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The Division of Cardiovascular Diseases will provide qualified physicians with a balanced, structured, and scholarly experience in clinical and experimental cardiology in Clinical Cardiac Electrophysiology (CCEP).

The faculty in the Division of Cardiovascular Diseases will train fellows in every aspect of academic cardiovascular medicine. The training includes a curriculum in patient care, teaching, and the use of noninvasive and invasive techniques in cardiovascular diagnosis. The fellowship consists of one year of training, at the end of which the fellow will have met the requirements for the qualifying board examination in electrophysiology.

The lines of responsibility and curriculum reflect the ACGME guidelines regarding the six general competencies, goals, and objectives for each rotation, learning activities, and evaluation tools.
II. EDUCATION AND TRAINING

A. MISSION AND OVERALL GOALS OF FELLOWSHIP PROGRAM

1. The Clinical Cardiac Electrophysiology Fellowship Program seeks to provide comprehensive education regarding the diagnosis, treatment, and follow up of cardiac arrhythmias. Fellows will be able to clearly identify both noninvasive and invasive treatments for a myriad of complex arrhythmia issues.

2. The fellow will display a clear understanding of implantable device function, programming, and troubleshooting. He/she will learn to safely implant and extract implantable devices in a supervised setting during the fellowship year.

3. Scholarly activity will be emphasized with a goal toward publication of at least one peer reviewed journal article during the fellowship year. Abstract and poster presentations will also be expected.

4. Ongoing management of complex arrhythmia patients will be undertaken in the outpatient clinic setting. The fellow will be able to competently discuss and review all treatment options available based on the specific arrhythmia involved.

B. PERFORMANCE EXPECTATIONS

1. Clinical Cardiac Electrophysiology Fellows will report all complications or emergencies to the staff physician assigned to that patient.

2. Clinical Cardiac Electrophysiology Fellows who perform an invasive procedure will report any complications or emergencies to the staff physician who performed the procedure or to the CCEP staff on call.

3. Clinical Cardiac Electrophysiology Fellows receiving calls from the Emergency Department or from in hospital patients after hours will report all complications or emergencies to the CCEP on-call physician. A schedule for CCEP staff on-call responsibilities is prepared prior to the start of each month and provided to each CCEP staff and fellow.

4. Clinical Cardiac Electrophysiology Fellows having any difficulty communicating with the CCEP staff physician assigned to a given area will contact the CCEP program director or another appropriate available attending physician.

5. Clinical Cardiac Electrophysiology Fellows will answer their pagers promptly when not performing a procedure, or within a reasonable period of time when outside the hospital during off-hours. If they are performing a procedure, fellows will have someone else answer the page promptly.

6. CCEP fellows may be contacted by cardiovascular fellows, internal medicine residents or family medicine residents on the cardiology service concerning new admissions or complications. In general, CCEP fellows may at times supervise these residents. The CCEP fellows, in turn, will communicate all significant problems or developments to the appropriate CCEP faculty.
7. At times, a CCEP fellow may be the first physician to respond to an emergency concerning any patient. The CCEP fellow in such a circumstance will provide care and order appropriate diagnostic testing in the best interest of the patient. The attending physician in charge of the patient will be immediately notified.

8. Fellows will submit their work hours via the system generated by the KU Office of Graduate Medical Education and will adhere to the work hour limits generated by ACGME (www.ADGME.org)

C. CLINIC
The fellow will participate in a ½ day per week in continuity clinic where he/she will gain experience in management of arrhythmias. In addition, he/she will be expected to participate in a ½ day devise clinic to learn programming and appropriate follow-up of pace makers (PM), and implantable cardioverter defibrillators (ICD). Tilt table test and ambulatory EKG monitors will be reviewed during this time. Fellows will be evaluated on a quarterly basis.

D. ROTATIONS
In the Clinical Cardiac Electrophysiology Fellowship there are 2 rotations including: Clinical Cardiac Electrophysiology Rotation, and Electrophysiology Research Rotation. There are goals and objectives for each of the rotations.
Clinical Cardiac Electrophysiology Rotation
The University of Kansas Medical Center
Clinical Cardiac Electrophysiology Fellowship

The University of Kansas Medical Center Cardiac Electrophysiology Rotation

This rotation is a rotation during which the fellows acquire expertise and skill in evaluation of all types of cardiac arrhythmias including supraventricular and ventricular arrhythmias and invasive evaluation including diagnostic electrophysiological studies and ablation treatment of supraventricular and ventricular arrhythmias. Fellows receive training in the use of antiarrhythmic drugs.

Basic electrocardiography is reviewed as well as cardiac cellular electrophysiology. Indications for electrophysiologic testing including tilt table testing are covered. Complications of electrophysiologic testing are discussed.

The acute and chronic treatment of patients with supraventricular and ventricular arrhythmias is taught including diagnosis and management of atrial fibrillation, diagnosis and management of AV nodal reentrant tachycardias, nonparoxysmal junctional tachycardias, atrial tachycardias, permanent junctional reciprocating tachycardias, and AV reentrant tachycardias.

Ventricular tachycardia is also reviewed in detail including arrhythmogenic Right Ventricular Dysplasia, Hypertrophic Cardiomyopathy, and ventricular tachycardia in patients with a structurally normal heart, the Long QT Syndrome and catecholaminergic Polymorphic Ventricular Tachycardia.

The patients are instructed in the programming and follow-up surveillance of permanent pacemakers and implantable devices.

Principal Educational Goals

The principal educational goals for fellows on the Cardiac Electrophysiology Rotation are indicated in the tables below and numbered in the first column. The second column of the table lists the goal, the third column lists the most relevant learning activities for that goal, and the fourth column indicates the correlating evaluation methods for that goal. Specific issues that will be discussed by the attendings during the Cardiac Electrophysiology Rotation include and are not limited to those listed below.

