Policy & Procedures Manual for the Division of Infectious Diseases University of Kansas School of Medicine Kansas City, Kansas

Covering Policies and Procedures for Fellows In Training

As a supplement to the House Staff Policy and Procedure Manual of the University of Kansas School of Medicine, Office of Graduate Medical Education

And

Program Manual for Residents in the Department of Medicine University of Kansas School of Medicine, Kansas City, Kansas

Designed & Approved by the KUMC Infectious Diseases Education Committee (Committee of the Whole)

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The purpose of the manual is to consolidate our rotation Goals and Objectives, Policies and Procedures and Curriculum and to provide a guide to formatting individual learning plans for our fellows. Additional information will be added over time. Version numbers and dates reflect updates to the manual.
1. Introduction

Welcome to the Infectious Diseases Division at the University of Kansas School of Medicine. We are pleased that you have chosen this Program to continue your training. We believe that you will find the KU ID Division to be an excellent program with a talented and dedicated faculty eager to provide instruction and guidance to you as you complete your training. Within this program, you will encounter a broad array of infectious diseases that will allow you to become an excellent consultant in the discipline. Additionally, we believe that professionalism, ethical standards and humanistic qualities are paramount to the successful practice of medicine and are fostered within our program. Our faculty subscribes to the “lead by example” philosophy. When you complete your training, our goal and expectations are that you will be a competent, compassionate, ethical infectious diseases physician who will be a life-long learner and a dedicated teacher for the next generation, ready to solve new problems and disseminate information for others to study and emulate.

The KU Infectious Diseases faculty and I consider it a privilege to work with you, the physicians of the future, and we take our contributions to your education seriously. My expectations are the same for you as well as for our faculty: a commitment to excellence in clinical care, education, and research, coupled with a zest for life-long learning.

We look forward to working with you and have every confidence that you will graduate as a competent, confident, compassionate physician. You have many exciting opportunities ahead, and we welcome the opportunity to share them with you.

Lisa Clough MD
Fellowship Program Director
Associate Professor of Medicine
Division of Infectious Diseases
II. Contact Information

Infectious Diseases Faculty

**Division of Infectious Diseases-KUMC**
Lisa Clough, M.D. – Director, Professor of Medicine, Pediatrics (hon.), and Family Medicine (hon.)
Michael Luchi, M.D., Associate Professor
Albert Eid, M.D., Associate Professor
Stephen Waller, MD, Associate Professor
Lisa Clough, M.D., Associate Professor
Fernando Merino, MD, Assistant Professor
Kassem Hammoud, MD, Assistant Professor
Wissam El Atrouni, MD, Assistant Professor
Dana Hawkinson, MD, Assistant Professor
Jessica Newman, DO, Assistant Professor
Nathan Bahr, MD, Assistant Professor
Kellie Wark, MD, Assistant Professor
Matt Shoemaker DO, Assistant Professor of Medicine
Racheal Weihe, MD Assistant Professor of Medicine

Nita Ganguly, MD, Assistant Professor, Volunteer Faculty

**Division of Infectious Diseases-KC VAMC**
Vinutha Kumar, M.D., Assistant Professor

**Division of Infectious Diseases-Research Medical Center**
David McKinsey, M.D., Clinical Professor
Joel McKinsey, M.D., Clinical Assistant Professor
Paul Brune, M.D., Clinical Assistant Professor

**Department of Pharmacy Practice-Infectious Disease Specialists**
Dr Nicole Wilson
Dr Matt Mason
Dr Eric Gregory

**Departments of Clinical Microbiology Laboratory**
Dr Racheal Liesman, Clinical Microbiology Laboratory

**Support Staff of the ID Division at KUMC**
Judith Speer, BBA, Division Administrator
Charlotte Rendon, Fellowship Coordinator
Kendra Colburn, Office Secretary
Suzanne Reed, Office Secretary
Wendy Garza, RN, OPAT Coordinator
Diana Zarco, RN, OPAT Coordinator
Ishani Iakpovna, RN, OPAT Coordinator
Jessica Rudner, RN, OPAT Coordinator
Karen Snyder, CCRP, Research Coordinator
Doug Ross, Research Coordinator

Support Staff for ID at Kansas City Veterans Administration Medical Center
Aundria Nitz, Student, Residency and Fellowship Coordinator

Support Staff for ID at Research Medical Center
Lela Hall, Credentials Specialist, Medical Staff Office
III. Institutional Supervising Faculty

**KU Hospital (KUH) and KUMC: Sponsoring Institution**
Director & Site Director: Dr Lisa Clough, MD (20 hrs each week)
Supervisor of fellow on consultation service: Attending assigned to primary service
Supervisor of fellow on clinic rotation: Attending assigned to clinic on same day
Supervisor of fellow on research rotation: Director, Wissam El Atrouni, MD

**Kansas City Veterans Administration Medical Center (KC VAMC)**
Site Director: Vinutha Kumar, MD
Supervisor of fellow on consultation service: Attending assigned to primary service
Supervisor of fellow on clinic rotation: Attending assigned to clinic on same day

**Research Medical Center**
Site Director: David McKinsey, MD
Supervisor of fellow on consultation service: Attending assigned to primary service
Supervisor of fellow on clinic rotation: Attending assigned to clinic on same day

**Key Clinical Faculty, teaching faculty (10 hrs each week)**
Requirements: broad knowledge of and experience with ID, ABIM certified, scholarly activity (defined as Section V.E.)
Lisa Clough, MD, Associate Fellowship Director
Jessica Newman, DO, Associate Fellowship Director
Michael Luchi, MD, Associate Fellowship Director
Daniel Hinthorn, MD, Division Director, Vice Chair of Medicine
Wissam El Atrouni, MD
Kassem Hammoud, MD
Fernando Merino, MD
Stephen Waller, MD
Albert Eid, MD
Dana Hawkinson, MD
Nathan Bahr, MD
Kellie Wark MD
Racheal Weihe, MD
Matt Shoemaker, DO
Vinutha Kumar, MD
David McKinsey, MD

**Key Clinical Faculty Clinical Investigators (10 hrs each week)**
Requirements: publications in peer reviewed clinical journals, & responsible for planning, implementing, monitoring and evaluation of fellow's clinical and research training.

**KU Hospital (KUH) and KUMC**
Nathan Bahr, MD
Lisa Clough, MD
Albert Eid, MD
Wissam El Atrouni, MD
Jessica Newman, DO
Stephen Waller, MD
Kassem, Hammoud MD
Kellie Wark, MD

**Kansas City Veterans Administration Medical Center (KC VAMC)**
Vinutha Kumar, MD

**Research Medical Center**
David McKinsey, MD
Joel McKinsey, MD
IV. Academic

A. Program Overview:

The Infectious Diseases Fellowship Training Program at the University of Kansas is a two-year program designed to train outstanding clinicians in infectious diseases who will have the skills and knowledge to succeed in either the academic or private health care sectors. A third year of training is made available in exceptional cases in which the fellow is training in research techniques in preparation to accept a faculty position.

The training program utilizes three training sites: The University of Kansas Medical Center, Kansas City Veteran’s Administration Medical Center and Research Medical Center. The educational rationale for presence at each training site is carefully considered. Clinical experience at the University of Kansas Hospital provides opportunities for fellows to learn under the mentorship of both clinical investigators and medical educators, while caring for a patient population which includes tertiary care referrals from physicians throughout the region, as well as local, culturally diverse populations. Our educational affiliation with the Kansas City VA Medical Center is designed specifically to expose fellows to a practice setting with increased autonomy, yet adequate faculty supervision, and a patient population with a different spectrum of disease than our university hospital. Experience at Research Medical Center emphasizes care within a large metropolitan hospital based private Infectious Diseases practice. This setting is designed to expose fellows to a practice environment that is representative of health care systems in many cities.

B. Mission Statement

The mission of the Division of Infectious Diseases at the University of Kansas School of Medicine aligns closely with the overall mission of the Department of Medicine. Our primary mission is to provide an educational environment conducive to preparation for a lifetime of study, problem solving, and critical decision making in the practice of Infectious Diseases. The fulfillment of our educational mission requires the provision of exemplary clinical services.

The mission of the Infectious Diseases Fellowship Program is to develop and foster excellence in postgraduate training in Infectious Diseases by educating fellows to be outstanding practitioners, lifelong learners, critical thinkers, and patient advocates. To this aim the Program seeks to:

1. Foster maximum development of each fellow in the core competencies of internal medicine which include Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal Skills and Communication, Professionalism, and Systems-Based Practice as they apply to Infectious Diseases;
2. Develop measures designed to improve deficiencies and assess progression toward mastery in each of the six defined core competences;
3. Foster a commitment to academic achievement by emphasizing the importance of research and investigation both as a career choice and as a means of incorporating principals of critical thinking into each fellow’s clinical practice, continuing education
and professional development.
C. Divisional Goals

Goals for Fellows completing the KU Infectious Diseases Fellowship program include:

1. To obtain clinical competence by experiencing comprehensive training in both inpatient and outpatient setting of the clinical features, diagnosis, natural history, prevention and treatment of a broad range of infectious diseases.
2. To acquire a knowledge base and cognitive skills to be an effective independent consultant and practitioner of the discipline of Infectious Diseases.
3. To acquire, and maintain the professionalism, ethical standards and humanistic qualities required to be an effective, respected physician.
4. To provide education to others, including patients, other health-care workers, and physicians, and to do so with humility and compassion.
5. To develop personal life-long learning skills, including systemized assessment of patient care practices and improvement in practice based on scientific evidence as applied to the assessment.
6. To have a basic knowledge of quality assurance, quality improvement and economics in reference to one’s individual practice of infectious diseases as well as the health care system.
7. To obtain a basic understanding of critical review of medical literature, research design, informed consent, ethics in research and communication of research results.
8. To become a graduate who is competent, compassionate, and is successful in becoming a board eligible and board certified physician in Infectious Diseases.

D. Performance Expectations

The Accreditation Council for Graduate Medical Education (ACGME) has identified six areas of competency to be taught and evaluated by fellows over the course of their training. The program provides a unified experience that allows fellows to develop excellence in the competencies specified by the ACGME as they apply to the specialty of Infectious Diseases. This curriculum presents the objectives, educational activities, evaluation tools and clinical rotations within the framework of these six competencies.

1. Patient Care
   Fellows are expected to provide care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life to patients of each gender from adolescence to old age. Specifically, this requires that a fellow be competent in the following areas:
   a. Gather accurate, essential information from all sources, including medical interviews, physical examination, records, and diagnostic/therapeutic procedures.
   b. Make informed recommendations about preventive, diagnostic, and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preferences.
   c. Develop, negotiate, and implement patient-focused management plans emphasizing the appropriate use of antimicrobial agents.
d. Perform competently the diagnostic procedures considered essential to the practice of infectious diseases.

Educational Activities:
Exposure to the entire range of cases in infectious diseases including regularly encountered inpatient and outpatient infections and special situations including HIV/AIDS, impaired hosts, nosocomial infections, sexually transmitted infections, illnesses of travelers and the epidemiology of infectious diseases will be provided. A variety of patient centered experiences include: Inpatient Consultation, Outpatient Clinic, Case Conference, Curriculum Conference, Clinical Microbiology Conference, Antibiotic Committee, Infection Control Committee and Journal Club.

Evaluation tools:
Daily direct observation by attending physician, 360-degree evaluation, chart-stimulated recall, periodic observation tools such as mini-clinical evaluation (mini-CEX), and simulation of therapeutic decision making.

2. Medical Knowledge
Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and demonstrate the application of their knowledge to patient care and education of others. Specifically, this requires that a fellow be competent to:

a. Apply an open-minded and analytical approach to acquiring new knowledge.

b. Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of Infectious Diseases.

c. Apply this knowledge in developing critical thinking, clinical problem-solving, and evidence-based clinical decision-making to the differential diagnosis and complex management of patients with infectious diseases, including those with regularly encountered inpatient and outpatient infections, and special situations such as HIV/AIDS, impaired hosts, nosocomial infections, antibiotic-resistance infections and those infected with new or emerging pathogens.

d. Access and critically evaluate current medical information and scientific evidence and modify knowledge base accordingly.

e. Understand patient confidentiality and HIPPA regulations.

Educational Activities
Direct patient care in a variety of settings will include the following: Inpatient consultation, Outpatient Clinic, Case Conferences, Journal Club, Research Conference, Clinical Microbiology Rounds, Infection Control Committee, Antibiotic Committee, appropriate use of the medical literature through EMR and library linked resources.

Evaluation tools:
In-service training examination, chart stimulated recall, direct observation by attending physician, conference attendance and presentation.
3. **Practice-Based Learning and Improvement:**
Fellows are expected to be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices. Specifically, this requires that a fellow be competent as follows:

a. Identify areas for improvement and implement strategies to improve their knowledge, skills, attitudes, and processes of care.

b. Analyze and evaluate their practice experiences, set learning and improvement goals and implement strategies to continually improve their quality of patient practice.

c. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.

d. Use information technology or other available methodologies to access and manage information and support patient care decisions and their own education.

e. Facilitate the learning of patients, families, students and other health care professionals.

**Educational Activities**
Critical evaluation of practice experience and performance will occur through Inpatient Consultation rounds, Outpatient clinics, Case Conference, Curriculum Conference, Journal Club, Research Conference, In-service training examination, OPAT program, library and linked resources of “best practices” and use of the EMR.

**Evaluation tools**
360 degree evaluation, continuity clinic QI projects, ID Case Conference and Department of Medicine Patient Safety Conference participation utilizing the Vanderbilt Patient Healthcare Matrix, direct observation and EMR.

4. **Interpersonal Skills and Communication:**
Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams. Specifically, this requires that a resident be competent to:

a. Provide effective and professional consultation to other physicians and health care professionals.

b. Interact with consultants in a respectful and appropriate fashion.

c. Sustain ethically sound professional relationships with patients, their families, and colleagues.

d. Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families across a broad range of socioeconomic and cultural backgrounds.

e. Maintain comprehensive, timely, and legible medical records.

**Educational Activities**
Through experience in inpatient and outpatient settings including rounds, clinics, OPAT program, fellows will learn and practice communications skills with patients,
families and professionals. Through presentations in a variety of conferences including Research Conference, Case Conference, Curriculum Conference, Journal Club fellows will develop written and oral communication skills.

Evaluation Tools
360-degree evaluations, observed clinical evaluation skills (OCES) with faculty feedback, mini-CEX, mentored self-reflection during semi-annual evaluations, chart review.

5. Professionalism:
Fellows are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society. Specifically, this requires that a resident be competent in the following ways:

   a. Demonstrate respect, compassion, integrity, and altruism in their relationships with patients, families, and colleagues.
   b. Demonstrate sensitivity and responsiveness to patients and colleagues, including but not limited to diversity in gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behaviors, and disabilities.
   c. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.
   d. Recognize and identify deficiencies in peer performance.
   e. Be personally aware of limitations, excessive stress, fatigue, burn-out, or depression and know when and from whom to seek guidance.

Educational Activities
All academic and clinic venues will provide experience to practice professionalism. Clinical venues will provide an opportunity to deal with patients of many ages, ethnicities and varying degrees of impairment. Intellectual integrity is emphasized in all settings, including the clinic, the conference room and research opportunities.

Evaluation Tools
360-degree evaluations, presentation skills evaluation and feedback, mentored self-reflection, conference attendance tracking, medical record compliance.

6. Systems-Based Practice:
Fellows are expected to demonstrate an understanding of the contexts and systems in which health care is provided, and demonstrate the ability to call effectively on other resources in the system to improve and optimize health care. Specifically, this requires that a fellow be competent to do the following:

   a. Understand, access, and utilize the resources and providers necessary to provide optimal care.
   b. Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
c. Incorporate cost-awareness and risk benefit analysis to presentation, diagnosis, and disease management.

d. Advocate for quality patient care and optimal patient care systems

e. Work in inter-professional teams to enhance patient safety and improve patient care quality including transition of care between settings

Educational Activities
Opportunities to develop an awareness and responsiveness to the healthcare system will be available in all settings including: Inpatient Consultation, OPAT program, Infection Control and Prevention and Outpatient clinic, in particular the fellow's HIV/AIDS clinic. These settings will serve as venues where they will coordinate interdisciplinary care by a range of medical and non-medical specialists. They will utilize components of the local and national healthcare systems and optimize coordination of patient care both within one's own practice and within the healthcare system.

Evaluation Tools
360 evaluations, QI projects, chart stimulated recall, ID Case Conference and Internal Medicine Patient Safety Conference participation utilizing the Vanderbilt patient Healthcare Matrix, semi-annual continuity clinic, QI project.

E. Curriculum
The Division has established rotational goals and objectives for all aspects of its fellowship education and training which is available to the fellows and faculty for review on our website. The curriculum contains a list of objectives for each level of training. These learning objectives are meant to be the minimum achieved while on each service. A summary table of rotational goals and objectives is provided in the appendix.

Year One Fellowship

Infectious Disease Consultation Services
Training Sites: Kansas University Hospital (KUH), Kansas City Veterans Administration Medical Center (KC VAMC), Research Medical Center (RMC).

First year fellows participate in the Infectious Disease Consultation Service for block rotations equaling 13 blocks of approximately 4 weeks each. At the discretion of the fellowship director, 2 weeks from a clinical rotation may be granted during of the first year to organize and submit a clinical research project to the Institutional Review Board. Fellows rotate between KUH, KC VAMC, and RMC. While at KUH, fellows rotate on a monthly basis among 8 general ID consultative services. While at KC VAMC and RMC fellows are assigned to the general ID consultative service.

At each participating training site, the fellow is responsible for all activities of the inpatient consult service. They evaluate and discuss each patient with the primary service, view radiographic studies electronically, review the laboratory studies and microbiology and immunology results. Often this will involve consultation with the microbiology
laboratory. The fellow prepares either the consultation report or daily progress note and presents the patient and findings to the ID consultant attending. Together they interview and examine the patient, review and discuss the laboratory and microbiology results. The fellow presents his or her assessment of problems and diagnoses and management, which the attending reviews, critiques, and modifies. Each patient is seen daily on attending rounds. Bedside teaching by the attending is integral to daily rounds. The attending and fellow see all consultations on the same day as when the consultation is ordered. The Division discourages curbside consults and requests formal review by the faculty and fellow.

Fellows are required to contact the attending of their service for any area of diagnostic or therapeutic uncertainty, and before they make even preliminary recommendations in such cases. In addition, fellows are required to notify attending physicians of consultation evaluations, transfer of patients to a higher level of care that involve infectious diseases input and end of life decisions. If questions arise after hours, one faculty person is on call for such telephone calls 24 hours every day. Fellows are encouraged to call the Director at any time if additional questions arise.

Fellows are also responsible for the organization and directorship of other learners, including Internal Medicine residents and medical students that may be rotating on the consultative service. Fellows should meet with the learners prior to formal rounds, review work-up and presentations and offer instruction as appropriate. Fellows are also expected to provide brief formal lectures covering basic infectious disease principles on a routine basis. Faculty should be available to contribute to these teaching sessions.

ID consultations at KUH are from all medical and surgical services including: general medicine and each of the medical and surgical sub-specialists, family and community medicine, ICUs, Level 1 trauma for general, neurological and orthopedic services, hematology & oncology, burn, stem cell and solid organ transplant, obstetrics and gynecology, emergency medicine, pediatrics, geriatrics, palliative and rehabilitation medicine.

Consultations at KC VAMC and RMC are from all medical and surgical services including ICU. KC VAMC offers the additional opportunity to see patients with military experience who may be returning from international conflicts, and the unique infections associated with these experiences.

