2017 – 2018 Handbook

National Capital Consortium

Pediatric Subspecialty Fellowship Programs

Walter Reed
Bethesda
Department of Pediatrics

Uniformed Services University
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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/

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.
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 (see below). In-processing procedures and points of contact change frequently. Current information will be given to each fellow upon his or her arrival.

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 2016-2017 contract is included in Section III – Common References.

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.

In addition, WRNMMC has a Newcomer’s Orientation that is required for all incoming credentialed providers. More information about this will be given as you check in to the hospital

USUHS:
An orientation for all fellows will occur, typically in mid to late summer. At this time, Department resources and requirements will be discussed.

USUHS FACULTY APPOINTMENT:

All fellows will have or obtain a faculty appointment in the Department of Pediatrics at USUHS. Further information regarding this will be provided to incoming fellows during orientation.

TEACHING EXPECTATIONS AND OPPORTUNITIES

The ACGME requires that fellowship programs provide fellows with an opportunity to enhance their teaching skills throughout their training.
Fellows will interact with residents as well as 3rd and 4th year medical students on the inpatient wards and in the clinics. There are many opportunities for impromptu teaching on the ward and the clinic, as well as more formal venues such as the pediatric residency’s morning report and journal club. In addition, each fellowship has its own didactic and teaching program.

Fellows play an important instructional role in the clinical education of medical students as well as residents. For 9 months out of the academic year, USUHS medical students (5 per round) will rotate at Walter Reed for their 5-week pediatric clerkship. Part of their time includes inpatient ward experience and several days of subspecialty clinic. In addition, as many as 60 HPSP and USUHS fourth year medical students complete 4 week rotations on the ward, NICU, and subspecialty services during interview rounds.

Finally, there are multiple opportunities to teach small group sessions with the MS-I and MS-II students at USUHS, and fellows are highly encouraged to take advantage of these to hone their teaching skills. Two of these, based in the department of Pediatrics are listed below. There are others, several of which are more uniquely related to each of the fellowship programs. Ask your program director for details.

Introduction to Clinical Reasoning Course (MSI/II students): there are four sessions from mid-September to mid-October in which the preceptor facilitates small groups of 8 students.
1. Neonatal Transition cases
2. Developmental Delay cases
3. Pediatric Potpourri cases (NAT, meningitis, PID)
4. Growth Disorders cases

Didactic Week (Intro Week) for 60 Pediatric Clerkship students: this occurs 3 times each year – during the second week of January, the second week of May, and the first week of September. Small groups sessions include:
1. Health Supervision cases (Tuesday afternoon, 2.5 hours)
2. Role Play cases (Wednesday afternoon, 2 hours)
3. Neonatal Resuscitation skills station (Thursday; 3 morning and 2 afternoon sessions)

E-MAIL:

All fellows will have an email account at WRNMMC (@mail.mil). An email account may also be available at USUHS, but only for those with an USUHS faculty appointment and badge. First-year fellows will receive additional information regarding this during 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 WRNMMC or a combination. It is imperative that everyone checks his or her email account(s) daily.
A complete listing of important Walter Reed departmental contact information is available in the Scutdog booklet, published annually at the beginning of the academic year. The information is also available on the Pediatrics Residency webpage (www.nccpeds.com) under Directory, Scutdog online. Username and password are NCCPeds/scutdog.

**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 area in the America Building (building 19) at WRNMMC.

Hematology/Oncology fellows will have space in the Pediatric Hematology Oncology Clinic, also in the America Building (building 19).

Neonatology fellows will have space in the NICU in the main hospital (building 10).

**COMPUTERS:**

Fellows will be assigned a desktop computer at WRNMMC.

Fellows are required to obtain CHCS1, ESSENTRIS and AHLTA access, as well as access to the Pediatrics “Share Drive” and Impax (radiology viewer).

Each fellow is strongly advised 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 (e.g., EndNote). Some software may be available through USUHS and the WRNMMC library free of charge. USUHS and WRNMMC also offer many short courses to assist you in using becoming familiar with these software packages.

**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.

**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.

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.
MEETINGS, ACADEMIC CONFERENCE ATTENDANCE:

Each fellow is encouraged to attend local meetings as available and national meetings when possible. Fellows will be funded to attend at least one national meeting during fellowship at which they will present their research. Although funding is limited and travel approval constrained, each program will make every effort to send fellows to additional meetings as possible. In addition there may occur several sponsored meetings that do not require funding and fellows will be nominated as appropriate for these conferences.
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 6 months to obtain these licenses. Credentials may also need to be obtained.

Please check with the program coordinator, Ms. Theresa Kiefer, for details. Be proactive!

MILITARY-UNIQUE CURRICULUM AND OPPORTUNITIES

The fellows gain invaluable military experience and further develop excellence through training in their programs. All elements of the military-unique curriculum of the Department of Pediatrics are strongly encouraged including, but not limited to, participation in the annual conferences on Radiation Biology & Medical Effects of Ionizing Radiation, Medical Management of Chemical and Biological Casualties, Military Medical Ethics, and completion of the Military Medical Humanitarian Assistance and/or Tropical Medical Courses sponsored by USUHS. The fellowship programs are designed to graduate competent, caring pediatric subspecialists who pursue careers as physician-educators and/or academicians, and are prepared to become future leaders in the military pediatric and medical community.

The programs also provide training in unique military aspects of the care of dependent children with chronic disease, to include navigating military systems of care, and unique concerns for the child with a deployed active duty family member (i.e., emergency leave needs through American Red Cross). The military pediatric subspecialist responds to consults from a wide range of geographic areas, including OCONUS. The program provides specialized training in responding to these consults, within the context of the inherent capabilities of the outlying facilities.

NCC & WRNMMC POLICIES:

As mandated by the ACGME, both WRNMMC and the NCC have policies on issues relevant to training and patient care, such as Supervision, Transition of Care (TOC), and Duty Hours. The most recently available versions of these may be found in Section III, on the WRNMMC intranet and in the NCC’s Administrative Handbook (found at https://www.usuhs.edu/gme).

Each program also has its own version of these and other topics: see Section IV.
REQUIRED ACTIVITIES:

PEdiatRIC SUBSPECIALTY COMBINED FELLOWSHIP CORE CURRICULUM

Intent: This curriculum is designed in order to meet educational goals and objectives that are common to the Pediatric Subspecialty Fellowships in the National Capital Consortium, and therefore serves as the basic foundation for addressing these common educational needs. It may be augmented by additional lectures and educational experiences during the Annual New Fellow Orientation. Certain areas may be further addressed by each subspecialty as needed. It is based on the Common Program Requirements outlined by the ACGME as well as the Entrustable Professional Activities (EPAs) being drafted by the Council on Pediatric Subspecialties (CoPS). (See Section III and provided links to the CoPS website for more details.)

Meetings: Meetings will occur every other month – the dates/time will be announced. Curriculum will run on a two-year cycle.

POC: Anne Warwick MD MPH, COL MC USA (anne.warwick@usuhs.edu)
Theresa Kiefer, Pediatric Subspecialty Coordinator (theresa.a.kiefer.civ@mail.mil)

General topics

1. Orientation // Fatigue & Duty Hours briefings
2. Scholarly Communication (Abstracts, posters, manuscripts, LRC, PubMed)
3. Ethics, Death & Dying, Difficult Communications, etc.
4. Faculty / Career Development
5. Transitions
6. Business of Health Care, Billing, Disparities, Cross Cultural

2017-2018 Dates TBA & Topics
– Will occur on the Wednesday between Grand Rounds weeks, usually the 2nd of the month, 1200-1600, Location TBD

1. Aug: Orientation // Fatigue & Duty Hours briefings
2. Sep: Scholarly Communication // Clinical teaching
3. Nov: Difficult Conversations
4. Jan: Faculty Development
5. Mar: Transitions to Adult Care

There will also be additional sessions on basic topics related to the conduct of research and QI.

QI/PI discussion and project presentations will occur with the Pediatric Department and Pediatric Residency.

Optional resources for additional core scholarly curriculum activities may be found in Section III.
NEW FELLOW ORIENTATION / ANNUAL UPDATES:

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. It is strongly recommended that upper level fellows also attend for their annual required training updates.

PROGRAM DIRECTOR'S MEETINGS:

A formal semi-annual evaluation and meeting for each fellow with the program director will occur twice yearly.

In addition, the program director will meet with all fellows on an as needed basis for the purpose of discussing issues of concern to all the fellows, providing guidance for upcoming events (presentations, meetings), and assessing progress on completion of general fellowship requirements.

The program director and the entire faculty are always available to discuss personal or individual matters privately with a fellow or fellows at his, her, or their request.

FACULTY DEVELOPMENT:

As a manifestation of a commitment to life-long learning, participation in faculty development activities is expected. There are a variety of lectures offered at both WRNMMC and USUHS designed for this purpose. At WRNMMC these are usually announced via the Postmaster, while at USUHS the announcements are sent to all faculty with USUHS email addresses as the events are scheduled. In addition, the Stanford Teachers course is offered at least once a year by staff at both WRNMMC and USUHS.

Please keep a record of your attendance and provide it to your program director at least yearly.

QUALITY IMPROVEMENT PROJECT:

Fellows are required to prepare and present a Quality Improvement (QI) 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. Senior fellows will be prepared to present their QI project in the spring of their final year of training at one of the departmental PI/QI meetings.

PATIENT LOGS AND CASE LOGS

While these are required for all programs, each program uses different methods and timing to collect this information. See Section IV for details.
**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 not only a project but also a core curriculum of scholarship topics.

All work should be completed and certified by the committee at least one month prior to his or her anticipated graduation.

**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.

Each program director will determine the format that best suits that program. See section III for one example.

**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. The program coordinator, Ms. Theresa Kiefer, will facilitate this.
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, but are not limited to:

1. Submission of duty hour recording in MedHub every two weeks.

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 signature in a timely manner, so that they may be completed within 72 hours.

3. Completion of Essentris notes within 12 hours or by the end of the day for all inpatients (e.g., admissions, new consults, daily progress notes for service patients and consult patients while the service still follows the patient).

4. Completion of annual required Service-specific in person and on-line training.

5. Completion of other training as required by sub-specialty programs for clinical care (e.g., CITI training).


7. Obtaining publication clearance approval from USUHS and/or WRNMMC Pediatric Departments & Public Affair Offices, and WRNMMC DRP if necessary (i.e., publication resulting from a protocol approved by DRP) as required (and before submission of abstracts, etc.). Sample publication clearance procedures and forms are in Section III.

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

N.B. During fellowship training DHMRSi timesheets will be reported by the program coordinator.
SCHOLARSHIP OVERSIGHT:

In 2003, the American Board of Pediatrics (ABP) announced new requirements for fellows that 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.

General 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, depending on the program 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 that may be pursued include, but are not limited to:
   a. basic, clinical, or translational biomedicine
   b. health services
   c. quality improvement
   d. bioethics
   e. education, and
   f. 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 May 30th 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 sample 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.

Examples of SOC meeting forms for the initial, second, subsequent and final sessions, as well as a sample research checklist may be found in Section III.
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. See Section IV for program-specific details and variations.