Legend for Learning Activities for Fellows

<table>
<thead>
<tr>
<th>AR</th>
<th>Attending Rounds</th>
<th>IMGR</th>
<th>Internal Medicine Grand Rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPC</td>
<td>Internal Medicine Clinicopathogenic Conference</td>
<td>IMNC</td>
<td>Internal Medicine Noon Conference</td>
</tr>
<tr>
<td>DPC</td>
<td>Direct Patient Care</td>
<td>KOF</td>
<td>Cardiology Outpatient Service</td>
</tr>
<tr>
<td>DSP</td>
<td>Directly Supervised Procedure</td>
<td>NCC</td>
<td>Nursing Care Coordinator</td>
</tr>
<tr>
<td>FS</td>
<td>Faculty Supervision</td>
<td>NIC</td>
<td>Non-Invasive Imaging Conference</td>
</tr>
</tbody>
</table>

Legend for Evaluation Methods for Fellows

<table>
<thead>
<tr>
<th>AE</th>
<th>Attending Evaluation</th>
<th>PL</th>
<th>Procedure Logs</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSP</td>
<td>Directly Supervised Procedures</td>
<td>SE</td>
<td>End of Rotation Self Evaluation</td>
</tr>
<tr>
<td>AL</td>
<td>Educational Committee Review (quarterly)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## A. Patient Care

<table>
<thead>
<tr>
<th>Principal Educational Goals and Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of bradycardiac, indications for pacing, and treatment options</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Indications for defibrillator implantation, management and limitation of devices.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Evaluation of patient for sudden cardiac death both primary and secondary indications including EP studies and T-Wave Alternans.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Treatment of atrial fibrillation, atrial flutter, and atrial tachycardia. Management with rate control, rhythm control, anti-coagulation, new therapies such as pulmonary vein ablation and pacing to prevent atrial fibrillation are reviewed.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Evaluation of syncope including various etiologies, tilt table testing as well as treatment options. Assessment with Holters, event recorders and implantable loop recorders.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Evaluation of ventricular tachycardia in patients with a structurally normal heart including Brugada Syndrome, RVOT VT, and arrhythmogenic Right Ventricular Dysplasia.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Evaluation of narrow complex tachycardia including differential diagnosis, treatment with medications, and ablative procedures.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
</tbody>
</table>

## B. Medical Knowledge

<table>
<thead>
<tr>
<th>Principal Educational Goals and Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of intracardiac electrograms and general properties of sinus node, AV node and His-Purkinje system.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Supraventricular tachycardia mechanisms including reentry, enhanced automatic, and triggered activity. Understanding the difference between short RP versus long RP tachycardias. Types of SVT’s including intracardiac electrocardiograms versus surface EKG’s and appropriate management.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Cardiac cellular electrophysiology action potentials, ion channels and gap junctions.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Arrhythmic diseases based on channelopathies such as Brigada, long QT and digoxin toxicity.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Antiarrhythmic medication indications and drug interactions.</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
<tr>
<td>Biventricular pacing, indications and literature regarding utility of AV optimizations. (Special considerations: narrow QRS, RBBB and mitral regurgitation.)</td>
<td>CCON (EP), AR, DSP</td>
<td>AE, DSP</td>
</tr>
</tbody>
</table>
C. Interpersonal Skills and Communication

<table>
<thead>
<tr>
<th>Principal Educational Goals and Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate effectively the consult findings with physician colleagues and other members of the health care team in a timely fashion to assure a comprehensive patient care.</td>
<td>DPC</td>
<td>AE</td>
</tr>
<tr>
<td>Present professional findings to patient and family members in a compassionate and informative manner.</td>
<td>DPC</td>
<td>AE</td>
</tr>
</tbody>
</table>

D. Professionalism

<table>
<thead>
<tr>
<th>Principal Educational Goals and Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interact professionally with patients, patients’ family, colleagues, and other members of the health care team.</td>
<td>DPC, AR</td>
<td>AE</td>
</tr>
<tr>
<td>Appreciation of the spiritual and social context of wellness and illness.</td>
<td>DPC, AR</td>
<td>AE</td>
</tr>
</tbody>
</table>

E. Practice-Based Learning and Improvement

<table>
<thead>
<tr>
<th>Principal Educational Goals and Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment to scholarship and the use of evidence based cardiovascular medicine.</td>
<td>CCON (JC), NIC</td>
<td>AE</td>
</tr>
<tr>
<td>Broad reading of the Cardiac Electrophysiology literature and access and research of Medline and Internet tools.</td>
<td>CCON (JC), NIC</td>
<td>AE</td>
</tr>
</tbody>
</table>

F. Systems-Based Practice

<table>
<thead>
<tr>
<th>Principal Educational Goals and Objectives</th>
<th>Learning Activities</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the complexities of cardiovascular disease patients and utilize the multidisciplinary resources necessary to care for them.</td>
<td>DPC, AR</td>
<td>AE</td>
</tr>
<tr>
<td>Collaborate with other member of the health care team to assure comprehensive cardiac care.</td>
<td>DPC, AR</td>
<td>AE</td>
</tr>
<tr>
<td>Effective utilization of risk stratification using evidence-based medicine.</td>
<td>DPC, AR</td>
<td>AE</td>
</tr>
<tr>
<td>Consideration of cost effectiveness and outcome measurements of tests and interventions associated with invasive EP study and device implantation.</td>
<td>DPC, AR</td>
<td>AE</td>
</tr>
</tbody>
</table>

Suggested Reading


2. Williams & Wilkins, 2000, including the following chapters:
   a. Chapter 34 – Electrocardiographic Diagnosis, pages 549-597
   b. Chapter 35 – Cardiac Cellular Electrophysiology, pages 597-621
c. Indications for Electrophysiologic Testing, page 621-633

d. Atrial Fibrillation, page 633-647

e. Supraventricular Tachycardia, page 647-655

f. Ventricular Tachycardia, page 655-669

g. Pacemakers, page 669-685

h. Overview of Implantable Cardioverter Defibrillators, page 685-693

i. Sudden Cardiac Death, page 693-699


Electrophysiology Research Rotation
The University of Kansas Medical Center
Clinical Cardiac Electrophysiology Fellowship

The University of Kansas Medical Center Electrophysiology Research Rotation

Electrophysiology research rotation is under the supervision of an experienced faculty investigator on projects according to the institutional principles of ethics and realistic patient protection. The fellow is expected to develop skills in the areas below.

