1. Policy for supervision of residents (addressing resident responsibilities for patient care, progressive responsibilities for patient management, and faculty responsibility for supervision) (CPR IV.A.4)
Our pediatric endocrine fellowship program complies with the institutional policy on supervision of fellows, the “National Institutes of Health Clinical Center Office of Clinical Research Training and Medical Education Graduate Medical Education Policy on Postgraduate Medical Trainee Supervision.” Specifics relevant to the flow of the chain of command in our fellowship are outlined below.

Ultimately, the program director is responsible for the supervision of fellows and oversight of the safety of patient care. The specific responsibilities of the program attendings and fellows in our program are outlined in the attached documents.

Maya Lodish, MD
Deputy Program Director NICHD/Georgetown University Affiliated Program in Pediatric Endocrinology
Purpose: To outline principles for supervision of postgraduate medical trainees (a.k.a., residents or clinical fellows) at the National Institutes of Health (NIH).

Background and Rationale: Postgraduate medical education is the process by which clinical, procedural and didactic experiences are provided to trainees holding the MD degree or its equivalent, also termed residents or clinical fellows by the Accreditation Council for Graduate Medical Education (ACGME), to enable acquisition of knowledge, skills and professional attitudes that are requisite for the care of patients and the independent practice of medicine. The purpose of Graduate Medical Education (GME) is to provide an organized, integrated and hierarchical program that provides both guidance and supervision of the trainee in order to facilitate professional and personal development, and the safe and appropriate care of patients. All GME programs must focus on the progressive and hierarchical development of clinical skills, attitudes, and professional competencies of its trainees, complemented by the acquisition of detailed factual knowledge within a medical specialty, which leads to certification as a specialist and medical licensure. The Institutional Requirements of the ACGME state that "residents must be supervised by teaching staff in such a way that the residents assume progressively increasing responsibility according to their level of education, ability and experience." This process is the underlying educational principal for all GME programs regardless of specialty or discipline.

Responsibilities:

1. The NIH Graduate Medical Education Committee will be responsible for monitoring each ACGME accredited GME program’s supervision of trainees to ensure that supervision is consistent with:
   a. Safe and effective patient care
   b. Educational needs of trainees
   c. Progressive responsibility appropriate to each trainee’s level of education, competence and experience
   d. Adherence to applicable ACGME Common and Specialty/subspecialty-specific Program Requirements

2. Each NIH sponsored GME program will be responsible for the development of specific supervisory guidelines for its trainees that will make operational the principles stated in this document and for distributing those guidelines to trainees and teaching faculty, as appropriate.

3. The Director of each NIH sponsored GME program will be responsible for the quality of the overall education and supervision of trainees enrolled in the program and for ensuring that the program is in substantial compliance with the policies and procedures of the NIH and the relevant accrediting and/or certifying organizations.
4. The Director of each NIH sponsored GME program will be responsible for defining the levels of patient care responsibilities and scope of practice for trainees in each year of postgraduate training in the program. The Director will also be responsible for preparing and distributing to trainees a written description of the specific patient care responsibilities and scope of practice activities that trainees enrolled in the program may exercise and/or perform under general supervision of the teaching faculty, and those responsibilities and activities that must be exercised or performed under direct (in-person) supervision of the teaching faculty.

5. The Director of each GME program and the responsible supervisory faculty members will be responsible for monitoring the need for and ensuring the provision of back up support systems for trainees when patient care responsibilities are unusually difficult or prolonged.

6. The teaching faculty will be responsible for authorizing and supervising the performance of all high risk or invasive procedures by trainees in accordance with NIH, ACGME Institutional and Common Program Requirements, and ACGME Specialty/Subspecialty-specific Program Requirements.

Policy:

1. Each NIH sponsored GME program must provide appropriate supervision for its trainees that is consistent with proper patient care and safety, the educational needs of the trainees, and the relevant ACGME Specialty/Subspecialty-specific Program Requirements.

