
National Capital Consortium

Pediatric Subspecialty Fellowship Programs

Walter Reed Bethesda
Department of Pediatrics

Uniformed Services University of the Health Sciences
F. Edward Hébert School of Medicine
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SECTION I – NATIONAL CAPITAL CONSORTIUM OVERVIEW

INTRODUCTION

In January of 1995, in order to integrate duplicate Graduate Medical Education (GME) programs that were sponsored independently by the individual institutions, the Commanding Officers of the major Medical Treatment Facilities (MTF) in the National Capital Area (NCA) joined with the Dean of the F. Edward Hébert School of Medicine of the Uniformed Services University of Health Sciences to form the National Capital Consortium (NCC). http://www.usuhs.edu/gme/

The NCC was formally established as an ongoing institutional entity with a documented commitment to GME. It is a Sponsoring Institution that fulfills the Institutional Requirements of The Accreditation Council for Graduate Medical Education (ACGME). The ACGME requires that Sponsoring Institutions be appropriately organized for the conduct of GME in scholarly environments and be committed to excellence in both education and medical care. This commitment is to be exhibited by the provision of leadership and resources to enable the institution to achieve substantial compliance with Program Requirements. This includes providing an environment in which the educational curricular requirements, as well as the applicable requirements for scholarly activity, can be met. The regular assessment of the quality of the educational programs is an essential component of this commitment. The ACGME expects that a Sponsoring Institution and sponsored GME Programs will have defined organization, authority, responsibilities, and relationships.

The 2005 Base Realignment and Closure (BRAC) Act has mandated that there be expansion and renovation of the medical facility on the National Naval Medical Center (NNMC) campus and that Walter Reed Army Medical Center (WRAMC) close effective September 15, 2011. WRAMC and NNMC consolidated in the enlarged and refurbished NNMC medical facility. This greatly expanded 350-bed facility opened the same day and was renamed as the Walter Reed National Military Medical Center (WRNMMC). In addition, a new 120-bed hospital was constructed at Ft. Belvoir, Virginia, and was named the Fort Belvoir Community Hospital (FBCH).

The mission of the NCC is to educate physicians, dentists, and other healthcare professionals who care for soldiers, sailors, airmen, and marines of all ages and their families. The NCC is dedicated to providing a scholarly environment as well as to promoting excellence in both education and healthcare etc., in order to instill in these trainees the ethical values and standards expected of those devoting their lives to public service.

The NCC, by supplying leadership and resources, complies with the ACGME Institutional Requirements and ensures that Consortium-sponsored programs comply with ACGME program requirements. Consortium-sponsored GME programs operate under the authority and control of the Consortium (the NCC). The Consortium regularly assesses the quality of its educational programs.

The National Capital Consortium Pediatric Residency, the parent program for the Pediatric Subspecialty Fellowships (of Endocrinology, Gastroenterology & Nutrition, Hematology &
Oncology, Infectious Diseases, and Neonatal and Perinatal Medicine), located at the Walter Reed National Military Medical Center in Bethesda, Maryland, is the largest and only tri-service military pediatric training program.

The NCC Pediatrics Residency traces its heritage to the pediatric training programs founded in 1949 at the Walter Reed Army Medical Center by Colonel Ogden Bruton, MD and in 1954 at the National Naval Medical Center. The programs combined in 1995, and the hospitals completed the integration in 2011 with the dedication of the Walter Reed National Military Medical Center. [http://www.nccpeds.com/](http://www.nccpeds.com/)

The program and its faculty have a distinguished track record of training pediatricians who have proven themselves capable of caring for children in any environment – in tertiary care hospitals, isolated duty-stations, and the austere conditions of humanitarian and battlefield crises.
NATIONAL CAPITAL CONSORTIUM - SELECTED GENERIC POLICIES

NCC SUPERVISION POLICY

DEPARTMENT OF DEFENSE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

National Capital Consortium
Graduate Medical Education
Ph: (301) 319-0709
Fax: (301) 319-0308

SUPERVISION POLICY

This policy outlines the supervision responsibilities and requirements of National Capital Consortium (NCC) residency programs. The NCC is responsible for ensuring all residents who care for patients are adequately supervised by an identifiable appropriately credentialed and privileged attending physician who is ultimately responsible for patient care. This information should be available to residents, faculty members, and patients. Residents and faculty members should inform patients of their respective roles in each patient’s care.

The program must also demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

As such, program directors are required to develop and promulgate a supervision policy based on ACGME Common Program requirements, and ACGME Residency Review Committee requirements. The goal is to promote assurance of safe patient care, and the resident’s maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine.

The principles which apply to supervision of residents include:

- Residency programs must establish schedules which assign qualified faculty physicians, residents, or fellows (or appropriate other licensed independent practitioners as permitted by the RRC) to supervise at all times and in all settings in which residents of the Residency Program provide any type of patient care. To ensure oversight of resident supervision and graded authority and responsibility, programs must use the following classification of supervision in their program supervision policies:

- Levels of Supervision. The minimum amount and level of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient’s care to the resident, based on the needs of the patient and the skills of the resident. Levels of supervision include:
- Direct Supervision – the supervising faculty member is physically present with the resident and patient.

- Indirect Supervision
  - with direct supervision immediately available - the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.
  - with direct supervision available - the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

- Oversight – the supervising physician is available to provide review of procedures/encounter with feedback provided after care is delivered.

- Senior residents and fellows serve in a supervisory role of junior residents in recognition of their progress toward independence.

- All residents, regardless of year of training, must communicate with the appropriate supervising faculty member as needed. Programs must develop clear guidelines for the specific circumstances when the resident MUST communicate with the supervising physician, based on program requirement VLD.5. Program supervision policies must include information about what the resident is to do if that individual does not respond in a timely manner.

- The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

- Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

- All PGY-1 residents are supervised either directly or indirectly with direct supervision immediately available based on program-specific guidelines.

- In every level of supervision, the supervising faculty member must review progress notes, sign procedural and operative notes and discharge summaries. Each outpatient and inpatient record must identify the name of the supervising, medically and legally responsible attending.

- Whenever outpatient care is rendered, the attending must be readily available to all trainees for consultation and to provide direct assistance and instruction as needed.

- Program Directors must monitor trainee supervision at the primary training site as well as all participating sites.

- Program directors will submit a copy of all new and revised supervision policies to the NCC DIO will review and maintain a copy of each program’s supervision policy.

