Program Policies

Holiday Pay & Substitutions Policy

Policy Updated:	February 5, 2021
Policy Approved by PEC:	March 10, 2021

This policy is consistent with the House Officers Association Contract (<https://hoaumich.org/contract/2021/>).

House Officer Holidays

6. According to the HOA Contract, the following are defined as House Officer holidays:
 - New Year’s Day (January 1st)
 - Memorial Day (Last Monday in May)
 - Independence Day (July 4th)
 - Labor Day (First Monday in September)
 - Thanksgiving Day (Fourth Thursday in November)
 - Day after Thanksgiving (Fourth Friday in November)
 - Christmas Eve (December 24th)
 - Christmas Day (December 25th)
 - New Year’s Eve (December 31st)
 - House Officer’s Birthday

7. To the extent practicable, the Employer will try to schedule these days free of responsibilities for House Officers.

Request for Observance of a Religious Holiday

1. The Employer shall make every effort to honor the requests for the religious requirements by House Officers for observances of religious holidays. House Officers shall make such requests not less than sixty (60) calendar days in advance of the religious observance.

2. The standardized MedHub form (evaluation) titled, “HO_Request for Observance of a Religious Holiday” form is required to be completed by the House Officer. Please be sure to notify the Program Coordinator via email once the form has been submitted in MedHub.

Holiday Pay

1. In the event that a House Officer is assigned any responsibilities by their training program (including on-call, inpatient service coverage, clinics, rounding jeopardy, home call, back-up, etc.) on a House Officer holiday as defined in the House Officer Holiday list above, they will receive an additional 1/365th of their annual salary as compensation. The House Officer will receive this compensation regardless of the total number of hours worked or location. House Officers are eligible for holiday pay for each House Officer holiday worked throughout the year.



2. The standardized MedHub form (evaluation) titled, “HO_Notice of Eligibility for Holiday Pay Request” form is required to be completed by the House Officer. The form must be submitted in MedHub within sixty (60) calendar days following the HO-defined holiday in question #3 or #4 on the form. The House Officer should notify the Program Coordinator via email once the form has been submitted in MedHub.

Holiday Substitutions

1. Any House Officer may substitute up to two (2) alternative days of their choice for any of the previously defined House Officer holidays within any twelve (12) month appointment period so long as the substitution request is made at least thirty (30) calendar days prior to the House Officer defined holiday selected for substitution or the day selected as the substitute, whichever is closer. Once a House Officer defined holiday has passed, it is no longer eligible for substitution. These substitutions will be mutually agreeable to the House Officer and their Program Director. That House Officer will be eligible for holiday pay if they have any assigned responsibilities by their training program on those agreed-upon substitute dates.
2. The standardized MedHub form (evaluation) titled, “HO_Holiday Substitution Request (2.0 / 07-01-2020)” form is required to be completed by the House Officer. The House Officer should notify the Program Coordinator via email once the form has been submitted in MedHub.

MedHub Work Hours & Holiday Pay Processing Information

1. House Officers are responsible for ensuring work hours are reported within MedHub and must submit a notice of eligibility for holiday pay to their Program Director or designated program official within sixty (60) calendar days of a House Officer holiday when they are assigned responsibilities by their training program. The programs will then notify the Graduate Medical Education Office of those House Officers who are to receive holiday pay for a given House Officer holiday. The GME Office may deny payment of any House Officer Holiday Pay due to work hours not reflected in MedHub. Recording of work hours is not required when assigned as the individual to provide coverage should a colleague be unable to report to work (i.e. jeopardy or back-up). Any question regarding eligibility for holiday pay will be resolved by a House Officer’s Program Director.



Pediatric Infectious Diseases Fellowship Program Policies: Supervision

Policy Updated:	September 18, 2018
Policy Approved by PEC:	September 18, 2018

Note: This policy is consistent with the corresponding Institutional Policy for Graduate Medical Education (Global Clinical Program Trainee Supervision Policy 04-06-043, GMEC Approved 5/22/17, ECCA Approved 6/13/17).