Each fellow is assessed as to how well they demonstrate knowledge of ID literature, obtain a complete history, perform appropriate examination and make cogent assessments. The fellow is evaluated as whether he or she has collected clinical information in a respectful, thorough, and complete manner and whether he or she has been able to give a logical presentation with appropriate assessment and recommendations. The activities of the fellow are evaluated for ethical and professional conduct. Fellow evaluations are informally made verbally on an ongoing basis throughout the clinical rotation and formally in written and verbal format at the completion of the rotation as described below.

The program director and chief fellow make up the call schedule with attention to giving each fellow at least one day off every seven days averaged over four weeks. On services where there is only one fellow, at KC VAMC and RMC, fellows are always given one day off (including beeper call) each seven days averaged over four weeks.
Objectives for the First-year Fellow on Inpatient Consultative Services

- Demonstrate ability to gather data, order diagnostic tests, interpret data, make diagnostic and therapeutic decisions.
- Demonstrate ability to perform and interpret Gram stains.
- Demonstrate ability to manage patient therapies emphasizing appropriate use of antimicrobials.
- Work with others to provide patient-focused care.
- Demonstrate knowledge of infection control and hospital epidemiology.
- Understand the principles of prophylaxis to enhance resistance to infections.
- Recognize and manage opportunistic infections in patients with HIV/AIDS.
- Manage common and complex ID problems in the face of antibiotic resistance.
- Understand the fundamentals of host defense and mechanisms of microorganism pathogenesis.
- Understand the characteristics, use and complications of antiretroviral agents, mechanisms and clinical significance of viral resistance to antiretroviral agents.
- Demonstrate comprehensive knowledge of indications, contraindications, limitations, complications, techniques, and interpretations of results of those diagnostic and therapeutic procedures integral to the discipline including appropriate indication for and use of screening tests/procedures.
- Demonstrate knowledge of the mechanisms of action and adverse reactions of antimicrobial agents.
- Demonstrate knowledge of antimicrobial resistance, drug-drug interactions between antimicrobial agents and other compounds.
- Demonstrate knowledge and application of the appropriate use and management of antimicrobial agents in the hospital and non acute care units.
- Develop skills to appraise the current medical literature to support decision-making.
- Develop communication skills to facilitate the learning of others.
- Use effective listening, narrative, and non-verbal skills and write legible and comprehensive notes.
- Be responsive to patients and society needs superseding self-interest.
- Demonstrate integrity, honesty, reliability, cooperative, and accept responsibility.
- Work with health care professionals to provide patient focused care; advocate for quality patient care.
- Work in inter-professional teams to enhance patient safety and improve patient quality of care.
- Demonstrate a high standard of ethical behavior, including ability to maintain professional relationships with other physicians and ability to avoid conflicts of interest.
- Participate in scholarly activities including presentation at journal club, case conferences, ID core lectures.
Educational Activities
In addition to direct patient care, educational objectives are met through a series of case-based, small group interactive discussion, problem-oriented reading, role-modeling by experienced faculty and health system personnel, interaction with other housestaff and faculty and self-directed study.

Infectious Diseases Outpatient Clinics
Training sites: KUH, KC VAMC

First year fellows participate in the Infectious Diseases/HIV Clinic at Kansas University Hospital. Fellows are required to have one ½ day continuity clinic each week at KUH. This clinic provides an opportunity to see a variety of outpatient ambulatory infectious diseases consults, hospital follow-up, OPAT and patients with HIV. Fellows are expected to continuously follow a minimum of 20 HIV patients in this clinic. During the clinic, the fellow initially evaluates each patient, and presents the case to the attending physician who confirms the history and the physical findings and with the fellow develops a plan of management. Under the direction of a faculty member, each fellow deals with issues of complex antibiotic management, antimicrobial resistance, antiretroviral therapy, analysis of genotypes of HIV, prophylaxis and management of opportunistic infections and the social and financial aspects of case management. In addition, fellows learn to work with the healthcare team including nurses, pharmacists, and social service case managers.

When rotating at the KC VAMC, the fellows attend up to two HIV clinics each week. This provides fellows with an opportunity to experience a broader range of HIV infected patients and exposure to the various manifestations and complications of this disease.

Fellows are assessed on how they perform in clinic using the core competency computer based MedHub evaluation on a monthly basis.

Objectives for the First-year Fellow in Outpatient Clinics
a. Demonstrate ability to gather data; order diagnostic tests; interpret data; make diagnostic and therapeutic decisions.
b. Manage medical and psychosocial aspects of common and complex outpatient infectious diseases.
d. Develop skill in the use of antimicrobial and prophylactic agents.
e. Demonstrate understanding of HIV infection including antiretroviral therapy, genotype resistance profiles, prophylaxis and management of opportunistic infections, and non-medical of case management and financial and psychosocial issues.
f. Demonstrate comprehensive knowledge of indications, contraindications, limitations, complications, techniques, and interpretations of results of those diagnostic and therapeutic procedures integral to the discipline including appropriate indication for and use of screening tests/procedures.
g. Demonstrate knowledge of the mechanisms of action and adverse reactions of antimicrobial agents, antimicrobial resistance, drug-drug interactions between antimicrobial agents and other compounds.

h. Demonstrate knowledge and application of the appropriate use and management of antimicrobial agents in the outpatient clinic setting.

i. Appraise the medical literature regarding outpatient care to support decision making.

j. Use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes.

k. Be responsive to needs of patients and society superseding self-interest.

l. Demonstrate respect, compassion, and integrity; be honest, reliable, cooperative, and accept responsibility.

m. Work with health care professionals effectively to provide patient focused care and advocate for quality patient care.

n. Work in inter-professional teams to enhance patient safety and improve patient quality of care.

**Clinical Microbiology Laboratory**

**Training Sites: KUH, KC VAMC, RMC**

The microbiology labs at KUH, KC VAMC and RMC are fully-equipped, state of the art clinical microbiology labs which use up-to-date diagnostic equipment for the identification of bacteria and determination of their antimicrobial susceptibility. The laboratories also maintain equipment necessary for the purpose of culturing, detecting, identifying and characterizing bacteria, fungi, viruses and mycobacterium. The KUH laboratory is equipped with a SmartCycler for PCR and Biosafety level 2 and 3 work areas.

Fellows attend Clinical Microbiology Rounds two days per week at KUH. Rounds are attended by fellows, residents, and students rotating on ID service, ID faculty, clinical microbiology director and laboratory technologists. Topics of instruction include basic techniques in culturing, identification and susceptibility testing, presentation of routine cases, as well as discussion of unusual, but important pathogens that have been identified in the laboratory.

Clinical Microbiology Rounds promote training in basic and advanced clinical bacteriology, mycology, virology, parasitology, antimicrobial susceptibility testing, immunology, mycobacteriology, advance molecular diagnostics and medical genetics. Communication and professionalism skills are emphasized by providing interactions with other health system providers.

Patient simulation involves application of specimens presented to hypothetical patients with this pathogen infecting any anatomic site. Fellows are expected to discuss how diagnosis and management would be modified by alternate factors.

**Objectives for the First-year Fellow in Clinical Microbiology Laboratory**

- a. Become familiar with the technical aspects of pathogen isolation, sensitivity testing and molecular methods.
- b. Develop communication skills to facilitate the learning of others.
- c. Communicate clearly with the microbiology staff.
d. Work with microbiology staff and clinical services to provide a multidisciplinary approach to the diagnosis and treatment of infections.

e. Demonstrate honesty, integrity and reliability.

f. Appraise the medical literature to support decision making.

g. Work with the microbiology staff and clinical service teams to enhance patient safety and improve patient quality of care.

Research

Training site: KUH

First year fellows are expected to identify a faculty mentor and research project early in their first year. This allows them the opportunity to adequately plan study objectives, methods, data collection and biostatistical analysis. Fellows will present their proposed research project at one of the monthly ID Research meeting during their first year. This meeting is attended by fellows, faculty, and interdepartmental contributors and provides a venue for critical appraisal of the project. Fellows will submit their project for institutional review board (IRB) review when appropriate and approval during their first year.

Fellows are required to complete training and certification in Human Subject Protection and HIPPA (Health Insurance Portability and Accountability Act) and have the opportunity to participate as sub-investigators on the divisions sponsored clinical research. Fellows attend the monthly ID Research Conference. This conference provides a venue for faculty and fellows to present their ongoing research projects and generate ideas for future research. Attendance from collaborative partners outside the division is strongly encouraged.

Objectives for the First-year Fellow on Research

a. Learn the basic principles of research including: study design, outcome measures, appropriate statistical modeling.

b. Demonstrate competence in formulating a testable hypothesis.

c. Provide a written description of their proposed projects.

d. Learn about the IRB approval process and what approvals are necessary for specific project types.

e. Successfully gain IRB approval for all projects involving human subjects.

f. Successfully gain IACUC approval for all projects involving animals.

g. Understand the issues surrounding appropriate treatment of research subjects.

h. Demonstrate competence in summarizing data in abstracts for presentation at regional and national meetings.

i. Demonstrate competence in poster or oral presentation preparation for a national meeting.

j. Learn the construction of studies which adequately stress the ethics of clinical research, protection of human subjects and obtaining effective informed consent.

k. Communicate interim results to faculty.

l. 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.
m. Learn to recognize and make contingency plans for potential problems in a research plan.

n. Demonstrate the ability to understand how clinical and basic science research results influence clinical practice.

o. Develop communication skills to facilitate the learning of others.

**Year Two Fellowship**

**Infectious Disease Inpatient Consultation Services**

**Training Sites: KUH, KC VAMC, RMC**

Second year fellows participate in the Infectious Disease Consultation Service for nine block rotations. With approval of the Fellowship Director, Division Director, & Divisional Research Director, six to nine months of clinical consultation service may be completed in order to provide additional months of research training.

In addition to the objectives and responsibilities described for the first year fellows on the consultation service, the second year fellow that has made satisfactory progress is given more freedom to make initial recommendations. This is encouraged if he or she is comfortable and confident in the recommendation. In the second year, the fellow’s recommendation may be reviewed initially with the attending by phone and made directly to the primary service, but the attending physician will see the patient the same day as the consult is requested. Fellows should contact the attending any time if he or she has doubt about any assessment or recommendation. As during the first year of fellowship, the weekend coverage is arranged to ensure that fellows have one day off every seven days, averaged over four weeks, and on that day, they will be free of direct patient care duties and free of beeper call.

**In addition to year 1 objectives, the year 2 fellow will do the following:**

a. Participate in and direct consultation rounds.

b. Accurately apply clinical information to ensure positive patient outcomes.

c. Assume more responsibility making clinical decisions.

d. Have specialized, detailed knowledge of important areas in ID.

e. Regularly use medical literature to support decision making.

f. Demonstrate knowledge and leadership in guiding other healthcare members on appropriate antibiotic utilization and restriction policies.

g. Effectively discuss end of life care with patients and families.

h. Display initiative and leadership.

i. Appropriately delegate responsibility to others.

j. Show commitment to professional development.

k. Use systematic approaches to reduce errors.

l. Partner with providers to improve patient care.

m. Provide cost effective care.

n. Understand quality of care principles and apply these at the bedside.

o. Advocate for quality patient care incorporating consideration of cost and risk-benefit analysis as appropriate for equitable care for all infectious disease patients.
Infectious Diseases Outpatient Clinic
Training Site: KUH, KC VAMC
Second year fellows continue to spend ½ day each week in the continuity ambulatory clinic for infectious diseases at KUH. During clinical rotations at KC VAMC, fellows will spend up to an additional two ½ days per week in ambulatory clinic. The responsibilities and objectives described for first year fellows continue, but in addition each fellow is given more independent authority to make management decisions on their own panel of HIV-infected patients. This continues to be done under the direction of their attending physician who also sees each patient with the fellow. This includes but is not limited to selection and modification antiretroviral therapy, immunizations, management of prevention and therapy of opportunistic infections, and social and financial aspects of complex HIV cases.

In addition to year 1 objectives, the year 2 fellow will add the following:

a. Establish their own panel of HIV-positive patients to understand management issues, including financial and psychosocial, related to antiretroviral therapy, prophylaxis and management of opportunistic infections, and non-medical of case management.
b. Understand management issues associated with outpatient administration of antibiotics.
c. Demonstrate knowledge and leadership in guiding other healthcare members on appropriate antibiotic utilization and restriction policies.
d. Continue to develop and improve consultative skills in the outpatient setting.
e. Effectively discuss end of life care with patients and their families.
f. Display initiative and leadership in initiating and maintaining effective communication.
g. Show a commitment to professional development.
h. Partner with other providers to improve patient care.
i. Regularly use medical literature to support decision making.
j. Regularly apply new contributions to the management and care of infectious disease patients in outpatient settings.
k. Continue to develop and improve consultative skills in the outpatient settings.
l. Advocate for quality patient care incorporating consideration of cost and risk-benefit analysis as appropriate for equitable care for all infectious disease patients.
m. Use systematic approaches to reduce errors in outpatient settings.

Research
Training site: KUH
Second year fellows are encouraged to spend three months directly in either clinical or basic research. This time may be shortened or lengthened at the discretion of the program director based upon proposed research project. In addition to the objectives and responsibilities for first year fellows, second year fellows are encouraged to prepare and present oral and written papers for peer review and publication in appropriate journals and at regional and national meetings. Academic professionalism is stressed during this research process.
In addition to year 1 objectives, the year 2 fellow will add the following:

a. Become adept at obtaining and analyzing the relevant research literature.
b. Demonstrate competence in manuscript publication in a peer-reviewed journal, including preparation of figures.
c. Learn to accept and utilize critical evaluation of one’s work.
d. Display initiative and leadership in initiating and maintaining effective communication regarding research ideas and formal dissemination and presentation of research findings.
e. Show a commitment to professional development.
f. Prepare research for publication and/or presentation at a national meeting or conference.
g. Demonstrate competence in data collection and organization for subsequent evaluation.
h. Demonstrate understanding of statistical analysis of data collected.
i. Learn to evaluate results for a given project in the context of other work in the research area.
j. Competence in proposing future experiments to augment results from a given project.

Year Three of Infectious Diseases Fellowship

Goals for the third year of training
A third year of training is made available in exceptional cases. The purpose of the 3rd year of Fellowship in Infectious Diseases is to prepare the trainee for a career in academic medicine. Fellows who desire this track will plan their specific rotations with the Fellowship Program Director and will have a specific research program planned as well as a designated faculty mentor. Such a fellow will have worked on the specific or a related problem earlier during their training program. The 3rd year of fellowship may include course work in statistics, molecular biology, and biochemistry, if pertinent. Others may elect to participate in the Master of Public Health degree program. Such fellows will be completing ongoing projects, and prepare to enter an academic career by submitting a grant application.
F. Conferences, Lectures and Other Education Opportunities

Attendance at ID case conferences, Core Conference, Research Conference and Journal Club is mandatory. Fellows are expected to willingly take part in these conference opportunities. Attendance is taken at each conference. It is the expectation that fellows will attend all conferences except in the instances of illness or vacation.

Infectious Diseases Clinical Case Conference
Clinical case conference is held weekly. Cases are selected by the fellow in discussion with the attending physician and generally involve unusual and complex cases. Fellows are asked to frame the presentation around one or two important clinical questions. Case presentations involve review of clinical information, radiographic studies, gram stain and other microbiologic diagnostics and pathology studies. Following case presentation, a fellow not previously involved in the case is asked to develop an approach to the case and to discuss interpretations of clinical data, differential diagnosis and management. Following this discussion, the presenting fellow provides an evidence-based discussion of the clinical questions and management issues relevant to the case. At the conclusion of the conference, an evaluation of the fellow presentation is conducted by one of the faculty. In addition, relevant supplemental articles and updates are provided to the faculty and fellows.

Competencies Emphasized
1. Patient Care: Specific elements of the care of each case are described in detail and are critically addressed by the faculty. Discussion emphasizes the diagnostic and therapeutic approach to the problem(s) manifested by the patient. Fellows actively participate in discussing all aspects of care. The management of a clinical problem serves as the basis for an active discussion of problem solving and literature review.
2. Medical Knowledge: The discussant reviews current and relevant medical literature.
3. Practice-Based Learning: fellows identify strengths, deficiencies and limits in their knowledge and expertise.
4. Interpersonal and communication Skills: Clarity and organization are key elements of the conference. Fellows interact with other faculty and fellows.
5. Professionalism: Academic professionalism and integrity are emphasized.
6. System-Based Practice: Discussion involves consideration of multiple disciplines.

Core Curriculum Conference
Core Conference is held weekly and attended by fellows and faculty. Conferences are made available to fellows off site through web-based program. The conference series is a 2-year curriculum of lectures. Lectures cover all major topics of Infectious Diseases modeled after contents of Principle and Practices of Infectious Diseases (see Appendix for conference schedule). During the first 6 weeks of each academic year, conferences are held twice weekly. The goals of this accelerated conference series (Boot Camp) is to expose new fellows to core ID topics early in their training (HIV infection, bone and joint infections, endocarditis). In addition to major ID topics, supplemental lectures including molecular diagnostics, special populations such as Cystic fibrosis and transplantation, billing compliance, Quality improvement are also included within the 2-year curriculum.
Conferences are presented as didactic teaching sessions led by fellows and faculty and assigned on a yearly basis. Fellows are assigned a faculty mentor who contributes to the fellow’s preparation and presentation.

**Competencies Emphasized**
1. Patient Care: The fellows apply information to their own patients,
3. Practice-Based Learning: Fellows identify strengths, deficiencies, and limits in their knowledge and expertise and can set learning goals.
4. Interpersonal and Communication Skills: The clarity and organization of the discussion are key elements to the conference.
5. Professionalism: Fellows are responsible for assigned reading and presentation.
6. System-Based Learning: Discussion of topics often involve consideration of multiple disciplines such as other medical and non-medical specialties, infection prevention, quality, billing and public health.

**Research Conference**
Research Conference takes place monthly. First year fellows are asked to present their proposed research project, which is open to critical discussion by the attendees. In the second year, fellows are asked to present the findings of their research project. In addition, this conference is used to update fellows on faculty research and to serve as a venue for generating new projects and collaborative endeavors.

**Competencies Emphasized**
1. Patient Care: The applicability of the research to patient care is discussed.
2. Medical Knowledge: Discussion includes a review of the research topic and its importance.
3. Practice-Based Learning: Fellows can identify strengths, deficiencies and limits in their knowledge and expertise.
4. Interpersonal and Communication Skills: The clarity and organization of the presentation are key elements in the conference.
5. Professionalism: Ethical issues of research are discussed.
6. System-Based Practice: A systems based approach to research is emphasized.

**Journal Club**
The Journal Club Conference has been held weekly since 1961, and is the setting for review of a wide array of clinical and basic science articles. The fellows, clinical microbiologists, clinical pharmacists, biostatisticians and epidemiologists, present articles on a rotating basis. The discussion focuses on critical evaluation and interpretation of the infectious disease literature.

**Competencies Emphasized**
1. Patient Care: Presentations emphasize the applicability of findings to patient care.
2. Medical Knowledge: The discussion includes a critical presentation of the proposed article, and dissemination and review of emerging infectious diseases literature.
3. Practice-Based Learning and Improvement: The literature is critically appraised by faculty and fellows. There is emphasis on sample size, potential biases, appropriateness of statistical tests and legitimacy of conclusions. Conclusions derived from the review are applied to individual patient care practice of the fellows.
4. Interpersonal skills: The clarity and organization of the presentation are key elements in the conference.
5. Professionalism: Academic professionalism is emphasized.
6. Systems-Based Practice: Emphasis is placed on systems approach to research.