<table>
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<tr>
<th>Evaluations</th>
<th>Jul</th>
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<tr>
<td>Periodic Fellow evaluation (program specific)</td>
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<td>Semi-annual Fellow Review with PD</td>
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<td>Annual 360 Fellow Evaluation by RN, other staff</td>
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<td>Annual 360 Peer evaluations</td>
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<td>Annual Program &amp; Faculty Evaluation by fellows</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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<td>Summary Fellow Evaluations by patients</td>
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<td>CCC evaluation &amp; submission of milestones to ACGME</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 MedHub. Members of the nursing and ancillary staff, patients and their parents, peers, and resident physicians also evaluate fellows as part of a 360-degree evaluation.

The Program Director or designee, faculty members, and other present during each major presentation will evaluate the fellow’s presentation skills. The Program Director summarizes the comments and will provide feedback to the fellow.

Fellows are assessed in terms of their procedural skills, if applicable, 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.
Arising from requirements inherent in the ACGME’s Next Accreditation System, and in order to standardize and better monitor the progression of trainees in graduate medical education, the ACGME and the American Board of Pediatrics (ABP) collaborated to produce the Pediatric Milestone Project (https://www.abp.org/sites/abp/files/pdf/milestones.pdf).

For each of the six major Competencies (patient care, medical knowledge, practice based learning and improvement, systems based practice, professionalism, and interpersonal & communication skills) previously identified as crucial to medical education, several Sub-Competencies were identified with corresponding behavioral anchors – or Milestones – to guide assessment and feedback, and to monitor the progression (or lack thereof) of residents and fellows through training. Although each fellow must demonstrate satisfactory progression along the milestones for all 51 Sub-Competencies prior to graduation, currently the ACGME and ABP require biannual reporting on only 21 of these (see Section III for more details). In the future, each subspecialty may also require attestation of competence in core elements, called Entrustable Professional Activities. These are currently under development and available in draft form. They are included in this handbook for your information and reference.

In general, the clinical evaluations for each subspecialty have been modified to reflect these Sub-Competencies and Milestones. All clinical evaluations are completed in electronic format via MedHub. Fellows will be provided instructions for the MedHub program by the program coordinator. Examples of your program’s evaluation forms may be found in Section IV.

In addition, the program faculty meets as the Clinical Competency Committee (CCC) to evaluate each fellow's overall performance at regular intervals, with at least twice yearly assessment and synthesis of all evaluations completed to date. The CCC will also assess fellows according to pediatric subspecialty-specific milestones (including those reported biannually to the ACGME as noted above), and advise the program director of recommendations regarding promotion, graduation, and, if necessary, remediation.

The Scholarship Oversight Committee (SOC) performs evaluation of scholarly activity. Each fellow meets with his or her SOC at least once 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. Military evaluations (e.g., OER, FITREP, OPR, training reports) are completed annually by the Program Director and Associate Program Director or Clinical Service Chief with input from the program leadership, in accordance with program and service specific policies.

**Evaluation of faculty:**

Each fellow has the opportunity to evaluate the faculty confidentially at least annually. Composite, anonymous reports are generated and available via MedHub 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:**

A formal, systematic review of the program is performed annually by the Program Evaluation Committee (PEC), resulting in a full, written, Annual Program Evaluation (APE). It is expected that at least one fellow in each program will participate in this committee.

The program is evaluated by all fellows, faculty, and staff as appropriate. Input from fellows and faculty concerning the program is encouraged and welcome at any time. Fellows and faculty 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. 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. Following this review, the PEC will create the APE, which will include a written plan of action to document initiatives to improve the program.

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 faculty and fellows in this data collection is encouraged and appreciated.
REMEDIATION:

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, which may be found via the NCC home page (https://www.usuhs.edu/gme/).
The fellowship program directors and faculty share the concerns of the ACGME and the NCC about the importance of establishing an environment in which trainees may raise issues of concern to them without fear of intimidation or retaliation. As a result, the following options 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. Dr. Jerri Curtis, CAPT MC USN (ret), the Designated Institutional Official (DIO) and USUHS Associate Dean for GME, also is available to speak with you directly. However, in some instances a person may desire a greater sense of privacy that 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, Dr. 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 neither in the military chain of command nor 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 that 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 at their convenience, day or night without scheduling an appointment. Additionally, Dr. 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 that 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.
LEAVE:

Under military regulation, service members are authorized up to 30 days per year of annual leave. At the same time, fellows are required by the ABP to complete 33 months of training in order to graduate and become board-eligible.

Leave, convalescent leave, and time away for special military training (e.g., the Army’s Captains Career Course) does not count towards training, i.e., counts against the 33 required months of 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, AHLTA notes, and Essentris notes, along with other administrative requirements determined by the program and 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 the request 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 or the Clinical Service Chief.

Maternity/Parental Leave Policy

To aid trainees who become pregnant, adopt a child, or wish to take paternity leave during GME programs, the Consortium provides guidelines upon which the following policies are based, referencing also existing Service-specific instructions on maternity and paternity leave, ACGME requirements, and recommendations of the American Medical Association.

Policies
1. The Consortium and its members will support the pregnant trainee and GME training program.
2. Maternity leave: Leave taken prior to delivery, unless medically ordered will count against regular leave time allowed by the program. In accordance with the recent guidance from the Secretary of Defense, twelve (12) weeks [eighty-four (84) days] non-chargeable convalescent (maternity) leave will be granted following pregnancy and delivery. Any additional leave will count toward the regular leave time allowed by the program.
3. Paternity leave: Up to ten (10) consecutive days of non-chargeable leave may be taken by natural fathers. The timing of the leave is currently determined by individual services. Trainees must give notice of intention to take paternity leave as soon as possible to minimize disruptions in call and rotation schedules for other trainees.
4. Parental leave for natural fathers and fellows adopting a child will be granted up to 2 weeks and will be counted as the regular leave allowed during those years. Trainees must give notice of intention to take parental leave as soon as possible and at least 30 days before taking the leave to minimize disruptions in call and rotation schedules for other trainees.
5. No convalescent leave can be granted for an adopting parent. Adoption is not a medical condition that requires convalescence.
6. The American Board of Pediatrics has determined that fellows must complete 33 months of a 36-month pediatric fellowship in order to sit for the board certifying examination. *All leave, regular, maternity, paternity, and convalescent, counts against the 33 required months of training.* Leave and/or convalescent leave in excess of 90 days over the course of the three-year fellowship will necessitate an extension of the fellowship-training program.
7. Academic and call schedules for the pregnant trainee will be modified in accordance with the recommendations of the resident’s OB/GYN physician. These decisions will be medically based and administratively implemented by the respective service chiefs and the Program Director.
8. Modifications in the pregnant fellow’s academic and call schedules (such as “frontloading” of the call schedule early in the pregnancy) should reflect the abilities of the fellow and her stamina with consideration given to her overall health to insure the best outcome for the pregnancy.

**Responsibilities**

1. The Trainee will:
   - Have an obstetric physician confirm a suspected pregnancy as early as possible, issue a pregnancy profile, and initiate prenatal care as early in the pregnancy as possible;
   - Notify the Program Director about the pregnancy as soon as the pregnancy is confirmed and receive counseling about the training requirements;
   - Immediately notify the Program Director of any complications that may affect duty performance;
   - Follow the conditions of the medical pregnancy profile;
   - Follow the Program Director’s guidance as it relates to training, schedules, and time requirements to fulfill all specialty board requirements;
   - Continue to perform military duties until delivery time unless excused from formal duties by the obstetric physician, in which case she may be hospitalized, placed on sick leave, given limited duty, or assigned to quarters;
   - Take up to a maximum of 84 days of convalescent leave following delivery unless otherwise requested by her obstetric physician.

2. The Department of OB/GYN will:
   - Confirm the pregnancy by pregnancy test, ultrasound, or pelvic exam by a licensed provider;
   - Provide a pregnancy profile and notify the trainee’s Program Director indicating any and all limitations placed on the trainee;
   - Ensure that pregnant trainees receive prenatal, perinatal, and postpartum care;
   - Advise the Program Director of any needed changes in the trainee’s profile or approved duties;
   - Recommend convalescent leave as per service-specific instructions.
3. The Program Director will:
   • Adjust the trainee’s duty roster on the pregnancy profile;
   • Notify other house staff of all rotation changes as soon as possible to minimize disruptive changes on the other GME trainees;
   • Counsel that trainee regarding the requirements and make appropriate decisions and adjustments because of the trainee’s absences;
   • Ensure that pregnancy does not provide the basis for adverse action against a trainee;
   • Closely monitor the pregnant trainee’s work week, call schedule, and continuous hours worked without rest and ensure that this schedule is consistent with that recommended by the trainee’s obstetrician;
   • Determine if the trainee can adequately meet specific requirements for Board Certification;
   • Notify the chief of the specific departments/services of any changes or conditions that affect the trainee’s performance in the program;
   • Notify the appropriate GME office of any adjustments in length of training required by the trainee;
   • Approve twelve weeks (eighty-four days) of convalescent leave following delivery;
   • Initiate a request for extension of training if a resident cannot comply with service-specific or RRC guidelines due to requirements for convalescent leave.
SECTION III: COMMON REFERENCES

NATIONAL CAPITAL CONSORTIUM TRAINING AGREEMENT: 2016-2017

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 2016-2017

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:

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.edu/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 to

For use with new trainees starting in Academic Year 2016-2017 15 June 2016
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, medico-legally 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 special 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).

q) To apply for and manage my personal National Provider Identifier (NPI) in accordance with Department of Defense policy and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which mandates the adoption of standard unique identifiers for health care providers and health plans. (The Centers for Medicare & Medicaid Services has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. Register at: https://nppes.cms.hhs.gov/NPPES/Welcome.do.)

r) I agree to comply with all university, hospital, and/or consortium policies and procedures related to government travel. Failure to liquidate travel claims (conference or rotation) within 5 days of returning from travel may result in restricted travel for myself, my training program, or my department. I also acknowledge that I may be placed on NCC administrative probation until such time that I complete all travel requirements.

**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.

For use with new trainees starting in Academic Year 2016-2017 15 June 2016
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.

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 military service branch (Army, Navy, Air Force) to which I belong, 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. I understand that I will be provided timely notification of the effect of leave(s) on my ability to satisfy requirements for program completion.

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. I understand that it is my responsibility to track my duty hours and level of fatigue and that I will appropriately inform my senior residents and faculty if I am at risk of exceeding duty hours or too fatigued to provide safe patient care.

Supervision
I understand that as I progress through my training, I will be subject to graduated levels of supervision by senior residents and faculty appropriate to my level of training. It is my responsibility to know the level of supervision applicable to me, and to not exceed that scope of care. I will request
appropriate supervision when uncomfortable with the clinical situation or procedure. I will provide appropriate supervision of students and junior residents under me.

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.edu/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.edu/gme 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.

Social Media
I understand that I am allowed to have a social media site. However, as a Federal employee and healthcare provider, I understand that there are rules regarding how I can use my social media accounts. I understand that as a Federal employee, I cannot use my personal social media in a way that would lead someone to believe that I am speaking for or representing the U.S. Government, my Branch of Service, the National Capital Consortium, or the facility where I'm assigned. I also understand that I am required to adhere to Federal privacy laws, to include the Privacy Act of 1974 and HIPAA. I cannot violate the privacy of fellow providers, the institution, or my patients by posting work-related items on my personal or professional site. Solicited medical advice should only be given to known patients through an approved site, such as, but not limited to, Relay Health or telephonic communication, that is subsequently documented in the patient’s medical record. Failure to comply with this guidance creates a digital record that puts me, as the physician, at risk from a professional and legal standpoint. Failure to comply may be met with disciplinary action.