It is the goal of the Pediatric Infectious Diseases Fellowship Program to train fellows to become excellent Pediatric Infectious Diseases physicians. To do so, the program will provide sufficient support, mentorship, and guidance in the supervision of fellows to facilitate education and provide excellent patient care, while providing sufficient autonomy for fellows to develop into independent practitioners. The appropriate level of supervision for fellows caring for patients is based on 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

The level of responsibility accorded to each fellow is determined by the Program Director with guidance from the Clinical Competency Committee and input from other faculty members in the Division of Pediatric Infectious Diseases. On-call schedules for attending physicians (faculty) are structured to ensure that supervision is readily available to fellows on duty. 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 table. These are guidelines only; it is the responsibility of the Program Director and the on-service attending physician to determine if more than the outlined supervision is required in certain contexts and act appropriately to provide excellent patient care. The overriding consideration at all times is the safe and effective care of the patient.

Inpatient Services:

1. Supervision of Pediatric Infectious Diseases Fellows by attending physicians 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 physician 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. A fellow may at any time request the physical presence of the attending physician.
4. All patients will be examined by the attending of record within 24 hours of the initiation of the consult. The attending physician 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 physician must be sufficient to assure appropriate care.

5. The fellow caring for the patient will be responsible for timely completion of consultation notes.
6. During the first year, attending physicians closely supervise 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.
7. 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.
8. The third-year Pediatric Infectious Diseases Fellow is expected to strive toward performance at the attending physician 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 physician with updates of any changes in patient status or admission of new patients.
9. 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 physician. 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, second- and third-year 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.
10. In emergency situations, fellows may act in the best interests of patients without first consulting with the attending physician. 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 physician on record who has been granted clinical privileges through the medical staff process. The attending physician 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 physician 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 attending physician.
4. Pediatric Infectious Diseases Fellow will provide continuity of care for their patients under the supervision of the attending physician.
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.

Institutional Policy

In addition to the above requirements, the Pediatric Infectious Diseases Fellowship Program adheres to the Institutional Global Clinical Program Trainee Supervision Policy available on the GME web site at: <http://www.med.umich.edu/i/medschool/GME/policies.htm>.



Table: Supervision of Pediatric Infectious Diseases Fellows by Year of Training

The following apply as indicated by PGY level(s) checked:	PGY Level						
	1	2	3	4	5	6	7
Supervises clinical care and education of medical students on the Pediatric Infectious Diseases elective rotation.				B	C	D	
Supervises clinical care and education of junior house officers on the Pediatric Infectious Diseases elective rotation.				B	C	D	
Supervises clinical care and education of senior house officers on the Pediatric Infectious Diseases elective rotation.				B	C	D	
Performs admissions, histories, complete physical exams, medical record documentation, informed consent, patient counseling, medical and restraint orders				B	C	D	
Performs simple procedures or manages simple medical conditions.				B	C	D	
Performs complex procedures or manages complex medical conditions.				A	B	C	
Bedside procedures - lumbar puncture, paracentesis, thoracentesis, arthrocentesis, small abscess care				N/A	N/A	N/A	
Placement of central lines and arterial lines				N/A	N/A	N/A	
<i>Fellows can perform specialty-specific procedures while in contact with an attending - for questions contact Jason B. Weinberg, M.D. (Program Director, pager # 13024)</i>							

*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 Fellowship Moonlighting Policy

Policy Updated:	September 11, 2018
Policy Approved by PEC:	September 18, 2018

Note: This policy is consistent with the corresponding Institutional Policy for Graduate Medical Education (UMHS Policy No. 04-06-048).

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 ACMGE-approved training program. Fellows within the Department of Pediatrics Division of Infectious Diseases are not required to moonlight, but they are allowed to do so pursuant to the current University of Michigan House Officers Association (HOA) employment agreement. The fellowship training experience and responsibilities must be given the highest professional priority at all times. No activities outside the scope of the training program, including external or internal moonlighting, should interfere with those learning activities or the associated service responsibilities. Fellows should be aware that the University of Michigan malpractice insurance does not extend to external 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 or osteopathy;
- Fellow is a United States citizen or a legal alien with an unrestricted work permit (fellows with J-1 or other visas are not permitted to moonlight);
- 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, is not on a paid leave of absence, is not in remediation or probation, and is not engaged in efforts to repair any clinical/educational deficits;
- 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 must possess a permanent license and have their own unrestricted DEA license before Moonlighting can be approved.
- Moonlighting cannot occur while simultaneously on call, including home 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 Pediatric Infectious Diseases Fellowship Program 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.