The Kansas City Infectious Diseases Society (KCIDS)
KCIDS meeting consists of clinicians from the Kansas City area who present interesting and challenging cases for discussion. Presentation occurs on a rotating basis from contributing institutions. Fellows are required to present representative cases from KUH, KC VAMC and RMC. Conference format follows the KUH Clinical Case conference providing case presentation, a segment in which the audience is asked to develop an approach to the case and discuss interpretation of data, differential diagnosis and management, pathophysiology, appropriate use of technology and prevention. The presenter then provides an evidence based discussion of management issues.

Competencies Emphasized
1. Patient Care: Specific elements of the care of each case are described in detail and are critically addressed by the audience. Discussion emphasizes the diagnostic and therapeutic approach to the problem(s) manifested by the patient. Fellows actively participate in discussing all aspects of care. The management of a clinical problem serves as the basis for an active discussion of problem solving and literature review.
2. Medical Knowledge: The discussion reviews current and relevant medical literature.
3. Practice-Based Learning: fellows identify strengths, deficiencies and limits in their knowledge and expertise.
4. Interpersonal and communication Skills: Clarity and organization are key elements of the conference. Fellows interact with other faculty and community based ID clinicians.
5. Professionalism: Academic professionalism and integrity are emphasized.
6. System-Based Practice: Discussion involves consideration of multiple disciplines.

Antibiotic Committee
The focus of the committee is to monitor the epidemiology of infection and antimicrobial drug use within the health system, provide direction for cost-effective and rational drug use, review drug utilization and practice guidelines and determine how these should be used to change individual and system practice. The committee is directed jointly by ID Director and ID Pharm D. Committee members represent a broad range of health system experts: Pharmacy, Infection Prevention and Control, Microbiology, Critical Care Medicine, Trauma, and Family Medicine.

Competencies Emphasized
1. Patient Care: Presentations emphasize the applicability of findings to patient care.
2. Medical Knowledge: The discussion includes a critical presentation of the guidelines and articles important to supporting system-based changes.
3. Practice-Based Learning and Improvement: The literature is critically appraised by the committee. Conclusions derived from the review are applied to individual patient care practice of the fellows.
4. Interpersonal skills: Discussion among a multidisciplinary group of health care providers is required. The clarity and organization of the presentation are key elements in the conference.
5. Professionalism: Academic professionalism is emphasized stressing integrity, honesty and respect.
6. Systems-Based Practice: Emphasis is placed on systems approach to improving antibiotic administration and development of institutional guidelines.

Infection Prevention and Control Committee
Infectious Diseases fellows may attend the monthly infection control meeting at KUH and participate in infection control related decisions. This committee is directed by the ID Associate Program Director and the Chief Infection Prevention Precaution Nurse. Participation in this committee provides fellows with experience and expertise in the appropriate uses of infection control interventions in a hospital system. Fellows will have opportunities to assist with development and implementation of infection control policies, determining appropriate infection control measures in inpatient and outpatient settings, learn hospital and patient benefits of effective quality assurance and cost containment, OSHA regulations, risk management and administrative responsibilities of the infection prevention and control committee.

Competencies Emphasized
1. Patient Care: Discussion emphasizes the applicability of findings to patient care.
2. Medical Knowledge: The discussion includes a presentation of National guidelines and institutional policies applicable to patient care.
3. Practice-Based Learning and Improvement: Fellows can identify strengths, deficiencies and limits in their knowledge and expertise and apply evidence-based changes to their practice.
4. Interpersonal skills: Discussion among a multidisciplinary group of health care providers is required. The clarity and organization of the presentation are key elements in the conference.
5. Professionalism: Academic professionalism and integrity is emphasized
6. Systems-Based Practice: Emphasis is placed on systems approach to improving infection prevention and control and development of institutional guidelines
Outpatient Antibiotic Therapy (OPAT)
Due to early discharge from the inpatient services, outpatient parenteral antibiotic therapy has become common. Therefore appropriate instruction regarding management of outpatient parenteral therapy is vital to an ID training program. Fellows learn strategies for determining appropriateness of outpatient therapy, safety, monitoring and delivery of outpatient antibiotics. They work closely with the ID antibiotic nurse clinician, hospital discharge planning coordinator and primary services. Fellows are involved in communication with home health agency and assisted living facilities involved in patient care. Fellows have direct faculty supervision. All OPAT patients are assigned to an attending physician that works with the fellow to deliver safe and reliable care.

Competencies Emphasized
1. Patient Care: The fellow learns to deliver OPAT in safe and appropriate manner.
2. Medical Knowledge: Become familiar with selection of appropriate patients, antibiotic choices and monitoring of OPAT.
3. Practice-Based Learning and Improvement: Fellows can identify strengths, deficiencies and limits in their knowledge and expertise and apply evidence-based changes to their practice.
4. Interpersonal skills: Work closely with a multidisciplinary team of nurses, case managers, pharmacist, home health agencies and assisted living facility administrators.
5. Professionalism: Emphasize academic professionalism and integrity.
6. Systems-Based Practice: Emphasis is placed on systems approach to improving the delivery of OPAT.

Department of Medicine Patient Safety and Clinicopathological Conference
Fellows attend these two Departmental Conferences. The Patient Safety Conference meets monthly. It is designed to critically review patient management across the spectrum of the health care system. Fellows will specifically learn how to create a “culture of safety”, aligning the interests of clinicians with the goals of the organization, learn from defects in patient care, incorporate human and environmental factors to reduce error, and empower clinicians by providing them with tools to effectively implement change. The Vanderbilt Matrix is used as a key tool to evaluating each case (See appendix) in the Patient Safety Conference. This tool follows the six ACGME Clinical Competencies as well as the six IOM Aims (safe, timely, effective, efficient, equitable, patient centered). This is developed in grid like format to cover each patient allowing identification of any area of deficiency. Attendees present represent all specialties from the medical center and also include the risk management, attorneys, administration, nursing, quality control, and others.

The Clinicopathological Conference meets quarterly. It is a multidisciplinary conference presented as case-based teaching followed by correlation of clinical and pathological findings. This conference provides a venue for fellows to review biopsy or autopsy results of cases and discuss the impact these findings have on patient and system changes to improve health care delivery. In addition, the conference serves to convey an
understanding of problem-solving skills and to provide an in-depth review of complex or unusual cases.

**Ethics and Societal Impact**

The training program provides education tailored to ethics of medical care and biomedical research. Areas addressed include: the social and economic impact of medical decisions on patients and society, physician as patient advocate, quality assessment and improvement, risk management, preventive medicine, occupational and environmental health, medical informatics, pain management, end of life care and substance use disorders. Much of this training occurs at the bedside and in conferences and lectures.

**Professional Ethical Behavior**

The training program mentors strive to maintain and role model a culture that values professionalism and ethical behavior. Qualities emphasized by faculty include: commitment to scholarship, excellence in clinical care, humanistic qualities including respect, compassion toward patients and professional and collegial attitude toward colleagues. Fellows are instructed to recognize and intervene if colleagues suffer physical or psychological impairment, including substance abuse, alcoholism, sleep deprivation, or excessive stress. Opportunity is taken in conferences, bedside rounds and in one-on-one evaluation session with the program director and faculty to discuss and educate the fellows on biomedical ethics and to allow the fellows to participate in ethical decisions arising from the management of their patients.

**G. Evaluation of Fellows**

Fellows are evaluated using a variety of assessments (see appendix: Required Evaluations for ID fellows and program). Faculty members evaluate fellows on inpatient, outpatient and research rotations. On the consult services, fellows are assessed monthly by a faculty member who had direct supervision during the rotation. The evaluation is conducted with an electronic form (MedHub) subdivided into the six core competencies of patient care, medical knowledge, practice-based learning, interpersonal skill and communication, professionalism and system based practice. Evaluators are asked to choose a rating scale that measures the strength of agreement with a clear statement about the how well the fellow succeeded in each category. In addition, inpatient charts are audited daily by the attending physician, and daily case-based feedback is provided to the fellow. Concerns of the faculty or fellows are addressed immediately by the Program Director.

Fellows also receive quarterly 360° evaluations from clinic staff and patient with assessments of their communication, interpersonal and professionalism skills.

Evaluation of research rotations is competency based and assesses the fellow's competency in research design, skills in scientific writing, knowledge of IRB regulations, and accomplishment of stated goals. Evaluators are asked to choose a rating scale that measures the strength of agreement with a clear statement about the how well the fellow succeeded in each category.
ACGME requires milestone evaluations to be completed on each fellow twice a year. The evaluation is completed by the Clinical Competency Committee and reviewed with the fellow on a biannual basis. This evaluation is uploaded to ACGME.

The Program Director meets with each fellow at least twice per year for a review of his or her performance with a written report filed in the trainee’s evaluation folder. At the end of the two-year training, a written summary of the trainee’s performance reviewed with the fellow and placed in his or her folder for a permanent record for future reference.

H. Advancement to Succeeding Training Year

The KU ID Promotion Committee meets yearly to review each fellow’s performance and make recommendations for advancing to the next year. Additional meeting may be called at the discretion of the ID Fellowship Program Director. All KU ID faculty are appointed to the Promotion Committee. Criteria used to base recommendations for promotion include: quality of monthly rotational evaluations with specific emphasis on the fellows’ performance in the core ACGME competencies; participation in academic conferences; scoring satisfactorily on the annual ID in-training examination (although an absolute score on the examination is not required for promotion); compliance with all hospital, departmental and fellowship record keeping, policy and documentation requirements. Additional expectations are outlined in Section V.R below.

Disciplinary and remedial action may be initiated when the program director, after consulting with key clinical faculty, determine that such action is warranted. ID Divisional actions follow the procedures and appeals as outlined in the Program Manual for the Department of Internal Medicine and are described below in Section II. M. Please review GME Policy and Procedure Manual Sections 11 & 12. (See page 55-64 Disciplinary Actions, Probation, Suspension and Termination)

I. Evaluation of Faculty and Program

Fellows evaluate faculty at the end of each rotation. These evaluations are submitted anonymously. They are summarized for individual faculty and for the Program Director and are used to counsel faculty and to assign faculty to specific teaching rotations. Fellows evaluate the program on an annual basis and these evaluations are used to develop programmatic changes.

J. Documentation of Training

The program maintains a file on each fellow, which includes copies of their evaluations, copies of their summaries, letters of recommendation, and any other document pertinent to their training and performance. The fellow may view this folder at any time. These files are maintained permanently to document the length and content of their training as well as their performance. The program is responsible for completion of forms documenting training as residents apply for hospital credentials, state medical licenses, etc. Fellows
should ensure that the program has updated contact information, including business address, e-mail, and phone numbers so that future communication can be maintained.
V. POLICIES AND PROCEDURES
The Infectious Diseases Program uses its best efforts, within the limits of available resources, to provide an educational training program that meets the ACGME’s accreditation standards. In addition, the program will provide the fellow with adequate and appropriate support staff and facilities in accordance with federal, state, local, and ACGME requirements. The policy and procedures in this manual are in addition to the policies and procedures manuals in place at the departmental and institutional level. Fellows should refer to the GME office Housestaff Policy and Procedure Manual and the Program Manual Department of Internal Medicine for a comprehensive review of Housestaff Policy for full details. These manuals are reviewed at general housestaff orientation. Copies of these materials are available from the program director, department administration, or the dean’s office. They are also available on the KUMC websites: http://gme.kumc.edu/policiesandprocedures.html and http://www.kumc.edu/school-of-medicine/internal-medicine/education/residency-program/procedures-and-policies.html

A. Prerequisites
Fellows must hold a MD or DO degree from an accredited medical school meeting one of the following criteria:
1. Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME)
2. Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
3. 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,
   ii. A current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment
   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
   iv. A full, unrestricted license to practice medicine in the State of Kansas and the State of Missouri, depending on the training program. Definition of acceptable Medical school outside the United States is further defined in the GME office Housestaff Policy and Procedure Manual (Section 4.1)

   Fellows must have satisfactorily completed an ACGME accredited US residency program in Internal Medicine. On rare occasions, fellows may be accepted in transfer from another accredited Infectious Diseases Training program. Transferring fellows must meet requirements and regulations as outlined in the GME office Housestaff Policy and Procedure Manual (Section 4.2)

B. Fellowship Selection Process
The ID division participates in the Electronic Residency Application Service (ERAS). We also participate in the National Residency Match Program for Internal Medicine Subspecialty Programs. Potential fellow applicants must submit an application consisting of the ERAS form, an updated curriculum vitae, three letters of recommendation, and a personal statement prior to consideration for a personal interview. After review of the submitted materials, selected applicants may be invited to personally visit the program and interview with members of the faculty. Every attempt is made for applicants to meet a representative number of the full-time KUMC-based key clinical faculty. After the personal interview with the program director and faculty, candidate evaluation forms are submitted to the director. Once the candidate is interviewed, a fellowship selection committee, consisting of the program director and KUMC faculty, meet to rank the candidates according to interview evaluation ratings. A ranking list is submitted in the ERAS system. Candidates and the program director are notified of matched applicants on match day. After receiving a contingent offer of appointment, the fellow must complete appropriate documentation and requirements as detailed in the GME office Housestaff Policy and Procedure Manual (Section 4.5). Official notification from the University of Kansas School of Medicine is by contract that is mailed in the spring prior to beginning the fellowship.

C. Duration of Program

The program is two years (24 months) with an emphasis on training in clinical infectious diseases. A third year of training is made available in exceptional cases in which the fellow is accepted into research studies in preparation to accept an academic position.

D. Duties

The fellowship includes both clinical and research responsibilities. It will be the duty of the fellow to carry out the clinical responsibilities of the services to which the fellow has been assigned. This includes not only clinically evaluating patients, following their progress and implementing therapy but also teaching of medical students and residents. Fellows should be aware of the fellow and attending on-call schedule as posted on the Divisional calendar. Weekly electronic email reminders of call schedule will be sent. Fellows are expected to utilize the divisional structured checkout procedure when rotating to a new service. This provides an opportunity for the fellow to learn to work in teams and effectively transmit necessary clinical information to ensure safe and proper care of patients.

Specific duties for each rotation are outlined and reviewed prior to the beginning of each rotation. Educational expectations and guidelines should be reviewed by the fellow and discussed by the attending staff at the beginning of the rotation. The guidelines are provided to each fellow at the beginning of the fellowship and remain available through departmental website for review.

In the area of research, the fellow is expected to carry out a project under the guidance of a faculty mentor. This project should culminate in both publication in a journal and scientific presentation at a regional or national meeting (Examples of these meetings include the Kansas ACP, the IDSA, the ASM or the ICAAC meetings). Laboratory research training and experience may be acquired in conjunction with Infectious Diseases, Internal Medicine faculty or through another department approved by the Program Director. Experience with
Infectious Diseases Clinical Trials is available with the Infectious Diseases research staff. In addition to training in the discipline of infectious diseases, fellows are expected to participate in the education of Internal Medicine residents, medical students, pharmacy students, nurse practitioners, in Practice Based Learning (PBL), Faculty Student Interaction sessions and in physical diagnosis education.

It is the philosophy of the program that fellows should be highly motivated and develop lifelong habits of self-instruction. Thus, fellows are expected to use the medical literature to solve clinical problems before the cases are presented to the faculty. Although most disorders encountered by an ID consultant will eventually be seen and managed by the fellow during the two-year fellowship, some disorders will not. Thus, it is expected that most of these will be discussed in core curriculum conferences, case conferences or that the fellow will identify such areas and obtain articles from the medical literature so that they have a conceptual understanding of these disorders. The faculty are expected to be readily available for guidance and suggestions.

E. Duty Hours Policy, Fatigue and Protocol for Fellows beyond Scheduled Duty Hours

The fellowship program strictly adheres to the ACGME requirement concerning work hours as reflected in the KU GME Policy and Procedure Manual (Section 15). To this end, fellows will not work more than 80 hours per week averaged over a four week period, inclusive of all in-house call activities during any rotation. Moonlighting hours will be included in this calculation. Fellows will be provided 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as 1 continuous 24-hour period free from all clinical, educational, and administrative duties. Adequate time for rest and personal activities must be provided. The program director continuously monitors work hours through MedHub and discusses work hour compliance with fellows at the semi-annual evaluation conducted with each fellow. The GME office will conduct review of all trainees at KUMC.

The usual time for fellows to begin the workday varies by hospital, rotation, and day of the week. In general, fellows are expected to begin clinical service work by 7 am. One to 2 days per week, fellows are expected to attend a 7 am conference. The conclusion of the day is when all clinical responsibilities are met including evaluating patients, completing appropriate documentation and coordinating a care plan for the following day with the attending. It is mandatory that senior-level residents have ten hours free of duty between scheduled duty periods. Specific duty hour and work expectations will be unique to the individual site the fellow is assigned. Expectations are at the discretion of the attending and will be reviewed at the beginning of each clinical rotation.

Each ID fellow works closely with one ID faculty person at one time. Thus when the fellow or the faculty sense that the clinical care needs of the service are likely to become greater than a fellow should be involved in to give the optimal educational experience, the faculty assumes the primary care for patients. Fellows are shielded from a significant portion of the clinical responsibilities on each of the six KU inpatient services in order to provide them with an optimal work environment.
ID fellows are required to log duty hours on regular basis. MedHub now notifies program coordinator and program director by email if a deviation from work hour restriction policy occurs. Program Director discusses with fellow and attending as to cause or circumstances of deviation. The work hours are closely monitored to prevent a reoccurrence.

All clinical faculty and fellows have been instructed on the work hour policy and the detection of fatigue in trainees and updated on institutional policies annually. Signs and symptoms of fellow fatigue and/or stress may include but are not limited to the following: inattentiveness to details, forgetfulness, emotional stability, mood swings, increased conflicts with others, lack of or attention to proper attire or hygiene, difficulty with novel tasks and multitasking, awareness is impaired (fall back on rote memory), lack of insight into impairment. Supervising faculty constantly monitor fellows for signs of fatigue and report these findings to the program director as soon as possible. The program encourages residents to use alertness management strategies such as strategic napping, in the context of patient care responsibilities. Fellows have access to sleeping quarters (KUH IM on call rooms 4461-4464) to be used at their discretion. Appropriate action including relief of duties for rest, modification of duties to insure adequate rest, cancellation of moonlighting privileges will be instituted by the program director after discussion with the fellow and faculty if such need arises. An overview of the GMEC Fatigue (Transportation/Swing Room Guidelines are provided in the Appendix, pg 100).

Duty hours are measured from Sunday through Saturday PM. The GME office policy is that the hours worked the previous week must be logged in each Sunday night or Monday morning for the previous work week. The Certificate for Completion of the ID fellowship will be awarded at the end of fellowship only after all duty hours are logged in at the final week of activities each June.

Protocol for Fellows when duty time exceeds duty hour requirements
Rarely an ID fellow may be called on to work beyond the duty hour requirements of the program. This could mean any of the following:

- Working more than 80 hours per week averaged over the four week block rotation
- Working so that there is not the required 10 hours between shifts
- Working so that on duty hours exceed 14 hours from the time the fellow entered the hospital to assume duties. Should circumstances dictate the need, the maximum time of continuous duty in the hospital is 24 hours. Any time that the clinical care needs exceed this, the ID fellow must immediately call the Chief Fellow or the Program Director to discuss and seek replacement coverage. Strategic napping is for duty hours exceeding 16 hours is not only allowed but is encouraged.

Justification for extensions of duty beyond duty hour requirements are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring or humanistic attention to the needs of a patient or family. Should that occur, the following must be put into place as well:

- The fellow must hand over care of all other patients to their attending during this time.
• There must be documentation of the reasons for remaining to care for the patient in question and submit that documentation to the program director in every case.
• The program director will review each such submission of additional service. This will be tracked and evaluated with the ID faculty attending for that fellow.
• Each fellow must be given one full day off from clinical responsibilities per week averaged over four weeks.