Program directors are advised to review the ACGME Common Program Requirements, Section VLD., Supervision of Residents for further guidance. The attached Supervision Policy Template is available for use by program directors to establish their program-specific supervision policy.
NCC TRANSITIONS OF CARE POLICY

DEPARTMENT OF DEFENSE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

National Capital Consortium
Graduate Medical Education
Ph: (301) 319-0700
Fax: (301) 319-0308

TRANSITIONS OF CARE

Each Program Director must establish and enforce a structured patient care turnover policy to ensure safe and effective hand-over procedures. This will include guidelines for ensuring adequate communication and supervision appropriate for level of training at times of patient care transitions, and schedules designed in such a way as to minimize the number of transitions in patient care. The Program Director will also design a standardized patient care transition sheet template tailored for their program and accessible by all trainees, faculty and staff. At a minimum, the patient care transitions template sheet should include the following:

1) Patient demographics (name, age, diagnosis, identifying data)
2) Patient problem list
3) Current medications
4) Allergies
5) Pending studies
6) Action plan for next period of care
7) Code status
8) Staff of record
9) Names and contact information for staff and housestaff responsible for next period of care
10) Any other information programs require during the transition of patient care.

To facilitate achievement and verification of resident competency in transitions of care, Program Directors must formulate educational goals and objectives for the performance of patient care handoffs for trainees. In addition, evaluation of resident competency in performing effective transitions of care (specific to level of training) will be reflected in rotation evaluations (addressing the competencies of patient care, interpersonal and communication skills, and systems-based practice).

Program Supervision policies must delineate the level of supervision to be in place at patient care transitions to ensure effective and safe patient care turnover.

Program Directors must also ensure there is a system in place to promptly identify schedules in order to readily inform the health care team of the attending and resident physicians currently responsible for each patient’s care. This would include ensuring contact information is readily available for each attending and resident involved with patient care, indicating where call schedules are located and what information is available.

Breaches in effective care transitions will be brought to the attention of the DIO and GMEC for discussion to facilitate process improvement. Program policies and practices for care transitions will be regularly assessed by the NCC during the internal review process.
GENERAL GUIDELINES FOR DUTY HOURS:

1. Duty hours are defined as all clinical and academic activities related to the fellowship program. This includes all time spent in the clinical, educational and research duty sites. Duty hours do not include reading and study or preparation time spent away from the duty sites.

2. Duty hours are limited to 80 hours per week.

3. Fellows must have one day in seven free from all education, clinical and research responsibilities averaged over a four-week period. One day is defined as a continuous period of 24 hours.

4. Continuous duty hours may not exceed 24 hours.

5. A minimum of eight hours is required between all daily duty periods to allow time for adequate rest and personal activities.

6. Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

7. Moonlighting by fellows is forbidden.

8. Each fellow in conjunction with his or her clinical/research supervisor must monitor work hours weekly to ensure compliance with this policy. The faculty is responsible for covering clinical/research activities during protected educational activities, and as needed because of fellow duty hours or fatigue.

9. Duties hours are to be recorded in E*value. Each fellow will record his/her duty hours in E* value every two weeks.
PEDiatric subspecialty combined fellowship core curriculum

Intent: This curriculum is being designed in order to meet educational goals and objectives that are common to the Pediatric Subspecialty Fellowships in the National Capital Consortium. This curriculum may be augmented by additional lectures and educational experiences during the Annual Offsite Retreat and Annual New Fellow Orientation. This curriculum serves as a basic foundation for addressing these common educational needs. Certain areas will be further augmented by each subspecialty as needed.

Meetings: Most meetings will occur every other month on Thursday afternoons
Curriculum will run on a two-year cycle.

POC: Jay Kerecman, MD, Col, USAF, MC (240-394-1067),
Franklin Abram, Pediatric Subspecialty Coordinator

Syllabus 2013-2014

1. 11 July 13: Orientation /Fatigue/Duty Hours
2. 5 Sep 13: Scholarly Communication
   (Abstracts, posters, manuscripts, LRC, PubMed)
3. 7 Nov 13: Ethics, Death & Dying, Difficult Communications, etc.
4. 9 Jan 14: Business, Economics, Billing, Disparities, Cross Cultural
5. 6 March 14: QI/PI (didactic presentations & Sr. Fellow presentations)
6. 8 May 14: Faculty / Career Development
SECTION II – ADMINISTRATIVE OVERVIEW

This section of the handbook contains more details regarding the fellowship programs and is intended to guide the fellow through the common administrative issues associated with the NCC pediatric fellowships.

IN-PROCESSING: (First Year Fellows)

Army and Navy fellows are assigned to WRNMMC, and Air Force fellows are assigned to Malcolm Grow Medical Center. Fellows must check in at these respective locations before checking in at USUHS. In-processing procedures and points of contact change frequently. Current information will be given to each fellow upon his or her arrival.

PARKING:

Parking placards and access cards are obtained through the Department of Pediatrics at WRNMMC for parking in designated staff areas. Parking in the patient lot is prohibited during regular duty hours. Parking is not available at USUHS for trainees. Alternatively, metro benefits may be obtained to offset the cost of public transportation. If metro benefits are used, you are not authorized a parking placard.

ORIENTATION: (First Year Fellows)

WRNMMC

The Program Director and/or Associate Program Director and Clinical Service Chief will provide an orientation to the fellowship and to the clinical service. Policies and procedures will be introduced. Orientation to procedure equipment and location will be provided as applicable.

USUHS:

An orientation for all fellows will be scheduled. Department resources and requirements will be discussed. This orientation typically takes place in late summer.

Outside Rotations:

Fellows will be provided with information on any outside rotations. Washington DC and Virginia medical licenses are required for rotations at institutions located in these jurisdictions. Allow at least 3 months to obtain these licenses. Credentials may also need to be obtained.

OFFICE SPACE:

Fellows are provided shared office space and a computer. Endocrine, Gastroenterology & Nutrition, and Infectious Disease fellows will have space in the Pediatric Subspecialty Clinic in the America Building at WRNMMC. Hematology/Oncology fellows will have space in the Pediatric Hematology Oncology Clinic in the America Building. Neonatology fellows will have space in the NICU in the main hospital (building 10).
PAGERS:

WRNMMC will provide a pager for all fellows. Pagers can be obtained at the One Stop Shop on the 2nd floor of building 10, near Clark Auditorium.

COMPUTERS:

Fellows will be assigned a desktop computer at WRNMMC. Fellows are required to obtain CHCS1, ESSENTRIS and AHLTA access. Each fellow is strongly recommended to have a computer for home use. Laptops with VPN access to the clinical systems are available through the One Stop Shop. Fellows should become proficient in Microsoft Word, Excel and PowerPoint. They should also become proficient in using Pub Med and a reference manager. Most of the software is available through USUHS free of charge. USUHS and WRNMMC also offer many short courses to assist you in using becoming familiar with these software packages.