Pediatric Infectious Diseases Fellowship Program Policies: Evaluation, Promotion, Appointment, Renewal, and Dismissal

Policy Updated:	October 29, 2020
Policy Approved by PEC:	November 5, 2020

Note: This policy is consistent with the corresponding Institutional Policy for Graduate Medical Education (Evaluation, Promotion, Renewal, Dismissal of Residents/Fellows in their GME Educational Training Program, GMEC Approved 9/23/19).

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.

Evaluation

1. Components of Fellow Evaluation
 - a. Evaluation of Fellows by Clinical Faculty
 - i. At the end of each rotation, faculty evaluate the fellow’s performance using standardized tools in MedHub.
 - ii. Faculty assess competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
 - iii. For block rotations of greater than 3 months, evaluation must be documented at least every 3 months.
 - iv. Longitudinal experiences, such as continuity clinics in the context of other clinical responsibilities, must be evaluated at least every 3 months and at completion.
 - b. Evaluation of Fellows by Research Mentors
 - i. Each fellow engages in research (or other forms of scholarly activity) over the three-year training period that is supervised by a faculty research mentor.
 - ii. Research mentors evaluate fellow performance in their scholarly activity at least semi-annually using standardized tools in MedHub.
 - c. Evaluation of Fellows by Other Individuals
 - i. Additional evaluations of fellow performance are completed by other individuals with whom fellows interact, including resident peers, non-physician team members, and patient families.
 - ii. These evaluations are completed using standardized tools in MedHub.
 - d. Evaluation of Procedural Competency
 - i. Pediatric Infectious Diseases fellows do not perform procedures.
 - ii. Instead, their patient case log is reviewed by the Program Director and/or Associate Program Director to assure appropriate diversity, number, and complexity of cases.



- e. Fellow Self Evaluation
 - i. 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.
 - ii. The self-assessment is submitted to the program director prior to each review.
- f. Subspecialty In-Training Exam
 - i. Fellows take the Subspecialty In-Training Exam (SITE) each year of fellowship.
 - ii. SITE scores are reviewed with fellows at their end-of-year performance review with the Program Director and/or Associate Program Director.
2. Clinical Competency Committee
 - a. The division's Clinical Competency Committee (CCC) meets twice a year (or more often, if necessary) to review all available evaluations of fellows.
 - b. The CCC uses this review to select the level of subspecialty milestones that best describe fellow performance in relation to those milestones.
 - c. The CCC also evaluates each fellow in the context of subspecialty-specific Entrustable Professional Activities (EPAs).
 - d. Milestone ratings, EPA evaluations, and a summary evaluation are shared with the fellow and Program Director and discussed with the fellow by the Program Director during semi-annual performance reviews.
3. Formal Review of Fellow Performance
 - a. Fellows receive written evaluations regarding their medical and professional development at least semi-annually, or earlier if any areas of deficiency are noted.
 - b. These evaluations are discussed with the trainee by the Program Director and/or Associate Program Director at least twice per year.
4. Final Evaluation
 - a. A final evaluation will be completed for each fellow by the Program Director upon completion of the training program. This evaluation documents the fellow's performance during the final period of training and verifies that the fellow has demonstrated sufficient competence to enter practice without direct supervision.
 - b. The final evaluation becomes part of the fellow's permanent record maintained by the institution. It remains accessible for review by the fellow at any time after completion of training.
5. Access to and Retention of Evaluations
 - a. Fellows have access to evaluations that are completed in MedHub.
 - b. All evaluation documentation is kept in confidential files within the division and is available for review by the fellows and other authorized personnel (see the Institutional Policy for Resident Files and Retention for details; <http://www.med.umich.edu/i/medschool/GME/policies.htm>).

Promotion

1. The Pediatric Infectious Diseases Fellowship Program at the University of Michigan entails 3 years of training. The goal of the program is for every fellow to succeed in our field. It is the duty of the program to be sure that all who advance and graduate are safe and competent practitioners.



2. Promotion to successively higher levels within the program is based on decisions by the Program Director with input from the CCC and from other faculty regarding evaluations of fellow performance.
3. Fellows typically 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:
 - a. The fellow 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 their 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.
 - b. No disciplinary or probationary measures are in effect.
4. If those conditions are not met, the fellow shall not automatically progress to the next PGY level.
5. The fellow's progress shall be subject to review by the Program Director and CCC. 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.

Disciplinary Action

If the program director determines that corrective action must be taken, it may include remediation, probation, suspension, non-renewal of the fellow's contract, or dismissal.