Any deviation from this must be reported to the ID program director at the time of the event so corrective action can be initiated. It is the responsibility of the fellow to immediately contact the program director or one of the associate program directors. Fellows are expected to report their work hours, and to include the time that they arrive and leave the hospital accurately. The program leadership reviews the report of each fellow’s work hours weekly to ensure compliance and to address concerns immediately. The back-up for a fellow that might become ill while on service is that the faculty attending assumes primary responsibility for all clinical activities. It is the responsibility of the fellow to personally notify the attending as well as the program leadership of illness that prevents them from assuming normal duties.

F. Call Schedule
Fellows will be on at-home call when on an inpatient consultation services. At KUH, a rotating call schedule among eligible fellows is made by the Infectious Diseases chief fellow. The call schedule and schedule of duty assignments is published and made available for review by the fellows on a monthly basis. Fellow call at KC VAMC will be made in agreement between the attending physician and fellow and meet program requirements of work hours and time away from work. At-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period. During on call duty, fellows will take first call on clinical cases referred to the ID division. They will take call from home in the evenings and on weekends. They will be expected to see any new emergency consult in a timely manner. This may involve coming to the hospital at any time of the day or week that they are assigned to be on at-home call. We expect the at-home call fellow to receive 3 to 7 telephone calls at night or on weekends. In general, fellows are required to return to the hospital to participate in patient care no more frequently than once weekly. This generally occurs during weekend call. Saturday call requirements include taking first call on clinical cases, completing initial evaluation and recommendation for new consultations and providing follow-up recommendation for select ongoing patients in conjunction with the attending physician. Attending physicians are expected to see and discuss these cases with the fellow on call in a timely manner. In house requirements for Saturday are generally completed between 7 am and 5 pm. At KUH, a fellow will take call on Sunday. In house Sunday work hours average 4-6 hours. When fellows are called into the hospital from home, the hours the fellow spends in-house are counted toward the 80-hour limit. Fellow call backs to the hospital while on home-call do not initiate a new off-duty period. Fellows will be free from call on Sundays at the KC VAMC. The program director and the faculty will monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and or fatigue.
G: Lines of Communication, Supervision, Responsibility and Hand-Off

Communication and Supervision
Communication between faculty and fellows is essential regarding patient care as well as others areas. Fellows are encouraged to use text paging, voice mail, EMR and Microsoft Outlook electronic communication to update faculty of any interactions with patients. Telephone calls between patients and fellows should be charted as telephone encounter in the electronic medical record and copied to the faculty attending physician in a timely manner. When complex decisions are addressed, fellows are required to contact faculty at once personally or by phone. Faculty supervision occurs continuously.

During the first year of training, fellows review all changes in therapy or recommendations for invasive procedures with the faculty attending prior to making the recommendation to another physician. During the second year, if the trainee has made satisfactory progress, they are given more responsibility to make recommendations if he/she is comfortable and confident in the recommendation and then review with the ID attending following the communication.

Trainee recommendations must be reviewed within 24-hours. Trainees are encouraged to contact the consulting ID physician, at any time day or night regarding their recommendations. Such supervision applies to inpatient and outpatient care, home health care management, phone calls from outside physicians or family members. Supervision by attending faculty member is expected for all procedures.

During a clinical service rotation, fellows may work directly with medical students and Internal Medicine residents assigned to the service. Students should report initially to IM residents or to ID fellows according to the service they are assigned. The IM residents report to the ID fellow who manages the consultation services. Any of the trainees may directly contact the ID consultation attending at any time for problems, advice, or direction. When communicating with other services, students and residents must be clear that their recommendations are suggestions and must be reviewed with the ID attending prior to making a formal recommendation.

ID Service Hand-Off
Fellows are instructed to follow a standard hand-off process when rotating from one block consultative block to the next (See Appendix pg 177). The process is based on the ANTICIpate model. On the final day of consult rotation, the fellow is asked to Email a checkout list of the patients they are actively following to the fellow taking over their service. Emails should only be sent using the password protected/secured kumc.edu address with title [Secured Patient Information]. The email should include: 1) At KUH: all patients on the team’s EMR list (i.e. Team A list) 2) At KC VAMC: all patients on the ID inpatient consult service list. 3) At RMC: all patients on the ID impatient consult service. Fellows should copy the attending physician on this checkout for review of content. If the fellow is rounding with a resident/student they are to copy them as well. The checkout is a helpful teaching tool. Fellows should also encourage the resident working with them to signout his/her patients to the incoming resident as well for improved continuity of care. Signout notes should include the elements of ANTICipate: Administrative, New Information, Task, Illness, and Contingency plans. The email should provide the new fellow
time to review and call/email/page with questions and should be completed as soon as possible the day service rotations occur. The checkout should conclude with a contact piece e.g. please call my cell at 999-999-9999 after 8 to further discuss the patients or if you have additional questions. It may happen that relevant questions do not arise until the first day the new fellow takes over care and fellows should be prepared to field questions later should they come up.

In addition to fellow hand-off, attending physicians will be engaging in a signoff process as they rotate on and off service as well as on weekend coverage. This will occur through written and verbal report. Fellows are expected to be copied on written hand-off reports and available for discussions that might occur. At all institutions the active patient lists in the electronic record should be kept updated with service designation and provider name. This provides both the ID service and other patient care providers awareness of the assigned ID patient and contact information for the consulting team.

**Non-teaching Patients**
An occasional patient is seen by the faculty attending physician and not by the ID fellow. Such a patient is considered a non-teaching patient. Fellows are not expected to provide any type of routine services for such patients. Fellows do not round on them, do not write orders nor monitor their laboratory studies. If the fellow should receive a call to assist in the management of such a patient, they are expected to contact the respective ID consultant attending physician or the on-call attending staff to confer and to provide management.

At KUH there are 6 ID consultation services. Not all ID services are covered by an ID fellow. During regular work hours, fellows are not expected to cover or evaluate patients who are not on their assigned service, unless there are exceptional circumstances. After hours the on-call fellow may be asked about clinic patients or inpatients with whom he or she is not familiar. Fellows are expected to review the relevant records as indicated and to develop a response which may be delivered directly to the physician or patient calling. In situations in which the fellow is uncertain as to which course of action should be pursued, he or she should call either the attending on call, or the faculty member following the patient. Attendings are open to questions regarding their patients at all times, and fellows should not hesitate to call.

AT KC VAMC ID consultation patients are on a single service. Fellows are expected to evaluate new consults on these services and follow them daily. There is no after hours call for fellows at either location. Fellows are not asked to cover non-teaching patients.

**Order Writing**
Infectious Diseases Fellows do not write routine orders on patients seen in consultation. Exceptions to this rule include the following: 1) When requested by the consulting service. 2) If the clinical condition of the individual patient requires a timely order and the primary service is not immediately available. It is the responsibility of the ID fellow or attending who is writing the order to notify the primary service that the order was written. This may be done by phone, text page or EMR notification of the primary service.
Fellows must undergo the appropriate EMR training prior to writing orders. The Program requires that all fellows abide by the hospital’s order guidelines for learner’s-in-training regarding all policies including order writing policies for physicians as outlined by the Pharmacy Department. In general, it is the fellow’s responsibility to ensure that his/her DEA license is up-to-date and that the number is provided to the pharmacy Department.

When concerns about a fellow's order writing competency are raised, a fellow has his/her order writing privileges suspended and must have all orders cosigned before they become part of the chart and are carried out. This decision is at the Program Director’s discretion and explicitly outlined to the fellow in question before implementation.

Lines of responsibility
The ID Division Director reports directly to the Chair of the Department of Internal Medicine who is responsible to the Dean of the Medical School. The ID Division Fellowship director reports, in this capacity, to the Department of Medicine Residency and Fellowship Committee and Director. The Internal Medicine Residency and Fellowship Director reports to the DIO.

The ID attending report to the Director, Division of Infectious Diseases.
The ID fellows are responsible to the ID attending assigned to oversee clinical responsibilities for patient related educational matters. Fellows are to report to the ID Division Director or to the ID Fellowship Director for fellowship concerns.

H. Meeting Attendance
Fellows are expected to attend 3 weekly conferences and one monthly conference.
- Monday 7 am Case Conference
- Tuesday 12 pm Journal Club
- Thursday 12 pm Core Curriculum Conference
- Wednesday 12:30 pm, monthly Research Conference

The Monday am Case Conference is conducted at KUMC. When a fellow is assigned to a rotation outside KUMC they are expected to travel to KUMC for this conferences but return promptly to their training site to complete rotation assignments in a timely manner. Journal Club, Core Curriculum and Research Conferences are available through interactive web based presentation and do not require that fellows travel to KUMC. Fellows are provided computer and office space to participate in these web based conferences when assigned to rotations outside KUMC. Fellows are expected to accurately record attendance and timing with their central administration. Fellows are expected to attend all conferences unless illness or vacation precludes. In the event of a missed conference, PowerPoint presentations are available on a secure divisional website. It is the expectation that fellows will review the content of a missed conference within a reasonable period of time. It is the expectation of the program that ID faculty will routinely attend these meeting.

The Division regards several institutional meetings as an integral part of fellowship education. Fellows are expected to participate in the following meetings at each
educational site (KUH, KC VAMC and RMC): infection prevention and control, pharmacy and therapeutics antibiotic subcommittee, Patient Safety Conferences, Clinical Pathologic Conference, Internal Medicine Grand Rounds, Internal Medicine Core Conference given by ID faculty. In addition, fellows are expected to participate in regional meetings including Kansas City Infectious Diseases Society (KCIDS) and Kansas ACP.

I. Vacation and Leave Time
Scheduled leave (sick leave, Family Medical Leave Act (FMLA), personal and interview time) must be requested in advance by completing the “Division of Infectious Diseases Fellow Leave Request” form. This form must be signed by both the Division Director and the ID attending on the service at any site (KUH, KC VAMC and RMC) influenced by the leave. The ID Program Coordinator, will maintain the forms and provide official notification that leave time has been approved. The ID Division requires that ID fellows complete the Leave Request form at least 6 weeks prior to planned vacation, meeting, or other time away from any rotation.

Vacation
Fellows are entitled to 3 weeks vacation each year. In addition, fellows may take one week of CME/meeting activity if they are presenting a paper or poster at a regional or national meeting. Attendance at meetings where the fellow does not have a scheduled presentation will count toward vacation time.

Fellows are expected to take vacation in 1-week blocks unless a special exception has been granted. Vacations generally start on Mondays and finish on Sundays; however some exceptions can be made based on the fellow’s schedule. The 3 weeks may not be split to make more than the intended 3 weeks. The three week’s vacation refers to 3x5 work days excluding weekends, not 21 days split to mean 4 + weeks. Vacations should be planned so that all vacation weeks are not taken at one institution (KUMC, KC VAMC and RMC).

The KU Infectious Diseases and Internal Medicine programs requires leave without pay for fellow that does not return on time from vacation – including persons unable to return on time due to immigration process reasons. This program also advises ID fellows that the program is not responsible for problems that impede a scheduled international return. Should any fellow wish advice on this matter, they may seek counsel from the KUMC office that specializes in immigration matters and immigration law.

Personal and Interview Leave
Fellows receive up to three (3) days during their training to use for interviewing for post-fellowship positions. Fellows are also entitled to 2 personal leave days during the fellowship. Approval for interview leave must be obtained from the Program Director. Written notification must be on file in the fellowship office at least 6 weeks prior to the leave. Notification of a personal day leave use should be provided to the attending and fellowship office as soon as it is evident that the fellow will require time off.
**Sick Leave**
The University will provide up to 10 workdays of sick leave per year to cover personal illness or illness in the resident’s immediate family (spouse or children). Sick leave cannot be accumulated from year to year. The use of sick leave must be approved by the Program Director or Division Chair. At the discretion of the Program Director or Chair, a physician’s statement may be required as a condition of approval of sick leave or for return to work.

For short-term illnesses (colds, flu during your residency) fellows are asked to simply inform the appropriate ID attending and Division Administrative Coordinator. For any illness, which will require the resident to take a leave of absence, prompt notification to the Program Director must be obtained in writing. Should a leave of absence exceed accrued time, stipend payments will be interrupted. However, family health insurance benefits will continue as long as the resident pays the individual premium.

The American Board of Internal Medicine allows up to one month, per year, as time away from the program. Time used beyond this one month will be required to be made up to meet the requirements for writing the Boards. The ABIM does not distinguish between vacation time and leave for illness, including pregnancy-related disabilities, and includes them as time away from the program. (See IM House Staff Program Manual, Section L)

**Family Leave Policy**
The Division of Infectious Diseases follows the family leave policy delineated in the KU School of Medicine Graduate Medical Education Policy Manual (Section 5). This document includes description of leave policy for each parent, and supersedes any policy of the ID Division. Should there be extenuating circumstances, the Division Director welcomes the fellow to bring any unforeseen problems to attention for consideration. It is important to inform the Program Director promptly upon knowledge of pregnancy. This permits necessary adjustments in the schedule.

Please review the policy listed in the GME Manual Section 5.5.12. The link to the GME Manual is at the following:


**Late Start**
The ID program cannot allow a late start (after July 1) to the usual training period due to financial restraints at the University. This means that an unscheduled and unforeseen ability to initiate or to continue training on time may result in the inability of the program to accept such a fellow.

**J. Benefits**
Compensation is set by the Department of Medicine. The first year fellow is considered at the PGY 4 level and the second year at the PGY 5 level. Additional benefits are those designated by the Department of Medicine for residents of the same level. These are
provided by the Department of Medicine and are outlined in detail in the Department of Medicine Program Manual (Section 5). Benefit questions can be further directed to the ID Division administrator (588-3891) or the Internal Medicine Business office. (588-6001).

A. **Pay**
   Fellows get paid every two weeks, starting two weeks after the fellow completes the first pay period. A resident can choose to have the pay check mailed to his/her home or have it deposited electronically into his/her account.

B. **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.

C. **Life insurance.**
   The Department purchases a group term life insurance policy for all of its residents and 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.

D. **Professional Liability 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 KUMC 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. It is the resident’s responsibility to know if they have coverage during moonlighting time. Please see the GME Policy and Procedure Manual, 16.2.1c.

E. **Disability insurance**
   The Department insures residents should they become disabled and cannot work. The policy pays $1000/month in benefits beginning 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 are further defined in one of the orientation lectures.

F. **Parking**
   A KU parking pass is provided by the ID Division at the beginning of the academic year. Parking at the KC VAMC and RMC is also provided free of charge.

G. **White coats**
   The ID Division provides each resident with two white coats. Residents 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.

H. Access to Medical Literature and Board Preparation 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. There are books and computers available in the ID Fellow office (6065) and the Division Library (Delp 6070). All the University, KC VAMC and RMC computers have Up To Date on them and internet access to the Dykes library is available. In addition, a number of board review resources are available for fellows’ use in the ID Fellows office

I. Work environment
The ID Program will provide a safe and adequate work environment as outlined in the GME office Housestaff Policy and Procedure Manual (Section 5.8.3).

Food and Rest
The Program will provide access to food service and sleeping quarters to the fellow while on-call or otherwise engaged in clinical activities requiring the fellows to remain in the Medical Center overnight. Sleeping quarters and quiet rooms are also available for fellows should they experience fatigue that would mitigate alertness management strategies such as strategic napping.

Protective Equipment
In addition, personal protective equipment including gloves, face/mouth/eye protection in the form of masks and eye shields, and gowns will be available. 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 strongly recommended.

K. Additional Rotation Training
This includes supervision rotations in addition to your ACGME program requirements. These supervised training rotations must occur within the Primary Institutional sites, are supervised by members of the University of Kansas faculty. The emphasis of these activities is primarily educational, and the purpose and curricular content of the activity as well as goals and objectives and a plan for evaluation of the fellow and the rotation must be on file with the program and GME. Once the Fellow and the Program Director agree upon rotational opportunities, the Fellow submits the Additional Rotation Training request form to the Program Director for approval.
Payment for Additional Rotational Training will be submitted to your administrator for release to the University to ensure additions to your current biweekly paycheck and are taxed appropriately.
No billing or collections by the trainees are allowed with Additional Rotation Training. Please refer to GME Policy and Procedure Manual, 16.1.3.
L. Moonlighting Policy
Professional activity outside of the scope of the fellowship program, which includes
volunteer work or service in a clinical setting, or employment that is not required by the
program (moonlighting) shall not jeopardize any training program of the University,
compromise the value of the trainee’s education experience or interfere in any way with
the responsibilities, duties and assignments of the fellowship program. It is within the sole
discretion of the Program Director to determine whether outside activities interfere with
the responsibilities, duties and assignments of the fellowship program. Before engaging in
activity outside the scope of the Fellowship Program, fellows must receive the written
approval of the Division Director and/or Fellowship Program Director of the nature,
duration and location of the outside activity. Furthermore, the frequency or duration of
outside professional activities must not be such as to result in physical and mental fatigue
leading to impairment of training. The ID fellow may not schedule time to exceed the 80
hours maximum duty time each week mandated by the GME Policy and Procedure Manual.

Fellows while engaged in professional activities outside the scope of the fellowship are not
provided professional liability. A fellow providing services outside the scope of the
fellowship program shall warrant to University that the fellow is and will remain insured
during the term of any outside professional activities.

The regulations governing moonlighting activities and professional liability insurance
requirements for these activities are discussed in the Department of Medicine Program
Manual Policy and Procedures Section V.0 and the KU GME Policy and Procedure Manual
Section 16.2.1. The documents are made available to the fellow during the Department of
Medicine orientation and are available online.

M. Ethics
With increasing medical sophistication, the ethical questions, which surround a patient’s
care often overwhelm the medical decisions. Medical and, even more so, ethical
complexities are commonplace in the field of medicine. Even in the most complicated
ethical situation, the first and most important step is to talk with the patient and, if
permitted by the patient, the family. Only through full communication with the appropriate
decision maker can the fellow address honestly, thoroughly and expediently the issues of
concern.

The hospital ethics committee, available 24 hours a day by pager, consists of both medical
and other personnel who are available to explore and advise on major ethical concerns.
Physicians on the committee are available for discussion and for consultation at any time.
In addition, there is a monthly Ethics conference held by the Ethics committee in
conjunction with the General Medicine division. Ethical dilemmas arising on the inpatient
medical services are discussed in an informal setting.

N. Utilization Management
It is the responsibility of the ID Fellow to assure that documentation in the record completely describes the patient’s severity of illness, as well as the intensity of treatment services provided to the patient. Documentation of level of care, complexity of the case, records reviewed, diagnostic tests and radiographs personally reviewed, diagnoses, and recommended management are to be included on every note in the patient’s chart.

**O. Quality Improvement**
Continuous Quality Improvement (CQI) is an ongoing, flexible, integrated and coordinated healthcare program that stresses a commitment to continuously improve patient care and service and resolve identified problems by assessing and improving all aspects that most affect patient outcomes. It is the responsibility of all employees, including fellows, to actively participate in the CQI activities. The goal of the CQI program is to develop collection tools, analyze data, formulate data driven recommendations for improvement, and coordinate resolution of the identified opportunities for improvement. In identifying opportunities for improvement, the CQI program places emphasis on cost, quality, access, customer service, desired patient outcome. It pursues opportunity to improve care/service, allows for resolution of identified problems, assures a safe and healthy environment for patients, patient families and employees, and ensures appropriate and effective utilization of resources.