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 officership, including failure to comply with service regulations. I further understand that the Program Director will initiate an investigation of any allegation. If the investigation reveals a significant violation of the Uniformed Code of Military Justice, the incident will be reported through the military chain of command. It will also be briefed as information to the GMEC 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.

For use with new trainees starting in Academic Year 2016-2017

15 June 2016
| NAME (Last, first, middle initial) | RANK/CORP/SERVICE | SSN |
| PROGRAM DIRECTOR NAME | RANK/CORP/SERVICE | NAME OF PROGRAM |
| TRAINING START DATE (day, month, yr) | ANTICIPATED GRADUATION DATE (day, month, yr) |
| MD DO (Check one) | GENDER: M F (Check one) | RACE/ETHNICITY (Optional) |
| MEDICAL SCHOOL ATTENDED | EMAIL |
| SIGNATURE OF RESIDENT | DATE |
| SIGNATURE OF PROGRAM DIRECTOR | DATE |

**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 in 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 2016-2017  
15 June 2016
MEMORANDUM FOR NCC PROGRAM DIRECTORS
NCC MEMBER INSTITUTION DEPARTMENT CHAIRS
NCC RESIDENCY PROGRAM COORDINATORS
NCC RESIDENTS AND FELLOWS

SUBJ: Resident Supervision Policy

REF: (a) ACGME Common Program Requirements (CPR) effective July 1, 2013
(b) ACGME Institutional Requirements effective July 1, 2014
(c) Joint Commission Medical Staff Standards MS.04.01.01
(d) Centers for Medicare and Medicaid- Medicare Carriers Manual Section 15016

Background

1. The National Capital Consortium (NCC) is committed to ensuring patient safety, quality health care, first-rate educational programs, faculty development and resident well-being. In keeping with the institutional and common program requirements of the Accreditation Council for Graduate Medical Education (ACGME), the NCC's Graduate Medical Education Committee (GMEC) promulgates this updated policy and procedure regarding resident supervision.

2. The goals of supervision within the clinical learning environment are as follows:
   - Ensure safe and effective patient care to each and every patient;
   - Mentor residents and fellows in developing the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine;
   - Allow residents to assume roles of greater independence as they demonstrate improved competency in: Patient care, Medical Knowledge, Interpersonal Skills and Communication, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.

Definitions

1. "Resident" applies to all interns, residents, and fellows.

2. "Responsible Faculty" is the credentialed and privileged attending physician (or licensed independent practitioner if approved by a program's Residency Review Committee) who is ultimately responsible for a patient's care and who may delegate patient care activities and/or supervision of patient care activities to residents. The ultimate responsibility of patient care still rests with the responsible faculty.

3. "Supervising Physician" is a faculty member (physician or licensed independent practitioner if approved by a program's Residency Review Committee) or advanced resident designated by the program director and responsible faculty as competent to supervise residents.
4. "Levels of Supervision" as defined by the ACGME (ref a), include:

- **Direct supervision:** The supervising physician 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;
- **Indirect 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 or encounters with feedback provided after care is delivered. (e.g., medical records review of resident-delivered care with feedback as to the appropriateness of that care and documentation).

**Policy**

1. **Chairman and Program Directors** are responsible for the following:

   - Maintaining up-to-date department supervision policies and procedures that are in compliance with this GMEC Supervision Policy and utilizes the ACGME definitions for "Levels of Supervision". (Common Program Requirement [CPR] VI.D.3)
   - Providing orientation to all new faculty and residents, including rotating residents, on policies and procedures for supervision and transitions of care.
   - Ensuring residents and faculty have ready access to, and comply with, its department supervision policy and the local institutional supervision policy. Providing education on, and ensuring the appropriate utilization of, the institution specific (Walter Reed National Military Medical Center or Fort Belvoir Community Hospital) Patient Safety Reporting mechanism for near misses, actual events, and sentinel events.
   - Maintaining a system that ensure residents, faculty members, nurses and patients can easily identify the appropriately credentialed and privileged attending physician (responsible faculty) who is ultimately responsible for each patient's care. (CPR VI.D.1)
   - Assigning faculty supervisors for a sufficient duration to enable them to adequately assess the knowledge and skills of each resident and thereby delegate the appropriate level of patient care authority and responsibility. (CPR VI.D.6)
   - Ensuring faculty complete timely and constructive resident performance evaluations to both the resident and program director, including end of rotation evaluations within 2 weeks of the completion of the rotation.
Ensuring their department supervision policy includes the following "Main Operating Room Supervision Procedures":

- Prior to any resident bringing a patient into the main operating room or the operating rooms on Labor and Delivery, the patient's case must be reviewed, and the assessment and plan validated, by the responsible faculty.
- The responsible faculty will be physically present in the hospital and available to provide direct supervision or indirect supervision with immediate availability.
- For potential loss of life or limb emergencies, the senior resident may proceed immediately to the main operating room or the Labor and Delivery operating rooms and provide medical/surgical care that is in the best interest of the patient. In this situation, the senior resident, or their delegated health care delivery team member, will immediately notify the responsible faculty, and the responsible faculty will promptly proceed to assist in treatment.

- Monitoring, and holding all faculty and residents accountable, for compliance with GMEC, hospital, and department supervision policies.

2. **Program Directors** are responsible for the following:

- Assigning senior residents to supervisory roles ("Supervising Physician") based upon the needs of the patient, skills of the residents involved, and specific criteria determined and evaluated by the program director and faculty. (CPR VI.D.4.c)
- Notifying the DIO of any "near miss", actual or sentinel event (adverse patient outcome) where supervision procedures were deemed as contributory, and providing a plan of action to the GMEC to prevent reoccurrences.
- Maintaining and updating a department supervision policy which includes the following components:
  - PGYI specific supervision considerations:
    - PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available (CPR VI.D.5.a., 1)
    - All patients seen by PGY-1 residents must be discussed with an attending or more senior resident, with this discussion documented in the patient’s record.
    - Any other specific Residency Review Committee (RRC) requirements that describe achieved competencies under which PGY-1 residents can progress to be supervised indirectly with direct supervision available (CPR VI.D.5.a., 1)
  - Circumstances and events in which all residents must communicate with responsible faculty (e.g., transferring a patient to the intensive care unit, admitting a patient to the hospital, making end-of-life decisions, taking a patient to the main operating room, and rapid response).
NCC Resident Supervision Policy – page 4/5

- A statement that "all Rotation Directors will ensure timely resident performance evaluations to both the resident and program director, including end of rotation evaluations within 2 weeks of the completion of the rotation."
- A statement of expectations for "Responsible Faculty" that include, the responsibilities listed in this policy under the Responsible Faculty Section.
- A statement of Main Operating Room Supervision procedures including, at a minimum, those listed in this policy under the Chairman and Program Director responsibilities section.
- A mechanism by which residents can report inadequate supervision in a protected manner that is free from reprisal. (IR ill.B.4.b)

3. "Responsible Faculty" are responsible for the following:
   - Ensuring each patient and all members of the health care delivery team, can easily identify them as the credentialed and privileged attending physician ultimately responsible for that patient's care.
   - Ensuring all residents that they are supervising have up-to-date contact information, and are able to efficiently request assistance and/or physical presence of the responsible faculty.
   - Being knowledgeable of the graduated levels of responsibility for residents/fellows rotating on their service.
   - Determining the appropriate level of supervision and personal involvement for all patient care activities that assures for the safety of each and every patient for whom they are responsible.
   - Being cognizant of and providing input for, the care patients receive upon admission to the hospital.
   - Informing patients and/or their families of their respective roles in the patient's care. (CPR VI.D.1.b)
   - Assessing the following, prior to delegating supervisory responsibilities to a senior resident (CPR VI.D.4.b):
     - Needs of the patient
     - Program Director's endorsement for performing supervision based on the Resident Competency Committee review of the resident.

4. Residents are responsible for the following:
   - Reviewing and complying with GMEC/hospital, Departmental, and rotation supervision and transitions of care policies and procedures.
   - Notifying supervising faculty of any significant change in a patient's status and communicating with faculty concerning patient care updates as required by their department and rotation resident supervision policies.
   - Informing patients of their respective roles in the patient's care. (CPR VI.D.1.b)
NCC Resident Supervision Policy – page 5/5

- Knowing how to, and utilizing under faculty guidance, the hospital Patient Safety Reporting mechanism for near misses, actual events, and sentinel events.
- Reporting concerns about patient safety and/or inadequate supervision to their faculty and/or program director.
- Providing patient care according to the following: the best interest of the patient; the limits of their own knowledge and skills; the scope of their authority; and the circumstances under which they are permitted to act with conditional independence or in a supervisory role. (CPR VI.D.5.a)

5. The **Oversight Subcommittee of the GMEC** is responsible for the following:
- Monitoring each program's supervision of residents and ensuring supervision is consistent with: the provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to residents' level of education, competence, and experience; and other applicable common and specialty/subspecialty-specific program requirements (ref b). The following mechanisms will be used:
  o Reviewing all program supervision policies as a part of the program annual report to the GMEC;
  o Reviewing all annual ACGME resident surveys, and GMEC house staff surveys, to monitor the effectiveness of supervision procedures;
  o Supporting programs in correcting Internal Review, GMEC Special Review or ACGME citations related to supervision or transitions of care.
  o Reviewing Root Cause Analysis (RCA) and plans of action and milestones for near misses, actual events, or sentinel events in which resident supervision or transitions of care was thought to be contributory.

**Note:**
Reference (d), from the Centers for Medicare and Medicaid, provides excellent examples of how to appropriately document resident supervision in the medical record.

- Jerri Curtis, CAPT, MC, USN  
  Executive Director & DIO  
  Chair, Graduate Education Committee National Capital Consortium
1. PURPOSE. This Instruction, in accordance with the authority in Reference (a) and in accordance with References (b) through (i), establishes Walter Reed National Military Medical Center (WRNMMC) policy to outline the roles and responsibilities of house staff and those supervising them on the provision of care for patients of WRNMMC. The National Capital Consortium (NCC) as the regional Graduate Medical Education (GME) authority 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. The National Capital Consortium (NCC) and WRNMMC are committed to ensuring patient safety, quality health care, first-rate educational programs, faculty development and resident well-being. In keeping with the institutional and common program requirements of the Accreditation Council for Graduate Medical Education (ACGME), Reference (f), and the NCC's Graduate Medical Education Committee (GMEC), Reference (d), this policy reflects NCC's guidance regarding resident supervision. The goals of supervision within the clinical learning environment are as follows:

   a. Ensure safe and effective patient care to each and every patient;
   b. Mentor residents and fellows in developing the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine;
   c. Allow residents to assume roles of greater independence as they demonstrate improved competency in: Patient Care, Medical Knowledge, Interpersonal Skills and Communication, Professionalism, Practice-Based Learning and Improvement, and Systems-Based Practice.