Research time may be taken both as individual half days or days as permitted by the Clinical Cardiac Electrophysiology rotation. Fellows are expected to submit an abstract to a national meeting such as the Heart Rhythm Society, American College of Cardiology or American Heart Association.

Funding for expenses regarding research presentation are generally provided by the Division of Cardiovascular Diseases.

<table>
<thead>
<tr>
<th>LEGEND FOR LEARNING ACTIVITIES FOR FELLOWS</th>
<th>LEGEND FOR EVALUATION METHODS FOR FELLOWS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCON</td>
<td>RSCH-Research Conference</td>
</tr>
<tr>
<td>FS</td>
<td>Faculty Supervision</td>
</tr>
<tr>
<td>FM</td>
<td>Faculty Mentorship</td>
</tr>
</tbody>
</table>

A. Practice Based Learning

**Goal:** Understand how to design a research project, including formulating a hypothesis and designing an experimental strategy to evaluate it.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>FS CCON</th>
<th>EVAL SE AE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate competence in evaluating relevant literature related to a specific research question, including type of research model and evaluation of the appropriate use of statistics</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
<tr>
<td>Demonstrate competence in formulating a testable hypothesis</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
<tr>
<td>Demonstrate familiarization with appropriate statistical methods to be used for data analysis</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
<tr>
<td>Learn to recognize and make contingency plans for potential problems in a research plan</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
<tr>
<td>Ability to understand how clinical research results influence clinical practice</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
</tbody>
</table>

**Goal:** Learn to execute a clinical and/or a basic science research project, including mastering the appropriate technical skills required for completion of the project.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>FS CCON</th>
<th>EVAL SE AE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate competence in troubleshooting technical problems and evaluating their impact on projects</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
<tr>
<td>Demonstrate competence in data collection and organization for subsequent evaluation.</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
<tr>
<td>Demonstrate understanding of statistical analysis of data collected</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
<tr>
<td>Learn to evaluate results of a given project in the context of other</td>
<td>FS CCON</td>
<td>EVAL SE AE</td>
</tr>
</tbody>
</table>
### Electrophysiology Research Rotation
The University of Kansas Medical Center
Clinical Cardiac Electrophysiology Fellowship

<table>
<thead>
<tr>
<th>Work in the research area</th>
<th>Education and Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competence in proposing future experiments to augment results from a given project</td>
<td>FS CCON EVAL SE AE</td>
</tr>
</tbody>
</table>

### B. Interpersonal Communication Skills

**Goal:** Develop competence in presentation of research study findings, including presentation at national meetings as well as preparing a manuscript for publication.

| Demonstrate competence in summarizing data in abstracts for presentation at regional and national meetings | FS CCON EVAL SE AE |
| Demonstrate competence in poster or oral presentation preparation for a national meeting | FS CCON EVAL SE AE |
| Demonstrate competence in manuscript publication in a peer-reviewed journal, including preparation of figures | FS CCON EVAL SE AE |
| Learn to accept and utilize critical evaluation of one’s work | FS CCON EVAL SE AE |

### C. Professionalism

**Goal:** Become familiar with research regulations and ethics.

| Demonstrate competency in privacy regulations regarding use of patient data | FS CCON EVAL SE AE |
| Successfully gain IRB approval for all projects involving human subjects | FS CCON EVAL SE AE |
| Understand the issues surrounding appropriate treatment of research subjects | FS CCON EVAL SE AE |
| Learn about the IRB approval process and what approvals are necessary for specific project types | FS CCON EVAL SE AE |
E. **CONFERENCES**
Fellows are expected to attend conferences throughout their training. Fellows attend Clinical Case Conferences, Core Curriculum Conferences, Research Conferences, Journal Clubs, and M&M. Fellows may be asked by the program director to attend the Cardiovascular Fellows Morning Conferences as well. Attendance is mandatory.

F. **SCHOLARLY ACTIVITY**
Fellows are required to conduct a research project during their fellowship. An oral presentation at a national conference and/or a peer reviewed published manuscript is **required** by the Clinical Cardiac Electrophysiology Division. Other acceptable scholarly activities include peer-reviewed publications, poster presentations, or other similar activity approved by a Program Director. Fellows are also expected to be active in research projects to generate abstracts throughout the year.

Each fellow is expected to make several presentations during their fellowship. These may take the form of conducting a journal club, CCU M&M, preparing a presentation or various other short presentations as directed by the attending physician. While such presentations are an invaluable component of fellowship training, they do not qualify as the needed research project.

G. **DEFICIENCY AND REMEDIATION**
Please refer to the GME Policies and Procedures Manual section 4, for a comprehensive section on deficiency and remediation policies.

Definitions and Policies of Remediation and Probation

**Remediation** is the process in which the faculty of a Program and a fellow judged to be performing at a less than satisfactory level work together to identify, understand, and correct the cause(s) for the fellow’s deficiencies.

**Probation** identifies a fellow as requiring more intensive levels of supervision, counseling and/or direction than is required of other fellows at the same training level in the same program.

**Disciplinary Actions**
Should fellow be found to be deficient in any of the criteria or parameters of performance and not meet advancement or promotion specifics, he/she will meet with the Program Director, wherein 1) The expectations and deficiencies will be stated, 2) What the individual can do to improve will be explored and planned, and 3) An attempt will be made to determine if there are outside factors which may explain why a problem has developed. At this point a determination will be made of whether the fellow is in good standing or is in a Performance Warning Status (PWS).