**Continuous Quality Improvement Activities**
Faculty and fellows will be expected to participate in the Patient Safety Conference of the Department of Medicine, which is presented monthly. In this conference the Vanderbilt Healthcare Matrix is utilized to review the case. This tool follows the six ACGME Clinical Competencies as well as the six IOM Aims (safe, timely, effective, efficient, equitable, patient centered. The tool provides a structured opportunity for the participants to look at an episode of care and determine how the quality of care was affected by the core competencies and identify potential areas of deficiencies and opportunities for improvement. Similarly, the Vanderbilt Healthcare Matrix has been incorporated into the weekly ID Case Conference. Here fellows and attendings are provided the opportunity to examine the episode of care in the setting of the core competencies and IOM aims and institute changes directly to their patients and practice. The monthly Department of Medicine CPC Conference also provides a structured environment to examine individual and system practices and opportunities for improvement. Lectures covering the topic of quality improvement are sponsored throughout the year by the Department of Medicine. Infectious Diseases Fellows are required to attend.

**P. Risk Management**
This section supplements the KU GME and Internal Medicine Policy and Procedure Manuals.

Risk Management involves both the Hospital and The University of Kansas. It also involves the prevention or handling of adverse events and the handling of legal issues.

**Adverse Events**
The State of Kansas requires reporting of all adverse events to a confidential reporting system. When a patient suffers an adverse event, the first priority is to assure the patient’s safety through intervention and follow-up, including ordering any additional monitoring or tests. An example might be an anaphylactic reaction to a known medication allergen. Priorities include stabilizing the patient and making sure staff report the adverse through the hospital’s adverse event reporting system.

If an adverse event occurs that has the potential to leave a patient with severe, permanent disability or death, The Joint Commission requires a Root Cause Analysis (RCA) be conducted to determine contributing factors and an action plan to prevent recurrence of such an event. The Hospital’s Risk Manager will facilitate the RCA and its follow-up.

Fellows should also contact the University Risk Manager at 913-588-7283, and inform the University Risk Manager of the situation. Do not write any notes about the situation, other than objective charting in the patient’s record, or additional notes in the adverse reporting system for the hospital or facility. If anyone asks you to write a summary of events, contact the University Risk Manager.

Other Reasons to Contact the University Risk Manager
In addition to serious or fatal adverse events involving patients, the University Risk Manager should be contacted whenever the following happens:

1. A phone call received from any attorney requesting to meet with you. These can be plaintiff’s attorneys in our or others malpractice cases, defense attorneys in our or others malpractice cases, criminal defense attorneys, or criminal prosecuting attorneys, usually a District Attorney’s office.
2. A subpoena received from any source. A subpoena is a court document directing you to court to testify or a deposition to provide sworn testimony prior to a case, either civil or criminal. A subpoena must be properly served before it is enforceable and the University Risk Manager will assist you in properly responding to the subpoena and assuring you do not miss any time deadlines that might put you at risk of being held in contempt.
3. A summons received from any source. This is a court document that “summons” you to court to defend yourself in a lawsuit. You have a limited time, 20 days, to respond to a summons so contact the University Risk Manager immediately. A defense attorney will be assigned to you to respond to the summons. In civil cases, the summons is accompanied by a petition or complaint. In a criminal case, the summons is accompanied by an arrest warrant.
4. If there are any questions about medical-legal situations. It is far easier for everyone involved to answer questions and take preventative measures than to undo some situations. Examples include:
   a. Questions around required reporting of abuse, victims of crimes, etc.
   b. Questions around how to chart adverse events in the patient chart.
   c. Questions around litigation process, contacting defense attorneys, etc.

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1 This could be the Veterans’ Administration Medical Center, the University of Kansas Hospital, or other facility where fellow activities are performed.
d. Wanting to review a case and evaluate potential risks issues.

Q. Professionalism

It is imperative that the fellow learn appropriate behavior of a professional during their experience. It is recognized that health care is best delivered when physicians are collegial, yet frank with each other and respectful and caring of their patients. It is thus the responsibility of the fellow to be fit, ready for work and dressed appropriately. Faculty should be notified if the conduct of the fellows is ever considered less than professional. The Program Director will discuss such incidents with the fellow in question. The use of illicit drugs will not be permitted at any time and alcohol shall not be consumed by anyone who is on call or on active duty. Anyone found in violation of these rules will be treated in accordance with departmental and school policy.

Sexual or gender harassment by fellows of anyone will not be tolerated and will be grounds for referral to the department’s administration. At the same time, no fellow should ever be the subject of sexual, gender, religious, ethnic or other harassment. Any complaint of such behavior should be reported to the Division Director, the program director, or the department chairman.

Finally, the Division recognizes the advantages of diversity amongst its members and supports their rights to different religious, political, economic, and artistic beliefs. Thus, any discrimination or harassment of any fellow, or any other member of the Division, because of these differences should be reported.

These policies and procedures are a supplement to the policies and procedures outlined for the Department of Medicine and the KU SOM Graduate Medical Education Office. These manuals are provided at the beginning of the fellowship and available on the websites of Internal Medicine or the Graduate Medical Education Office.

R. Impairment

Satisfactory performance includes the absence of significant impairment due to physical, mental, or emotional illness, personality disorder, or substance abuse. A fellow that shows impaired function to a degree it is causing less than satisfactory performance, and/or the impaired function is not corrected or is uncorrectable, is likely to lead to future unsatisfactory performance. 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 Department’s performance criteria, requirements, and expectations of the Infectious Diseases Fellowship Program. If the Director has cause to suspect that a fellow’s behavior may be altered due to a physical or mental impairment, the use of drugs, narcotics, or alcohol, the Director will consult with the IM RRC office to follow the standard procedures of the University in this regard. Please refer to KU GME Policy and Procedure Manual (Section 7) for the details of institutional policy regarding identification of
impairment, reintegration into training, and ongoing monitoring of affected residents or fellows.

S. Disciplinary Actions, Probation, Suspension and Termination

Disciplinary and remedial action may be initiated when the program director, after consulting with key clinical faculty, determine that such action is warranted. ID Divisional actions follow the procedures and appeals as outlined in the Program Manual for the Department of Internal Medicine and are described below in Section II. M. Please review GME Policy and Procedure Manual Sections 11 & 12. (See page 30, Advancement to Succeeding Training Year).

The Fellowship Director or the Associate Fellowship Director is responsible for the evaluation and discipline of each ID fellow in this program. Fellows are monitored and evaluated based on the six core competencies and standards set forth by the Division and Institution and include the following:

1) Patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
2) Medical knowledge including established and evolving biomedical, basic science and clinical, sciences and the application of these to patient care.
3) Practice-based learning and improvement that involves investigation and evaluation of the fellow’s own provisions of patient care, appraisal and assimilation of scientific evidence, followed by improvements in delivery of patient care.
4) Interpersonal and communication skills that result in effective information exchange making provision to team with patients, families, and other health professionals.
5) Professionalism as shown by a commitment to carrying out professional activities and responsibilities, adherence to ethical principles, and sensitivity to diverse patient types and backgrounds.
6) Systems-based practice shown by actions that demonstrate awareness of and responsiveness to the larger health care system, the ability to effectively use system resources to provide optimal care.

In addition, the fellow will comply with the rules and requirements of KUH, the KUMC GME office, the Department of Medicine Internal Medicine Program Manual. While rotating at the KC VAMC and RMC, each fellow will comply with their specific rules, guidelines, and requirements as well as those promulgated by the Boards of Healing Arts of the States of Kansas or Missouri as required.

Other specific guidelines require that each fellow will:

1) Develop a personal program of learning for continued professional growth with guidance from the teaching staff.
2) Participate in the educational and scholarly activities of their program and teach or supervise other residents, students, or fellows.
3) Participate in appropriate institutional committees as appointed by the division director or the designee.
4) Submit regularly an electronic anonymous confidential evaluation of the faculty and of the educational experience.

5) Continue in active scholarship. This may include publications, or presentations at local, regional, or national scientific society meetings and could involve cases, reports or clinical series, or translational research.

6) Be an active participant in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes collegiality, inquiry and scholarship.

Performance Deficiencies

After the Director receives notification of satisfactory evaluations and compliance with the standards outlined above and after all other terms of the ID Fellowship training Policies and Procedures are met, each fellow should expect to continue to the next level of training to complete the program.

Should a 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, the Associate Director or their designee wherein:

1. The expectations and deficiencies will be stated.
2. What the individual can do to improve will be explored and planned.
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 by the program leadership 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, Associate Program Director, or their designee 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 PWS is still considered to be in good standing and does not have to report this action on future professional applications. Should, however, the fellows be placed in PWS again after the initial 3 month period, he/she is eligible to be placed on probation.

Should the resident 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 the Residency Education Committee 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 the institution’s Graduate Medical Education office will be notified and all policies delineated within the GME Policy Manual will be followed.

A formal written letter of probation will be drafted. A written letter 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.
7. State what the consequences or options are to be if expectations are not met.
The deficient fellow will receive this letter 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 resident the importance of satisfactorily meeting the fellowship training requirements and expectations of the Department. 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, and comply with requests by the Department for assessment, counseling, or assistance, 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.

Should the fellow fail the above probationary period, then at the discretion of the Department, a letter extending the probation may be issued, or a letter 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 letter 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. This is particularly true if the Department will in all likelihood be unable to certify the resident to sit for the ABIM examination should the resident’s performance trend continue. (Please refer to the GME manual for a comprehensive section on deficiency and remediation policies.)

T. Grievance Resolution
Grievable matters are those relating to the interpretation of, application of, or compliance with the provisions of the Resident Agreement, the policies and procedures governing graduate medical education, and the general policies and procedures of the University of Kansas Medical Center. Questions of capricious, arbitrary, punitive or retaliatory actions or interpretations of the policies governing graduate medical education on the part of any faculty member or officer of the Infectious Diseases Fellowship Program are subject to the grievance process.

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. A complete description of the grievance process is available in the IM and GME Program manuals.

**U. DEA and BNDD Policies**

It is federal requirement that each practitioner hold a current registration with the Drug Enforcement Administration before prescribing any scheduled prescription medication. Also, in the state of Missouri, it is required that each prescriber hold a current BNDD (Bureau of Narcotics and Dangerous Drugs) registration with the state before prescribing scheduled medications. It is not required that any ID fellow prescribe controlled substances in Kansas or Missouri. Thus, no registration for either is required of ID fellows. However, because the need may occur during fellowship, we advise fellows to consider being licensed by both DEA (Kansas) and BNDD (Missouri).
VII. APPENDIX
ID CORE CURRICULUM SCHEDULE

It is expected that by the end of the training period, the trainee will have had extensive personal experience and will have acquired a knowledge base from didactic teaching and reading to deal competently with all of the following:
(Please see divisional calendar for each specific year for the dates of these lectures and presenters)

Year 1 and 2 Boot Camp Curriculum (Twice weekly for 5 weeks)

<table>
<thead>
<tr>
<th>Antibiotics I: B-lactams / aminoglycosides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotics II: other abx classes</td>
</tr>
<tr>
<td>HIV: Virology (pathogenesis / immunology / transmission)</td>
</tr>
<tr>
<td>HIV: anti-retrovirals (MOA / black box warnings)</td>
</tr>
<tr>
<td>HIV - OI's (done yearly / alter cases year to year)</td>
</tr>
<tr>
<td>Catheter-related Bloodstream Infections</td>
</tr>
<tr>
<td>Osteomyelitis: (including vert osteo / septic arthritis)</td>
</tr>
<tr>
<td>Infection Control</td>
</tr>
<tr>
<td>Prosthetic Joint Infections / Foreign Body Infections (CNS shunts; pacemakers, etc.)</td>
</tr>
</tbody>
</table>
# Year 1 Curriculum (Weekly conference)

<table>
<thead>
<tr>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antifungal Agents</td>
</tr>
<tr>
<td>Antimicrobial Prophylaxis :</td>
</tr>
<tr>
<td>Antimicrobial Stewardship</td>
</tr>
<tr>
<td>Bacterial genetics / mechanisms of resistance</td>
</tr>
<tr>
<td>Basics of billing</td>
</tr>
<tr>
<td>BMT Overview</td>
</tr>
<tr>
<td>Burns / Wounds</td>
</tr>
<tr>
<td>Common Respiratory Viruses</td>
</tr>
<tr>
<td>Endocarditis</td>
</tr>
<tr>
<td>Food Poisoning</td>
</tr>
<tr>
<td>Fungal Infections I</td>
</tr>
<tr>
<td>Fungal Infections II</td>
</tr>
<tr>
<td>Fungal Infections III</td>
</tr>
<tr>
<td>Hepatitis A, D-G</td>
</tr>
<tr>
<td>HIV: Related malignancies</td>
</tr>
<tr>
<td>Human &amp; Animal Bite Infections</td>
</tr>
<tr>
<td>Immunizations of Adults</td>
</tr>
<tr>
<td>Immunology Overview for the ID physician</td>
</tr>
<tr>
<td>Mono-like syndromes</td>
</tr>
<tr>
<td>Nocardia / Actinomyces infections</td>
</tr>
<tr>
<td>Non-systemic antimicrobial use</td>
</tr>
<tr>
<td>PK / PD</td>
</tr>
<tr>
<td>Sinusitis / otitis / epiglottis infections</td>
</tr>
<tr>
<td>STD’s: gonorrhea, chlamydia, chancroid, etc.</td>
</tr>
<tr>
<td>Syphilis and other spirochetal illnesses</td>
</tr>
<tr>
<td>Staphylococcal infections / virulence factors</td>
</tr>
<tr>
<td>Stem cell / BMT Infections</td>
</tr>
<tr>
<td>Streptococcal infections</td>
</tr>
</tbody>
</table>
**Year 2 Curriculum (Weekly Conference)**

<table>
<thead>
<tr>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bioterrorism</td>
</tr>
<tr>
<td>C. diff / Inflammatory enteritidies</td>
</tr>
<tr>
<td>CNS I: Encephalitis</td>
</tr>
<tr>
<td>CNS II: acute meningitis / brain abscesses</td>
</tr>
<tr>
<td>CNS III: chronic meningitis / prions</td>
</tr>
<tr>
<td>Community-acquired pneumonia</td>
</tr>
<tr>
<td>Febrile neutropenia</td>
</tr>
<tr>
<td>FUO</td>
</tr>
<tr>
<td>Head and neck infections</td>
</tr>
<tr>
<td>Hep B / Hep C</td>
</tr>
<tr>
<td>HIV: Neurologic manifestations</td>
</tr>
<tr>
<td>HIV: Initial Care</td>
</tr>
<tr>
<td>HIV: Ongoing Care</td>
</tr>
<tr>
<td>HIV: Resistance Testing</td>
</tr>
<tr>
<td>HIV Treatment Failure</td>
</tr>
<tr>
<td>Hospital-acquired pneumonia</td>
</tr>
<tr>
<td>HSV / VZV</td>
</tr>
<tr>
<td>Infections of the eye</td>
</tr>
<tr>
<td>Intraabdominal infections</td>
</tr>
<tr>
<td>Malaria</td>
</tr>
<tr>
<td>Molecular diagnostics</td>
</tr>
<tr>
<td>Non-tuberculous mycobacterium</td>
</tr>
<tr>
<td>Photo Quiz</td>
</tr>
<tr>
<td>Rickettsial infections</td>
</tr>
<tr>
<td>Sepsis</td>
</tr>
<tr>
<td>Skin and soft tissue infections</td>
</tr>
<tr>
<td>SOT Infections: I</td>
</tr>
<tr>
<td>SOT Infections: II</td>
</tr>
<tr>
<td>Tick-borne Illnesses</td>
</tr>
<tr>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Urinary tract infections</td>
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<tr>
<td>Conference</td>
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<td>----------------------------------</td>
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<tr>
<td>ID Case Conference</td>
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<tr>
<td>ID M&amp;M / QI Conference</td>
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<tr>
<td>ID Journal Club</td>
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<tr>
<td>ID Core Conference</td>
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<tr>
<td>ID Research Meeting</td>
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<tr>
<td>ID Board Review Questions</td>
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<tr>
<td>IM Grand Rounds</td>
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<tr>
<td>GME curriculum series</td>
</tr>
<tr>
<td>Antibiotic P&amp;T Subcommittee</td>
</tr>
<tr>
<td>Infection Control and Prevention</td>
</tr>
<tr>
<td>IM Clinical Pathologic Conference</td>
</tr>
<tr>
<td>IM Patient Safety</td>
</tr>
</tbody>
</table>


### Overview of the Educational Objectives with Reference To Six Core Competencies **Year One Fellowship**

<table>
<thead>
<tr>
<th>Inpatient service Fellows will:</th>
<th>Outpatient clinic Fellows will:</th>
<th>Research Fellows will:</th>
<th>Microbiology Fellows will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- gather data; order diagnostic tests; interpret data; make diagnostic and therapeutic decisions; perform and interpret Gram stains; manage patient therapies, emphasizing appropriate use of antimicrobials; and work with others to provide patient-focused care (PC, MK, P, CS, PB, SBL)</td>
<td>- manage medical and psychosocial aspects of common and complex outpatient infectious diseases (PC, MK, CS, PBL, SBL, P)</td>
<td>- provide a written description of their proposed project and seek IRB approval (CS, P, SBL)</td>
<td>- become familiar with the technical aspects of pathogen isolation, sensitivity testing, and molecular methods (MK, PC)</td>
</tr>
<tr>
<td>- manage common and complex ID; problems n the face of antibiotic resistance (PC, MK, PBL)</td>
<td>- develop skill in the use of antibiotics, and prophylactic agents (PC, MK)</td>
<td>- gain skills in the design of approaches that protect subjects in research studies (PC, MK, P, PBL, CS)</td>
<td>- communicate clearly with the microbiology staff and clinical service (SBL, CS, P)</td>
</tr>
<tr>
<td>- develop skills to appraise the current medical literature to support decision-making (PBL, MK)</td>
<td>- appraise the medical literature regarding outpatient care to support decision making (PBL, MK, SBL, PC)</td>
<td>- use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes (CS, P)</td>
<td>- demonstrate honesty, integrity, reliability (P, CS)</td>
</tr>
<tr>
<td>- develop communication skills to facilitate the learning of others (PBL, SBL, CS, P)</td>
<td>- Use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes (CS, P)</td>
<td>- Be responsive to needs of patients and society superseding self-interest (P)</td>
<td></td>
</tr>
<tr>
<td>- use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes (CS, P)</td>
<td>- demonstrate respect, compassion, and integrity; be honest, reliable, cooperative, and accept responsibility (P)</td>
<td>- communicating interim results to patients faculty, and the IRB (CS, P)</td>
<td></td>
</tr>
<tr>
<td>- be responsive to patients and society, superseding self-interest (P)</td>
<td>- Work with health care professionals effectively to provide patient-focused care; advocate for quality patient care (SBL, CS, P)</td>
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<td></td>
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<tr>
<td>- demonstrate integrity, honesty, reliability, cooperative, and accept responsibility (P)</td>
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<tr>
<td>- work with health care professionals to provide patient-focused care; advocate for quality patient care (SBL, CS, P)</td>
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</tbody>
</table>
### Overview of the Educational Objectives with Reference To Six Core Competencies Year Two Fellowship