E-MAIL:

All fellows will have email accounts at both USUHS and WRNMMC. First-year fellows will receive additional information on both accounts during their orientation. Communication among faculty and fellows is the key to a successful program. Email is the best way to disseminate information rapidly. Each program will determine their own primary method of email communication, whether USUHS or WRHMMC or a combination. It is imperative that everyone checks his or her email daily.

CONTRACT:

All fellows will sign a graduate medical education training agreement of understanding with The National Capital Consortium when they begin training. This agreement will confirm the responsibilities of the fellow and the Consortium during the period of training. A copy of the 2013-2014 contract is included in Section III – Common References.

PROGRAM DIRECTOR'S MEETING:

A formal semi-annual evaluation and meeting with the program director will occur twice yearly. The program director, in addition, will meet with all fellows on an as needed basis. These as needed meetings are informal for the purpose of discussing problems of concern to all the fellows, providing guidance for upcoming events (presentations, meetings), and assessing progress on completion of fellowship requirements. The program director and the entire faculty are always available to discuss personal or individual matters privately with fellows at their request.

LEAVE:

Under military regulation, service members are authorized up to 30 days per year of annual leave. At the same time, fellows are required to complete 33 months of training in order to graduate and become board-eligible. Leave and convalescent leave do not count towards training. Each fellow is encouraged to take at least 14 days of regular leave per year. Taking annual leave beyond 14 days should be discussed with the Program Director to review total months of training to date and projections of future time to be missed. Leave requests go
through the department of Pediatrics at WRNMMC (or MGMC for Air Force). They can be signed off by the Program Director or the Clinical Service Chief but the Program Director must approve all leave requests before they are submitted. Duty hour logs and AHLTA notes, along with other administrative requirements determined by the command, must be complete and up to date prior to leave. Leave requests must be received by the company (or equivalent approving authority) at least 14 days prior to the start of CONUS leave. OCONUS leave has additional administrative requirements and must be received by the company at least 21 days in advance. It is the fellow’s responsibility to ensure this process is completed. Emergency leave can be expedited by the Program Director.

MEETINGS:

Each fellow is encouraged to attend local meetings as available and national meetings. Fellows will be funded to attend at least one national meeting during fellowship at which will present their research. Funding is limited, but every effort will be made to send each fellow to as many meetings as possible. In addition there are several sponsored meetings that do not require funding and fellows will be nominated for these conferences.
EVALUATION:

Evaluation of Fellows
Evaluation of Faculty (by fellows)
Evaluation of Training Program

Evaluation of fellows

Evaluations within the programs occur, in general, according to the following matrix:

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<td>Fellow evaluation after each rotation block</td>
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<td>Semi-Annual Fellow Evaluation by nurse</td>
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<td>Annual Individualized Learning Plan, self-evaluation</td>
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<td>Semi-Annual Fellow Feedback and portfolio review</td>
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Fellows should be aware of the goals and objectives for each rotation, found within Section IV, the program specific section of this handbook. Fellows should also discuss specific expectations and goals with their attending(s) at the beginning of each clinical rotation. Periodic feedback should be given throughout the rotation, and significant problems should be addressed as they become evident. Fellows are assessed after each rotation in the six domains of clinical competency (and other areas as required by the ACGME) and receive electronic evaluations in E*value. In addition, the faculty meets to evaluate each fellow’s overall performance at regular intervals, with at least twice yearly assessment and synthesis of evaluations performed by the Clinical Competency Committee (CCC). Fellows are also evaluated by members of the nursing and ancillary staff, patients and their parents, peers and resident physicians as part of a 360-degree evaluation.

All clinical evaluations are completed in electronic format via E*Value. Fellows will be provided instructions for the E*value program by the program coordinator. Examples of your program’s evaluation forms may be found in Section IV.

Presentations skills are evaluated during each major presentation by the Program Director and faculty members. The Program Director summarizes the comments and will provide feedback to the fellow.
Fellows are assessed in terms of their procedural skills to determine when competency is achieved. Formal evaluation of procedures to ensure fellow procedural competence by the end of training has become an expectation in fellowship training nationally, although specific standards regarding numbers of procedures to be evaluated have not been released.

Military evaluations (OER, FITREP, training reports) are completed annually by the Program Director and Associate Program Director in accordance with specific service policy.

Evaluation of scholarly activity is performed by the Scholarship Oversight Committee (SOC). Each fellow meets with his or her SOC twice in the first year then at least twice a year to update the committee on his or her progress. Feedback is given to the fellow after each meeting, and a fellow research checklist is completed.

**Evaluation of faculty:**

Each fellow has the opportunity to confidentially evaluate the faculty at the end of every academic year. Composite, anonymous reports are generated and available via E*Value to the specific faculty members. The program director receives a composite of all the evaluations and provides feedback to the faculty.

**Evaluation of Training Program:**

All fellows and faculty members have the opportunity to evaluate anonymously all aspects of the fellowship program each academic year. All reports will be reviewed by the Program Director, and selected comments will be presented and discussed with the faculty and fellows. Fellow and faculty input concerning the program is encouraged and welcome at any time. Each spring a complete evaluation of the program and planning for the coming year will be conducted by fellows and staff at an off-site section retreat or annual program review.

Mid-way between accreditation cycles, the National Capital Consortium assigns a committee to perform an Internal Review of the program. This is to ensure all ACGME requirements are being met. These findings as appropriate will be discussed with all staff and fellows.

The program director prospectively collects data on recent graduates from the fellowship program. These data include board scores, job assignments, publications, and other accomplishments. The assistance of all staff and fellows in this data collection is encouraged and appreciated.

**SCHOLARSHIP OVERSIGHT:**

In 2003, the American Board of Pediatrics (ABP) announced new requirements for fellows which broadened the previous requirement for meaningful accomplishment in research and introduced the requirement for the establishment of a Scholarship Oversight Committee (SOC) to guide and evaluate the fellow's pursuit of scholarly activity. For fellows to be eligible for certification by the ABP, their scholarly activity must be overseen by a scholarship oversight committee that meets with the fellow early in training and regularly thereafter, according to requirements found on the ABP website (Section III – common references).
In 2010, the Guidelines for the Operation of Scholarship Oversight Committees for the NCC Pediatric Fellowship Programs were revised for inclusion in the Fellowship Handbook. These guidelines are based upon the ABP Principles Regarding the Assessment of Scholarly Activity included in the Training Requirements for Subspecialty Certification. The timeline by which these committees operate, as well as the Scholarship Oversight Committee (SOC) composition, the responsibilities of the committee members and the fellow, and the fellow’s research requirements are outlined in this document as demonstrated below.