1. Remediation/Academic Warning
 - a. Fellows may be asked to follow an individualized plan (with beginning and end dates) 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 CCC identify other concerns.
 - b. 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.
 - c. Examples of circumstances requiring remediation include, but are not limited to:
 - i. Unsatisfactory performance on the Subspecialty In-Training Exam
 - ii. Unsatisfactory performance on an inpatient rotation
 - iii. Unsatisfactory or marginal performance in one of the six general competencies for level of training, including professionalism
 - iv. Unsatisfactory clinical skills for level of training
 - d. The remediation plan will be developed by the Program Director, or their designee, and the fellow. Alternatively, a committee (typically comprised of the Program Director, fellow mentor, and one other designated faculty member) may be appointed to assist the fellow, develop the remediation plan, monitor the fellow's progress, and advise the Program Director.
 - e. Failure to remediate deficiencies may result in a prolongation of the training period, probation, suspension, non-renewal of the fellow's contract, or dismissal from the program.



- f. Remediation/Academic Warning status is a departmental process and does not become part of the fellow's permanent record.
 - g. If remediation is unsuccessful, the Program Director may elect to allow the fellow to continue to attempt remediation of deficiencies. Additional remediation periods must have designated beginning and end dates.
2. Probation
 - a. A fellow must be placed on probation by the Program Director upon failure of remediation or multiple and/or serious deficiencies in performance or professional conduct. If any program of remediation is significant enough to require non-promotion and/or an extension of the fellow's training, then this also requires that the trainee be placed on probation.
 - b. Probation is reportable to state boards and national data banks.
 - c. 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 Associate Director of Fellowship Programs in the Department of Pediatrics and to the Associate Dean and Director for GME.
 - d. A specific plan of remediation and performance standards will be developed with a well-defined time frame. The Program Director and Associate Director for Fellowship Programs will evaluate progress and keep written progress reports at regular intervals (at least every 4 weeks) for the duration of the probation period. At that time, probation may be continued, discontinued, or the fellow may be dismissed from the program. The Associate Dean and Director for GME will be advised of the decisions made.
 - e. Documentation submitted to the GME Office must be signed by both the fellow and the Program Director. The fellow's signature will acknowledge receipt of the document.
 3. Suspension
 - a. The Program Director, Associate Director of Fellowship Programs, 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.
 - b. Suspension will be reviewed by the Program Director and Associate Director of Fellowship Programs to on the duration of suspension or the return to duty.
 - c. Program Directors must submit written notification to the Associate Dean and Director for General Medical Education if any fellow will be suspended from their training program.
 - d. Documentation submitted to the GME Office must be signed by both the fellow and the Program Director. The fellow's signature will acknowledge receipt of the document.
 4. Non-Renewal or Dismissal
 - a. Failure to remediate multiple or serious deficiencies in performance in any of the six competencies or areas of professionalism may lead to non-renewal of the fellow's contract or dismissal.
 - b. The Program Director will make this decision with input from the Associate Director of Fellowship Programs, and the decision will be communicated to the Associate Dean for GME.



- c. Program Directors must submit written notification to the Associate Dean and Director for General Medical Education if any fellow will be non-renewed or dismissed from their training program.
- d. Documentation submitted to the GME Office must be signed by both the fellow and the Program Director. The fellow's signature will acknowledge receipt of the document.
- e. In the event that the outcome of a remedial or probation process is non-renewal of the fellow's contract, the fellow must be provided with written notice of intent not to renew prior to the end of the contract year and will be notified of the decision for non-renewal as soon as circumstances reasonably allow.

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

Due Process

A fellow who has concerns regarding the decision or process at any of these stages may appeal the decision. Please see the Educational Grievance Policy for details.

Institutional Policy

In addition to the above requirements, the Pediatric Infectious Diseases Fellowship Program adheres to the corresponding Institutional Policy for Graduate Medical Education (Evaluation, Promotion, Renewal, Dismissal of Residents/Fellows in their GME Educational Training Program Policy) available on the GME web site at:

<http://www.med.umich.edu/i/medschool/GME/policies.htm>.