2. Each NIH sponsored GME program shall have a written document delineating the scope of practice, including responsibilities for direct patient care and performance of procedures, for all of its trainees at each year of training in the program. All direct patient care delivered by trainees and all procedures performed by them must be consistent with their scope of practice as delineated by the program.

3. All direct patient care delivered by trainees enrolled in NIH sponsored GME programs must be supervised by licensed and qualified teaching faculty members who are duly credentialed and appointed as members of the medical staff at the Clinical Center or NIH affiliated training sites. Each director of an NIH sponsored GME program must ensure that appropriate mechanisms for supervision of trainees are in place and are functional at all times.

4. GME program-specific guidelines will be established to specify the criteria for determining the level of expertise required for trainees to provide direct patient care and to perform procedures either under the general supervision or the direct (in-person) supervision of qualified members of the teaching faculty.

5. The determination of a trainee's ability to provide direct care to patients and to perform procedures under general supervision of the teaching faculty will be based on documented evaluation of the trainee's clinical experience, judgment, knowledge, and technical skill provided by members of the supervising teaching faculty.

6. High risk and/or invasive procedures necessary for GME training and education will be performed by trainees only with the explicit approval of the patient’s attending physician and the concurrence of the supervising teaching faculty.

7. Within the scope of an NIH sponsored GME program, a member of the teaching faculty must be immediately available to the trainee during the usual hours of clinical care at the
Clinical Center (or an NIH affiliated training site) and, after hours, available by telephone and able to be present on site within a reasonable period of time for consultation and guidance, if needed.

8. Trainees must be provided with rapid and reliable systems for communicating with supervisory members of the teaching faculty at the Clinical Center and/or an NIH affiliated training site.

9. Teaching faculty members, as well as trainees, will be educated to recognize the signs of fatigue, sleep deprivation, and/or physician impairment and will apply policies or procedures, as appropriate, to prevent and counteract the potential negative effects of fatigue, sleep deprivation, or physician impairment on patient care, patient safety, or trainee education.

10. Program letters of agreement with NIH affiliated training sites must identify the teaching faculty members who will assume primary educational and supervisory responsibility for NIH trainees and delineate the teaching faculty’s responsibilities for education, clinical supervision and formal evaluation of trainees’ performance at affiliated sites.

11. The Chair of the Graduate Medical Education Committee (GMEC) or the NIH Designated Institutional Official to the Accreditation Council for Graduate Medical Education (ACGME) shall present a report to the Medical Executive Committee of the Clinical Center annually addressing the activities of the GMEC and NIH sponsored training programs regarding supervision of postgraduate medical trainees.

Approved on behalf of Sponsoring Institution:

Michael M. Gottesman, M.D.  Date  John I. Gallin, M.D.  Date
Deputy Director for Intramural Research  Director, NIH Clinical Center
Office of the Director, NIH
Responsibilities of the Program Director & Faculty

The program director is responsible for the following:

- outlining the educational goals of the program with respect to knowledge, skills, and other attributes of the subspecialty residents at each level of training and for each major rotation or other program assignment, and distribution of this statement to subspecialty residents and members of the teaching staffs
- selection of subspecialty residents for appointment to the program in accordance with institutional and departmental policies and procedures.
- selection and supervision of the teaching staff and other program personnel at each institution participating in the program.
- supervision of subspecialty residents through explicit written guidelines describing supervisory lines of responsibility for the care of patients.
- implementation of fair procedures, as established by the sponsoring institution, regarding academic discipline and subspecialty resident complaints or grievances.
- monitoring subspecialty resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction. Timely provision of confidential counseling and psychological support services related to subspecialty residents, is available when needed.
- monitoring and documenting the clinical/procedural skills of the subspecialty residents.
- meeting biannually with all residents/fellows
- providing summative, final evaluation to all residents/fellows at the end of their 3rd year of training
- maintaining the official evaluation folders in a confidential manner and according to institutional rules and regulations
- meeting regularly with the staff and the fellows' representative, evaluating goals & objectives of the program, and holding an annual evaluation of the program meeting with all staff and fellows' participation.
Our teaching staff:

- devote adequate time to the educational program to enable it to meet its goals and objectives;
- If they are PIs in clinical and/or laboratory research may serve as mentors for individuals fellows/residents;
- At affiliated sites, the individual program directors (see diagram in preceding pages) are designated to be responsible for training at these sites.
- The NIH clinical center and the affiliated sites have the full range of pediatric subspecialties and in other related disciplines such as medical genetics, child neurology, child and adolescent psychiatry, as well as pediatric surgery, anesthesia, and radiology.
- All of the members of the physician teaching staff should be currently certified by the appropriate member board of ABMS. Pediatric subspecialists should be certified in their subspecialty by the American Board of Pediatrics. Where this is not the case, evidence of appropriate educational qualifications must be provided.
- All members of the teaching staff must demonstrate a strong interest in the education of subspecialty residents, sound clinical and teaching abilities, support of the goals and objectives of the program, a commitment to their own continuing medical education, and participation in scholarly activities. They must devote adequate time to each of these endeavors.
- Special rules apply for the "Attending of the Month-AoM": all our staff members are required to provide coverage of the inpatient ward and outpatient clinics for at least 4 weeks/academic year.

These rules are attached and are distributed to faculty and fellows at the beginning of each Academic Year, along with the list of conferences.

(see attached, next 2 pages)
DUTIES & RESPONSIBILITIES OF
PEDiatric ENDOCRINOLOGY FELLOWS

Year 1

• When at the NIH, admits new patients to the patient care unit on the day that they arrive, and places a complete H & P in the patient’s chart within 24 h of admission. Procedures may be different at affiliated hospitals.

• When at the NIH, ensures orders are placed correctly and in a timely manner. Remember that endocrine testing requires preparation by the nursing staff. Do not schedule/order endocrine testing without consulting with the nurse supervisor. Procedures may be different at affiliated hospitals.

• When at the NIH, dictates admission history and physical examination and discharge summary in a timely manner. Writes daily progress notes. These must be meaningful and present also the endocrine tests with a brief interpretation. Procedures may be different at affiliated hospitals.

• Attends and participates in all rounds and conferences scheduled.

• Established a LEARNING PORTFOLIO; keeps a log of all patients with primary and secondary diagnosis seen (see attached portfolio) — as of July 1st 2005.

• In all rotations, Reviews all cases with the attending/protocol team and carries out the diagnostic and therapeutic plan.

• In all rotations, serves as, primary teacher of students and residents rotating from other institutions.

• In all rotations:

1. Communicates with referring physician to ensure proper follow-up of patients after discharge from the Clinical Center.

2. Engages frequently in discussion about patients and disease states and presents at conferences and meetings.

3. Studies daily (texts and primary literature) in order to achieve academic goals and objectives in the curriculum.

4. Takes call from home (starting at 5 PM on Friday lasting for a week).
Please do not forget to schedule a meeting with the Program Director/Site Supervisor for an exit interview before the completion of the rotation, and take interest in your performance by asking faculty how you are doing on the rotation.

Also, review all evaluation forms used to rate your performance (see examples in appendix A).
Years 2 and 3

One of the second year fellows becomes the fellow-representative and serves the program for a year.