**Timeline**

0-6 months:
- SOC Chair selected
- Informal meeting with fellow to discuss preliminary plans and research options

6-12 months:
- SOC committee selected
- 1st meeting of SOC

12-24 months:
- Minimum of 2 SOC meetings

24-36 months:
- Fellow presents/defends project to SOC
- Minimum of 2 SOC meetings

1 month prior to graduation:
- Fellow submits personal statement and work product to SOC
- SOC signs personal statement and work product and submits to PD

**Composition of the SOC**

1. Minimum of 3 voting members
2. The fellowship Director of Research or designee serves as the chairperson for the SOC.
3. A minimum of two additional members of the SOC should be chosen in months 6-12 of training. One member will be the fellow's mentor in his/her scholarly activity.
4. One member must be based outside the subspecialty discipline.
5. The third member may be a faculty member within the subspecialty, OR may be based outside the subspecialty with expertise in research.
6. The Program Director may not be a voting member of the SOC, but may serve as a mentor and may participate in the activities of the SOC.

**SOC Responsibilities**

1. Determine whether a specific project meets the ABP guidelines for scholarly activity
2. Evaluate the fellow's progress as related to scholarly activity
3. Meet with the fellow early in the training period and regularly thereafter
4. Require the fellow to present/defend the scholarly activity
5. Determine whether the fellow has met the requirement for scholarly activity

Fellow’s Requirements

1. To engage in scholarly activity to allow acquisition of skills in critical analysis.
2. To translate ideas into written and oral forms as teachers.
3. To serve as consultant for colleagues.
4. All fellows will be expected to engage in projects in which they develop projects of substantive scholarly exploration and analysis that require critical thinking. Areas which may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form.

Responsibilities of the Fellow

1. Submit the appropriate “SOC Meeting Form” with the fellow’s section completed to the SOC members at least one week prior to each meeting.
2. Submit copies of personal statement and final work product to the SOC by June 1st of the final year of training.
3. Submit research to a regional and/or national meeting.
4. Present research at the USUHS/NCC Pediatrics Fellowship Research Conference.

Responsibilities of the SOC Chairperson

1. Complete the “SOC Meeting Form” after each meeting, with all SOC members’ signatures.
2. The summary statement of the SOC Meeting Form should include the following:
   a. The fellow’s progress on the suggested timeline (on-track, behind, or ahead of schedule).
   b. Specific recommendations for improvement/progress that were made to the fellow.
   c. Specific action items to be completed by the next meeting.
3. Submit signed copies of the fellow’s personal statement and final work product to the PD by June 10th of the final year of training.

Definitions

1. Personal statement: A document written by the fellow, describing the scholarly activity with a description of his/her role in each aspect of the activity and how it relates to the trainee's career development plan.
2. Final work product: Examples include, but are not limited to:
   • A peer-reviewed publication in which a fellow played a substantial role
   • An in-depth manuscript describing a completed project
   • A thesis or dissertation written in connection with the pursuit of an advanced degree
   • An extramural grant application that has either been accepted or favorably reviewed
   • A progress report for projects of exceptional complexity, such as a multi-year clinical trial.
These guidelines have provided the program with the structure by which to ensure that scholarly options are considered, a project and mentor selected, and the first meeting of the SOC occurs before the end of the first year of fellowship. The guidelines also include standard forms which must be completed at the end of each SOC meeting and serve as minutes of the meetings kept in the trainees’ training records.

SOC meeting forms for the initial, second, subsequent and final sessions, as well as a sample research checklist may be found in Section III.

INDIVIDUALIZED LEARNING PLAN

As part of their achievement of competence in Practice-based Learning and Improvement, fellows are required to develop an individualized learning plan (ILP) in which objectives are identified to address areas of needed improvement along with strategies to achieve them. This ILP must be updated at least annually and includes a portion of self-evaluation. The form will be distributed to fellows each spring for completion. (see Section III for sample)

IN-TRAINING EXAM:

Fellows are required to register and take the American Board of Pediatrics annual subspecialty in-training examination (SITE). The Program Director will notify the fellows when registration opens and advise them on the process for registration/payment via the National Capital Consortium.

REMEDICATION:

Fellows who score below 30% as a composite score on the SITE or who perform unsatisfactorily on three or more clinical rotations may be placed on academic probation at the discretion of the Program Director and the Associate Program Director. The program faculty will meet to discuss the fellow’s deficiencies and to develop a written plan of internal program-level remediation with objective criteria for improvement. The fellow will be assigned a staff mentor with whom to meet on a regular basis for a minimum of 3 months to ensure successful implementation of the remediation plan. Such in-program remediation is not considered an adverse action. In the event that the fellow fails to satisfactorily progress toward correction of the identified deficiencies, the Program Director may submit a recommendation for probation to the GMEC Hearing Subcommittee. This process is outlined in detail in the Administrative Handbook of the NCC (http://www.usuhs.edu/gme/doc/NCCAdministrativeHandbook.docx).
REQUIRED ACTIVITIES:

NEW FELLOW ORIENTATION:

All incoming fellows must attend the new fellow orientation for Pediatric Subspecialty fellows at USUHS. In addition to basic institutional orientation, required training in areas such as fatigue, stress, impairment, patient safety and ethics will be conducted in this forum.

FACULTY DEVELOPMENT COURSE:

Over the course of three years all fellows must attend the entire series of Fellow Faculty Development Lectures held at WRNMMC. These are generally repeated every 1-2 years.

QUALITY IMPROVEMENT PROJECT:

Fellows are required to prepare and present a Quality Improvement Project over the course of their fellowship. The Program Director will provide a framework for the activity as well as suggested topics/projects for the fellow to consider.

SCHOLARLY ACTIVITY:

During the first year of fellowship, each fellow will be assigned a Scholarship Oversight Committee (SOC) by the Program Director and research staff. The committee is responsible for meeting with the fellow (minimally once in the first year, and twice-yearly thereafter) to gauge progress toward completion of the American Board of Pediatrics Scholarly Activity requirements. The requirements are included above and outlined more fully in Sections III and IV of this handbook. Fellows should note that these requirements include both a project and a core curriculum of scholarship topics. All work should be completed and certified by the committee at least one month prior to anticipated graduation.

ADMINISTRATIVE RESPONSIBILITIES:

For optimal documentation of patient care and recording of accurate workload for resource management, fellows have certain administrative responsibilities required of them in addition to the educational requirements outlined above.