Pediatric Infectious Diseases Fellowship Program Clinical Competency Committee (CCC)

Policy Updated:	September 9, 2018
Policy Approved by PEC:	September 18, 2018

Committee Members

- Suzy Dawid, MD, PhD (CCC Chair)
- John LiPuma, MD (Division Director)
- Brenda Spaulding (Program Coordinator)
- Terri Stillwell, MD, MPH (Peds ID Faculty)
- Michael Watson, MD, PhD (Associate Program Director)
- Jason Weinberg, MD (Program Director)

Committee Responsibilities

1. The Clinical Competency Committee (CCC) meets semi-annually to formally evaluate the progress of every fellow in the program. The CCC may meet more frequently to address urgent matters that arise during the course of the year or when otherwise deemed necessary by the Program Director.
2. The Program Director and Program Coordinator prepare summaries of data from multiple sources (e.g. rotation evaluations, in-training exam scores, etc...) for each fellow. The CCC reviews those data and makes consensus decisions regarding fellow progress in order to:
 - a. Complete appropriate Milestone evaluations for each fellow.
 - b. Assess fellow performance in Entrustable Professional Activities (EPAs).
3. The CCC Chair provides a written summary of the semi-annual consensus evaluation of each fellow. This evaluation is shared with the fellow and discussed with the fellow at regularly scheduled semi-annual meetings with the Program Director and Associate Program Director.
4. The CCC assists the Program Director and Associate Program Director with the development of the assessment tools that are used to facilitate completion of Milestone evaluations and EPA assessments.
5. Through this review process, the CCC advises the Program Director and Associate Program Director regarding fellow progress and provides assistance in decisions regarding promotion, remediation, and dismissal.
6. At the completion of a fellow's three-year training period, the CCC assists the Program Director and Associate Program Director in the summative evaluation of the fellow,



verifying that the fellow has demonstrated sufficient competence to enter practice without direct supervision.

Should the fellow disagree with the recommendations of the CCC, the fellow may meet with the CCC and Program Director to discuss any concerns. An appeals process is available to fellows if there is still disagreement after meeting. This is described in the Educational Grievance Policy.



Pediatric Infectious Diseases Fellowship Program Program Evaluation Committee (PEC)

Policy Updated:	September 9, 2018
Policy Approved by PEC:	September 18, 2018

Committee Members

Faculty:

- Suzy Dawid, MD, PhD (Peds ID Faculty)
- Elizabeth Lloyd, MD (Peds ID Faculty)
- Terri Stillwell, MD, MPH (Peds ID Faculty)
- Alison Tribble, MD, MPH (Peds ID Faculty)
- Michael Watson, MD, PhD (Associate Program Director)
- Jason Weinberg, MD (Program Director, PEC Chair)

Fellows:

- Sarah Auerbach, DO
- Kay Leopold, MD
- Kavita Warriar, MD, MPH

Staff:

- Brenda Spaulding (Program Coordinator)

Committee Responsibilities

1. The PEC actively participates with the Program Director and Associate Program Director in planning, developing, implementing, and evaluating all of the fellowship program's educational activities.
2. The PEC reviews and makes recommendations for revising the program's competency-based curriculum goals and objectives. The PEC also makes recommendations for creating new curriculum content when deemed necessary.
3. The PEC performs a formal, systematic evaluation of the fellowship program and its curriculum on an annual basis. This includes a review of clinical experiences, didactics and conferences, research activities, and other activities that are required to achieve expected competence. Data sources used in the evaluation include items such as (but not limited to):
 - a. Fellow performance, including measures such as in-training exam scores, Milestone assessments, and Entrustable Professional Activities evaluations
 - b. Participation of faculty in faculty development activities relevant to their role in the program
 - c. Confidential, written evaluation of the program by fellows
 - d. Confidential, written evaluations of the program by faculty
 - e. ACGME Annual Resident Surveys



- f. ACGME Annual Faculty Surveys
 - g. Review of graduate performance, including job placement and performance on the subspecialty certification examination
 - h. Results of fellowship program alumni surveys
 - i. Review of the action plan developed by the PEC at the end of the previous annual review and assess the program's progress in implementing that plan
4. The PEC assists the Program Director in documenting the results of the annual review in the written Annual Program Evaluation (APE). The APE includes an action plan to correct any deficiencies or areas of non-compliance with ACGME standards that are identified during the review and to improve performance in the areas listed above. The APE is distributed to all division members for review and approval.

In addition to the annual meeting for the formal program review, the PEC meets intermittently throughout the year to provide ongoing review of progress on the action plan and to introduce new topics for discussion and evaluation as needed.