The PWS will involve a period of 3 months, where the performance of the fellow can be monitored more closely. PWS is designed to identify weaknesses that, if not remedied, may lead to probation or dismissal. The Program Director will be responsible for determining the process for remediation. This meeting will be documented, given to the fellow for his/her agreement of the meeting content, and a final copy will go into the fellow’s personal file. Unless otherwise stated, a fellow in Performance Warning Status is still considered to be in good standing and does
not have to report this action on future professional applications. Should, however, the fellow be placed in Performance Warning Status again after the initial 3 month period, he/she is eligible to be placed on probation.

Should the fellow continue to be deficient despite appropriate counseling, professional assessment and input (if indicated), and faculty efforts, a period of probation (usually 3 months) is indicated. Before being placed on probation, the fellow will appear before a committee of one CCEP or CV fellow or peer, 2 CCEP faculty members and the Program Director wherein his/her case will be discussed. The fellow in question will have the right to rebuke the claims made against him/her. If his/her performance is deemed to warrant probation then formal written communication of probation will be drafted. Written communication of probation should:

1) State deficiencies that the individual has been counseled for and document that insufficient improvement has been made,
2) State explicitly that because of this the individual is being put on probation,
3) State period of probation,
4) State what is expected during this period,
5) State what will be done to assist the individual in meeting these expectations,
6) State what the mechanism(s) will be to determine improvement and
7) State what the consequences or options are to be if expectations are not met.

The deficient fellow will receive this written communication and a copy will go into his/her personal file. Fellows placed on probation may have difficulty with licensure in some jurisdictions. The probationary period is intended to emphasize to the fellow the importance of satisfactorily meeting the fellowship training requirements. The fellow should clearly appreciate the meaning of expected remediation, appreciate the defined time in which this must be accomplished, and alert his/her attending faculty during this period of probation to the importance of helping the fellow with defined problems. The faculty should provide an honest evaluation, should there be any possibility of personal problems, learning disability, or outside factors that may be contributory to the fellow’s performance.

Fellows on probation must achieve a satisfactory evaluation from their attending faculty on assigned clinical service rotations during their probationary period. Probationary actions will only be shared with those needing to know, and will not be disclosed to other fellows or students.

Should the fellow fail the above probationary period, then at the discretion of the Department, written communication extending the probation may be issued, or written communication dismissing the fellow from the program on a designated date will be issued, assuming that dismissal was a consequence of probationary failure as stated above. Accompanying this written communication must be a statement of the fellow’s right of appeal.

A fellow who may or may not have been on probation (and successfully accomplished remediation in the probationary period), but who has received intermittent low satisfactory or isolated unsatisfactory marks during the 8 to 12 months of the academic year (and particularly following a probationary period), may be asked to repeat the year.

The Program extends many professional courtesies to its’ fellows and asks that fellows be professional and alert the Program Director well in advance of his/her intended date of departure. Similarly, the Program reserves the right not to renew a contract for any fellow it deems as performing in an unsatisfactory manner.
H. EVALUATIONS

Please refer to the GME Policies and Procedures Manual section 9 for more information.

Utilizing an electronic evaluation format, each fellow is evaluated monthly in the six aforementioned competencies by their attending physician. Additionally, the fellow is required to evaluate their attending, themselves, and receive an evaluation from peers, clinic preceptors, nursing personnel and patients. The goal is to achieve a multi-source evaluation of the fellow’s work and communication skills.

Evaluations are intended to be drafted with an emphasis on constructive assistance with particular suggestions for improvement. However, if the fellow feels that the evaluation is unfair, inaccurate or unwarranted, then, it is his/her right to refute the legitimacy of the evaluation with a written response. This will be reviewed by the Program Director, and further action will be taken as needed to clarify the discrepancy. The fellow’s written response will become part of the fellow’s permanent file.

All of the evaluations are reviewed by the Program Director and are placed in the fellow’s file, which is available to the fellow for review at any time. It is encouraged that the attending and fellow speak directly about their evaluation at the completion of each rotation. Evaluations play a key role in deciding whether or not to advance a fellow to the next level of training. Fellows receive direct feedback on a semiannual basis by way of a documented meeting with the Fellowship Director and faculty to discuss content of these evaluations amongst other performance measures.

The criteria for advancement and final matriculation from the fellowship program are based upon the satisfactory achievement of the following core competencies as outlined by the American College of Graduate Medical Education (ACGME). The six core competencies are as follows (Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice).

A summary of who receives and can view data regarding all evaluations in the e-value system is as follows:

<table>
<thead>
<tr>
<th>Who can see what?</th>
<th>Program Director</th>
<th>Program Coordinator</th>
<th>Resident</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = can see nothing</td>
<td>CCEP 4</td>
<td>CCEP 4</td>
<td>CCEP 4</td>
<td>CCEP 1</td>
</tr>
<tr>
<td>1 = can see data, but not who said it, nor can they see the full evaluation</td>
<td>2</td>
<td>2</td>
<td>N/a</td>
<td>1</td>
</tr>
<tr>
<td>2 = can see the data but not who said it. They can see the full evaluation</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>N/a</td>
</tr>
<tr>
<td>3 = can see the data and who said it but not the full evaluation</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>N/a</td>
</tr>
<tr>
<td>4 = can see everything</td>
<td>2</td>
<td>2</td>
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• **FACULTY OF FELLOW**- The faculty evaluates the fellow at the end of every quarterly rotation through E-Value. Each evaluation is specific to the rotation with numeric scale questions and comments.

• **FELLOW OF FACULTY**- The fellow evaluates the faculty at the end of their quarterly rotation through E-Value which includes both numeric scale questions and comments. The fellow’s evaluation of faculty is anonymous; these evaluations are batched and un-indentified when shared with faculty.

• **FELLOW OF PROGRAM**- The fellow evaluates the program at the end of the year through E-Value, along with Cardiovascular Fellows and Interventional Fellows in order to protect confidentiality. The GME office has an annual evaluation which fellows are expected to participate.

• **SEMI-ANNUAL**- Twice a year the fellow will meet with the program director and evaluation committee to discuss their performance, based on information from faculty, evaluations, in service training exam and procedure numbers. The purpose of these sessions is to review the fellow’s portfolio for completion, provide feedback, counseling, assistance, and listen to suggestions.