<table>
<thead>
<tr>
<th>Inpatient service</th>
<th>Outpatient clinic</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In addition to year 1 objectives, fellows will:</strong>&lt;br&gt;- accurately apply clinical information to ensure positive patient outcomes (<strong>PC, PBL, MK</strong>)</td>
<td><strong>In addition to year 1 objectives, the fellow will:</strong>&lt;br&gt;- establish their own panel of HIV-positive patients to understand management issues, including financial and psychosocial, related to antiretroviral therapy, prophylaxis and management of opportunistic infections, and non-medical of case management (<strong>PC, MK, PBL, CS, P, SBL</strong>)</td>
<td><strong>In addition to year 1 objectives, fellows will:</strong>&lt;br&gt;- become adept at obtaining and analyzing the relevant research literature (<strong>MK, PBL</strong>)</td>
</tr>
<tr>
<td>- assume more responsibility making clinical decisions (<strong>PC, MK, P</strong>)</td>
<td>- understand management issues associated with outpatient administration of antibiotics (<strong>PC, MK, SBL</strong>)</td>
<td>- prepare research for publication and/or presentation (<strong>CS, P, SBL</strong>)</td>
</tr>
<tr>
<td>- regularly use medical literature to support decision making (<strong>PBL, MK, PC</strong>)</td>
<td>continue to develop and improve consultative skills in the outpatient setting (<strong>PC, CS, P, SBL, PBL, MK</strong>)</td>
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<tr>
<td>- effectively discuss end of life care with patients and their families (<strong>CS, P</strong>)</td>
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<td></td>
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<tr>
<td>- display initiative and leadership (<strong>P, CS, SBL</strong>)</td>
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<tr>
<td>- appropriately delegate responsibility to others (<strong>P, SBL, CS</strong>)</td>
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<tr>
<td>- show a commitment to professional development (<strong>P</strong>)</td>
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<tr>
<td>- use systematic approaches to reduce errors (<strong>SBL</strong>)</td>
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<tr>
<td>- partner with other providers to improve patient care (<strong>SBL, CS, P</strong>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- provide cost-effective care (<strong>SBL, PBL, MK</strong>)</td>
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</tbody>
</table>

**Competency:**<br>**CS** = Interpersonal and communication skills<br>**PC** = Patient care<br>**P** = Professionalism<br>**MK** = Medical knowledge<br>**SBL** = Systems based Learning<br>**PBL** = Practice-based learning
OVERVIEW OF GOALS AND OBJECTIVES FOR ROTATIONS

**Infectious Diseases Fellowship: Kansas University Hospital (KUH) Inpatient Consultation**

| Duration: | 1st year Fellows are assigned to the KUH inpatient consult service for 6 months. 2nd year Fellows are assigned to the KUH inpatient consult service for 6 months. |
| Supervision (Interaction with faculty): | Supervision of the fellow by Infectious Disease attending at KUH for inpatient service |
| Rotation Facility | University of Kansas Hospital |
| Required Didactics/conferences: | ID Case Conference, ID Journal Club, ID Core Conference |

**Infectious Diseases Fellowship: KUH Inpatient Consultation Rotation**

**Fellow Year 1 & 2**

**PATIENT CARE**

**Goal:** Demonstrate competence in the continuum of inpatient care for infectious diseases patients

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td>Work effectively with others to provide patient-focused care that is compassionate, appropriate and effective for the treatment of health problems and promotion of health</td>
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<tr>
<td>Demonstrate ability to gather data; order diagnostic tests; interpret data; make diagnostic and therapeutic decisions</td>
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<tr>
<td>Demonstrate ability to perform and interpret Gram stains</td>
<td></td>
</tr>
<tr>
<td>Demonstrate ability to manage patient therapies, emphasizing appropriate use of antimicrobials</td>
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</tr>
<tr>
<td>Demonstrate ability to manage common and complex ID problems in the face of antibiotic resistance</td>
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</tr>
</tbody>
</table>

**Goal:** Accurately apply clinical information to ensure positive patient outcomes

**Goal:** Demonstrate competence in the diagnosis and management of infectious disease areas

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
</tr>
<tr>
<td>This will include the following infectious diseases areas:</td>
<td></td>
</tr>
<tr>
<td>Bacterial infections</td>
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<tr>
<td>Fungal infections</td>
<td></td>
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<tr>
<td><strong>Viral infections</strong></td>
<td><strong>HIV/AIDS</strong></td>
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<td>----------------------</td>
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<tr>
<td><strong>Parasitic infections</strong></td>
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<tr>
<td><strong>Sepsis syndromes</strong></td>
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<tr>
<td><strong>Infections in patients with impaired host defenses</strong></td>
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<tr>
<td><strong>Infections in patients in intensive care units</strong></td>
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<tr>
<td><strong>Infections in surgical patients</strong></td>
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<tr>
<td><strong>Health care-associated infections</strong></td>
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<tr>
<td><strong>Infected travelers</strong></td>
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<tr>
<td><strong>Sexually transmitted infections</strong></td>
<td></td>
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<tr>
<td><strong>Prosthetic devise infections</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation, Record Review, Chart simulated recall, In-training Exam

### MEDICAL KNOWLEDGE

**Goal:**
Develop increased mastery of knowledge surrounding all aspects of infectious disease

<table>
<thead>
<tr>
<th><strong>Fellow LEVEL</strong></th>
<th><strong>Objectives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<p>| <strong>Demonstrate knowledge of the scientific method of problem solving and evidence based decision making</strong> |
| <strong>Demonstrate comprehensive knowledge of indications, contraindications, limitations, complications, techniques, and interpretations of results of those diagnostic and therapeutic procedures integral to the discipline including appropriate indication for and use of screening tests/procedures.</strong> |
| <strong>Demonstrate competency in the appropriate procedures for specimen collection relevant to ID, including but not limited to bronchoscopy, thoracentesis, arthrocentesis, lumbar puncture, and aspiration of abscess cavities.</strong> |
| <strong>Understand the fundamentals of host defense and mechanisms of microorganism pathogenesis.</strong> |
| <strong>Demonstrate knowledge of antimicrobial resistance, drug-drug interactions between antimicrobial agents and other compounds and knowledge of mechanisms of action of adverse reactions of antimicrobial agent.</strong> |
| <strong>Understand the characteristics, use and complications of antiretroviral agents, mechanisms and clinical significance of viral resistance to antiretroviral agents and be able to recognize and manage opportunistic infections in patients with HIV/AIDS</strong> |
| <strong>Demonstrate knowledge and application of the appropriate use and management of antimicrobial agents in the hospital and non acute care units.</strong> |
| <strong>Demonstrate knowledge of infection control and hospital epidemiology</strong> |
| <strong>Understand the principles of prophylaxis and immunoprophylaxis to enhance resistance to infections</strong> |</p>
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>Demonstrate knowledge of the development of appropriate antibiotic utilizations and restriction policies</th>
</tr>
</thead>
</table>
| 2 | Assume more responsibility making clinical decisions  
Demonstrate knowledge and leadership in guiding other healthcare members on appropriate antibiotic utilization and restriction policies. |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, In-training exam, Role-play or simulations

### INTERPERSONAL COMMUNICATION SKILLS

**Goal:** Develop interpersonal communication skills that result in improved communication with patients, family and healthcare team members.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
<td></td>
</tr>
</tbody>
</table>
| 1 | 2 | Develop communication skills to facilitate the learning of others  
Use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes |
| 2 | Effectively discuss end of life care with patients and their families  
Display initiative and leadership in initiating and maintaining effective communication. |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation, Patient survey

### PROFESSIONALISM

**Goal:** Demonstrate ability and commitment to carrying out professional responsibilities and adherence to ethic principles in the care of infectious disease patients.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
<td></td>
</tr>
</tbody>
</table>
| 1 | 2 | Demonstrate the ability to be responsive to patients and society, superseding self-interest  
Demonstrate integrity, honesty, reliability, cooperative, and accept responsibility  
Demonstrate a high standard of ethical behavior, including ability to maintain professional relationships with other physicians and ability to avoid conflicts of interest  
Demonstrate a commitment to lifelong learning |
| 2 | Show a commitment to professional development  
Partner with other providers to improve patient care |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation

### PRACTICE BASED LEARNING

**Goal:**
Demonstrate understanding and ability for self reflection and life-long learning through the ability to investigate and evaluate personal care of patients and appraise and assimilate scientific evidence to continually improve patient care for infectious disease patients.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
</tr>
</tbody>
</table>

1. Develop skills to appraise the current medical literature to support evidence based decision-making

2. Regularly use medical literature to support decision making
   Regularly apply new contributions to the management and care of infectious disease patients.

**Evaluation Methods:** Attending Evaluation, Self Evaluation

---

**SYSTEMS BASED PRACTICE**

**Goal:**
Demonstrate understanding and responsiveness to the larger context and system of healthcare and ability to utilize resources in the system to establish and maintain optimal healthcare for infectious disease patients.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
</tr>
</tbody>
</table>

1. Demonstrate ability to work with health care professionals to provide patient focused care; advocate for quality patient care
   Work in inter-professional teams to enhance patient safety and improve patient quality of care.

2. Advocate for quality patient care incorporating consideration of cost and risk-benefit analysis as appropriate for equitable care for all infectious disease patients
   Use systematic approaches to reduce errors

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation
**Infectious Diseases Fellowship: Kansas City Veterans Administration Medical Center (KC VAMC) Inpatient Consultation**

| Duration: | 1st year Fellows are assigned to the KC VAMC inpatient consult service for 3 months each  
2nd year Fellows are assigned to the KC VAMC inpatient consult service for 1-2 months each |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Supervision (Interaction with faculty)</td>
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</tr>
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<td>Rotation Facility</td>
<td>Kansas City Veterans Administration Center</td>
</tr>
<tr>
<td>Required Didactics/conferences:</td>
<td>ID Case Conference, ID Journal Club, ID Core Conference</td>
</tr>
</tbody>
</table>

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**Infectious Diseases Fellowship: KC VAMC Inpatient Consultation Rotation**

**Fellow Year 1 & 2**

<table>
<thead>
<tr>
<th><strong>Fellow LEVEL</strong></th>
<th><strong>Objectives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong></td>
<td>Demonstrate competence in the continuum of inpatient care for infectious diseases patients</td>
</tr>
<tr>
<td><strong>Fellow LEVEL</strong></td>
<td><strong>Objectives</strong></td>
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<tr>
<td>1</td>
<td><strong>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</strong></td>
</tr>
</tbody>
</table>
| 2 | Demonstrate ability to gather data; order diagnostic tests; interpret data; make diagnostic and therapeutic decisions;  
Demonstrate ability to perform and interpret Gram stains;  
Demonstrate ability to manage patient therapies, emphasizing appropriate use of antimicrobials;  
Work effectively with others to provide patient-focused care;  
Demonstrate ability to manage common and complex ID problems in the face of antibiotic resistance |
| 2 | **Accurately apply clinical information to ensure positive patient outcomes** |
| **Goal:** | Demonstrate competence in the diagnosis and management of infectious disease areas |
| **Fellow LEVEL** | **Objectives** |
| 1 | **Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives** |
| 2 | This will include the following infectious diseases areas:  
Bacterial infections  
Fungal infections  
Viral infections  
HIV/AIDS  
Parasitic infections |
### MEDICAL KNOWLEDGE

**Goal:** Develop increased mastery of knowledge surrounding all aspects of infectious disease

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<tr>
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<tr>
<td>Demonstrate knowledge of infection control and hospital epidemiology</td>
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<td>Understand the principles of prophylaxis and immunoprophylaxis to enhance resistance to infections</td>
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<td>Understand the fundamentals of host defense and mechanisms of microorganism pathogenesis.</td>
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<td>Understand the characteristics, use and complications of antiretroviral agents, mechanisms and clinical significance of viral resistance to antiretroviral agents</td>
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<td>Demonstrate comprehensive knowledge of indications, contraindications, limitations, complications, techniques, and interpretations of results of those diagnostic and therapeutic procedures integral to the discipline including appropriate indication for and use of screening tests/procedures.</td>
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<tr>
<td>Demonstrate knowledge of the mechanisms of action and adverse reactions of antimicrobial agents</td>
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<td>Antimicrobial resistance, drug-drug interactions between antimicrobial agents and other compounds</td>
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<tr>
<td>Demonstrate knowledge and application of the appropriate use and management of antimicrobial agents in the hospital and non acute care units.</td>
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<tr>
<td>Assume more responsibility making clinical decisions</td>
</tr>
<tr>
<td>Demonstrate knowledge and leadership in guiding other healthcare members on appropriate antibiotic utilization and restriction policies.</td>
</tr>
</tbody>
</table>

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation, Record Review, Chart simulated recall, In-training Exam

### INTERPERSONAL COMMUNICATION SKILLS

**Goal:** Develop interpersonal communication skills that result in improved communication with patients, family and healthcare team members.

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<tbody>
<tr>
<td>Develop communication skills to facilitate the learning of others</td>
<td></td>
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</tbody>
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**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, In-training exam, Role-play or simulations

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Use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes

| 2 | Effectively discuss end of life care with patients and their families |
|   | Display initiative and leadership in initiating and maintaining effective communication. |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation, Patient survey

**PROFESSIONALISM**

**Goal:**
Demonstrate ability and commitment to carrying out professional responsibilities and adherence to ethic principles in the care of infectious disease patients.

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| 1 2 | Demonstrate the ability to be responsive to patients and society, superseding self-interest |
|     | Demonstrate integrity, honesty, reliability, cooperative, and accept responsibility |
|     | Demonstrate a high standard of ethical behavior, including ability to maintain professional relationships with other physicians and ability to avoid conflicts of interest |
|     | Demonstrate a commitment to lifelong learning |

| 2 | Show a commitment to professional development |
|   | Partner with other providers to improve patient care |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation

**PRACTICE BASED LEARNING**

**Goal:**
Demonstrate understanding and ability for self reflection and life-long learning through the ability to investigate and evaluate personal care of patients and appraise and assimilate scientific evidence to continually improve patient care for infectious disease patients.

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</table>

| 1 2 | Develop skills to appraise the current medical literature to support evidence based decision-making |
|     | Regularly use medical literature to support decision making |
|     | Regularly apply new contributions to the management and care of infectious disease patients |

**Evaluation Methods:** Attending Evaluation, Self Evaluation

**SYSTEMS BASED PRACTICE**

**Goal:**
Demonstrate understanding and responsiveness to the larger context and system of healthcare and ability to utilize resources in the system to establish and maintain optimal healthcare for infectious disease patients.

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</table>

| 1 | | |
| 2 | Regularly apply new contributions to the management and care of infectious disease patients. |
| 1 | 2 | Demonstrate ability to work with health care professionals to provide patient focused care; advocate for quality patient care  
Work in inter-professional teams to enhance patient safety and improve patient quality of care. |
|---|---|---|
| 2 | **Advocate for quality patient care incorporating consideration of cost and risk-benefit analysis as appropriate for equitable care for all infectious disease patients**  
*Use systematic approaches to reduce errors* | **Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation |
Infectious Diseases Fellowship: Research Medical Center (RMC)

Inpatient Consultation

<table>
<thead>
<tr>
<th>Duration:</th>
<th>1st year Fellows are assigned to the RMC inpatient consult service for 3 months each. 2nd year Fellows are assigned to the RMC inpatient consult service for 1-2 months each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision (Interaction with faculty)</td>
<td>Supervision of the fellow by Infectious Disease attending at RMC for inpatient service</td>
</tr>
<tr>
<td>Rotation Facility</td>
<td>Research Medical Center</td>
</tr>
<tr>
<td>Required Didactics/conferences:</td>
<td>ID Case Conference, ID Journal Club, ID Core Conference</td>
</tr>
</tbody>
</table>

Infectious Diseases Fellowship: RMC Inpatient Consultation Rotation

Fellow Year 1 & 2

**PATIENT CARE**

Goal: Demonstrate competence in the continuum of inpatient care for infectious diseases patients

<table>
<thead>
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<tbody>
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2 Accurately apply clinical information to ensure positive patient outcomes

Goal:

Demonstrate competence in the diagnosis and management of infectious disease areas

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<td>This will include the following infectious diseases areas: Bacterial infections Fungal infections Viral infections HIV/AIDS Parasitic infections Sepsis syndromes Infections in patients with impaired host defenses</td>
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</tbody>
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Infections in patients in intensive care units  
Infections in surgical patients  
Health care-associated infections  
Infected travelers  
Sexually transmitted infections  
Prosthetic devise infections

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation, Record Review, Chart simulated recall, In-training Exam

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### MEDICAL KNOWLEDGE

**Goal:**  
Develop increased mastery of knowledge surrounding all aspects of infectious disease

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<tr>
<th>Fellow LEVEL</th>
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| **1 2**      | Demonstrate knowledge of infection control and hospital epidemiology  
Understand the principles of prophylaxis and immunoprophylaxis to enhance resistance to infections  
Understand the fundamentals of host defense and mechanisms of microorganism pathogenesis.  
Understand the characteristics, use and complications of antiretroviral agents, mechanisms and clinical significance of viral resistance to antiretroviral agents  
Recognize and manage opportunistic infections in patients with HIV/AIDS  
Demonstrate comprehensive knowledge of indications, contraindications, limitations, complications, techniques, and interpretations of results of those diagnostic and therapeutic procedures integral to the discipline including appropriate indication for and use of screening tests/procedures.  
Demonstrate knowledge of the mechanisms of action and adverse reactions of antimicrobial agents  
Antimicrobial resistance, drug-drug interactions between antimicrobial agents and other compounds  
Demonstrate knowledge and application of the appropriate use and management of antimicrobial agents in the hospital and non acute care units.  
Assume more responsibility making clinical decisions  
Demonstrate knowledge and leadership in guiding other healthcare members on appropriate antibiotic utilization and restriction policies.  
| 2           | Develop communication skills to facilitate the learning of others |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, In-training exam, Role-play or simulations

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### INTERPERSONAL COMMUNICATION SKILLS

**Goal:**  
Develop interpersonal communication skills that result in improved communication with patients, family and healthcare team members.

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**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, In-training exam, Role-play or simulations
Use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes

| 2 | Effectively discuss end of life care with patients and their families
|   | Display initiative and leadership in initiating and maintaining effective communication. |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation, Patient survey

### PROFESSIONALISM

**Goal:**
Demonstrate ability and commitment to carrying out professional responsibilities and adherence to ethic principles in the care of infectious disease patients.

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- 1 2
  - Demonstrate the ability to be responsive to patients and society, superseding self-interest
  - Demonstrate integrity, honesty, reliability, cooperative, and accept responsibility
  - Demonstrate a high standard of ethical behavior, including ability to maintain professional relationships with other physicians and ability to avoid conflicts of interest
  - Demonstrate a commitment to lifelong learning

- 2
  - *Show a commitment to professional development*
  - *Partner with other providers to improve patient care*

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation, 360 Evaluation

### PRACTICE BASED LEARNING

**Goal:**
Demonstrate understanding and ability for self reflection and life-long learning through the ability to investigate and evaluate personal care of patients and appraise and assimilate scientific evidence to continually improve patient care for infectious disease patients.

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- 1 2
  - Develop skills to appraise the current medical literature to support evidence based decision-making

- 2
  - *Regularly use medical literature to support decision making*
  - *Regularly apply new contributions to the management and care of infectious disease patients.*

**Evaluation Methods:** Attending Evaluation, Self Evaluation

### SYSTEMS BASED PRACTICE

**Goal:**
Demonstrate understanding and responsiveness to the larger context and system of healthcare and ability to utilize resources in the system to establish and maintain optimal healthcare for infectious disease patients.

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|   |   | Demonstrate ability to work with health care professionals to provide patient focused care; advocate for quality patient care.  
|   |   | Work in inter-professional teams to enhance patient safety and improve patient quality of care.  
|   | 2 | Advocate for quality patient care incorporating consideration of cost and risk-benefit analysis as appropriate for equitable care for all infectious disease patients.  
|   |   | Use systematic approaches to reduce errors.  