Pediatric Infectious Diseases Fellowship Program Policies: Educational Grievance Policy

Policy Updated:	September 16, 2018
Policy Approved by PEC:	September 18, 2018

Note: This policy is consistent with the corresponding Institutional Policy for Graduate Medical Education (Educational Grievance Policy, GMEC Approved 3/26/18).

The Pediatric Infectious Diseases Fellowship Program strives to ensure due process for all decisions involving potential disciplinary action for fellows. The Pediatric Infectious Diseases Fellowship Program has formulated the following Educational Grievance Policy based on intradepartmental policy of the Department of Pediatrics and the corresponding University of Michigan Graduate Medical Education (GME) policy. These policies are consistent with the Institutional and Program standards set forth by the ACGME.

Intradepartmental Process

An appeals process is available to Pediatric Infectious Diseases fellows who choose to challenge any disciplinary actions, including decisions regarding Academic Warning/Remediation and Academic Probation. In the event that a fellow wishes to challenge an academic decision, he or she should prepare a written request to the fellowship Program Director that describes the circumstances surrounding the decision and requests that a Grievance Review Committee be convened.

1. The fellowship Program Director will convene the Grievance Review Committee within **ten (10) calendar days** following the request, or as soon as is practicable.
2. The fellow will be allowed to select any Department of Pediatrics faculty member to serve on the Grievance Review Committee. The Program Director will also choose a Department of Pediatrics faculty member to serve on the Committee. The third member of the Committee will be the Associate Director of Fellowship Programs for the Department of Pediatrics (or a separate faculty member chosen by the Associate Chair of Education for the Department of Pediatrics, if the Associate Director of Fellowship Programs is already a member of the Grievance Review Committee).
3. At the Grievance Review Committee meeting, the fellow will have an opportunity to discuss the situation with the Program Director and any other individuals involved in the decision under appeal. The Grievance Review Committee will have an opportunity to question both the fellow and the Program Director regarding the details leading to the academic decision under review.
4. The Grievance Review 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 **ten (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 recommendation, which will be reviewed by the Grievance Review Committee before implementation.

Institutional Process

After review has been completed according to the intradepartmental process described above, the fellow may choose to appeal the findings and conclusions of the internal review process to the institutional GME Office.

1. The fellow must submit a written request for appeal to the Associate Dean and Director for GME within ***thirty (30) calendar days*** of a final intradepartmental decision.
2. For complete details regarding this institutional policy and 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>



Pediatric Infectious Diseases Fellowship Program Policies: Transitions of Care

Policy Updated:	September 17, 2018
Policy Approved by PEC:	September 18, 2018

Transitions of care are critical elements in patient safety and must be organized such that complete and accurate clinical information on all involved patients is transmitted between outgoing and incoming individuals and/or teams responsible for that specific patient or group of patients.

Transitions of Care – Settings

1. Transitions Between Fellows in the Same Program
 - a. Transitions of care from one fellow to another occur at the end of an inpatient service block, typically once a month or once every other month.
 - b. Transitions of care from one fellow to another also occur when a fellow provides weekend coverage for the inpatient consult service. This typically occurs every other weekend.
 - c. Transitions of care involve verbal transfer of information from one fellow to the next. In addition, fellows maintain an electronic record of key information using the MiChart Handoff tool. This information is accessible by all fellows and faculty in the program.

2. Transitions Between Fellows and Providers on Other Services
 - a. The Pediatric Infectious Diseases is a consult service only. Our fellows do not transfer care of a patient to another service or assume care of a patient transferred from another service.
 - b. When providing consultation to other services, our fellows transfer information regarding patient care (i.e., recommendations from the Pediatric Infectious Diseases Consult Service regarding evaluation and management) to other services. This occurs on a daily basis during and after rounds.

Transitions of Care – Format

1. Transitions of care involve verbal transfer of information from one fellow to the next. In addition, fellows maintain an electronic record of key information using the MiChart Handoff tool. This information is accessible by all fellows and faculty in the program.

2. Verbal and written transitions of care will include communicating key exam findings, laboratory data, any clinical changes, and care plans that are in place.

Transitions of Care – Training

1. Fellows receive training on transitions of care during the “Fellows Crash Course,” didactic sessions early in the year that are targeted to new fellows. Faculty provide person-to-person instruction to fellows during and after rounds, working with fellows to summarize recommendations that will be conveyed to other services.