• **FINAL SUMMATIVE**- The final summative evaluation is held at the end of the academic year for graduating fellows. This evaluation summarizes the fellow’s performance for the duration of their fellowship.

• **360°**- The primary goal of the 360 evaluation is to allow fellows to get different perspectives on their performance.
  a. Nurse- a nurse will evaluate the fellow twice a year through E-Value.
  b. Lab tech- A Lab Tech will evaluate the fellow twice a year through E-Value.
  c. Peer- A peer will evaluate the fellow twice a year through E-Value.
  d. Self evaluation- you will evaluate yourself twice a year through E-Value.
  e. Staff- Administration will evaluate the fellow twice a year through E-Value.
  f. Patient- Program Director or staff member will have a patient fill out the paper evaluation twice a year.

I. **GRIEVENCE**

Please refer to the GME Policies and Procedures Manual section 13 for more information.

A grievance procedure is available to fellows for resolution of problems relating to their appointments or responsibilities, including differences with the School, Program, or any representative thereof. The School ensures the availability of procedures for redress of grievances, including complaints of discrimination and sexual harassment, in a manner consistent with the law and with the general policies and procedures of the University of Kansas and the School. The grievance process is available to all fellows in the programs sponsored by the School of Medicine.

J. **PROFESSIONALISM**

1. Adhere to basic ethical principles
   a. Document and report clinical information truthfully
   b. Follow formal policies
   c. Accept personal errors and honestly acknowledge them
   d. Uphold ethical expectations of research and scholarly activity

2. Demonstrate compassion and respect to patients
   a. Demonstrate empathy and compassion to all patients
b. Demonstrate a commitment to relieve pain and suffering
c. Provide support (physical, psychological, social and spiritual) for dying patients and their families
d. Provide leadership for a team that respects patient dignity and autonomy

3. Provide timely, constructive feedback to colleagues
   a. Communicate constructive feedback to other members of the health care team
   b. Recognize, respond to and report impairment in colleagues or substandard care via peer review process

4. Maintain Accessibility
   a. Responsibilities including but not limited to calls and pages
   b. Carry out timely interactions with colleagues, patients and their designated caregivers

5. Recognize conflicts of interest
   a. Recognize and manage obvious conflicts of interest, such as caring for family members and professional associates as patients
   b. Maintain ethical relationships with industry
   c. Recognize and manage subtler conflicts of interest

6. Demonstrate personal accountability
   a. Dress and behave appropriately
   b. Maintain appropriate professional relationships with patients, families and staff
   c. Ensure prompt completion of clinical, administrative, and curricular tasks
   d. Recognize and address personal, psychological, and physical limitations that may affect professional performance
   e. Recognize the scope of his/her abilities and ask for supervision and assistance appropriately
   f. Serve as a professional role model for more junior colleagues (e.g., medical students, interns)
g. Recognize the need to assist colleagues in the provision of duties

7. Practice individual patient advocacy
   a. Recognize when it is necessary to advocate for individual patient needs
   b. Effectively advocate for individual patient needs

8. Comply with public health policies
   a. Recognize and take responsibility for situations where public health supersedes individual health (e.g. reportable infectious diseases)

9. Respect the dignity, culture, beliefs, values and opinions or the patient
   a. Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status
   b. Recognize and manage conflict when patient values differ from their own

10. Confidentiality
    a. Maintain patient confidentiality
    b. Educate and hold others accountable for patient confidentiality

11. Recognize and address disparities in health care
    a. Recognize that disparities exist in health care among populations and that they may impact care of the patient
    b. Embrace physicians’ role in assisting the public and policy makers in understanding and addressing causes of disparity in disease and suffering
    c. Advocates for appropriate allocation of limited health care resources.
K. IMPAIRMENT
Satisfactory performance includes the absence of significant impairment (impaired function of a fellow to a degree that it is causing less than satisfactory performance, and/or the impaired function, if not corrected or is uncorrectable, is likely to lead to future unsatisfactory performance) due to physical, mental, or emotional illness, personality disorder, or substance abuse. Every effort will be made to reasonably accommodate those individuals with conditions or impairments that qualify as a disability under applicable law, provided that the accommodation does not present an undue hardship for the Department, the Medical School, or venues of training. Fellows will nevertheless be required to satisfactorily meet the Division’s performance criteria, requirements, and expectations of the Clinical Cardiac Electrophysiology Fellowship Program. Please refer to Kansas University Medical Center’s Graduate Medical Education Policy Manual for the details of institutional policy regarding identification of impairment, reintegration into training, and ongoing monitoring of affected fellows.
III. DEPARTMENT RULES/UNDERSTANDINGS

A. DUTY HOURS

The School policy is that fellow duty hours will be in compliance with the guidelines established by the Accreditation Council for Graduate Medical Education (ACGME) for Clinical Cardiac Electrophysiology. Please reference the GME Policies and Procedures Manual section 15.

Duty hours are defined as all clinical and academic activities related to the fellowship program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

1. Duty Hour Rules and Regulations
   a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
   b. Fellows must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.
   c. Adequate time for rest and personal activities must be provided. This should consist of an 8-10 hour time period provided between all daily duty periods.

The fellow is expected to be rested and alert during duty hours, and the fellow and fellow’s attending medical staff are collectively responsible for determining whether the fellow is able to safely and effectively perform his/her duties.

2. Call Schedules

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. Electrophysiology fellow’s may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

No new patients, as defined in Specialty and Subspecialty Program Requirements is a patient the cardiovascular fellow has not seen before, may be accepted after 24 hours of continuous duty. At-home call (pager call) is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each electrophysiology fellow. Electrophysiology fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. When electrophysiology fellows are called into the hospital from home, the hours electrophysiology fellows spend in-house are counted toward the 80-hour limit. The ACGME also requires that the Electrophysiology Fellowship program monitor the intensity and workload resulting from home call, through periodic assessment of the frequency of being called into the hospital and the length and intensity of the in-house activities.