2. APPLICABILITY. This instruction applies to WRNMMC.

3. DEFINITIONS

   a. "Resident" applies to all interns, residents, and fellows.
b. "Responsible Faculty" is the credentialed and privileged attending physician (or licensed independent practitioner if approved by a program's Residency Review Committee) who is ultimately responsible for a patient's care and who may delegate patient care activities and/or supervision of patient care activities to residents. The ultimate responsibility of patient care still rests with the responsible faculty.

c. "Supervising Physician" is a faculty member (physician or licensed independent practitioner if approved by a program's Residency Review Committee) or advanced resident designated by the program director and responsible faculty as competent to supervise residents.

d. "Levels of Supervision" as defined by the ACGME (ref a), include:

i. (1) Direct supervision: The supervising physician is physically present with the resident and patient;

ii. (2) 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;

iii. (3) Indirect 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;

iv. (4) Oversight: The supervising physician is available to provide review of procedures or encounters with feedback provided after care is delivered. (e.g., medical records review of resident-delivered care with feedback as to the appropriateness of that care and documentation).

e. Program Director shall refer to either the primary or assistant director of the internship, residency or fellowship program, as appointed by the Director.

4. POLICY. It is WRNMMC policy that all residents and fellows who care for patients are adequately supervised. The hospital recognizes the critical importance of adequate supervision of trainees to the safety of our patients and has established an overarching instruction for the National Capital Consortium, Reference (d). In addition to Reference (d), each Program Director (graduate or undergraduate) shall have a written policy approved by the Department Chief, Graduate Medical and Dental Education, in consultation with the Graduate Medical Education Committee, regarding supervision of house staff and students that specifically delineates the degree of independent practice allowed at each level of training, including: admission and discharge of patients; consultation in the inpatient, outpatient and emergency room settings; the performance of conscious sedation or anesthesia outside the operating room; and invasive or other procedures that place the patient at risk. The Program Director shall make readily available to nursing and ancillary staff the specific procedures that house staff at various levels of training are allowed to perform without a more senior physician physically present.
7. RESPONSIBILITIES. See Enclosure 2.

8. PROCEDURES.
   a. Assessment and Reporting to Leadership. The Deputy Commander for Education, Training and Research will brief the Board of Deputies on the CLER program, including the assessment of adequacy of supervision twice yearly and following ACGME surveys. These briefs will include the status of supervisory plans and procedure lists for each program.

   c. Response to Deficiencies. The Director, Graduate Medical Education will track performance and guide programs toward compliance with the policy.

   d. Documentation. The Director, Graduate Medical Education, will maintain an electronic database of individual program's supervisory policies and procedure lists and make these available to ACGME as requested during site visits.

9. RELEASABILITY. UNLIMITED. This instruction is approved for public release. It is available to users with Common Access Card authorization on the WRNMMC intranet site at: https://www.wrnmmc.capmed.mil/CoS/SA/Secretariat/NNMC%20Instructions/Forms/AllItems.aspx.

8. EFFECTIVE DATE. This instruction is effective immediately.

   S. L. MARTIN  
   Chief of Staff

Enclosures:
1. References
2. Responsibilities
ENCLOSURE 1

REFERENCES

(a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Regional Medical (JTF CapMed) (Unclassified)," February 07, 2012
(b) JTF CapMed Instruction 5025.01, "Formats and Procedures for Development and Publication of issuances," March 05, 2012
(c) JTF CapMed Directive 1025.04. February 16, 2012."Graduate Medical Education (GME) Program Administration."
(d) National Capital Consortium Graduate Medical Education Supervision Policy. Nov 27, 2013.
(e) WRNA TMILMEDINST 6010.17 J "Medical Staff Bylaws," February 20, 2012.
(f) ACGME Common Program Requirements (CPR) effective July 1, 2013
(g) ACGME Institutional Requirements effective July 1, 2014
(h) Joint Commission Medical Staff Standards MS.04.01.01
(i) Centers for Medicare and Medicaid- Medicare Carriers Manual Section 15016
ENCLOSURE 2

RESPONSIBILITIES

1. DEPUTY COMMANDER FOR EDUCATION, TRAINING AND RESEARCH. Has overall responsibility for dissemination, implementation and compliance.

2. DIRECTOR, NATIONAL CAPITAL CONSORTIUM. Reviews implementation plan and execution and monitors compliance.

3. DIRECTOR, GRADUATE MEDICAL EDUCATION, WRNNMC. Ensures compliance with instruction by all GME programs. Coordinates the dissemination of individual programs' procedure lists to nursing and ancillary staff.

4. CHAIRS AND PROGRAM DIRECTORS
   a. Maintaining up-to-date department supervision policies and procedures that are in compliance with this GMEC Supervision Policy and utilizes the ACGME definitions for "Levels of Supervision". (Common Program Requirement [CPR] VI.D.3)
   b. Providing orientation to all new faculty and residents, including rotating residents, on policies and procedures for supervision and transitions of care.
   c. Ensuring residents and faculty have ready access to, and comply with, its department supervision policy and the local institutional supervision policy.
   d. Providing education on, and ensuring the appropriate utilization of, the institution specific (Walter Reed National Military Medical Center or Fort Belvoir Community Hospital) Patient Safety Reporting mechanism for near misses, actual events, and sentinel events.
   e. Maintaining a system that ensure residents, faculty members, nurses and patients can easily identify the appropriately credentialed and privileged attending physician (responsible faculty) who is ultimately responsible for each patient's care. (CPR VI.D.1)
   f. Assigning faculty supervisors for a sufficient duration to enable them to adequately assess the knowledge and skills of each resident and thereby delegate the appropriate level of patient care authority and responsibility. (CPR VI.D.6)
   g. Ensuring faculty complete timely and constructive resident performance evaluations to both the resident and program director, including end of rotation evaluations within 2 weeks of the completion of the rotation.
   h. Ensuring their department supervision policy includes the following "Main Operating Room Supervision Procedures":

ENCLOSURE 2
(1) "Prior to any resident bringing a patient into the main operating room or the operating rooms on Labor and Delivery, the patient's case must be reviewed, and the assessment and plan validated, by the responsible faculty.

(2) The responsible faculty will be physically present in the hospital and available to provide direct supervision or indirect supervision with immediate availability.

For potential loss of life or limb emergencies, the senior resident may proceed immediately to the main operating room or the Labor and Delivery operating rooms and provide medical/surgical care that is in the best interest of the patient. In this situation, the senior resident, or their delegated health care delivery team member, will immediately notify the responsible faculty, and the responsible faculty will promptly proceed to assist in treatment.

i. Monitoring, and holding all faculty and residents accountable, for compliance with GMEC, hospital, and department supervision policies.

5. PROGRAM DIRECTORS

a. Assigning senior residents to supervisory roles ("Supervising Physician") based upon the needs of the patient, skills of the residents involved, and specific criteria determined and evaluated by the program director and faculty. (CPR VI.D.4.c)

b. Notifying the Chair of GME of any "near miss", actual or sentinel event (adverse patient outcome) where supervision procedures were deemed as contributory, and providing a plan of action to the GMEC to prevent reoccurrences.

c. Maintaining and updating a department supervision policy which includes the following components: (PGY1 specific supervision considerations)

   (1) PGY-1 residents must be supervised either directly or indirectly with direct supervision immediately available (CPR VI.D.5.a.1)

   (2) All patients seen by PGY-1 residents must be discussed with an attending or more senior resident, with this discussion documented in the patient's record.

   (3) Any other specific Residency Review Committee (RRC) requirements that describe achieved competencies under which PGY-1 residents can progress to be supervised indirectly with direct supervision available (CPR VI.D.5.a,, 1)

   (4) Circumstances and events in which all residents must communicate with responsible faculty (e.g., transferring a patient to the intensive care unit, admitting a patient to the hospital, making end-of-life decisions, taking a patient to the main operating room, and rapid response).

   (5) A statement that "all Rotation Directors will ensure timely resident performance evaluations to both the resident and program director, including end of rotation evaluations within 2 weeks of the completion of the rotation."

ENCLOSURE 2
(6) A statement of expectations for "Responsible Faculty" that include, the responsibilities listed in this policy under the Responsible Faculty Section.

(7) A statement of Main Operating Room Supervision procedures including, at a minimum, those listed in this policy under the Chairman and Program Director responsibilities section.

(8) A mechanism by which residents can report inadequate supervision in a protected manner that is free from reprisal. (IR 111.B.4.b)

6. RESPONSIBLE FACULTY

   a. Ensuring each patient and all members of the health care delivery team can easily identify them as the credentialed and privileged attending physician ultimately responsible for that patient's care.

   b. Ensuring all residents that they are supervising have up-to-date contact information, and are able to efficiently request assistance and/or physical presence of the responsible faculty.

   c. Being knowledgeable of the graduated levels of responsibility for residents/fellows rotating on their service.

   d. Determining the appropriate level of supervision and personal involvement for all patient care activities that assures for the safety of each and every patient for whom they are responsible.

   e. Being cognizant of and providing input for, the care patients receive upon admission to the hospital.

   f. Informing patients and/or their families of their respective roles in the patient's care. (CPR V1.D.1.b)

   g. Assessing the following, prior to delegating supervisory responsibilities to a senior resident (CPR V1.D.4.b):

      (1) Needs of the patient; and

      (2) Program Director's endorsement for performing supervision based on the Resident Competency Committee review of the resident.

7. RESIDENTS

   a. Reviewing and complying with GMEC/hospital, Departmental, and rotation supervision and transitions of care policies and procedures.
b. Notifying supervising faculty of any significant change in a patient's status and communicating with faculty concerning patient care updates as required by their department and rotation resident supervision policies.

c. Informing patients of their respective roles in the patient's care. (CPR VI.D.1.b)

d. Knowing how to, and utilizing under faculty guidance, the hospital Patient Safety Reporting mechanism for near misses, actual events, and sentinel events.

e. Reporting concerns about patient safety and/or inadequate supervision to their faculty and/or program director.

f. Providing patient care according to the following: the best interest of the patient; the limits of their own knowledge and skills; the scope of their authority; and the circumstances under which they are permitted to act with conditional independence or in a supervisory role. (CPR VI.D.5.a)

8. THE OVERSIGHT SUBCOMMITTEE OF THE GMEC

a. Monitoring each program's supervision of residents and ensuring supervision is consistent with: the provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to residents' level of education, competence, and experience; and other applicable common and specialty/subspecialty-specific program requirements, Reference f.

b. Providing oversight and monitoring of resident supervision at NCC and participating sites by utilizing the following mechanisms:

(1) Reviewing all program supervision policies at the DIO/GMEC Annual Program Review meetings;

(2) Reviewing all annual ACGME resident surveys, and GMEC house staff surveys, to monitor the effectiveness of supervision procedures;

(3) Supporting programs in correcting Internal Review, GMEC Special Review or ACGME citations related to supervision or transitions of care; and

(4) Reviewing Root Cause Analysis (RCA) and plans of action and milestones for near misses, actual events, or sentinel events in which resident supervision or transitions of care was thought to be contributory.
MEMORANDUM FOR NCC PROGRAM DIRECTORS

SUBJ: Transitions of Care

Transitions of patient care between resident teams can present opportunities for miscommunication and misunderstanding of the patient care plan and lead to adverse events. Optimizing the handoff process is critically important to ensure safe and uninterrupted patient care and to enhance patient safety. Each Program Director must establish and monitor an effective, structured hand-over process to facilitate both continuity of care and patient safety. The program’s policy will include:

(1) Guidelines to ensure concise and effective communication of critical patient care issues consistent with the setting and type of patient care
(2) Goals and objectives to ensure resident competence in the performance of transitions of care
(3) Supervision and evaluation of the transition process appropriate for level of resident training until competence is achieved
(4) Evaluation of resident competence in performing effective transitions that is reflected in rotation evaluations (addressing the ACGME 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 the time of patient care transitions to ensure effective and safe patient care turnover.