2. Faculty also provide person-to-person instruction to fellows regarding transitions of care from one fellow to the next, working with fellows to highlight general principles and patient-specific details regarding the content and form of information conveyed during transitions of care.
3. Fellows provide informal peer-to-peer instruction to other fellows in the program regarding transitions of care, particularly when senior fellows provide feedback to new fellows.

Transitions of Care – Evaluation

1. Faculty evaluate fellows by direct observation when fellows transfer patient care information (consult recommendations) to other services. This provides the opportunity for immediate feedback from faculty to fellow. This type of evaluation occurs on a frequent (daily or almost daily) basis during the first fellowship year, particularly during a new fellow's first month on the inpatient consult service. The frequency decreases during the second and third year of fellowship as increasing competence is demonstrated.
2. Transitions of care from one fellow to another typically occur on Friday afternoons and again on Monday mornings. Faculty intermittently observe and evaluate those transitions of care, particularly on Monday mornings when they occur at the beginning of clinic and both faculty and fellows are present. Feedback is given to fellows at that time and as part of formal evaluations through MedHub.
3. Immediate informal peer-to-peer feedback is provided from one fellow to another after a transition of care.

Transitions of Care – Clinical Education and Work Hours

1. At the end of a period of clinical work, fellows may be allowed to remain on-site in order to accomplish transitions of care. However, this period of time must be no longer than an additional four (4) hours.
2. In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to provide humane attention to the needs of a patient or family; or, to attend unique educational events. These additional hours of care or education must be counted toward the 80-hour weekly limit.



Pediatric Infectious Diseases Fellowship Program Disaster or Interruption in Patient Care Policy

Policy Updated:	September 11, 2018
Policy Approved by PEC:	September 18, 2018

Note: This policy is consistent with the corresponding Institutional Policy for Graduate Medical Education (Disaster or Interruption in Patient Care Policy, GMEC Approved 5/22/17).

Policy Summary

The Department of Pediatrics is committed to addressing support in the event of a disaster or interruption in patient care. A “disaster” is defined as an event or set of events causing significant alteration to the post-graduate fellowship experience at the University of Michigan or one of its participating institutions. In the event of a disaster or other significant interruption in patient care, the Program Director will work closely with the Department of Pediatrics, the Graduate Medical Education Committee (GMEC), and the Associate Dean and Director for Graduate Medical Education/Designated Institutional Official (DIO) to determine the extent to which modifications of the fellowship program would be required. The Program Director will be responsible for ensuring that all procedures are followed.

In the event of a disaster, the Program Director, Associate Program Director, Division Director, and/or attending physician on the Pediatric Infectious Diseases Inpatient Consult Service will communicate with the on-service fellow to determine the safety and feasibility of that fellow remaining on-site for patient care.

Policy Requirements

1. The Associate Dean and Director for Graduate Medical Education/Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) will relocate if necessary and reestablish administrative function at the earliest possible time in a central location, which will be communicated to the fellowship program leadership and fellows by email, alpha-page, and posted on the UM Emergency Management Operations website:
 - <http://www.med.umich.edu/i/eop> (UM internal access)
 - <https://umhsheadlines.org> (UM public access)

Should electronic messaging be incapacitated, information will be left on the voice mail message of a hard-wired telephone at the GME Office: (734) 764-3186.
2. The GMEC, in consultation with the Program Director, will determine whether the existing fellowship program can continue with or without restructuring at the University of Michigan, or whether temporary or permanent transfer of some fellows might be necessary.
3. If the GMEC and Program Director determine that it is not possible to provide an adequate educational experience for the fellows at the University of Michigan, the Program Director will work with the Department of Pediatrics, the GMEC, and the DIO to arrange transfers of fellows to training programs at other institutions on a temporary or permanent basis, depending on the circumstances.



4. Post-disaster counseling services will be available to fellows via the House Officer Mental Health Program.
5. Fellow salaries and benefits will continue to be provided by the University of Michigan for the duration of the emergency/disaster. Fellows will be notified immediately of any delays in providing salary or benefits or other issues that might prevent this from occurring.
6. The Pediatric Infectious Diseases Fellowship Program will protect all academic files, personnel files, and contact information of fellows from loss or destruction by disaster to as great an extent as possible. This shall include moving files to off-site facilities or using electronic media, if necessary. In order to maximize protection of fellow data, the following systems are in place:
 - a. MedHub is used as the central GME repository for all fellow data.
 - b. HITS keeps backup copies of all MedHub data.
 - c. MedHub server is off site and also keeps copies of all electronic data.
7. The fellowship program is responsible for ensuring that all fellow contact information will be entered into MedHub.
8. It is the responsibility of every fellow to ensure that his/her personal contact information is current within MedHub. This includes cell phone and home phone numbers, pager numbers, emergency contact person, and outside email addresses if possible. Each fellow has the responsibility to monitor the UM Emergency Management Operations website for specific instructions.
9. Fellows are encouraged to keep a personal copy of all academic, certification, and licensure information.