These include:
1. Submission of monthly DMHRSi timesheets in addition to the E*value duty hour recording described above.
2. Completion of AHLTA notes on all outpatient encounters and telephone consults within 72 hours of their occurring. These notes should be forwarded to the supervising attending physician for cosignature.
3. Completion of Essentris notes within 12 hours on all inpatients upon whom initial consults are performed and then daily notes while the service still follows the patient.

Failure to comply with any of these requirements in a timely manner will be considered a breach of professionalism and will be regarded as such as the fellow is evaluated for this competency.
GRIEVANCES:

NCC Pediatric Fellowship Policy on Reporting of Grievances

The fellowship program directors and faculty share the concerns of the ACGME and the NCC about establishing an environment in which trainees may raise issues of concern to them without fear of intimidation or retaliation. As a result, the following alternatives are offered to trainees who wish to report grievances.

The NCC strives to provide an atmosphere where trainees can voice concerns or make recommendations about their training experience privately and without fear of retribution or retaliation. In most cases this can be effectively accomplished by communicating with the program director or associate program director, faculty, senior fellow, chain of command or one of the Directors for Medical Education. CAPT Jerri Curtis, the Designated Institutional Official (DIO), also is available to speak with you directly. However, in some instances a person may desire a greater sense of privacy which he or she believes could not be achieved via the normal route, particularly if the nature of the issue involves one or more of the aforementioned parties. To this end, CAPT Curtis has instituted two additional mechanisms for trainees to report problems or concerns.

The first mechanism is to contact the NCC Trainee Ombudsman, a neutral third party skilled in assisting trainees with resolving issues or problems and recommending appropriate resources. This individual is not in the military chain of command or associated with any particular training program. To set up an appointment the NCC Trainee Ombudsman can be reached at:

(301) 319-0709 Monday through Friday, 0700 - 1530.

The second option is to utilize the new electronic reporting system called the NCC Trainee Helpline which allows reporting via computer or telephone. The system is maintained and operated by Ethics Point, a company dedicated to providing a safe reporting environment for institutions of higher learning, health care facilities, and public corporations. The NCC Trainee Helpline provides trainees the ability to electronically send information to me at their convenience, day or night without scheduling an appointment. Additionally, CAPT Curtis or the Ombudsman can follow up and provide feedback through a confidential password-protected email account established and maintained by Ethics Point. Any trainee opting to use the NCC Trainee Helpline could elect to remain anonymous. The NCC has purchased this system primarily for the security it would provide users who desire this level of privacy.

The trainee's input is essential in supporting a positive and ethical organizational culture throughout the NCC and in the Pediatric Subspecialty fellowship programs. One can use the NCC Trainee Helpline to report misconduct that is observed, or to gain clarity on whether or not something is cause for concern. Further feedback is welcome as are suggestions pertaining to areas which can be improved. All questions, allegations, and suggestions will be reviewed and responded to in a timely and appropriate manner. Any questions about the NCC Trainee Helpline may be directed to Ms. Stephenye Tyler at (301) 319-0709.
SECTION III: COMMON REFERENCES

American Board of Pediatrics Guidelines on Scholarly Activity
NCC suggested forms for Scholarship Oversight Committee (SOC)

American Board of Pediatrics
a. Current certifying exam content area topics form the basis of the educational program for the fellowships and provide a guide for the fellows’ reading and independent study.
   i. Endocrinology:
   ii. Gastroenterology & Nutrition:
   iii. Hematology Oncology:
   iv. Infectious Disease:
   v. Neonatal-Perinatal Medicine:

b. Principles Regarding the Assessment of Scholarly Activity
   i. Core Curriculum
      1. All fellows must participate in a core curriculum in scholarly activities. This curriculum should provide skills that lead to an in-depth understanding of biostatistics, clinical and laboratory research methodology, study design, preparation of applications for funding and/or approval of clinical or research protocols, critical literature review, principles of evidence-based medicine, ethical principles involving clinical research, and the achievement of proficiency in teaching. The curriculum should lead to an understanding of the principles of adult learning and provide skills to participate effectively in curriculum development, delivery of information, provision of feedback to learners, and assessment of educational outcomes. Graduates should be effective in teaching both individuals and groups of learners in clinical settings, classrooms, lectures, and seminars, and also by electronic and print modalities.
   ii. Scholarly Activities
      1. In addition to the core curriculum described, all fellows are expected to engage in specific areas of scholarly activity to allow acquisition of skills in the critical analysis of the work of others; to assimilate new knowledge, concepts, and techniques related to the field of one’s practice; to formulate clear and testable questions from a body of information/data so as to be prepared to become effective subspecialists and to advance research in pediatrics; to translate ideas into written and oral forms as teachers; to serve as consultants for colleagues in other medical or scientific specialties; and to develop as leaders in their fields.
2. All fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form.

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

iii. Work Product of Scholarly Activity

1. Involvement in scholarly activities must result in the generation of a specific written “work product.” Examples include, but are not limited to:
   a. A peer-reviewed publication in which a fellow played a substantial role
   b. An in-depth manuscript describing a completed project
   c. A thesis or dissertation written in connection with the pursuit of an advanced degree
   d. An extramural grant application that has either been accepted or favorably reviewed
   e. A progress report for projects of exceptional complexity, such as a multi-year clinical trial

iv. Scholarship Oversight Committee

1. Review of scholarly activity and the written work product will occur at the local level. Each fellow must have a Scholarship Oversight Committee. The Scholarship Oversight Committee should consist of three or more individuals, at least one of whom is based outside the subspecialty discipline; the fellowship program director may serve as a trainee’s mentor and participate in the activities of the oversight committee, but should not be a standing (i.e., voting) member. This committee will:
   a. Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity
   b. Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project
   c. Evaluate the fellow’s progress as related to scholarly activity
   d. Meet with the fellow early in the training period and regularly thereafter
e. Require the fellow to present/defend the project related to his/her scholarly activity
f. Advise the program director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities

v. Requirement for Application for the Certifying Examination
   1. Upon completion of training, the ABP will require:
      a. Verification from the training program director that the clinical and scholarly skills requirements have been met
      b. A comprehensive document (i.e., personal statement), written by the fellow, describing the scholarly activity that includes a description of his/her role in each aspect of the activity and how the scholarly activity relates to the trainee's own career development plan
      c. The actual “work product” of the scholarly activity as described above
      d. Signature of the fellow, program director, and members of the Scholarship Oversight Committee on both the personal statement and work product of the fellow as described above
NATIONAL CAPITAL CONSORTIUM TRAINING AGREEMENT: 2013-2014

National Capital Consortium
F. EDWARD HÉBERT SCHOOL OF MEDICINE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

GRADUATE MEDICAL EDUCATION TRAINING AGREEMENT
Academic Year 2013-2014

PURPOSE: The purpose of this agreement is to establish the terms and conditions for the resident’s participation in the National Capital Consortium (NCC) Graduate Medical Education (GME) program. The Consortium Program Directors will monitor the implementation of these terms and conditions.