Program directors must also ensure there is a system in place to readily inform the health care team of the attending and resident physicians currently responsible for each patient’s care. This includes indicating the location of call schedules and ensuring that up to date contact information is readily available for each attending and resident physician involved with patient care.

The Internal Oversight Subcommittee (IOS) of the NCC will review program policies and practices for transitions of care at the time of the annual program update. Breaches in effective care transitions will be brought to the attention of the DIO and GMEC for discussion to facilitate process improvement. Representatives from the NCC or the NCC member institution's Medical Education Office will periodically observe transitions of care to ensure compliance. Directors of ACGME-accredited programs are advised to check their Residency Review Committee and ACGME FAQs for more specific requirements and guidelines.

Jeni Curtis, CAPT, MC, USN
Executive Director & DIO
Chair, Graduate Medical Education Committee
National Capital Consortium
WRNMMC TRANSITIONS OF CARE POLICY – page 1/7

Walter Reed National Military Medical Center

INSTRUCTION

SUBJECT: Transitions of Care

References: See Enclosure 1

1. PURPOSE. This Instruction, in accordance with the authorities in References (a) and (b) and in accordance with References (c) through (f), establishes Walter Reed National Military Medical Center (WRNMMC) policy to outline the roles and responsibilities of physicians, nurses, trainees, and those supervising them on the execution of Transitions of Care (TOC) for patients of WRNMMC. This organization is committed to providing the highest quality of care to its patients and recognizes that transitions represent vulnerable points in the care continuum.

2. APPLICABILITY. This Instruction applies to WRNMMC.

3. DEFINITIONS. Transitions of Care can include any of the following patient transfers:

   a. From an admitting service to an inpatient ward;
   b. From an outpatient clinic to an inpatient ward;
   c. From one inpatient unit to another unit for ongoing care; or From one provider or nurse to another provider or nurse for a period of several hours, as occurs with any other cross cover scenarios and with nursing change of shift.
   d. Transitions can occur from provider to provider, nurse to nurse, or between nurses and providers.

4. POLICY. It is WRNMMC policy that the TOC instruction ensures complete, effective transitions and handoffs as patients move through the care continuum.
5. RESPONSIBILITIES

a. Director for Education, Training and Research has overall responsibility for dissemination, implementation and compliance.

b. Director, National Capital Consortium (NCC) reviews implementation plan and execution and monitors compliance for NCC house staff.

c. Director, Graduate Medical Education (GME), WRNMMC, and Fort Belvoir Community Hospital (FBCH) ensure compliance with TOC instruction by all GME programs.

d. Director for Nursing reviews implementation plan and execution and monitors compliance for nursing staff.

e. Deputy Director for Education, Training, and Research (Clinical Learning Environment) ensures dissemination and education on TOC instruction. Update instruction every two years, or more frequently if needed.

f. Program Directors and Assistant Program Directors ensure dissemination and familiarity with TOC guidelines to house staff. Competency is evaluated and tracked on standard house staff evaluations.

g. Nursing Ward Leadership (Service Chiefs and Clinical Nurse Specialists) ensure dissemination and familiarity with TOC guidelines to nursing staff. Competency is evaluated and tracked on initial and annual competency assessments.

h. Medical Staff reviews implementation plan, facilitates execution and monitors process at the provider level.

6. PROCEDURES. Handoffs and transitions for complex patients should include, at a minimum, the following:

- 1-- Illness severity, demographics, and code status.
- P--Patient summary (key items on problem list, key medications, allergies, pending studies, consultants as pertinent to period of care, staff physician of record)
- A--Action List (to do list, time line and ownership of action items)
- S--Situational awareness and contingency planning (Identify most worrisome patients, the anticipated changes, problem solve before things will go wrong)
- S--Synthesis by the receiver (clinically appropriate verbal summary by receiving nurse or physician)

The mnemonic I-PASS is provided for structure and ease of recall. Sample script is demonstrated in Enclosure 2. Handoffs and transitions for uncomplicated patients will include the name, diagnosis, and any anticipated patient concerns.
a. The format will be set by the medical/nursing specialty or inpatient unit/outpatient clinic and dictated by the patients’ clinical status. Standardized forms are encouraged and will be available. These forms may be developed to fit the specialty or unit. Any protected health information (PHI) and/or personally identifiable information (PII) contained on the forms must be handled and properly disposed of in accordance with references (g) through (i). Particular attention will be given to pain management. A script is recommended to standardize the presentation but is not required. In addition to a brief written TOC plan, transitions will include a two-way discussion to ensure synthesis by the receiver. While TOC plans will vary in length and content based on the provider/ward involved, all plans will contain these five elements and acknowledgment of the plan by the receiving nurse or provider.

b. Transitions of care of stable, established, well known patients between the day team and night float team need not include all the information outlined above. Such transitions will include all pertinent information on the patient’s status and the course of events for the previous team will be clearly communicated to team taking responsibility for the patient. Good clinical judgment will inform the content of such transitions. Faculty providers and/or senior residents who are supervising house staff will provide appropriate training on handoffs and will observe handoffs to ensure that the trainee can adequately perform them (the trainee includes all five elements, gives appropriate consideration to contingency planning and assesses the receiver’s synthesis) before allowing the trainee to conduct handoffs without supervision. Individual programs will determine how this competency will be documented. A sample evaluation form is provided, Enclosure 3.

c. Nursing units can individualize the TOC as dictated by their unit needs, as long as the five elements as mentioned above are met. This model can be used as a shift report between nursing staff and providers, or for the transfer of patients between units. Situation Background Assessment Recommendation (SBAR) is another recognized transition tool that may be utilized for relaying information during acute patient events.

d. Assessment and Reporting to Leadership. The Director for Education, Training, and Research will brief the Board of Deputies on the Clinical Learning Environment Review program, including the assessment of engagement and impact and the progress of ongoing initiatives twice yearly and following Accreditation Council on Graduate Medical Education site visits. These briefs will include the status of TOC effectiveness, as assessed by the Program Directors for house staff. Nursing Department Chiefs will report the impact and effectiveness of this initiative through the Executive Committee of Nursing Services.

e. Response to Deficiencies. The Deputy Director for CLE will work with GME and Nursing and Medical Staff leadership on identified weaknesses and assist programs toward compliance with the policy.

f. Documentation. The Deputy Director for CLE will maintain minutes of reports to the Board of Directors on TOC effectiveness and make these available to ACGME as requested during site visits.
7. **RELEASABILITY. UNLIMITED.** This instruction is approved for public release. It is available to users with Common Access Card authorization on the WRNMMC intranet site at: https://www.wrnmmc.intranet.capmed.mil/CoS/SA/Secretariat/WRNMMC%20Active%20Instructions/Forms/AllItems.aspx

8. **EFFECTIVE DATE.** This instruction is effective immediately.

   S. L. MARTIN  
   Chief of Staff

Enclosures:

1. References
2. Sample script for Transitions of Care
3. Sample Transition of Care Evaluation Form for house staff
ENCLOSURE 1

REFERENCES

(b) DoD Directive 5136.13, "Defense Health Agency (DHA)," September 30, 2013
(c) JTF CapMed Instruction 5025.01, "Formats and Procedures for Development and Publication of Issuances," March 05, 2012
(e) National Capital Consortium Graduate Medical Education Transitions of Care Policy. Date TBA, 2013.
(f) Accreditation Council on Graduate Medical Education Core Program Requirements, 1 July, 2013.
(g) Section 552a of Title 5, United States Code
(i) DoD 6025.18-R, "Department of Defense Health Information Privacy Regulation," January 24, 2003
ENCLOSURE 2

SAMPLE SCRIPT FOR TRANSITIONS OF CARE FOR HOUSE STAFF

"John Doe is a 70 y.o. gentleman admitted with CHF exacerbation. He's a full code and is stable.

He has a PMH significant for CHF with an EF of 30%, HTN controlled with an ACEI and hyperlipidemia controlled with Lipitor. His current meds include A, B and C. He's been stable since admission with good diuresis on Lasix. No significant surgical hx or social issues.

Action items for tonight are X and Y. Let the senior resident know when X is done so he can review it.

Although Mr. Doe has been stable, he has had episodes of flash pulmonary edema in the past, so be on the lookout for dyspnea or decreased O2 sats. If this occurs, give Lasix IV and place him on a non-rebreather.

OK, can you summarize Mr. Doe and his plan for tonight?"

NOTE: Any patient protected health information or personally identifiable information must only be shared with individuals with a proper need for the information and must be properly disposed of and handled.
ENCLOSURE 3

Sample Evaluation Form

House Staff: ____________________  Evaluator: ____________________
Date of Evaluation: _____________  Care Setting: _____________________

I-Illness Severity, demographics, code status

0 - missing or incorrect data
1 - All data correct

P---Patient summary

0 - missing items
1 - all items correct, appropriate

A---Action List

0 - did not list key items or assign ownership
1 - complete

S---Situational Awareness

0 - Lacks contingency plans
1 - Appropriate anticipation of possible problems with contingency plans

S---Synthesis by receiver

0 - No verbal summary by receiver
1 - Appropriate verbal summary by receiver
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 at 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, averaged over a four-week period.

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 recommended, but not 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. Time spent at home on direct patient care also counts toward the 80 hours rule. This includes:
   - completing AHLTA clinic or ESSENTRIS inpatient notes
   - phone calls with patients, ward team, outside providers/ED while on at-home call

8. Moonlighting by fellows is not permitted.

9. 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.

10. Duties hours are to be recorded in MedHub. Each fellow will record his/her duty hours in MedHub every two weeks.
NCC Pediatrics Fellows Core Curriculum Topics

Additional resources and opportunities are listed below.
Examples of how core requirements may be thus fulfilled are on the following pages.

**edX** (online courses, typically free)
https://www.edx.org/
- Typically free
- On-line course topics include statistics, epidemiology, study design

**FAES** (Foundation for advanced education in the sciences) @ NIH
https://faes.org/
- Not free. TUITION: Fees are $150.00 per credit; courses are typically 1-3 credits. The tuition for most courses ranges between $150 - $450 (except for 600-level courses). The Catalog of Courses can help to determine the tuition for each class; this may be found at: https://faes.org/sites/default/files/files/FAES%20Catalog%202015-16%20FINAL.pdf
- Includes, statistics, epidemiology, public health

**IHI (Institute for Healthcare Improvement) Open School**
http://www.ihi.org/education/hiopenschool/Pages/default.aspx
- Free for residents, GME faculty
- on-line health care, patient safety, quality improvement courses

**Johns Hopkins Summer Intro to Clinical Research Course**
http://ictr.johnshopkins.edu/collaboration/collaboration-mentoring-training/training-education/introduction-to-clinical-research-summer-course/
- Expensive;
- 2 week clinical research course. Registration usually opens in June, course usually in July

**USUHS Offerings**
- LRC (Learning & research center) – courses and tutorial handouts
  https://er.lrc.usuhs.edu/index.php
- Faculty Development Seminars (link to schedule on the left side)
  https://www.usuhs.edu/medschool/faculty/facultydevelopment
- PMB (preventive medicine & biostatistics)
  https://www.usuhs.edu/graded/masters
- MPH, MSPH degree programs may be available as part of the fellowship

**WRNMMC Department of Research Programs (DRP) Offerings**
- PubMed courses, clinical research courses, labs methods courses
Core requirements, and examples of possible ways to fulfill these:

**BIOSTATISTICS / EPIDEMIOLOGY**

FAES Biostats Course

Online (edX, other) Biostats Course

USUHS Biostats Course

Other (PAS, etc.)