“The 10-Hour-Break, and the 24+6 standard will not be applied to Home Call. The program director will monitor the demands of home-call rotations, and make the necessary adjustments to avoid excessive service. However, if electrophysiology fellows on "home call" were so busy that they were forced to remain in the hospital the majority of nights, then "home call" would be viewed as in-house call and all the usual duty hour standards would then apply.
Otherwise, if a fellow on home-call after leaving the hospital at 6:00 PM, he/she may return at 2:00 AM to perform a procedure. Assuming the fellow returns home after the procedure, he/she may return to the hospital at the usual time the following morning without regard for the 10-hour break. The 10-hour break applies to scheduled daily duty periods and after in-house call.

Back-up support systems are provided within patient care when responsibilities are unusually difficult or prolonged, or if unexpected circumstances create electrophysiology fellow fatigue sufficient to jeopardize patient care.

B. ELIGIBILITY AND SELECTION

Please reference the GME Policies and Procedures Manual Section 4 for more information.

1. Graduation from an acceptable medical school, as outlined by the University of Kansas School of Medicine and the Kansas State Board of Healing Arts (KSBHA):
   a) Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME), or
   b) Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA), or
   c) Graduation from an acceptable medical school outside the United States or Canada with one of the following:
      i) successful completion of a Fifth Pathway program provided by an LCME accredited medical school, or
      ii) A current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment, or
      iii) All Canadian citizens and eligible Canadian Landed Immigrants who are NOT graduates of a foreign medical school must hold a status, which allows employment as a medical resident, and maintain an appropriate status throughout the length of the graduate medical training program. Possession of valid immigration documents which verify the status must be presented, or
      iv) A full, unrestricted license to practice medicine in the State of Kansas.
   d) Foreign medical schools are deemed acceptable as defined by the KSBHA (K.S.A. 652873). This is the minimum standard for graduates of foreign medical schools, however individual programs may have more stringent requirements for foreign medical school graduates:
      i) Inclusion in the list of “approved” medical schools on the KSBHA’s website (http://ksbha.org/medicalschoolsapprovedunapproved.html),
      ii) The school must not appear on the list of “disapproved” schools, also on the KSBHA website,
iii) If the school has not been specifically approved by the Board, an applicant may still be eligible for a license if the school has not been disapproved and has been in operation (date instruction started) for not less than 15 years,

iv) Medical schools that are established less than 15 years ago are not immediately approved and will need to be approved by the KSBHA on a case-by-case basis.

v) The established date for any foreign school not specifically excluded should be determined using the FAIMER tool at http://imed.ecfmg.org/search.asp. A school appearing on the FAIMER website, but without an established date may still be eligible and must be approved by the KSBHA. Please use the “Foreign School Verification Request Form” on the KSBHA website under the “FORMS” heading.

vi) To be eligible for appointment, all Canadian citizens and eligible Canadian Landed Immigrants who ARE graduates of a foreign medical school must seek and maintain sponsorship through ECFMG for J1 nonimmigrant visa status.

2. The Office of Graduate Medical Education reserves the right to reject any candidate at the point it is determined that they have matriculated from an unacceptable medical school.

3. Some ACGME program requirements stipulate further qualifications that must be met for eligibility to an ACGME accredited program at the University of Kansas. Additionally, some program may have more stringent qualifications requirements as specified in their individual program manuals.

4. To be eligible, applicant must meet with or without reasonable accommodation, all duties and responsibilities as described in our policy and procedure manual 20
   [http://www.kumc.edu/oo/forms.html](http://www.kumc.edu/oo/forms.html).

C. SUPERVISION

Levels of fellow supervision must be in compliance with these RRC program requirements. Please reference the GME Policies and Procedures Manual Section 23 for more information.

The University of Kansas School of Medicine gives fellows significant but appropriately, well-supervised latitude in the management of all patients and provides a comprehensive experience in Clinical Cardiac Electrophysiology in order for them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency.

During a fellow’s training, all patient care and educational activities are to be under Program Faculty supervision. Each patient must have an identifiable, appropriately-credentialed and privileged attending physician or RRC-approved licensed independent practitioner who is ultimately responsible for their care. A patient’s responsible supervising attending physician or licensed practitioner should be identified to fellows, faculty members and patients. Fellows and faculty members should inform patients of their respective roles in each patient’s care.

The appropriate level of supervision depends on the individual fellow’s level of competency as determined by their knowledge, skill and attitudes. The appropriate level of Program Faculty supervision for each fellow is determined by the responsible Program Faculty, Program Director, Division Chair, and Department Chair.
Levels of fellow supervision must be in compliance with these RRC program requirements

Classification Levels of Supervision:

1. Direct Supervision: the supervising physician is physically present with the fellow and patient
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
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
4. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

There are multiple layers of supervision of fellow educational and patient care activities, including supervision by an advanced-level fellow. Advanced-level fellow supervision is recognition of progress toward independence and demonstration of graded authority and responsibility. The final level of supervision is the responsibility of the responsible Program Faculty and Program Director. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. The program director must evaluate each fellow’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria. Faculty members functioning as supervising physicians should delegate portions of care to fellows based on the needs of the patient and the skills of the fellows. Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

D. WORK ENVIRONMENT

The University of Kansas Medical Center will:

1. provide a stipend and benefits to the fellow as stipulated in the applicable Resident Agreement;
2. use its best efforts, within the limits of available resources, to provide an educational training program that meets the ACGME’s accreditation standards;
3. use its best efforts, within the limits of available resources, to provide the fellow with adequate and appropriate support staff and facilities in accordance with federal, state, local, and ACGME requirements;
4. orient the fellow to the facilities, philosophies, rules, regulations, procedures and policies of the Medical Center, School, Department and Program and to the ACGME’s and RRC’s Institutional and Program Requirements;
5. provide the fellow with appropriate and adequate faculty and Medical Staff supervision and guidance for all educational and clinical activities commensurate with an individual fellow’s level of advancement and responsibility;