GENERAL TERMS AND CONDITIONS: The following terms and conditions are governed by a separate agreement that I made with the Uniformed Service or government agency of which I am a member, at the time I accepted appointment as a member of that Service or is contained in applicable Service or agency policies or regulations, and before I was appointed to my education program. These terms and conditions are not affected by my educational program unless modification is necessary in order to comply with the requirements of the ACGME, the RRC that accredits my program, or the board that certifies physicians in the specialty for which I am training:

a) My financial support, as described by Military Pay and Allowances Manual, Sections 10501 through 10536 and supplemented from time-to-time by the Act of Congress;
b) Professional liability insurance, as described in 10 USC 1089. Coverage under this provision extends beyond the training period for alleged acts or omissions within the scope of my Federal employment;
c) Disability insurance and other hospital and health insurance, including benefits for myself and my family;
d) Professional, parental, sick and personal leave benefits;
e) Conditions under which living quarters, meals, and laundry or their equivalents are to be provided;
f) Provision of counseling, medical, psychological, and other support services;
g) Grievance procedures, including those covering gender or other forms of harassment;
h) Duration of appointment and conditions for reappointment;
i) Service obligation on completion of my educational training;
j) Policy on physician impairment and substance abuse; and,
k) Disabilities will be accommodated in accordance with Federal law and regulation as applied to the Department of Defense.

AGREEMENT: I have accepted an appointment as a trainee in an education program sponsored by the National Capital Consortium. The following are the terms and conditions of my appointment:

For use with new trainees starting in Academic Year 2013-2014

9 May 2013
Trainee Responsibilities

a) To familiarize myself with the Program Requirements for my education program, as published by the ACGME and RRC if applicable, and to work with the faculty of my program to achieve substantial compliance with these Program Requirements. I also agree to familiarize myself with the board eligibility requirements for the specialty in which I am training, if applicable. Contact information for the individual boards is available on the website for the American Board of Medical Specialties located at: http://www.abms.org/About_abms/member_boards.aspx.

b) To familiarize myself with the Due Process procedures of the Consortium, as published in the Consortium Administrative Handbook and to adhere to these procedures. The handbook is available on a link located at www.usuhs.mil/gme.

c) To develop a personal program of learning to foster continued professional growth with guidance from my teaching staff. This program will include the six core competencies articulated by the ACGME:

i. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;

ii. Medical knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care;

iii. Practice-based learning and improvement that involves investigation and evaluation of my own care of patients, appraisal and assimilation of scientific evidence, and improvements in patient care based on self-evaluation and life-long learning;

iv. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;

v. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population; I will not gain unfair advantage over others by using non-publicly available information while preparing for in-service, board certification, and other examinations, nor will I allow others to do so. I acknowledge that use of non-public information for examinations is a breach of both military and medical professionalism which must be reported to appropriate authorities.

vi. Systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value. I will strive to learn and train those junior to me to reduce healthcare disparities within and between culturally diverse populations.

d) To provide, under the general supervision of the attending teaching staff, safe, effective, professional and compassionate patient care commensurate with my level of advancement and responsibility.

e) To participate fully in the education and scholarly activities of my educational program, and as required, assume responsibility for teaching and supervising other residents and students.

f) To actively participate as appropriate in the institutional programs and medical staff activities of the medical treatment facilities in which I work, including activities relating

For use with new trainees starting in Academic Year 2013-2014 9 May 2013
to patient care review, interdisciplinary clinical quality improvement and patient safety programs, and risk management, including reviews of complications and deaths, as well as performance improvement programs.
g) To serve on institutional committees and councils whose actions affect my education and/or patient care.
h) To adhere to established practices, procedures, and policies of the medical treatment facilities and clinical departments in which I work.
i) To develop an understanding of ethical, socioeconomic, medical/legal, and cost containment issues in medical practice, and to provide patient care in an ethical, medicolegally sound, and cost-effective manner.
j) To participate in scholarly activity, in collaboration with faculty and my peers. With a view to success in scholarly activity, I will study research design, the use of statistics, and critical review of medical literature.
k) To participate in internal reviews of my educational program, as described in the Consortium Administrative Handbook and to work toward correction of deficiencies identified in internal reviews.
l) To submit to my Program Director, at least annually, a confidential written evaluation of the faculty, my educational rotations and my overall training program.
m) To comply fully with the policies and procedures set by the Uniformed Service of which I am a member to manage physician impairment and substance abuse.
n) To comply with Service and/or Agency policies and procedures for conducting and publishing research.
o) To familiarize myself with Title 5 of the Code of Federal Regulations (posted on the NCC website) as it pertains to gifts from outside sources and to abide by its provisions.
p) To familiarize myself with the Memoranda of Agreement and Understanding between Sponsoring and Participating Institutions involved in my program and with the Program Letters of Agreement (PLAs).

Licensing
I agree to complete Part III USMLE, or COMLEX, during PGY-1 (internship year), and to obtain a valid unrestricted state medical license in accordance with the requirements of my Uniformed Service. Failure to do so will be reason for adverse personnel actions in accordance with the policies of my Uniformed Service; these may include administrative probation, loss of special pays and benefits reclassification, and/or involuntary separation. Any exceptions to these requirements are not automatic and must be requested through the Uniformed Service of which I am a member.

Additional Year Appointment
Advancement to PGY-2 and subsequent years of training is contingent on compliance with administrative requirements of the NCC and my parent service, if applicable. If I am an Army trainee, I must remain in compliance with AR 350-15, AR 600-9 and the “Training Agreement for Army Graduate Professional Education,” which prescribes that, “active duty Army residents must meet service specific height/weight standards and physical fitness requirements to qualify for advancement and graduation from residency.”

Termination
My educational training may be terminated under the following conditions:

a) If I do not maintain an acceptable level of performance and/or clinical competence. Termination of my educational training under these conditions is subject to the Due Process procedures of the Consortium.

For use with new trainees starting in Academic Year 2013-2014 9 May 2013
b) If I fail due course selection for promotion to the next higher officer grade on two successive occasions. Termination of my educational training under these conditions is at the option of the Uniformed Service of which I am a member, and is not subject to the Due Process procedures of the Consortium.

c) If I am discharged from military service for disciplinary or administrative reasons. Termination of my educational training under these conditions is not subject to the Due Process procedures of the Consortium.

d) If I fail to comply with the administrative requirements of the agency or agencies accrediting my training program, including completion of surveys and other requests for information. Failure to do so may lead to disciplinary action including termination of training.