Duties and responsibilities for the 2nd and 3rd year fellow are to:

- Maintain continuity clinic at the NIH Clinical Center (half-a-day/week) and follow patients following the rules stated above for clinical care during the first year.
- Serve in the NIH Clinical Center Pediatric Endocrinology Consult Service (3 months/year)
- Serve as an attending for a month at PGY-6 (1 month/year)
- Meet with your program director biannually
- Meet with your mentor regularly
- Request meeting with the SOC at least 3/year
- Present regularly at research conferences your research data and/or progress
- Publish scientific papers in peer-reviewed journals that are acceptable
- Participate at least 1/year in a national/international meeting where you present an abstract in which you are the first and primary author.
- Participate in grant-writing courses; submit a grant proposal
- Write a clinical protocol, submit to the IRB/FDA and other regulatory agencies

At the end of the 3rd year, you are expected to

- have finished at least one first-authored, hypothesis-driven, research paper that has been accepted in an acceptable peer-reviewed journal,
- have presented at least once annually for their 2 years of research at national or international meetings the results of their research
- have met the criteria for meaningful accomplishment in research as set by ABP (www.abp.org) in other way
- have acquired grant- and protocol-writing skills, as demonstrated by at least one submitted grant to a foundation, other charitable organization, the Endocrine Society, or government funding agencies that are not NIH-supported, and clinical protocol submission to an IRB.
- Be comfortable with presentations of their research data, analysis of a scientific paper, and perform critical review of the literature.
Again, do not forget to schedule a meeting with the Program Director for the final, summative interview before the completion of the fellowship.

(2nd year) Fellow representative: Duties and responsibilities

One of the second year fellows becomes the fellow-representative and serves the program for a year. Service is for a year and starts with the beginning of the Academic Year.

The Fellow rep:

1. Participates in Faculty Meetings
2. Mediates between fellows and faculty for any issues related to the welfare, training and overall quality of the experience of our fellows
3. Assists the program director and other faculty in tasks that improve the quality of the program and meeting and improving upon the Program’s goals and objectives.
4. Organizes with the program director the Annual Evaluation Meeting of the Program.
1. AoM is present during Thursday Pre-Admit ward rounds (at 10 am); coverage is pre-arranged either with fellows or another attending in case the AoM cannot be there (1 NW CRC Conference Room).

2. AoM is responsible for the ward Monday 12-1 pm, Wednesday 2.30-3.30 pm, and Thursday 10-10.30 am weekly rounds with NHGRI, GU residents, Guests, Peds Endo and Adult Endo fellows (1 NW CRC Conference Room).

3. The 30 minute Wednesday rounds are “working” rounds – these 30 minutes are multi-disciplinary and address general care, nursing and other issues of ALL patients. Discussion of the clinical management is in a tutorial manner; issues that are raised on patients may be resolved with the attending of the case and/or the respective protocol team. Ultimate care decisions are made by the case attending and/or the protocol team; AoM intervenes only if critical or urgent issues are addressed and the case attending and/or protocol team are unavailable (1 NW CRC Conference Room).

4. Monday 12-1 pm: these are “teaching conferences” – the themes are pre-arranged with the fellows and care is taken so that there is no substantial overlap with recent lectures. These subjects should be from the Program’s curriculum (1 NW CRC Conference Room).

5. Thursday 9-10 am: This is a case presentation-based rounds organized by the fellow of the ward and the attending of the month. One presentation-per-month is done by the fellow only (with mentorship by the AoM) using formal presentation tools (computer, projector). For all cases, use of the inpatients (with presentation of the patient and his/her family) is encouraged, along with a comprehensive review of the literature, treatment guidelines and most recent updates (1 NW CRC Conference Room).

6. AoM is available and, ideally, physically there, during the new CRC Peds clinic hours (Tuesday 8am-2.30pm) for consultation with the fellows for consults and/or regularly scheduled cases (if the protocol attending is unavailable). Patients are scheduled between 8.30 am and 12.30 pm every Tuesday.

7. AoM is responsible for the proper conduct of the PEDS ENDO Clinical Conference to be held at the 1st Floor CRC Peds Clinic Conference Room every Tuesday, at the end of the clinic from 2.30 to 3.30 pm. The format for this conference is informal with “wet” readings of each case. Each fellow presents all the patients that he/she saw in 1-2 sentences. Management issues are discussed. Interesting patients may be presented (they can wait in the adjacent waiting area).

8. AoM is also the consult attending of the month. He/She needs to be available at all times to the fellow on call for discussion (and/or to see the patients) of the consults.