6. allow the fellow to participate fully in the educational and scholarly activities of the Program and Medical Center and in any appropriate institutional medical staff activities, councils and committees, particularly those that affect Graduate Medical Education and the role of the staff in patient care subject to these policies and procedures;

7. through the officers of the program and the attending medical staff, clearly communicate to the fellow any expectations, instructions and directions regarding patient management and the fellow’s participation therein;

8. maintain an environment conducive to the health and well being of the fellow;

9. within limits of available resources, provide:
   a. adequate and appropriate food service and sleeping quarters to the fellow while on-call or otherwise engaged in clinical activities requiring the fellow to remain in the Medical Center overnight;
   b. personal protective equipment including gloves, face/mouth/eye protection in the form of masks and eye shields, and gowns. The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) assume that all direct contacts with a patient’s blood or other body substances are infectious. Therefore, the use of protective equipment to prevent parenteral, mucous membrane and non-intact skin exposures to a healthcare provider is recommended;
   c. patient and information support services;
   d. security; and
   e. uniform items, limited to scrub suits and white clinical jacket;

10. through the Program Director and Program faculty, evaluate the educational and professional progress and achievement of the fellow on a regular and periodic basis. The Program Director shall present to and discuss with the fellow a written summary of the evaluations at least semi-annually;

11. provide a fair and consistent method for review of the fellow’s concerns and/or grievances, without the fear of reprisal;

12. provide fellows with an educational and work environment in which may raise and resolve issues without fear of intimidation or retaliation including the following mechanisms:
   a. The GME office ensures that all programs provide their fellows with regular, protected opportunities to communicate and exchange information on their educational and work environment, their programs, and other fellow issues, with/without the involvement of faculty or attending. Such opportunities include,
but are not limited to, confidential discussion with the chief residents, program
director, program chair, core program director, and/or core program chair. Other
intradepartmental avenues to confidentially discuss any fellow concern or issue
occur during the Annual Program Evaluations completed by each fellow and/or
through discussion with the fellow representative during the required Annual
Program Review (Annual Program Outcomes Assessment and Action Plan
Report);

b. The internal review process, during which fellows in each program are afforded
the opportunity to discuss their concerns about their programs with a fellow from
another program and have them presented confidentially to the GMEC;

c. An ombudsman, the Assistant Dean for GME Administration, or any other
member of the GME staff, including the Executive Vice Chancellor, Senior
Associate Dean and the Associate Dean, who are available for the fellows to
bring any issues raised in these protected fellow meetings, or any other issues a
fellow may need to address;

d. Peer leadership and membership of the University of Kansas School of Medicine
Resident’s Council, who are available to confidentially receive any fellow
concern and present their concerns to the Graduate Medical Education
Committee and GME Staff;

e. E*Value “On-The-Fly” praise and concern comments can be sent through
E*Value directly and confidentially to those program directors that offer this
service. In addition, “On-The-Fly” comments can be confidentially sent to the
DIO. This can be accessed through any fellow’s E*Value user menu.

f. ACGME Resident Survey, administered directly to all residents/ fellows in
ACGME-accredited Programs. This survey provides summary and anonymous
feedback to Program and GME Leadership. For programs with less than four
residents/fellows the GME Resident Survey, which is a confidential, anonymous
survey organized by the GME office, is administered annually;

g. vii) a grievance process, as outlined in section 13 of this Manual, which provides
the fellow with a formal mechanism for addressing serious concerns within their
programs;

h. ACGME Department of Resident Services at residentservices@acgme.org or by
phone (312) 755-7498 is available if the above described avenues have not
satisfactorily addressed a specific resident issue. The ACGME Resident Services
representative will work with the DIO to resolve issues surrounding concerns.
Valid complaints are processed by Resident Services and will require a response
from the program director and attestation to the response by the DIO, and review
by the relevant review committee.

13. upon satisfactory completion of the Program and satisfaction of the Program's
requirements and the fellow’s responsibilities delineated herein, furnish to the fellow a
Certificate of Completion of the Program;
14. annually review and approve the number of fellows and funding sources for each program and discuss these quotas and sources of funding with the chair and Program Directors in a timely fashion so as to facilitate the recruitment and retention of residents;

15. provide the agreed upon levels of financial support, subject to the terms of the fellow contract; and

16. exercise all rights and responsibilities expressed and implied by the “Institutional Requirements” of the ACGME.

E. MOONLIGHTING
Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

Moonlighting must be considered part of the 80-hour weekly limit on duty hours.

The ability to moonlight with departmental sanction is regulated by the Program Director. There are only a few approved sites for moonlighting; currently these include the Topeka VA, the Kansas City VA, the University of Kansas Medical Center and the Leavenworth VA. Additional site requests must be submitted in writing to the Program Director for approval.

Moonlighting is not a right, it is a privilege. Clinical Cardiac Electrophysiology fellows must be in good standing and progressing steadily through the Division to be sanctioned to moonlight.

In addition, all duty hour requirements regarding residency may apply to moonlighting as well, and must not be violated. Clinical Cardiac Electrophysiology fellows cannot moonlight if doing so brings them into conflict with duty hour requirements while performing their normal duties. Fellows with J-1 or H-1B visas are not eligible to moonlight.

Please reference the GME Policies and Procedures Manual for more information.
IV. BENEFITS
Refer to GME Policies and Procedures Manual section 5.5 for more information.

A. VACATION DAYS
The University will provide up to maximum of three weeks (15 workdays) of vacation, per year, which is covered by the fellow stipend. Vacation cannot be accumulated from year to year. Vacation must be requested from and approved by the Program Director and the fellowship coordinator must be notified. Denial of a specific request for vacation is a management decision on the part of the officers of the program and is not a grievable matter.

B. SICK DAYS
The University will provide up to 10 workdays of sick leave per year to cover personal illness or illness in the fellow’s immediate family (spouse, parents or children). Sick leave cannot be accumulated from year to year. The use of sick leave must be approved by the Program Director or Department Chair. At the discretion of the Chair or Program Director, a physician’s written statement may be required as a condition of approval for sick leave.