**CLINICAL RESEARCH METHODOLOGY**

FAES or NICH Clinical Research Course

WRNMMC DRP / DCI Clinical Research Course

USUHS Clinical Research Course (e.g., PMB – Intro to Clinical Trials)

Other (PAS, etc.)

**LABORATORY RESEARCH METHODOLOGY**

FAES or NIH Course

WRNMMC DRP / DCI Course

USUHS Course

Other (fellow research lab, etc.)

**APPLYING RESEARCH TO PRACTICE**

Evidence-based medicine course (USUHS LRC, WRNMMC DRP / DCI, other)

PubMed and other databases courses (USUHS LRC, WRNMMC DPR / DCI, other)

Journal Club participation

Systematic Review, meta-analyses

Impact factors and publications (USUHS LRC)

Other (PAS, etc.)
RESEARCH ETHICS

CITI online course

USUHS Clinical Research Course

Other (JHU, IHI, other)

SCIENTIFIC COMMUNICATION

Abstract writing

Grant writing

Giving a poster presentation

Giving an oral presentation

Presentation at NCC Pediatrics Fellowships Research Conference

Presentation at a regional or national meeting

Manuscript writing

Other (PAS, etc.)

QUALITY IMPROVEMENT

NCC Pediatrics Department Residency & Fellowship QI/PI sessions

Presentation of QI project

Other (PAS, IHI modules, etc.)

TEACHING AND LEARNING

Stanford Clinical Teaching Course

NCC Pediatrics Fellowships Core Curriculum Sessions

USUHS Faculty Development Lectures

Other (PAS, etc.)
**BIOETHICS**

NCC Pediatrics Fellowships Core Curriculum Sessions

Online (edX, other) Bioethics courses

CITI training courses

WRNMMC annual Ethics symposium

Other (PAS, etc.)

**MISCELLANEOUS TOPICS**

(Other local or on-line modules are available)

Breaking Bad News / Difficult Conversations

Death and Dying

Cross Cultural Care

Healthcare Business and Economics

Professional Development (e.g., faculty appointment, job search, etc.)

other
Scholarship Oversight Forms

NCC suggested forms for Scholarship Oversight Committee (SOC)

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**

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

<table>
<thead>
<tr>
<th><strong>List specific goals that the fellow is expected to meet prior to the next SOC meeting</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Fellow:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date: ___________________________
# Second Meeting of Scholarship Oversight Committee

[Pick the date]

## To be completed by fellow prior to meeting

Describe chosen area of interest for scholarly activity
- Topic
- Research mentor

List your overall goals and a timeline for the project

Outline your Research Question and Study Design

Describe the work product that will be generated

List your 6 month goals
<table>
<thead>
<tr>
<th>To be completed by the SOC Chair at the meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Timeline and work product appropriate? Yes_______ No_______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If no, please provide summary of discussion and revisions to fellow’s activity, timeline, and work product</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Fellow:</th>
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<tr>
<th>Members:</th>
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<tr>
<th>Date:</th>
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</tbody>
</table>


<table>
<thead>
<tr>
<th>To be completed by fellow prior to meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Title:</td>
</tr>
<tr>
<td>Mentor:</td>
</tr>
<tr>
<td>Fund source (if applicable)</td>
</tr>
<tr>
<td>Describe your progress toward the goals that were set at your last meeting</td>
</tr>
</tbody>
</table>

If you are not on track to meet your timeline, provide suggestions for resources that could help you meet your timeline.

Other Academic Project in process:

Abstracts, Presentations, Papers:

Plan for the next 6 months:
To be completed by SOC Chair at the meeting

Please evaluate the fellow’s progress toward meeting his/her scholarly activity goals:

- [ ] The fellow is ahead of schedule
- [ ] The fellow is on track for meeting his/her goals
- [ ] The fellow is behind schedule and is not on track for meeting his/her goals

Summary of guidance/feedback provided

Specific items to be completed by next meeting:

Signatures:

Fellow: ___________________________

Chair: ___________________________

Members: _________________________
                      _________________________
                      _________________________

Date: ___________________________
**Final Meeting of Scholarship Oversight Committee**

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

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

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

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

<p>| Attach a copy of your personal statement: |</p>
<table>
<thead>
<tr>
<th>Please evaluate the fellow’s progress toward meeting his/her scholarly activity goals:</th>
</tr>
</thead>
<tbody>
<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>

<table>
<thead>
<tr>
<th>Signatures:</th>
<th>Fellow:</th>
<th></th>
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<td></td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
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</tr>
</tbody>
</table>
NCC Pediatric Fellow Research Checklist (version 1)

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.
Alternate SOC Form – Initial

Name: _________________________ Date: __________________________

**Trainee/Mentee Instructions:** As you begin to your research project, please fill out following worksheet. As you fill it out think about whether you have had experience with each part of the research process below. Think about what skills you already have and which ones you will need to build upon. Be prepared to discuss this with your mentor.

**List any previous scholarly activity:** (comment on CITI course if completed)

<table>
<thead>
<tr>
<th>Project Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research problem</strong></td>
</tr>
<tr>
<td>What problem in the universe do I want to explore?</td>
</tr>
<tr>
<td><strong>Background reading with gaps in the literature identified</strong></td>
</tr>
<tr>
<td><strong>Research Question</strong></td>
</tr>
<tr>
<td>Is it SMART? (specific, measurable, achievable, relevant, timely?)</td>
</tr>
<tr>
<td><strong>Hypothesis</strong></td>
</tr>
<tr>
<td><strong>Specific Aims / Objectives</strong></td>
</tr>
<tr>
<td>Study Design</td>
</tr>
<tr>
<td>--------------</td>
</tr>
</tbody>
</table>

### Sample population/data source
Inclusion Criteria:
Exclusion Criteria:

### Data Collection methods

### Variables
Independent Variable:
Dependent Variable:
Confounding Variables:

### Sample Size

### Data Analysis

### Ethical considerations: Patient Safety, Data monitoring, Authorship

### Limitations

### Timeline
Alternate SOC forms – initial & 6 month updates

SCHOLARLY OVERSIGHT COMMITTEE 6 MONTH UPDATE

Name:  
Date of Meeting:  
Date of Previous Meeting:  

Research Title:  
Please send the protocol and other supporting documents to SOC members  

Fund Source and Protocol Number:  
Project Mentor:  

Complete the Table below as applicable to the stage of your project. You may also submit it as an attachment:

<table>
<thead>
<tr>
<th>Project Ideas</th>
</tr>
</thead>
</table>

| Research problem |  
| What problem in the universe do I want to explore? |

| Background reading with gaps in the literature identified |

| Research Question |  
| Is it SMART? (specific, measurable, achievable, relevant, timely?) |

<p>| Hypothesis |</p>
<table>
<thead>
<tr>
<th>Specific Aims/Objectives</th>
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<tr>
<td>Study Design</td>
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<tr>
<td>Sample population/data source</td>
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<tr>
<td>Inclusion Criteria:</td>
</tr>
<tr>
<td>Exclusion Criteria:</td>
</tr>
<tr>
<td>Data Collection methods</td>
</tr>
<tr>
<td>Variables</td>
</tr>
<tr>
<td>Independent Variable:</td>
</tr>
<tr>
<td>Dependent Variable:</td>
</tr>
<tr>
<td>Confounding Variables:</td>
</tr>
<tr>
<td>Sample Size</td>
</tr>
<tr>
<td>Data Analysis</td>
</tr>
</tbody>
</table>
### Ethical considerations: *Patient Safety, Data monitoring, Authorship*

<table>
<thead>
<tr>
<th>Limitations</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Timeline</th>
</tr>
</thead>
</table>

### Results/Progress:

### Other Academic Projects:

### Abstracts/Presentations/Papers:

### Six Month Plan (what will be accomplished in the next 6 months):
*include; clinical/med knowledge goals, academic goals (teaching and research) and professional goals*
Final documents to be submitted to the ABP (3rd year fellows only for the final SOC meeting in the spring of graduation year. This is required by the ABP for subspecialty certification)

1. 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. The fellow's personal statement, i.e., a comprehensive document written by the fellow is integral to the requirement for scholarly activity. This document should be several pages in length and comment on the fellow's intended career path upon entering fellowship and reasons for choosing a specific area of scholarly activity. It should describe the scholarly activity and the fellow's role in each aspect of the activity, as well as any preparation beyond the core fellowship curriculum needed to ensure successful completion of the project. The personal statement should describe how the scholarly activity furthers the fellow's career development plan, and should reflect upon the educational value of the pursuit of the project."

2. "The actual "work product" of the scholarly activity as described above
Alternate SOC report template

SCHOLARLY OVERSIGHT COMMITTEE REPORT

Fellow Name:
Date:

Research Project Title:

Members Present:

Documents Submitted to SOC:

Summary of Progress since last meeting:

Summary of Committee Discussion:

- Does the project meet the ABP guidelines for scholarly activity?
- Is the fellow on track towards meeting his/her scholarly activity goals and completing the project?

Committee Recommendations:

Specific Goals to meet prior to the next meeting:

Report prepared by:
(sign)
PUBLICATIONS APPROVAL

Your program director must know about and approve all submissions.

If all authors are assigned at WRNMMC, only the WRNMMC Publications process must be followed.
If any author is assigned to USUHS, the USUHS publication process must be followed as well.

WRNMMC Publications Approval Process

From email dated 24 August 2016

If you are working on research or abstract submissions for conferences, the submission needs to be cleared through the PAO office.

In general:

1. **NEW** Publications NOT associated with research conducted under an approved IRB protocol should be SUBMITTED DIRECTLY to PAO. Do not submit such unassociated publications or publication clearances to DRP.

2. Publications associated with research conducted under an approved IRB protocol will continue to be submitted through the DRP email box using DRP or EIRB coversheets.
   
   dha.bethesda.wrnmmc.list.research-education-services@mail.mil

   DRP will then send the publication to PAO.

The DRP intranet site has links on the lower right column for both clearances.
https://www.wrnmmc.intranet.capmed.mil/EducationTrainingResearch/ResearchProgramsDepartment/SitePages/Home.aspx

It's all done electronically with the steps below:

1) Start at the intranet home page
2) On the left side, under 'Directorates,' select 'Education Training & Research.'
3) Select 'Research,' the green puzzle piece.
4) On the right side under the triangle that says PAO clearance, select IRB or non-IRB protocol, depending on what you are doing.

The latter will bring up a form that you fill out and send to the e-mail at the bottom of the form.
If your paper involves an IRB, the process gets more complicated. If you need assistance, contact:
Simms, James F CIV DHA NCR MEDICAL DIR (US) <james.f.simms.civ@mail.mil>, or
Frye, Franz A CPT USARMY (US) <franz.a.frye.mil@mail.mil>.