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Direct Observation
Infectious Diseases Fellowship: Clinic Rotation

| Duration: | 1st year Fellows are assigned to the outpatient consult service for 12 months  
2nd year Fellows are assigned to the KUH inpatient consult service for 12 months |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Supervision (Interaction with faculty)</td>
<td>Supervision of the fellow by Infectious Disease attending at KUH for inpatient service</td>
</tr>
<tr>
<td>Rotation Facility</td>
<td>University of Kansas Hospital</td>
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<tr>
<td>Required Didactics/conferences:</td>
<td>ID Case Conference, ID Journal Club, ID Core Conference</td>
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Infectious Diseases Fellowship: Clinic Rotation

University of Kansas Medical Center

Fellow Year 1 & 2

<table>
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<tr>
<th>PATIENT CARE</th>
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<tbody>
<tr>
<td><strong>Goal:</strong> Demonstrate competence in the continuum of outpatient care for infectious diseases patients</td>
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**Goal:**
Demonstrate competence in the diagnosis and management of infectious disease areas

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Infections in patients with impaired host defenses
Infections in patients in intensive care units
Infections in surgical patients
Health care-associated infections
Infected travelers
Sexually transmitted infections
Prosthetic devise infections

**Teaching Methods:** Direct Patient Care, ID Core Curriculum, ID Case Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation, 360 Evaluation

### MEDICAL KNOWLEDGE

**Goal:**
Develop increased mastery of knowledge surrounding all aspects of infectious disease

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<td>Develop skill in the use of antibiotics and prophylactic agents</td>
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<td>Understand the fundamentals of host defense and mechanisms of microorganism pathogenesis.</td>
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<td>Demonstrate knowledge of the mechanisms of action and adverse reactions of antimicrobial agents</td>
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<td></td>
<td>Demonstrate knowledge and application of the appropriate use and management of antimicrobial agents in the outpatient setting.</td>
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<td>2</td>
<td>Understand management issues associated with outpatient administration of antibiotics</td>
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<tr>
<td></td>
<td>Demonstrate knowledge and leadership in guiding other healthcare members on appropriate antibiotic utilization and restriction policies.</td>
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**Teaching Methods:** Direct Patient Care, ID Core Curriculum, ID Case Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation, 360 Evaluation

### INTERPERSONAL COMMUNICATION SKILLS

**Goal:**
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### 1

| 2 | Develop communication skills to facilitate the learning of others |
|   | Use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes |

| 2 | Effectively discuss end of life care with patients and their families |
|   | Display initiative and leadership in initiating and maintaining effective communication |

**Teaching Methods:** Direct Patient Care, ID Core Curriculum, ID Case Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation, 360 Evaluation

### PROFESSIONALISM

**Goal:**
Demonstrate ability and commitment to carrying out professional responsibilities and adherence to ethic principles in the care of infectious disease patients.

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| 2 | Demonstrate the ability to be responsive to patients and society, superseding self-interest |
|   | Be responsive to needs of patients and society superseding self-interest |
|   | Demonstrate respect, compassion and integrity; be honest, reliable, cooperative and accept responsibility |
|   | Demonstrate a commitment to lifelong learning |

| 2 | Show a commitment to professional development |
|   | Partner with other providers to improve patient care |

**Evaluation Methods:** Attending Evaluation, Self Evaluation, 360 Evaluation

### PRACTICE BASED LEARNING

**Goal:**
Demonstrate understanding and ability for self-reflection and life-long learning through the ability to investigate and evaluate personal care of patients and appraise and assimilate scientific evidence to continually improve patient care for infectious disease patients.

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| 1 | Develop skills to appraise the current medical literature to support evidence based decision-making |
|   | Regularly use medical literature to support decision making |
|   | Regularly apply new contributions to the management and care of infectious disease patients in outpatient settings |
|   | Continue to develop and improve consultative skills in the outpatient setting |

**Teaching Methods:** Direct Patient Care, ID Core Curriculum, ID Case Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation

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# SYSTEMS BASED PRACTICE

**Goal:**
Demonstrate understanding and responsiveness to the larger context and system of healthcare and ability to utilize resources in the system to establish and maintain optimal healthcare for infectious disease patients.

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|              | Demonstrate ability to work with health care professionals to provide patient focused care; advocate for quality patient care  
              | Work in inter-professional teams to enhance patient safety and improve patient quality of care |
| 2            | Advocate for quality patient care incorporating consideration of cost and risk-benefit analysis as appropriate for equitable care for all infectious disease patients  
              | Use systematic approaches to reduce errors |

**Teaching Methods:** Direct Patient Care, ID Core Curriculum, ID Case Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation, 360 Evaluation
**Infectious Diseases Fellowship: Kansas City Veterans Administration Medical Center (KC VAMC) Clinic Rotation**

| Duration: | 1st year Fellows are assigned to the KC VAMC outpatient clinics for two 1/2 days per week during rotation  
2nd year Fellows are assigned to the KC VAMC outpatient clinics for two 1/2 days per week during rotation |
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<tr>
<td>Rotation Facility</td>
<td>Kansas City Veterans Administration Medical Center</td>
</tr>
<tr>
<td>Required Didactics/conferences:</td>
<td>Teaching Methods: Direct Patient Care and ID Core Curriculum, ID Case Conference by Adobeconnect</td>
</tr>
</tbody>
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**Infectious Diseases Fellowship: Clinic Rotation**

**Kansas City Veterans Administration Medical Center (KC VAMC)**

**Fellow Year 1 & 2**

<table>
<thead>
<tr>
<th>PATIENT CARE</th>
</tr>
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</table>

**Goal:** Demonstrate competence in the continuum of outpatient care for infectious diseases patients

**Fellow LEVEL**

**Objectives**

Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives

| 1 | 2 | Demonstrate ability to gather data; order diagnostic tests; interpret data; make diagnostic and therapeutic decisions;  
Manage medical and psychosocial aspects of common and complex outpatient infectious diseases  
Work effectively with others to provide patient-focused care  
Demonstrate ability to manage common and complex ID problems in the face of antibiotic resistance |

| 2 | Demonstrate ability manage HIV-positive patients to understand patient management issues, including financial and psychosocial, related to antiretroviral therapy, prophylaxis and management of opportunistic infections, and non-medical case management |

**Goal:**

Demonstrate competence in the diagnosis and management of infectious disease areas

**Fellow LEVEL**

**Objectives**

Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives

| 1 | 2 | This will include the following infectious diseases areas:  
Bacterial infections  
Fungal infections |
| Teaching Methods: Direct Patient Care and ID Core Curriculum, ID Case Conference by Adobeconnect |
| Evaluation Methods: Attending Evaluation, Self Evaluation |

**MEDICAL KNOWLEDGE**

**Goal:**
Develop increased mastery of knowledge surrounding all aspects of infectious disease

**Fellow LEVEL Objectives**

<table>
<thead>
<tr>
<th>Level</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop skill in the use of antibiotics and prophylactic agents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understand the principles of prophylaxis and immunoprophylaxis to enhance resistance to infections</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Understand the fundamentals of host defense and mechanisms of microorganism pathogenesis.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understand the characteristics, use and complications of antiretroviral agents, mechanisms and clinical significance of viral resistance to antiretroviral agents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recognize and manage opportunistic infections in patients with HIV/AIDS</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Demonstrate comprehensive knowledge of indications, contraindications, limitations, complications, techniques, and interpretations of results of diagnostic and therapeutic procedures integral to the discipline including appropriate indication for and use of screening tests/procedures.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrate knowledge of the mechanisms of action and adverse reactions of antimicrobial agents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Antimicrobial resistance, drug-drug interactions between antimicrobial agents and other compounds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Demonstrate knowledge and application of the appropriate use and management of antimicrobial agents in the outpatient setting.</td>
<td></td>
</tr>
</tbody>
</table>

2

Understand management issues associated with outpatient administration of antibiotics
Demonstrate knowledge and leadership in guiding other healthcare members on appropriate antibiotic utilization and restriction policies.
### INTERPERSONAL COMMUNICATION SKILLS

**Goal:** Develop interpersonal communication skills that result in improved communication with patients, family and healthcare team members.

**Fellow LEVEL Objectives**  
*Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | 2 | Develop communication skills to facilitate the learning of others  
Use effective listening, narrative, and non-verbal skills; write legible and comprehensive notes |
| 2 |   | Effectively discuss end of life care with patients and their families  
Display initiative and leadership in initiating and maintaining effective communication. |

**Teaching Methods:** Direct Patient Care and ID Core Curriculum, ID Case Conference by Adobeconnect

**Evaluation Methods:** Attending Evaluation, Self Evaluation

### PROFESSIONALISM

**Goal:** Demonstrate ability and commitment to carrying out professional responsibilities and adherence to ethic principles in the care of infectious disease patients.

**Fellow LEVEL Objectives**  
*Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | 2 | Demonstrate the ability to be responsive to patients and society, superseding self-interest  
Demonstrate respect, compassion and integrity; be honest, reliable, cooperative and accept responsibility  
Demonstrate a commitment to lifelong learning |
| 2 |   | Show a commitment to professional development  
Partner with other providers to improve patient care |

**Teaching Methods:** Direct Patient Care and ID Core Curriculum, ID Case Conference by Adobeconnect

**Evaluation Methods:** Attending Evaluation, Self Evaluation

### PRACTICE BASED LEARNING

**Goal:** Demonstrate understanding and ability for self-reflection and life-long learning through the ability to investigate and evaluate personal care of patients and appraise and assimilate scientific evidence to continually improve patient care for infectious disease patients.

**Fellow LEVEL Objectives**  
*Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives*

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>Develop skills to appraise the current medical literature to support evidence based decision-making</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Regularly use medical literature to support decision making</td>
</tr>
</tbody>
</table>
### Regularly apply new contributions to the management and care of infectious disease patients in outpatient settings

Continue to develop and improve consultative skills in the outpatient setting.

#### Teaching Methods: Direct Patient Care and ID Core Curriculum, ID Case Conference by Adobeconnect

#### Evaluation Methods: Attending Evaluation, Self Evaluation

### SYSTEMS BASED PRACTICE

#### Goal:
Demonstrate understanding and responsiveness to the larger context and system of healthcare and ability to utilize resources in the system to establish and maintain optimal healthcare for infectious disease patients.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Teaching Methods: Direct Patient Care and ID Core Curriculum, ID Case Conference by Adobeconnect

#### Evaluation Methods: Attending Evaluation, Self Evaluation
# Infectious Diseases Fellowship: Microbiology Rotation

**Duration:**
- **PGY 4 Fellows** are assigned to the microbiology lab 30 minutes for 2 days a week for 6 months
- **PGY 5 fellows** are assigned to the microbiology lab 30 minutes for 2 days a week for 9 months

**Supervision (Interaction with faculty):**
Supervision of the fellow by faculty Microbiologists

**Rotation Facility:**
University of Kansas Medical Center

## Infectious Disease Fellowship: Microbiology Rotation

### University of Kansas

#### Fellow year 1 & 2

### PATIENT CARE

**Goal:** Demonstrate competence aspects of microbiology as it applies to infectious diseases.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
</tr>
<tr>
<td>2</td>
<td>Become familiar with the technical aspects of pathogen isolation, sensitivity testing, and molecular methods and develop knowledge of how they are applied to the continuum of patient care</td>
</tr>
<tr>
<td>3</td>
<td>Begin to instruct the year one fellows and ask clinical questions of them while viewing the pathogen with the microbiologists</td>
</tr>
</tbody>
</table>

**Teaching Methods:** Direct Patient Care

**Evaluation Methods:** Self Evaluation, 360 Evaluation

### MEDICAL KNOWLEDGE

**Goal:** Develop increased mastery of knowledge surrounding all aspects of infectious disease.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
</tr>
<tr>
<td>2</td>
<td>Become familiar with the technical aspects of pathogen isolation, sensitivity testing, and molecular methods.</td>
</tr>
<tr>
<td>3</td>
<td>Begin to instruct the year one fellows and ask clinical questions of them while viewing the pathogen with the microbiologists</td>
</tr>
</tbody>
</table>

**Teaching Methods:** Direct Patient Care, ID Case Conference, ID Core Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation

### INTERPERSONAL COMMUNICATION SKILLS

**Goal:** Develop interpersonal communication skills that result in improved communication with patients, family and healthcare team members.

<table>
<thead>
<tr>
<th>Objectives</th>
</tr>
</thead>
</table>
### Fellow LEVEL

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Develop communication skills to facilitate the learning of others</td>
</tr>
<tr>
<td></td>
<td>Communicate clearly with the microbiology staff and clinical service</td>
</tr>
<tr>
<td></td>
<td>Work with microbiology staff and clinical services to provide a multidisciplinary approach to the diagnosis and treatment of infections</td>
</tr>
</tbody>
</table>

- Effectively discuss end of life care with patients and their families
- Display initiative and leadership in initiating and maintaining effective communication

**Teaching Methods:** Direct Patient Care

**Evaluation Methods:** Attending Evaluation, 360 Evaluation

### PROFESSIONALISM

**Goal:**
Demonstrate ability and commitment to carrying out professional responsibilities and adherence to ethical principles in the care of infectious disease patients.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Demonstrate respect, compassion, and integrity; be honest, reliable, cooperative and accept responsibility</td>
</tr>
<tr>
<td>2</td>
<td>Show a commitment to professional development</td>
</tr>
<tr>
<td></td>
<td>Partner with other providers to improve patient care</td>
</tr>
</tbody>
</table>

**Teaching Methods:** Direct Patient Care

**Evaluation Methods:** Attending Evaluation, 360 Evaluation

### PRACTICE BASED LEARNING

**Goal:**
Demonstrate understanding and ability for self-reflection and life-long learning through the ability to investigate and evaluate personal care of patients and appraise and assimilate scientific evidence to continually improve patient care for infectious disease patients.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Appraise the medical literature to support decision making.</td>
</tr>
<tr>
<td>2</td>
<td>Regularly use medical literature to support decision making</td>
</tr>
</tbody>
</table>

**Teaching Methods:** ID Case Conference, ID Core Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation

### SYSTEMS BASED PRACTICE

**Goal:**
Demonstrate understanding and responsiveness to the larger context and system of healthcare and ability to utilize resources in the system to establish and maintain optimal healthcare for infectious disease patients.

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</td>
</tr>
</tbody>
</table>

80
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Work with the microbiology staff and clinical service teams to enhance patient safety and improve patient quality of care.</td>
</tr>
<tr>
<td>2</td>
<td>Advocate for quality patient care incorporating consideration of cost and risk-benefit analysis as appropriate for equitable care for all infectious disease patients. Use systematic approaches to reduce errors</td>
</tr>
</tbody>
</table>

**Teaching Methods:** Direct Patient Care

**Evaluation Methods:** Attending Evaluation, 360 Evaluation
# Infectious Disease Fellowship Research Rotation

## University of Kansas

### Fellow year 1 & 2

### INTERPERSONAL COMMUNICATION SKILLS

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

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</em></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- Develop communication skills to facilitate the learning of others
- Demonstrate competence in summarizing data in abstracts for presentation at regional and national meetings
- Demonstrate competence in poster or oral presentation preparation for a national meeting

| 2            | 2          |

- *Demonstrate competence in manuscript publication in a peer-reviewed journal, including preparation of figures*
- Learn to accept and utilize critical evaluation of one's work
- Display initiative and leadership in initiating and maintaining effective communication regarding research ideas and formal dissemination and presentation of research findings

### PROFESSIONALISM

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

<table>
<thead>
<tr>
<th>Fellow LEVEL</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>Level 2 fellows will be expected to develop further competence on level 1 objectives as well as demonstrate competence on level 2 objectives</em></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- Learn about the IRB approval process and what approvals are necessary for specific project types
- Demonstrate competency in privacy regulations regarding use of patient data
- Successfully gain IRB approval for all projects involving human subjects

## Duration:

- **PGY 4 Fellows** may be assigned to the research rotation for 2 weeks
- **PGY 5 fellows** are assigned to the research rotation for up to 3 months

## Supervision (Interaction with faculty):
Supervision of the fellow by Infectious Disease faculty mentor

## Rotation Facility:
University of Kansas Medical Center

## Required Didactics/conferences:
KU Research Conference; Regularly scheduled meeting with research mentor
| Successfully gain IACUC approval for all projects involving animals |
| Understand the issues surrounding appropriate treatment of research subjects |
| 2 |
| 2 |
| Show a commitment to professional development |
| Prepare research for publication and/or presentation at a national meeting or conference |

**Teaching Methods:** ID Case Conference, ID Research Conference

**Evaluation Methods:** Attending Evaluation, Self Evaluation, Directed Project

### 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>Fellow Level</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td></td>
<td>Arrange familiarity with appropriate statistical methods to be used for data analysis</td>
</tr>
<tr>
<td></td>
<td>Learn to recognize and make contingency plans for potential problems in a research plan</td>
</tr>
<tr>
<td></td>
<td>Demonstrate the ability to understand how clinical and basic science research results influence clinical practice</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>Fellow Level</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Demonstrate competence in the appropriate methods for execution of a basic science project, including tissue processing, physiological recording, etc.</td>
</tr>
<tr>
<td></td>
<td>Demonstrate competence in troubleshooting technical problems and evaluating their impact on projects</td>
</tr>
<tr>
<td></td>
<td>Demonstrate competence in data collection and organization for subsequent evaluation</td>
</tr>
<tr>
<td></td>
<td>Demonstrate understanding of statistical analysis of data collected</td>
</tr>
<tr>
<td></td>
<td>Learn to evaluate results for a given project in the context of other work in the research area</td>
</tr>
<tr>
<td></td>
<td>Competence in proposing future experiments to augment results from a given project</td>
</tr>
</tbody>
</table>

**Teaching Methods:** Faculty Mentoring, ID Core Curriculum

**Evaluation Methods:** Attending Evaluation
### Core Competency Teaching and Assessment Matrix Template

<table>
<thead>
<tr>
<th>Core Competency</th>
<th>Teaching Methods</th>
<th>Evaluation Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic Lecture</td>
<td>Group Discussion</td>
<td>Online Tool</td>
</tr>
<tr>
<td>Project</td>
<td>Role Modeling</td>
<td>Simulations</td>
</tr>
<tr>
<td>Clinical Patient Experience</td>
<td>Vanderbilt matrix</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### PRACTICE-BASED LEARNING & IMPROVEMENT

- **Analyze own practice for needed improvements**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Use of evidence from scientific studies**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Application of research & statistical methods**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Use of information technology**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Facilitate learning of others**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

#### INTERPERSONAL & COMMUNICATION SKILLS

- **Creation of therapeutic relationship with patients**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Listening skills**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

#### PROFESSIONALISM

- **Respectful, altruistic**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Ethically sound practice**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Sensitive to cultural, age, gender, disability issues**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

#### SYSTEMS-BASED PRACTICE

- **Understand interaction of their practices with the larger system**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Knowledge of practice and delivery systems**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Practice cost-effective care**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X

- **Advocate for patients within the health system**
  - Didactic Lecture: X
  - Group Discussion: X
  - Online Tool: X
  - Project: X
  - Role Modeling: X
  - Simulations: X
  - Clinical Patient Experience: X
  - Vanderbilt matrix: X
  - Other: X
### Required Evaluations for ID Fellows & ID Program