Compensated Work Outside of the Program (Moonlighting)
I understand that I am not allowed to engage in professional activities or other employment outside my educational program whether or not it is compensated, and that I am not allowed to moonlight while in training. Violation of this provision may result in termination from training as well as disciplinary action by my parent service.

Absences
Absences from training are generally limited to vacation or medical or convalescent leave. If such absences exceed the time permitted by the RRC or certifying board of the specialty in which I am training, I understand that my training may be extended or terminated if extension is not possible.

Duty Hours
I understand that I must familiarize myself with the work hour policies promulgated by the ACGME and the NCC as noted in the Consortium Administrative Handbook and that deliberate violation of these policies may lead to disciplinary and/or adverse action.

Grievances
The grievance procedures available to me are those of the military chain of command prescribed by the military service to which I belong for specific problems such as sexual harassment, and the procedures described in the Consortium Administrative Handbook. I understand that I may also file an anonymous complaint, grievance or inquiry via the NCC GME website located at www.usuhs.mil/gme. A neutral NCC third party skilled in assisting trainees with resolving issues or problems and recommending appropriate resources can be reached at (301) 319-0709 Monday through Friday, 0700-1530. In addition, the NCC Trainee Helpline link on http://www.usuhs.mil/gmc allows anonymous reporting via computer or telephone. I agree to familiarize myself with these procedures.

Closure
Should my residency be closed or reduced in size, my assignment and continued training will be determined by a separate agreement between myself and the Uniformed Service of which I am a member.

Disciplinary Action
Since this program has been developed to advance Military Medicine and to train Medical Officers, I understand that Program Directors must also identify and respond to deficiencies in knowledge, skills, or attitudes regarding military officerhip, including failure to comply with service regulations. I further understand that the Program Director will initiate an investigation.

For use with new trainees starting in Academic Year 2013-2014 9 May 2013
of any allegation. If the investigation reveals a significant violation of the Uniform Code of Military Justice, the incident will be reported through the military chain of command. It will also be briefed as information to the OMEC Academic Hearing Subcommittee and may become a basis for an adverse action for breaches of professionalism that may adversely affect my suitability for the practice of medicine. I understand that action taken by my Command will not preclude action by the NCC based on the ACGME competencies. I also understand that action taken by the NCC does not preclude disciplinary action by my Command, and the NCC will provide my Command with information on the facts and circumstances surrounding any action taken which involves me.

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<thead>
<tr>
<th>NAME (Last, first, middle initial)</th>
<th>RANK/CORPS/SERVICE</th>
<th>SSN</th>
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<tr>
<td>PROGRAM DIRECTOR NAME</td>
<td>RANK/CORPS/SERVICE</td>
<td>NAME OF PROGRAM</td>
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<td>TRAINING START DATE (day, month, yr)</td>
<td>ANTICIPATED GRADUATION DATE (day, month, yr)</td>
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<td>SIGNATURE OF RESIDENT</td>
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<td>SIGNATURE OF PROGRAM DIRECTOR</td>
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**Authorization to release information**

I understand that as a result of my status as a medical provider the Department of Defense and its instrumentalities, including but not limited to the National Capital Consortium and its successors of interest, will from time to time over the course of my medical career be asked to provide personal information for purposes of determining my professional standing. These requests may come from government regulatory agencies, professional boards and organizations as well accrediting organizations such as the Accreditation Council for Graduate Medical Education, American Medical Association, American Association of Medical Colleges, and the American Osteopathic Association. I further understand that these requests will occur during and after my service with the United States Government. In executing this release I hereby authorize the Department of Defense and its instrumentalities, to release personal information about me, including but not limited to name, duty address, duty phone number, duty email address, social security number, date of birth, DEA number, and state license information. I understand that this information may be provided to entities such as those listed above when the Department of Defense and its instrumentalities deem that they have a reasonable need to know the information. I further understand that I can rescind this authorization, but that such rescission MUST BE IN WRITING and directed to the NATIONAL CAPITAL CONSORTIUM or its successor(s) in interest. This release will remain in effect until rescinded in writing. I acknowledge that I understand and have been provided a copy of this release.

| SIGNATURE OF RESIDENT | DATE |

For use with new trainees starting in Academic Year 2013-2014 9 May 2013
Scholarship Oversight Forms

SOC – Initial meeting
SOC – Second meeting
SOC – subsequent meetings
SOC – final meetings
Fellow research checklist

Individualized Learning Plan (ILP)
### Initial Meeting of Scholarship Oversight Committee

**To be completed by fellow prior to meeting**

<table>
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<th>List areas of interest in your subspecialty</th>
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<tr>
<th>List previous scholarly activity</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Describe your 5 year and 10 year career goals</th>
</tr>
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<tbody>
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</tbody>
</table>
To be completed by the SOC Chair at the meeting
List the areas of interest to be explored by the fellow

<table>
<thead>
<tr>
<th>Areas of Interest</th>
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</table>

List specific goals that the fellow is expected to meet prior to the next SOC meeting

<table>
<thead>
<tr>
<th>Specific Goals</th>
</tr>
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<tbody>
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</table>

Signatures:
Fellow: ____________________________
Chair: ____________________________
Members: ____________________________
__________________________

Date: ____________________________
To be completed by fellow prior to meeting

Describe chosen area of interest for scholarly activity

List your overall goals and a timeline for the project

Describe the work product that will be generated

List your overall goals and a timeline for the project

List your 6 month goals
**To be completed by the SOC Chair at the meeting**

Activity Timeline and work product appropriate?  Yes_______  No_______

If no, please provide summary of discussion and revisions to fellow’s activity, timeline, and work product

<table>
<thead>
<tr>
<th>Specific items to be completed by next meeting</th>
</tr>
</thead>
</table>

Signatures:  Fellow:  ______________________________

Chair:  ______________________________

Members:  ______________________________

Date:  ______________________________
<table>
<thead>
<tr>
<th>To be completed by fellow prior to meeting</th>
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</table>

Describe your progress toward the goals that were set at your last meeting

<table>
<thead>
<tr>
<th>If you are not on track to meet your timeline, provide suggestions for resources that could help you meet your timeline.</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>To be completed by SOC Chair at the meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please evaluate the fellow’s progress toward meeting his/her scholarly activity goals:</td>
</tr>
<tr>
<td>_____ The fellow is ahead of schedule</td>
</tr>
<tr>
<td>_____ The fellow is on track for meeting his/her goals</td>
</tr>
<tr>
<td>_____ The fellow is behind schedule and is not on track for meeting his/her goals</td>
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</table>

<table>
<thead>
<tr>
<th>Summary of guidance/feedback provided</th>
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<table>
<thead>
<tr>
<th>Specific items to be completed by next meeting:</th>
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</table>

| Signatures:                  Fellow:     |
|------------------------------|----------------|
| Chair:                       |               |
| Members:                     |               |
| Date:                        |               |
**Final Meeting of Scholarship Oversight Committee**

<table>
<thead>
<tr>
<th><strong>To be completed by fellow prior to meeting</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>List the work product(s) that you are submitting for final review and attach a copy:</td>
</tr>
</tbody>
</table>

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List the any special funding that was received for the project, including intramural and extramural grants.