Please let your Program Director know when you submit and when your article/abstract/poster is approved.
USUHS Publications Approval Process

Department Of Pediatrics Manuscript/Abstract Review Form
Academic Year 2017-2018

Manuscript/Abstract Title: ________________________________________________________________

Authors: __________________________________________________________________________

To be submitted to (journal): ___________________________________________________________________

Meeting presentation/funding required? _______________________________________________________

Reviewer #1 Name: __________________________ Date of Review: ______________

[ ] Approved as submitted  [ ] Approved w/minor revisions  [ ] Approved after major revisions – re-review REQUIRED

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

Signature/Title/Date: ______________________________________________________________________

Reviewer #2 Name: __________________________ Date of Review: ______________

[ ] Approved as submitted  [ ] Approved w/minor revisions  [ ] Approved after major revisions – re-review REQUIRED

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

Signature/Title/Date: ______________________________________________________________________

Pediatric Editor Review (Dr. Kathleen Madden or her designee) Date of Review: ______________

[ ] Approved as submitted  [ ] Approved w/minor revisions  [ ] Approved after major revisions – re-review REQUIRED

Comments:
__________________________________________________________________________________
__________________________________________________________________________________

Signature/Title/Date: ______________________________________________________________________

(…continued next page…)
Author Statement
I certify that we have considered the comments and suggestions of the reviewers and have made appropriate changes to our manuscript, as necessary.

____________________________________    ____________________________________
Signature, First Author/Date                      Signature, Senior Author/Date

Manuscript is APPROVED/DISAPPROVED for submission.  OR

Manuscript is APPROVED/DISAPPROVED for submission.

____________________________________    ____________________________________
Vice Chair, Dept. of Pediatrics/Date                      Chair, Dept. of Pediatrics/Date

Notes:
1. Fellow authored papers must have the fellowship program director as one of the reviewers. No author of the paper may serve as a reviewer.
2. Reviewers are not required to be in the Department of Pediatrics.
3. Papers given a review status of “approved after major revisions – re-review required” must be re-reviewed and approved prior to submission to Department Chair for final approval.
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>Competency</th>
<th>Attributes/Abilities</th>
<th>Strength</th>
<th>Weakness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>Provide transfer of care that ensures seamless transitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Making informed diagnostic and therapeutic decisions that result in optimal clinical judgment</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Develop and carry out management plans</td>
<td></td>
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<tr>
<td></td>
<td>Provide appropriate role modeling</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Critically evaluate and apply current medical information and scientific evidence for patient care</td>
<td></td>
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</tr>
<tr>
<td>Practice-Based Learning and Improvement</td>
<td>Identify strengths, deficiencies, and limits in one’s own knowledge and expertise.</td>
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</tr>
<tr>
<td></td>
<td>Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Use information technology to optimize learning and care delivery</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Participate in the education of patients, families, students, residents and other health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal and Communication skills</td>
<td>Communicate effectively with physicians, other health professionals, and health related agencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work effectively as a member or leader of a health care team or other professional group</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Act in a consultative role to other physicians and health professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>Demonstrate high standards of ethical behavior which includes maintaining appropriate professional boundaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>System-Based Practice</td>
<td>Work effectively in various health care delivery settings and systems relevant to the clinical specialty</td>
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</tr>
<tr>
<td></td>
<td>Coordinate patient care within the health care system relevant to the clinical specialty</td>
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<tr>
<td>Personal and Professional Development</td>
<td>Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients</td>
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<td>Provide leadership skills that enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients</td>
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<td></td>
<td>Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty</td>
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</tbody>
</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>
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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>
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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>
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</table>

Strategies to achieve objective 3:
A. Competency: Patient Care
1. Gather essential and accurate information about the patient
2. Organize and prioritize responsibilities to provide patient care that is safe, effective, and efficient
3. Provide transfer of care that ensures seamless transitions
4. Interview patients and families about the particulars of the medical condition for which they seek care, with specific attention to behavioral, psychosocial, environmental, and family unit correlates of disease
5. Perform complete and accurate physical examinations
6. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment
7. Develop and carry out management plans
8. Prescribe and perform all medical procedures
9. Counsel patients and families
10. Provide effective health maintenance and anticipatory guidance
11. Perform complete and accurate physical examinations
12. Provide appropriate role modeling
13. Provide appropriate supervision

B. Competency: Medical Knowledge
1. Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics
2. Critically evaluate and apply current medical information and scientific evidence for patient care
3. Critically evaluate and apply current medical information and scientific evidence for patient care
4. Use information technology to optimize patient care
(combined with Practice-based Learning and Improvement, C.7 below)
5. Provide effective health maintenance and anticipatory guidance
6. Demonstrate sufficient knowledge of the basic and clinically supportive sciences appropriate to pediatrics

C. Competency: Practice-based Learning and Improvement
1. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
2. Set learning and improvement goals
3. Identify and perform appropriate learning activities to guide personal and professional development
4. Systematically analyze practice using quality improvement methods with the goal of practice improvement
5. Incorporate formative evaluation feedback into daily practice
6. Locate, appraise, and assimilate evidence from scientific studies related to their patient’s health problems (see MK.2)
7. Use information technology to optimize learning and care delivery (see PC.11)
8. Develop the necessary skills to be an effective teacher
9. Participate in the education of patients, families, students, residents, and other health professionals
10. Take primary responsibility for lifelong learning to improve knowledge, skills, and practice performance through familiarity with general and experience-specific goals and objectives and attendance at conferences

D. Competency: Interpersonal and Communication Skills
1. Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
2. Demonstrate the insight and understanding into emotion and human response to emotion that allow one to appropriately develop and manage human interactions
3. Communicate effectively with physicians, other health professionals, and health related agencies
4. Work effectively as a member or leader of a health care team or other professional group
5. Act in a consultative role to other physicians and health professionals
6. Maintain comprehensive, timely, and legible medical records, if applicable
E. Competency: Professionalism (sub-competencies are integrated)
1. Demonstrate humanism, compassion, integrity, and respect for others based on the characteristics of an empathetic practitioner
2. Show responsiveness to patient needs that supersedes self-interest
3. Show respect for patient privacy and autonomy
4. Demonstrate a sense of duty and accountability to patients, society and the profession
5. Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation

F. Competency: Systems-based Practice
1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
2. Coordinate patient care within the health system relevant to their clinical specialty
3. Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
4. Advocate for quality patient care and optimal care systems
5. Work in interprofessional teams to enhance patient safety and improve patient care quality
6. Participate in identifying system errors and implementing potential system solutions
7. Know how to advocate for the promotion of health and the prevention of disease and injury in populations

G. Competency Area: Personal and Professional Development*
1. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
2. Use healthy coping mechanisms to respond to stress
3. Manage conflict between personal and professional responsibilities
4. Practice flexibility and maturity in adjusting to change with the capacity to alter behavior
5. Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
6. Provide leadership that enhances team functioning, the learning environment and/or health care system/environment with the ultimate intent of improving care of patients
7. Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8. Recognize that ambiguity is part of clinical medicine and respond by utilizing appropriate resources in dealing with uncertainty
<table>
<thead>
<tr>
<th>COMPETENCY DOMAIN</th>
<th>SUB-COMPETENCY NUMBER</th>
<th>PAGE IN PEDIATRIC MILESTONES PROJECT BOOKLET</th>
<th>SUB-COMPETENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care (PC)</strong></td>
<td>3</td>
<td>11</td>
<td>Provide transfer of care that insures seamless transitions</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>18</td>
<td>Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>21</td>
<td>Develop and carry out management plans</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>32</td>
<td>Provide appropriate role modeling</td>
</tr>
<tr>
<td><strong>Medical Knowledge (MK)</strong></td>
<td>2</td>
<td>40 &amp; 53</td>
<td>Locate, appraise and assimilate evidence from scientific studies related to their patients’ health problems</td>
</tr>
<tr>
<td><strong>Systems-Based Practice (SBP)</strong></td>
<td>1</td>
<td>85</td>
<td>Work effectively in various health care delivery settings and systems relevant to their clinical specialty</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>87</td>
<td>Coordinate patient care within the health care system relevant to their clinical specialty</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>90</td>
<td>Incorporate considerations of cost awareness and risk- benefit analysis in patient and/or population-based care as appropriate</td>
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<td></td>
<td>5</td>
<td>94</td>
<td>Work in inter-professional teams to enhance patient safety and improve patient care quality</td>
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<td></td>
<td>6</td>
<td>96</td>
<td>Participate in identifying system errors and implementing potential systems solutions</td>
</tr>
<tr>
<td><strong>Practice-Based Learning and Improvement (PBLI)</strong></td>
<td>1</td>
<td>40</td>
<td>Identify strengths, deficiencies, and limits in one’s knowledge and expertise</td>
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<td>4</td>
<td>49</td>
<td>Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement</td>
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<td>7</td>
<td>56</td>
<td>Use information technology to optimize learning and care delivery</td>
</tr>
<tr>
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<td>9</td>
<td>61</td>
<td>Participate in the education of patients, families, students, residents, and other health professionals</td>
</tr>
<tr>
<td><strong>Professionalism (PROF)</strong></td>
<td>2</td>
<td>80</td>
<td>Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries</td>
</tr>
<tr>
<td></td>
<td>5 (PPD**)</td>
<td>111</td>
<td>Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients</td>
</tr>
<tr>
<td></td>
<td>6 (PPD)</td>
<td>116</td>
<td>Provide leadership skills that enhance team function, the learning environment, and/or the health care delivery system/ environment with the ultimate intent of improving care of patients</td>
</tr>
<tr>
<td></td>
<td>8 (PPD)</td>
<td>119</td>
<td>The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty</td>
</tr>
<tr>
<td><strong>Interpersonal and Communication Skills (ICS)</strong></td>
<td>3</td>
<td>69</td>
<td>Communicate effectively with physicians, other health professionals, and health related agencies</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>71</td>
<td>Work effectively as a member or leader of a health care team or other professional group</td>
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<td>5</td>
<td>74</td>
<td>Act in a consultative role to other physicians and health professionals</td>
</tr>
</tbody>
</table>

*GRAY shaded competencies indicate milestones also to be reported by General Pediatrics Residency Programs

**Personal and Professional Development
Sub-Competencies reportable to the ACGME with Milestone anchors

**PC-1** (PMP# PC-3*)
**Provides transfer of care that insures seamless transitions**

<table>
<thead>
<tr>
<th>Shows frequent errors of both omission and commission in the transfer of care.</th>
<th>Shows less frequent errors. Neither anticipates nor attends to the needs of the receiver of information.</th>
<th>Shows minimal errors. Begins to anticipate potential issues for the receiver.</th>
<th>Adapts transfer of care to increasingly complex situations and ensures open communication.</th>
<th>Provides appropriate transfer of information and communication with patients, families and health care team.</th>
</tr>
</thead>
</table>

**PC-2** (PMP# PC-6)
**Makes informed diagnostic and therapeutic decisions that result in optimal clinical judgment**

<table>
<thead>
<tr>
<th>Presents clinical facts without filtering, reorganization, or synthesis.</th>
<th>Focuses on features of clinical presentation but is unable to develop or prioritize a differential diagnosis.</th>
<th>Shows emergence of pattern recognition leading to focused differential diagnosis and management plan.</th>
<th>Shows well established pattern recognition leading to effective and efficient work up and plan.</th>
</tr>
</thead>
</table>