C. PROFESSIONAL DAYS
The University of Kansas will provide all fellows with paid professional leave at the discretion of the Program Director for the following reasons:

1. While in the due process phase of a fair hearing or if relieved of clinical and patient care duties for reasons of suspension or probation.

2. Scholarly presentations at national or regional conferences

3. Conference attendance in a community away from the University of Kansas Medical Center

4. Studying for medical board examinations

5. Taking medical board examinations

6. Interviews for jobs or fellowship

Fellows need to submit their professional development request 30 days in advance, or 45 days if rotating at the VA. It will need to be signed off by both a chief fellow and program director.

D. MATERNITY LEAVE
It is important to inform the Program Director promptly upon knowledge of pregnancy. This permits necessary adjustments in the schedule. Obstetrical appointments are handled as any other medical appointment; a fellow should inform the rest of his/her team.
Any unused sick leave/vacation time can be used to cover maternity leave. Should a leave of absence exceed accrued time, stipend payments will be interrupted. However, family health insurance benefits will continue as long as the fellow pays the individual premium. (See the University House Staff Policies & Procedures Manual, Section 15.2). In addition, fellows are required to make up time at the end of residency should they exceed their accumulated time for leave. This is subject to departmental approval, as the Department of Medicine becomes financially responsible for a fellow’s salary if training is completed “off-cycle,” or after June 30 of the third year of training.

For a maximum of 8 weeks of maternity leave, the following schedule is recommended:

- 1 week of sick leave (no outpatient clinical duties)
- 3 weeks of vacation (no outpatient clinical duties, and no other vacation used the rest of the year)
- 4 weeks of reading elective (one ½ day of outpatient continuity clinic per week)

E. PATERNITY LEAVE/ADOPTION
It is important to inform the Program Director as soon as paternity leave/adoption is anticipated. This may permit assignment to a service less likely to be adversely affected by an unexpected absence.

Any unused sick leave/vacation time can be used to cover leave. Should a leave of absence exceed accrued time, stipend payments will be interrupted and time will need to be made up at the end of fellowship training. However, family health insurance benefits will continue as long as the fellow pays the individual premium. (See the University’s House Staff Policies and Procedures Manual for more information).

F. PAY
Fellows get paid every two weeks, starting two weeks after the fellow completes the first pay period.

G. MEDICAL INSURANCE
Medical insurance is paid by the University but fellows do have a choice regarding particular plans. This is the same choice offered to University employees. Detailed information on the various coverage plans will be made available during the new fellow’s orientation.

H. LIFE INSURANCE
The Department purchases a group term life insurance policy for all of its fellows without the necessity of prior examination. This includes accidental death and dismemberment
protection in the amount of $50,000. This policy is convertible to permanent life insurance within 31 days of leaving the group. This benefit should be kept firmly in mind as the training program finishes.

I. MALPRACTICE INSURANCE
While practicing medicine at the KU Medical Center and its affiliated hospital training sites, fellows are covered by a self-insurance plan administered by the State of Kansas. This policy provides standard coverage for all activities typical to internal medicine. There is tail coverage for any suits filed after a fellow has left the Department for a period of 3 years.

This policy covers fellows only while practicing under approved circumstances in the KU Medical Center and its affiliated hospitals. In general, this is not confining. However, when considering issues related to moonlighting, there may not be coverage provided for non-affiliated hospitals. Fellows moonlighting or doing locum tenens without the benefit of prior approval by the Programs Directors cannot be guaranteed malpractice coverage. Fellows must be most acutely aware of this when moonlighting in a non-affiliated institution. Neither malpractice nor disability insurance applies to these sites. It is the fellow’s responsibility to know if they have coverage during moonlighting time.

J. DISABILITY INSURANCE
The Department insures fellows should they become disabled and cannot work. The policy pays $1000/month if benefits begin 181 days after the disability. This policy takes effect without the necessity of a qualifying physical examination.

This policy may be converted to private use, again without requiring an examination, if one decides to do so within 31 days of the termination of with the Department. This is potentially a very valuable benefit which should be considered as one approaches the end of training. There are multiple supplemental policies which will be covered in one of the orientation lectures.

K. PARKING
Parking is provided by the Department in the Bluff Parking Garage at KU at the beginning of the academic year. If Bluff Parking is not available, the fellow will receive Red Parking.

L. WHITE COATS
The hospital provides each fellow with two white coats. Fellows should be aware that it is official medical school policy that white coats with name and hospital ID be worn at all times. This same policy states that no other buttons, stickers, pictures, appliqués, statements, political comments etc. adorn the white coats.
M. ACCESS TO MEDICAL LITERATURE AND BOARD PREP MATERIALS
The Archie Dykes Library for the Health Sciences is located across 39th Street north of the hospital. The library stocks the vast majority of commonly desired periodicals by the clinical and basic science staff. Books and manuals are also readily available. Access to the library’s electronic journals and databases are available online through the KUMC website, both on and off campus. Any library fines are the responsibility of the fellow and it is possible that a graduating diploma could be withheld until library fines are paid in full. All the University and KCVA hospital computers have *Up To Date* on them and internet access to the Dykes library is available. There are books available in the educational offices located in 1001 Eaton that are to be used like the library; they are loaned by the month. Books have been provided by the Department, faculty or drug companies. Fellows also have access to ACCIS CardioSource which is paid by the Cardiovascular Division.

N. FITNESS CENTER
The Kirmeyer Fitness Center, located on the corner of Rainbow and Olathe across from the Med Center, is open to all employees of the Med Center. The center has exercise equipment, aerobics rooms, a basketball court, racquetball courts, a circular track and a lap pool. Some of the facilities are unavailable during the day since these are used by Rehab Med and the Sports Medicine program. However, the Center opens at 6 AM and remains open in the evening and weekends for participant use. Fees are reasonable but not covered by the Department.