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Has the product been submitted or accepted for publication? If so, where?

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List all presentations of the work product, including oral presentations, posters, thesis defense, etc.

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Attach a copy of your personal statement:
<table>
<thead>
<tr>
<th>To be completed by SOC Chair at the meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please evaluate the fellow’s progress toward meeting his/her scholarly activity goals:</td>
</tr>
<tr>
<td>_____ The fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities. A final copy of the work product and personal statement have been reviewed by the SOC and signed by all members of the SOC and the fellow, and will be submitted to the program director.</td>
</tr>
<tr>
<td>_____ The fellow has not satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities, and recommendations for meeting the guidelines is listed below.</td>
</tr>
<tr>
<td>Recommendations for completing the requirements and a timeline for completion:</td>
</tr>
</tbody>
</table>

| Signatures: | Fellow: | ................................. |
| Chair:      | ................................ |
| Members:    | ................................ |
| Date:       | ................................ |
NCC Pediatric Fellow Research Checklist

Fellow
Date training began
Project Title:

Research Mentor: (note date identified)

Scholarship Oversight Committee:
  1. (Member outside Pediatric Hematology-Oncology)
  2. 3.

Research Process (initial and date when step completed in a satisfactory fashion):

Steps:

Identify research question
  (note date identified,
   year of training)

Literature review

Formulate hypothesis

Design study

IRB

Perform study

Analyze data

Submit abstract and/or Manuscript

Submissions/result:

  1.
  2. 3.
INDIVIDUALIZED LEARNING PLAN

➔ ILP definition: A self-created 6-12 month plan for improvement where you identify specific areas that you want to work on and record how you will accomplish the goal. The ILP should include a review of career goals, a self-assessment, and setting learning goals and strategies for the 6 month period with a specific 'expected date of completion for each goal. Learning goals should be focused, achievable, and measurable.

➔ 4 steps
  a. Define career goals
  b. Self-assessment
  c. Develop learning objectives
  d. Devise achievable and measurable learning strategies to meet objectives
**Self-Assessment**

*Please take this opportunity to reflect on your strengths and weaknesses. The hope is that this activity will help you to create a learning plan for the upcoming academic year. Indicate which attributes are your strengths and which are your weaknesses.*

<table>
<thead>
<tr>
<th>Attributes/Abilities</th>
<th>Strength</th>
<th>Weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gathering essential and accurate info about the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making informed diagnostic and therapeutic decisions</td>
<td></td>
<td></td>
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<tr>
<td>Developing and carrying out management plans</td>
<td></td>
<td></td>
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<tr>
<td>Performing medical procedures</td>
<td></td>
<td></td>
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<tr>
<td>Counseling patients and families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing effective primary care and anticipatory guidance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using technology to optimize patient care</td>
<td></td>
<td></td>
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<tr>
<td><strong>Medical Knowledge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowing the basic and clinical supportive sciences appropriate to pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critically evaluating and applying current medical info and scientific evidence for patient care</td>
<td></td>
<td></td>
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<tr>
<td><strong>Practice-Based Learning and Improvement</strong></td>
<td></td>
<td></td>
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<tr>
<td>Using life-long learning skills, including information technology, to improve knowledge, skills, and practice</td>
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<tr>
<td>Analyzing practice to recognize strengths, deficiencies and limits in knowledge and expertise</td>
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<td></td>
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<tr>
<td>Using feedback to improve performance</td>
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<tr>
<td>Applying evidence to patient care</td>
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<tr>
<td>Participating in the education of patients, families, students, residents and other health professionals</td>
<td></td>
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<tr>
<td><strong>Interpersonal and Communication skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicating effectively with patients and families</td>
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<td></td>
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<tr>
<td>Communicating effectively with other health professionals</td>
<td></td>
<td></td>
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<tr>
<td>Teamwork</td>
<td></td>
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<tr>
<td>Acting in a consultative role to other health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintaining comprehensive, timely and legible medical records</td>
<td></td>
<td></td>
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<tr>
<td><strong>Professionalism</strong></td>
<td></td>
<td></td>
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<tr>
<td>Demonstrating respect, compassion, integrity, and honesty</td>
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<td></td>
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<tr>
<td>Demonstrating a responsiveness to the needs of the patients and society that superseded self-interest</td>
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<tr>
<td>Demonstrating accountability to patient, society and the profession</td>
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<tr>
<td>Adherence to ethical principles</td>
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<tr>
<td>Sensitivity to a diverse patient population</td>
<td></td>
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<tr>
<td><strong>System-Based Practice</strong></td>
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<tr>
<td>Knowing types of medical practice and delivery systems</td>
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<td></td>
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<tr>
<td>Practicing cost-effective health care</td>
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<td></td>
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<tr>
<td>Advocating for quality patient care and assisting patients in dealing with system complexities</td>
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<td></td>
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<tr>
<td>Advocating for health promotion and disease population</td>
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<tr>
<td>Acknowledging medical errors and examining the system to prevent them</td>
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</table>
**Learning Objectives**

*Please write two objectives that you will work to achieve during the upcoming academic year. You may use the needs assessment on the previous page to help you get started but do not need to limit yourself to those areas. We will come back to these objectives at the end of the year to determine whether you think they have been met and if not, why not. For each objective, list two strategies that you intend to use to help you achieve that particular objective.*

<table>
<thead>
<tr>
<th>Objective 1:</th>
<th>Expected date of Completion:</th>
<th>Measurable Outcome:</th>
</tr>
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<tbody>
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</table>

**Strategies to achieve objective 1:**

<table>
<thead>
<tr>
<th>Objective 2:</th>
<th>Expected date of Completion:</th>
<th>Measurable Outcome:</th>
</tr>
</thead>
<tbody>
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</table>

**Strategies to achieve objective 2:**

<table>
<thead>
<tr>
<th>Objective 3:</th>
<th>Expected date of Completion:</th>
<th>Measurable Outcome:</th>
</tr>
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</table>

**Strategies to achieve objective 3:**