Institutional Policy

In addition to the above requirements, the Pediatric Infectious Diseases Fellowship Program adheres to the Institutional Policy on Disaster or Interruption in Patient Care available on the GME web site at <http://www.med.umich.edu/i/medschool/GME/policies.htm>.



Pediatric Infectious Diseases Fellowship Program Policies Outpatient Clinic

Policy Updated:	December 3, 2019
Policy Approved by PEC:	December 13, 2019

Patient Continuity and Supervision in the Fellow Clinic

One of the primary goals of the Fellow Clinic is for fellows to maintain continuity with their patients in a way that does not depend on an individual attending’s schedule. This involves a shift in our division’s approach to ties between patient and attending for patients seen in the fellow clinic. For patients seen on the fellow schedule:

- 1) The fellow is the primary Pediatric Infectious Diseases physician for the patient.
- 2) Supervision of the fellow is provided by the most recent attending to have seen the patient (inpatient consult or outpatient visit).
- 3) If that attending is not available, supervision will be provided by the MLine/Outpatient attending.

Outpatient Clinic Documentation

Timely documentation is essential for patient care. Fellows are responsible for completing outpatient notes for all patients that they see in clinic. It is good practice to summarize recommendations in the outpatient note on the same day that the patient is seen, providing a reminder when the note is completed later and potentially allowing other physicians to see those recommendations if the patient were to be evaluated in another setting at the University of Michigan before the note is finished.

- 1) For patients seen in Monday clinics, fellows should complete outpatient notes by Wednesday of the same week.
- 2) For patients seen in Wednesday clinics, fellows should complete outpatient notes by Friday of the same week.
- 3) It is acceptable to complete a note before all pending studies are available. When that occurs, patient notification of those results by the fellow and appropriate documentation of that notification should occur separately (see below).

Follow-Up of Outpatient Issues

Fellows are the primary Pediatric Infectious Diseases physician for patients seen in the Fellow Clinic, and they are responsible for keeping track of pending results (e.g., laboratory and radiology results) and then discussing those results with patient families in a timely manner. Fellows also take responsibility for this type of follow-up for other patients that they see in clinic on a specific attending’s schedule.

- 1) Fellows should keep track of patients with pending results. Keeping specific lists (e.g., a personal spreadsheet in an approved storage site on a University of Michigan/Michigan Medicine shared drive, or a personal patient list in MiChart) is encouraged.



- 2) Fellows should provide updates about results to patients and/or their families when they become available, unless an alternate plan has already been discussed with the patient and family. These updates should be documented by the fellow in MiChart.
- 3) If a fellow will be out of the office when a result is expected, the fellow should notify the corresponding attending for that patient so that the attending can ensure appropriate follow-up.



These Program Descriptions, Goals and Objectives, and Policies will be updated and distributed to fellows for review on an annual basis.

Section	Initials
Key Clinical Faculty	
Program Structure and Committee Membership	
Curriculum Overview	
Summary of Program Requirements	
ABP Requirements for Fellowship Completion	
Travel and Educational Funds	
Program Goals and Objectives	
Clinical Training	
Antimicrobial Stewardship Pathway	
Infection Prevention Pathway	
Research Training	
Pediatric Infectious Diseases Clinical Conference	
Clinical Microbiology Laboratory Rotation	
Pediatric Infectious Diseases Journal Club	
Program Policies	
Eligibility and Selection	
Clinical and Educational Work Hours	
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Holiday Pay & Substitutions Policy	
Supervision	
Moonlighting	
Evaluation/Promotion/Appointment/Renewal/Dismissal	
Clinical Competency Committee (CCC)	
Program Evaluation Committee (PEC)	
Educational Grievance	
Transitions of Care	
Disaster or Interruption in Patient Care Policy	
Outpatient Clinic	

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: _____