9. All attendings that admit to the Pediatric Wards have to manage their patients on a day-to-day basis and should not expect the AoM to take care of their patients. The role of the AoM is primarily to teach our fellows and residents.

10. Attendings of cases or protocol-teams (or their substitutes) have to be present at pre-admit rounds or pre-arranged with our fellows the care of their patients. Again, they should also be managing their patients on a day-to-day basis in consultation with the fellow and/or resident of the ward and/or clinic.
PEDIATRIC ENDOCRINOLOGY CONSULT SERVICE

1) CRIS order set should state: “Prior to entering a consult request, please call 301-496-1211 and ask for the pediatric endocrinology consult fellow on-call to be paged. If you are unable to reach the fellow in a timely fashion or if you have any questions or concerns, please call Janet Krasnican at 301-496-6683.”

2) When the fellow discusses the patient with the ordering provider, the fellow will do the following:
   - obtain a brief medical history of the patient
   - learn the specific question the primary team would like addressed
   - determine, based on acuity, if consult should be at bedside or in 1SE-Peds Clinic
   - decide on a mutually convenient time for the fellow and the patient
   - obtain pager and other contact information to reach the primary team with subsequent questions and/or recommendations

3) Once the date, time, and location of the consult visit is determined:
   - ordering provider must enter order into CRIS (and a copy will print-out for Janet)
   - if to be seen in 1SE-Peds Clinic, the fellow must email Tina Romeo, Sherrie Walls, and Janet Krasnican the name, medical record number, time, date, and length of appointment (30 minutes vs. 60 minutes)
   - call Janet at 301-496-6683 with the same info (the reason for the double effort is to make absolutely sure that the patient is appropriately booked)
   - if to be seen as inpatient, the fellow only needs to email Janet with the info

4) Once the consult is completed:
   - the fellow will contact the primary team
   - the fellow will dictate the consult
   - the fellow will “complete” the order in CRIS
   - The fellow will enter the patient’s name, diagnosis, attending, and date seen in our Consult Log on the shared site on the web [Consult Log on the shared DEB drive in the Endocrine Consults folder]

5) Attending responsibilities:

The attending of the month who is also attending for the consult service
   - will discuss the case with the fellow and see the patient with him/her
   - will co-sign the clinical summary
   - will contact the attending of the consulting service if that is needed
GUIDELINES TO SUPPORT THE TRAINING RELATIONSHIP BETWEEN POSTDOCTORAL IRTAS, VISITING FELLOWS, AND CLINICAL FELLOWS AND THEIR MENTORS

BACKGROUND
The guidelines were developed and approved by the Group on Graduate, Research, Education, and Training (GREAT) group of the Association of American Medical Colleges in fall 2006, and have been modified to suit the experience of fellows in the National Institute of Child Health and Human Development, NIH, as of summer 2007.

The document is intended to serve as a guide both to incoming fellows in NICHD and to their mentors, as well as to guide both parties throughout the training period. It is not meant to be prescriptive, but rather to serve as a basis for establishing a mentoring relationship leading to a productive scientific experience for the fellow.

CORE TENETS OF POSTDOCTORAL TRAINING

NICHD mentors are committed to maintaining high standards of training and to providing support to ensure that a trainee acquires the skill and abilities to be able to function independently as a scientific professional. Oversight is the responsibility of the individual investigator-mentor, the directors of each of the NICHD scientific programs, and, ultimately, the Scientific Director of the Division of Intramural Research (DIR). Under the Scientific Director, an Office of Education develops programs and delivers support to fellows across the DIR, both in defined skills areas and in support of professional careers, with input from mentors and intramural leadership.

Postdoctoral training is an integral component of the preparation of scientists for career advancement as scientific professionals. The postdoctoral appointee undertakes scholarship and associated activities that together provide a training experience essential for career advancement.