**PC-3** (PMP# PC-7)
**Develops and carries out management plans**

<table>
<thead>
<tr>
<th>Begins to form plan based on own knowledge but shows lack of prioritization.</th>
<th>Begins to incorporate patient values and draws on some experience when developing plan.</th>
<th>Develops and carries out plans for moderately complex patients. Incorporates patient and family values.</th>
<th>Develops and carries out plans for complex and rare patients. Incorporates patient and family values while excluding personal biases.</th>
</tr>
</thead>
</table>

**PC-4** (PMP# PC-12)
**Provides appropriate role modeling**

<table>
<thead>
<tr>
<th>Works in isolation. Has no awareness of impact on others. Shows no reflection on actions.</th>
<th>Sometimes teaches by example. Occasionally reflects on events as they occur.</th>
<th>Is conscious of being a role model some of the time. Teaches by example at times. Reflects privately.</th>
<th>Is a more consistent role model. Routinely teaches by example. Frequently reflects on actions. Shares reflections.</th>
<th>Is a role model and teaches by example. Routinely reflects on actions to teach others.</th>
</tr>
</thead>
</table>

**MK-1** (PMP# MK-2 & PBLI-6)
**Locates, appraises, and assimilates evidence from scientific studies related to their patient’s health problems**

<table>
<thead>
<tr>
<th>Doesn’t apply EBM to clinical situations.</th>
<th>Utilizes EBM when asked but is not efficient at searching literature.</th>
<th>Begins to independently seek and apply EBM when needed.</th>
<th>Is self-motivated to practice EBM and teaches it to others.</th>
<th>Is a role model for practicing EBM and teaching it to others.</th>
</tr>
</thead>
</table>
**SBP-1 (PMP# SBP-1)**  
*Works effectively in various health care delivery settings and systems relevant to their clinical specialty*  
| Is frequently frustrated by system processes but makes no effort to change them due to limited understanding of systems. | Develops workarounds for individual situations. Does not improve systems. | Fixes system problems in one setting but cannot apply to other settings. | Adapts learning from one system to problems in other systems. | Leads system changes. |

**SBP-2 (PMP# SBP-2)**  
*Coordinates patient care within the health care system relevant to their clinical specialty*  
| Does not communicate care plans or coordinate with the medical team. Informs family of plans but does not involve them in discussion. | Involves family with care plans but communicates poorly with medical team members. | Coordinates care with medical team. Assists and involves families in decision making with few omissions. | Effectively serves as the medical care coordinator. Participates in shared decision making leading to culturally appropriate care. |

**SBP-3 (PMP# SBP-3)**  
*Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate*  
| Has difficulty processing cost and risk benefit information. | Uses cost containment analysis only when prompted to do so. | Integrates cost analysis while optimizing risk/benefit for individual patients. | Understands risk/benefit in context of systems. | Integrates cost analysis into one’s practice while minimizing risk and optimizing benefits for whole systems. |

**SBP-4 (PMP# SBP-5)**  
*Works in inter-professional teams to enhance patient safety and improve patient care quality*  
| Responds only to physician colleagues. Dismisses input from other professionals. | Begins to understand input from other professionals but is unlikely to seek out their opinion. | Is aware of unique contributions of other professionals and seeks out their opinion. Is an excellent team player. | Is a role model for interdisciplinary work. |

**SBP-5 (PMP# SBP-6)**  
*Participates in identifying system errors and implementing potential system solutions*  
| Is defensive or blaming. Has no perception of personal responsibility. | Is occasionally open to discussion of both individual and system error correction. Has some awareness of personal responsibility. | Is usually open to discussion of error. Takes an analytical approach, including identification of personal responsibility. | Takes responsibility for both individual and system error correction. Begins to adopt a systemic approach. | Takes an individual and systems approach to all error analysis. Engages other team members for system correction and improvement. |
### PBLI-1 (PMP# PBLI-1)
**Identifies strengths, deficiencies, and limits in one’s knowledge and expertise**

<table>
<thead>
<tr>
<th>Has limited self-awareness of knowledge or skills.</th>
<th>Analysis of self-performance is limited to completion of tasks.</th>
<th>Seeks elaboration, clarification or expansion on patient care related tasks.</th>
<th>Self-identifies gaps in knowledge and skills. Seeks to broaden knowledge beyond task.</th>
<th>Is a self-directed life-long learner, independent of patient care.</th>
</tr>
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### PBLI-2 (PMP# PBLI-4)
**Systematically analyzes practice using quality improvement methods, and implement changes with the goal of practice improvement**

<table>
<thead>
<tr>
<th>Lacks reflection on practice. Is defensive when provided feedback on performance. Does not understand QI methodology.</th>
<th>Uses improvement strategies at individual patient but not systems level. Depends on external prompts to define QI opportunities.</th>
<th>Expands QI opportunities from individuals to populations. Understands QI methodologies.</th>
<th>Analyzes own data on a continuous basis. Uses PDSA process for improvement. Is able to lead a team in improvement.</th>
<th>Extends QI to systems beyond one's own practice and implements change.</th>
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</thead>
</table>

### PBLI-3 (PMP# PBLI-7)
**Uses information technology to optimize learning and care delivery**

<table>
<thead>
<tr>
<th>Is reluctant to use information technology. Is unable to prioritize information retrieved.</th>
<th>Has basic EBM and EHR skills but is not able to use them with ease and facility.</th>
<th>Efficiently retrieves and utilizes information for medical decision making.</th>
<th>Habitually uses information for medical decision making for patients and populations.</th>
<th>Contributes to development and improvement of information technology for patient care and/or professional learning.</th>
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</thead>
</table>

### PBLI-4 (PMP# PBLI-9)
**Participates in the education of patients, families, students, residents, fellows, and other health professionals**

|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

104
**PROF-1 (PMP# P-Con)**
Professional Conduct: Shows high standards of ethical behavior which includes maintaining appropriate professional boundaries

<table>
<thead>
<tr>
<th>Shows repeated lapses in professional conduct.</th>
<th>Shows periodic lapses in professional conduct under conditions of stress or fatigue.</th>
<th>Shows professional behavior in most circumstances. Shows insight into actions.</th>
<th>Shows professional behavior in nearly all circumstances. Helps others with issues of professionalism.</th>
<th>Serves as a model of professional conduct. Exhibits excellent emotional intelligence. Maintains high ethical standards.</th>
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**PROF-2 (PMP# PPD-5)**
Demonstrates trustworthiness in the care of patients that makes colleagues feel secure when one is responsible for the care of patients

| --- | --- | --- | --- | --- |

**PROF-3 (PMP# PPD-6)**
Provides leadership and demonstrates leadership skills that enhance team functioning, the learning environment and/or health care delivery system/environment with the ultimate intent of improving care of patients

<table>
<thead>
<tr>
<th>Is disorganized and inefficient in team management. Manages by mandate.</th>
<th>Is somewhat organized but is indecisive. Sometimes engages team members in decision making.</th>
<th>Manages in an organized manner. Is focused and decisive. Advocates somewhat effectively for team.</th>
<th>Is organized and efficient. Encourages team members to take ownership. Advocates effectively for team.</th>
<th>Shows inspirational, strong and consistent organization and team leadership skills. Advocates proactively.</th>
</tr>
</thead>
</table>

**PROF-4 (PMP# PPD-8)**
Demonstrates the capacity to accept (recognize) that ambiguity is part of clinical medicine, and to respond by utilizing (i.e., recognize the need for and to utilize) appropriate resources in dealing with uncertainty

<table>
<thead>
<tr>
<th>Avoids engaging family in decision-making in the face of uncertainty.</th>
<th>Overwhelms family with medical jargon. Does not take their needs into account.</th>
<th>Utilizes additional information to address uncertainty but doesn’t incorporate family perspective.</th>
<th>Balances delivery of information with individual patient health care goals.</th>
<th>Partners with family to develop and continually revise plans in the face of uncertainty.</th>
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</thead>
</table>
### ICS-1 (PMP# ICS-3)
**Communicates effectively with physicians, other health professionals, and health related agencies**

<table>
<thead>
<tr>
<th>Does not take context or audience into account when communicating.</th>
<th>Begins to adjust to context though still includes excess detail.</th>
<th>Usually chooses appropriate modality and strategy for communication. Begins to improvise in unfamiliar situations.</th>
<th>Distills complex information succinctly for any audience. Improvises in difficult communication scenarios.</th>
<th>Is a master of improvisation. Is recognized as an effective public speaker. Is a role model for difficult conversations.</th>
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### ICS-2 (PMP# ICS-4)
**Works effectively as a member or leader of a health care team or other professional group**

<table>
<thead>
<tr>
<th>Passively follows the lead of others. Shows little initiative within team.</th>
<th>Puts self before team but attempts to integrate.</th>
<th>Sees self as an integral part of the team. Recognizes team roles but does not seek leadership.</th>
<th>Seeks out and takes on a leadership role. Initiates problem solving.</th>
<th>Creates a high-functioning team or joins a poorly functioning team and facilitates improvement.</th>
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</table>

### ICS-3 (PMP# ICS-5)
**Acts in consultative role to other physicians and health professionals**

<table>
<thead>
<tr>
<th>Performs an accurate H&amp;P. Limited knowledge makes it difficult to focus on question asked.</th>
<th>Differential diagnosis and recommendations are focused on question but not comprehensive. Takes some ownership of patient outcomes.</th>
<th>Shows advanced knowledge in area. Recognizes limitations. Recommendations are consistent with best practice. Shares good relationship with referring physician.</th>
<th>Is a content expert. Vast experience and clinical judgment allow for succinct answers to questions asked. Shares a collaborative relationship with referring physician.</th>
<th>Is a master clinician. Lends practical wisdom to consultation.</th>
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</table>
Entrustable Professional Activities (EPAs) for Sub-specialists

http://pedsubs.org/issues/index.cfm

EPAs common to general pediatricians as well as pediatric subspecialists

Apply public health principles and improvement methodology to improve care for populations, communities, and systems

http://pedsubs.org/issues/pdfs/EPAs/Apply_public_health_principles_and Improvement_methodology6_13.pdf

Provide for and obtain consultation from other health care providers caring for children

http://pedsubs.org/issues/pdfs/EPAs/Provide_for_and_obtain%20consultation_with_other_health_care_providers6_13.pdf

Contribute to the fiscally sound and ethical management of a practice (e.g., through billing, scheduling, coding, and record keeping practices).


Facilitate handovers to another healthcare provider


Lead and work within interprofessional health care teams

**EPAs common to all pediatric subspecialties**

Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)


Lead within the subspecialty profession

http://pedsubs.org/issues/pdfs/EPAs/Lead_within_the_subspecialty_profession6_13.pdf

**EPAs unique to each pediatric subspecialty**

http://pedsubs.org/issues/EPAs_Endocrinology.cfm

http://pedsubs.org/issues/EPAs_Gastroenterology.cfm

http://pedsubs.org/issues/EPAs_HematologyOncology.cfm

http://pedsubs.org/issues/EPAs_InfectiousDiseases.cfm

http://pedsubs.org/issues/EPAs_Neonatology.cfm

**Curricula are being developed for all the EPAs**

https://www.abp.org/subspecialty-epas
American Board of Pediatrics

Guidelines on Scholarly Activity

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:


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