Individuals should be trained to formulate meaningful hypotheses, design and conduct interpretable experiments, adhere to good laboratory practices, analyze results critically, understand the broad significance of their research findings, and uphold the highest ethical standards in research. Integral to this scientific training are the development of skills including oral and written communication, grantmanship, and laboratory management.

Effective mentoring is critical for postdoctoral training and requires that the primary mentor dedicate substantial time to ensure personal and professional development of the trainee. A good mentor builds a relationship with the trainee that is characterized by mutual respect and understanding. Attributes of a good mentor include being approachable, available, and willing to share knowledge; listening effectively; providing encouragement and constructive criticism; and offering expertise and guidance.

COMMITMENTS OF POSTDOCTORAL AND CLINICAL APPOINTEES

- I understand that I have the primary responsibility for the development of my own career. I recognize that I must take a realistic look at career opportunities and follow a path that matches my individual skills, values, and interests.
- I will develop a mutually defined research project with my mentor that includes well-defined goals and timelines.
- I will perform my research activities conscientiously, maintain good research records, and catalog and maintain all tangible research materials that result from the research project.\(^2\)
- I will respect all ethical standards of the NIH and the Federal Government when conducting my research as they relate to responsible conduct of research, privacy and human subjects research, animal care and use, laboratory safety, and use of radioisotopes. I recognize that this commitment includes asking for guidance when I face ethical or compliance uncertainties and reporting on breaches of ethical or compliance standards by me and/or others.\(^3\)
- I will show respect for and work collegially with my coworkers, support staff, and other members of the NIH community with whom I interact.
- I will endeavor to assume progressive responsibility for the management of my research projects.
- I will seek regular feedback on my performance and request a formal evaluation from my mentor at least once a year.
- I will have open and timely discussions with my mentor about the dissemination of research findings and the distribution of research materials to third parties.
- I recognize that I have embarked on a career requiring lifelong learning. To meet this obligation, I realize that I need to stay informed about the latest developments in my field through reading the literature, regular attendance at relevant seminar series, and attendance at scientific meetings where possible.
- I will seek opportunities to develop the professional skills (e.g., writing, oral communication, teaching) necessary to be successful for my chosen career.
- I will work with my mentor to submit research results for publication in a timely manner.

At the end of my appointment and in accordance with NIH policy, I will leave behind all original notebooks, computerized files, and tangible research materials so that other individuals can carry on related research.

\(^2\) See notes 1 and 3.
COMMITMENTS OF MENTORS

The postdoctoral period is a time of advanced training intended to develop the skills needed to promote the career of the trainee.

As a mentor, it is my responsibility to:

• ensure that a mutually agreed upon set of expectations and goals are established at the outset of the postdoctoral training period, and I will work with the trainee to create a career development plan.
• maintain a relationship with the postdoctoral trainee based on trust and mutual respect, through open communication and, at least annually, a performance review. ⁴
• ensure that the trainee has sufficient opportunity to acquire the skills necessary to become an expert in his or her area of investigation.
• seek the assistance of other scientists, NICHD and NIH resources, to support a fellow's scientific and professional development.
• encourage progressive responsibility of the fellow, as appropriate, to facilitate his or her transition to independence.
• encourage the fellow to interact with fellow scientists both intramurally and extramurally, and encourage presentation of research findings and attendance at professional meetings, where possible.
• ensure that research performed by the fellow is submitted for publication in a timely manner and that s/he receives appropriate credit for his/her work. I will acknowledge his/her contribution to the development of any intellectual property and will define future access to tangible research materials in accordance with NIH and Federal policy.
• recognize that there are multiple career options open to fellows and will provide assistance in exploring appropriate options, either directly or through access to NICHD and NIH resources.
• support the fellow's transition to the next stage in his or her career, to the extent possible.

Issued through:
Brenda R. Hanning, Director
Office of Education
Division of Intramural Research
NICHD

⁴ Note that requirements of the Accreditation Council for Graduate Medical Education require twice-annual evaluations with the program director.