<table>
<thead>
<tr>
<th>Evaluations, required, and in MedHub</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consult Rotation – Faculty of Fellow</td>
<td>Electronic</td>
</tr>
<tr>
<td>2. Continuity Clinic – Faculty of Resident</td>
<td>Electronic</td>
</tr>
<tr>
<td>3. Faculty of Fellow</td>
<td>Electronic</td>
</tr>
<tr>
<td>4. Faculty Evaluation of Program</td>
<td>Electronic</td>
</tr>
<tr>
<td>5. Fellow of Faculty Evaluation</td>
<td>Electronic</td>
</tr>
<tr>
<td>6. Fellow of Program Evaluation</td>
<td>Electronic</td>
</tr>
<tr>
<td>7. Fellow Peer Evaluation</td>
<td>Electronic</td>
</tr>
<tr>
<td>8. Fellow Self-assessment Evaluation</td>
<td>Electronic</td>
</tr>
<tr>
<td>9. Journal Club Evaluation</td>
<td>Electronic</td>
</tr>
<tr>
<td>10. Research Evaluation – Faculty of Fellow</td>
<td>Electronic</td>
</tr>
<tr>
<td>11. Nurses Evaluation of Fellow</td>
<td>Electronic</td>
</tr>
<tr>
<td>12. Support Staff of Fellow Evaluation</td>
<td>Electronic</td>
</tr>
<tr>
<td>13. Patient Evaluations of Fellow</td>
<td>Paper (input into MedHub)</td>
</tr>
<tr>
<td>15. Annual Performance Evaluation</td>
<td>Paper</td>
</tr>
<tr>
<td>16. Final Summative Performance Evaluation</td>
<td>Paper</td>
</tr>
<tr>
<td>17. Alumni survey</td>
<td>Paper</td>
</tr>
<tr>
<td>18. ACGME Milestone Evaluation</td>
<td>Electronic</td>
</tr>
</tbody>
</table>
# Consult Rotation - Faculty of Fellow

**Evaluator:**

**Evaluation of:**

**Date:**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ignore patient preferences for plan of care</td>
<td>• Engages patients in discussions of care plans and respects patient preferences when offered by the patient, but does not actively solicit preferences</td>
<td>• Engages patients in shared decision-making in uncomplex conversations</td>
<td>• Identifies and incorporates patient preferences in shared decision-making in complex patient care</td>
<td>• Role-models effective communication and develops therapeutic relationships in both routine and challenging situations</td>
</tr>
<tr>
<td>• Makes no attempt to engage patient in shared decision-making</td>
<td>• Requires assistance facilitating discussions in difficult or ambiguous conversations</td>
<td>• Requires guidance or assistance to engage in commun</td>
<td>• Requires guidance or assistance to engage in commun</td>
<td>• Models cross-cultural communication and establishes therapeutic relationships with patients and caregivers, including persons of different races, ethnicities, and other demographic characteristics</td>
</tr>
<tr>
<td>• Routinely engages in antagonistic or counter-therapeutic relationships with patients and</td>
<td>• Attempts to develop therapeutic relationships with patients and</td>
<td>• Identifies and incorporates patient preferences in shared decision-making in complex patient care</td>
<td>• Quickly establishes a therapeutic relationship with patients and caregivers, including persons of different races, ethnicities, and other demographic characteristics</td>
<td>• Models cross-cultural communication and establishes therapeutic relationships with patients and caregivers, including persons of different races, ethnicities, and other demographic characteristics</td>
</tr>
</tbody>
</table>
1. Communicates effectively with patients and caregivers.*

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>2.0</td>
<td>3.0</td>
<td>4.0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Disrespectful in interactions with patients, caregivers, and members of the
- Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers but inconsistently successful
- Consistently respectsful in interactions with patients, caregivers, and members of the interprofessional team,
- Demonstrates empathy, compassion, and respect to patients and caregivers in all

- Role-models compassion, empathy, and respect for patients and caregivers
- Role-models
• Inconsistently demonstrates responsiveness to patients' and caregivers' needs in an appropriate fashion
• Inconsistently considers patient privacy and autonomy
• Emphasizes patient privacy and autonomy in all interactions
• Consistently aware of physician and colleague self-care and wellness

• Anticipates, advocates for, and actively works to meet the needs of patients and caregivers
• Demonstrates a responsiveness to patient needs that supersedes self-interest
• Positively acknowledges input of members of the interprofessional team and incorporates that input into plan of care, as appropriate

• Role-models personal self-care practices for others and
consider patient privacy and autonomy

• Unaware of physician and colleague self-care and wellness

• Regularly reflects on, assesses, and recommends physician and colleague self-care and wellness

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| - Is insensitive to differences related to personal characteristics and | - Is sensitive to and has basic awareness of differences related to person | - Seeks to fully understand each patient's personal characteristics and needs | - Recognizes and accounts for the personal characteristics and needs of each patient | - Role-models professional interactions to navigate and negotiate differences |}

2. Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel).
3. Responds to each patient's unique characteristics and needs.  

- Does not or is inconsistently able to collect accurate histories
- Consistently acquires accurate and relevant histories
- Acquires accurate histories in an efficient, prioritized, and hypothesis-sensitive manner
- Obtains relevant historical subtleties, including sensitivities
- Role-models and teaches the effective use of history and

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• Consistently performs accurate and appropriately thorough physical exams
• Inconsistently recognizes patient's central clinical problem or develops limited differential diagnoses
• Uses and synthesizes collected data to define a patient's central clinical problem(s) to prioritize differential diagnoses and problem list
• Identifies subtle or unusual physical exam findings
• Efficiently utilizes all sources of secondary data to inform differential diagnosis
• Effectively uses history and physical examination skills to minimize the need for further diagnostic testing
recognize patient's central clinical problems

- Fails to recognize potentially life-threatening problems

4. Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).*

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- Care plans are consistently inappropriate or inaccurate
- Does not react to situations that require

- Inconsistently develops an appropriate care plan
- Inconsistently seeks additional guidance when needed

- Consistently develops appropriate care plan
- Recognizes situations requiring urgent or emergency care

- Appropriately modifies care plans based on patient's clinical course, additional data, patient preferences, and cost-effective

- Role-models and teaches complex and patient-centered care
- Develops customized, prioritized care plans
5. Develops and achieves comprehensive management plan for each patient.

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- Does not seek additional guidance when needed
- Seeks additional guidance and/or consultation as appropriate
- Recognizes disease presentations that deviate from common patterns and require complex decision-making, incorporating diagnostic uncertainty
- Manages complex acute and chronic conditions
- Seeks additional principles
- Recognizes disease presentations that deviate from common patterns
- Manages complex acute and chronic conditions
- Effectively manages for the most complex patient, incorporating diagnostic uncertainty and cost-effectiveness principles
- Develops and achieves comprehensive management plan for each patient.
beyond the need for direct supervision in the delivery of patient care

- Cannot manage patients who require urgent or emergency care
- Does not assume responsibility for patient management decisions

- Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings
- Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings
- Inconsistently provides preventive care in all appropriate clinical settings
- Provides appropriate preventive care for single or multiple diagnoses in all appropriate clinical settings
- Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings
- Provides appropriate management of patients across applicable inpatient, outpatient, and ambulatory clinical settings
- Ensures patient safety and quality care
- Provides appropriate management of patients across applicable inpatient, outpatient, and ambulatory clinical settings

- Ensures patient safety and quality care
- Provides appropriate management of patients who have a broad spectrum of clinical disorders, including undifferentiated syndromes
- Initiates management of situations requiring urgent or emergency care
- Initiates management of unusual, rare, or complex disorders in all applicable clinical settings
- Requires direct supervision to manage problems or common chronic diseases in all appropriate clinical settings
- Requires direct supervision to manage patients with straightforward diagnoses in all appropriate clinical settings
- Provides appropriate management of patients across applicable inpatient, outpatient, and ambulatory clinical settings
- Provides appropriate management of patients who have a broad spectrum of clinical disorders, including undifferentiated syndromes
- Seeks additional guidance and/or consultation as appropriate

- Appropriately manages situations requiring urgent or emergency care
- Initiates management of situations requiring urgent or emergency care
- Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings
- Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings
- Provides comprehensive care for single or multiple diagnoses in all appropriate clinical settings
6. Manages patients with progressive responsibility and independence.*

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- Is unresponsive to questions or concerns
- Inconsistently manages patients as a consult
- Provides consultation services for patients
- Provides consultation services for patients
- Provide consultation services for patient
ns of others when acting as a consultant or utilizing consultant services

- Unwilling to utilize consultant services when appropriate for patient care

Clinical problems requiring basic risk assessment
- Asks meaningful clinical questions that guide the input of consultants
- Appropriately integrates recommendations from other consultants in order to effectively manage patient care

7. Requests and provides consultative care.*

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<td>Lacks the scientific, socioeconomic, or behavioral</td>
<td>Possesses insufficient scientific, socioeconomic, and behavioral</td>
<td>Possesses the scientific, socioeconomic, and behavioral</td>
<td>Possesses the scientific, socioeconomic, and behavioral</td>
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N/A
oral knowledge required to provide patient care

oral knowledge required to provide care for common medical conditions and basic preventive care

oral knowledge required to successfully diagnose and treat medical conditions and comprehensive preventive care

oral knowledge required to diagnose and treat medically uncommon, ambiguous, and complex conditions

8. Possesses Clinical knowledge*

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<td>• Lacks foundational knowledge to apply diagnostic testing and procedures to patient care</td>
<td>• Inconsistently interprets basic diagnostic tests accurately</td>
<td>• Consistently interprets basic diagnostic tests accurately while accounting for limitations and biases</td>
<td>• Interprets complex diagnostic tests accurately and takes into account subtle nuances of interpreting diagnostic tests and procedures</td>
<td>• Anticipates and accounts for subtle nuances of interpreting diagnostic tests and procedures</td>
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N/A
9. Knowledge of diagnostic testing and procedures.*

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<tr>
<td>Never solicits</td>
<td>Rarely seeks</td>
<td>Solicits feedback</td>
<td>Solicits feedback</td>
<td>Performs</td>
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- **Performance characteristics**
  - Minimally understands the rationale and risks associated with common procedures
  - Fully understands the rationale and risks associated with common procedures
  - Understands the concepts of pre-test probability and test performance characteristics
  - Teaches the rationale and risks associated with common procedures and anticipates potential complications of procedures

- **Knowledge of new and emerging diagnostic tests and procedures**

- **Test performance characteristics**

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*Collapse*
- Actively resists feedback from others
- Responds to unsolicited feedback in a defensive fashion
- Temporarily or superficially adjusts performance based on feedback
- Only from supervisors and inconsistently incorporates feedback
- Is open to unsolicited feedback
- Inconsistently incorporates feedback
- Inconsistent ability to reconcile disparate or conflicting feedback
- Role-models ability to reconcile disparate or conflicting feedback
- Consistently incorporates feedback
- Consistently utilizes available resources to coordinate care within and across health delivery
- Appropriately utilizes available resources to coordinate care during times of
- Recognizes the importance of communication
- Inconsistently utilizes available resources to coordinate
- Disregards need for communication at time of

10. Learns and improves via feedback.*
transitions
- Does not respond to requests of caregivers in other delivery systems
- Written and verbal care plans during times of transition are absent
- Provide incomplete written and verbal care plans during times of transition
- Provide inefficient transitions of care that lead to unnecessary expense or risk to a patient (e.g., duplication of tests,

transition
- Communicates with future caregivers, but demonstrates lapses in provision of pertinent or timely information
- Actively communicates with past and future caregivers to ensure continuity of care
- Anticipates needs of patient, caregivers, and future care providers and takes appropriate steps to address those needs

system to optimize patient safety, increase efficiency, and ensure high-quality patient outcomes
- Role-models and teaches effective transitions of care
11. Transitions patients effectively within and across health delivery systems.*

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**Comments:**

12. Please write about strengths, weaknesses and areas of improvement:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
## Continuity Clinic - Faculty of Resident Evaluation

**Evaluator:** __________________________

**Evaluation of:** __________________________

**Date:** __________________________

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<td>• Attempts to perform invasive procedures without sufficient technical skill or supervision</td>
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<td>• Fails to recognize cases in which invasive procedures are unwarranted or unsafe</td>
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<td>• Does not recognize the need to discuss procedure indications, processes, or potential risks with patients</td>
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<td>• Fails to engage the patient in the informed consent</td>
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<tr>
<td>• Possesses insufficient technical skill for safe completion of common invasive procedures with appropriate supervision</td>
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<td>• Inattentive to patient safety and comfort when performing invasive procedures</td>
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<td>• Applies the ethical principles of informed consent</td>
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<td>• Recognizes the • Consistently demonstrates technical skill for the completion and interpretation of some common invasive procedures with appropriate supervision</td>
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<td>• Inconsistently manages patient safety and comfort when performing invasive procedures</td>
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<td>• Consistently recognizes appropriate patients, indications, and associated risks</td>
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<td>• Consistently demonstrates expertise to teach and supervise others in the performance of procedures</td>
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<td>• Demonstrates skill to independently perform and interpret invasive procedures</td>
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<td>• Maximizes patient comfort and safety when performing invasive procedures</td>
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<td>• Consistently recognizes appropriate patients, indications, and associated risks</td>
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<tr>
<td>• Consistently demonstrates expertise to teach and supervise others in the performance of procedures</td>
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**N/A**
1. Demonstrates skill in performing and interpreting invasive procedures*
2. Appropriate utilization and completion of health records.*

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* Provides health records that are missing significant portions of important clinical data.
* Does not enter medical information and test results/interpretations into health record.
* Health records are disorganized and inaccurate.
* Inconsistently enters medical information and test results/interpretations into health record.
* Patient-specific health records are organized, timely, accurate, and comprehensive, and effectively communicate clinical reasoning.
* Consistently enters medical information and test results/interpretations into health records.
* Provides effective and prompt medical information and test results/interpretations to physicians and patients.

N/A
- Does not recognize patients for whom non-invasive procedures and/or testing is not warranted or is unsafe
- Attempts to perform or interpret non-invasive procedures and/or testing without sufficient skill or supervision
- Does not recognize the need to discuss procedure indications, processes, or potential risks with patients
- Fails to engage the patient in the informed consent process and/or does not possess insufficient skill to safely perform and interpret non-invasive procedures and/or testing with appropriate supervision
- Inattentive to patient safety and comfort when performing non-invasive procedures and/or testing
- Applies the ethical principles of informed consent
- Recognizes need to obtain informed consent
- Inconsistently recognizes appropriate patients' indications, and associated risks in the utilization of non-invasive procedures and/or testing
- Inconsistently integrates procedures and/or testing results with clinical features in the evaluation and management of patients
- Can safely perform and interpret selected non-invasive procedures and/or testing results that indicate high-risk procedures
- Recognizes procedures and/or testing results that indicate high-risk procedures
- Positely integrates procedures and/or testing results with appropriate patients, indications, and limitations, and associated risks in the utilization of non-invasive procedures and/or testing
- Integrate procedures and/or testing results with clinical findings in the evaluation and management of patients
- Recognizes procedures and/or testing results that indicate high-risk procedures
- Demonstrates skill to independently perform and interpret non-invasive procedures and/or testing
- Demonstrates expertise to teach and supervise others in the performance of advanced non-invasive procedures and/or testing
- Designs consistent instructions
effectively describe risks and benefits of procedures but ineffectively obtains it

- Understands and communicates ethical principles of informed consent

- Inconsistently recognizes high-risk findings and artifacts/normal variants

- Obtains and documents informed consent

- Effectively obtains and documents informed consent in challenging circumstances (e.g., language or cultural barriers)

- Quantifies evidence for risk-management for a human subject research study; files a Institutional Review Board (IRB) application
3. Demonstrates skill in performing and interpreting non-invasive procedures and/or testing.*

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- **Level 1**: Lacks the scientific, socio-economic, or behavioral knowledge required to provide patient care.
- **Level 2**: Possesses insufficient scientific, socio-economic, and behavioral knowledge required to provide care for common medical conditions and basic preventative care.
- **Level 3**: Possesses the scientific, socio-economic, and behavioral knowledge required to provide care for common medical conditions and basic preventative care.
- **Level 4**: Possesses the scientific, socio-economic, and behavioral knowledge required to provide care for complex medical conditions and comprehensive preventative care.
- **Level 5**: Possesses the scientific, socio-economic, and behavioral knowledge required to successfully diagnose and treat uncommon, medically ambiguous cases.

benefit analysis during obtainment of informed consent for complex procedures and/or tests.

"Expand"
4. Possesses Clinical Knowledge*

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<td>- Unwilling to self-reflect upon one’s practice or performance</td>
<td>- Unable to self-reflect upon practice or performance</td>
<td>- Inconsistently self-reflects upon practice or performance, and</td>
<td>- Regularly self-reflects upon one’s practice or performance, and</td>
<td>- Regularly seeks external validation regarding self-reflection to</td>
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<td>inconsistently acts upon those reflections</td>
<td>consistently acts upon those reflections to improve practice</td>
<td>maximize practice</td>
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<td>- Not concerned with opportunities for learning and self-improvement</td>
<td>- Misses opportunities for learning and self-improvement</td>
<td>- Inconsistently acts upon opportunities for learning and self-</td>
<td>- Recognizes suboptimal practice or performance as an opportunity for</td>
<td>- Actively and independently engages in self-improvement efforts and</td>
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<td>improve ment</td>
<td>learning and self-improvement</td>
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5. Monitors practice with a goal for improvement.*

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<tr>
<td>• Disregards own clinical performance data</td>
<td>• Limited ability to analyze own clinical performance data</td>
<td>• Analyzes own clinical performance gaps and identifies opportunities for improvement</td>
<td>• Analyzes own clinical performance data and actively works to improve performance</td>
<td>• Actively monitors clinical performance through various data sources</td>
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<tr>
<td>• Demonstrates no inclination to participate in or even consider the results of quality-improvement efforts</td>
<td>• Nominally engaged in opportunities to achieve focused education and performance improvement</td>
<td>• Participates in opportunities to achieve focused education and performance improvement</td>
<td>• Actively engages in opportunities to achieve focused education and performance improvement</td>
<td>• Able to lead projects aimed at education and performance improvement</td>
</tr>
<tr>
<td>• Not familiar with the principles, techniques, or importance of quality improvement</td>
<td>• Understands common principles and techniques of quality improvement</td>
<td>• Demonstrates the ability to apply common principles and techniques of quality improvement to</td>
<td>• Utilizes common principles and techniques of quality improvement</td>
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* N/A

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<td>• Fails to acknowledge uncertainty and reverts to a reflexive patterned response even when inaccurate</td>
<td>• Rarely reconsiders an approach to a problem, asks for help, or seeks new information</td>
<td>• Inconsistently reconsiders an approach to a problem, asks for help, or seeks new information</td>
<td>• Routinely reconsiders an approach to a problem, asks for help, or seeks new information</td>
<td>• Role-models how to appraise clinical research reports based on accepted criteria</td>
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<td>• Can translate medical information needs into well-formed clinical questions with assistance</td>
<td>• Can translate medical information needs into well-formed clinical questions</td>
<td>• Routinely translates new medical information needs into well-formed clinical questions</td>
<td>• Has a systematic approach to track and pursue emerging clinical</td>
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</table>
- Unfamiliar with strengths and weaknesses of the medical literature
- Has limited awareness of, or ability to use, information technology or decision support tools and guidelines
- Accepts the findings of clinical research studies without critical appraisal

- Independently
- Aware of the strengths and weaknesses of medical information resources, but utilizes information technology without sophistication
- With assistance, appraises clinical research reports based on accepted criteria
- Guided by the characteristics of clinical questionnaires, efficiently searches medical information resources, including decision support tools and guidelines
- Independently appraises clinical research reports based on accepted criteria

7. Learns and improves at the point of care.*

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- Refuses to recognize
- Identifies roles of other
- Understands the
- Understands the
- Develops, trains,
the contributions of other interprofessional team members

- Frustrates team members with inefficiency and errors
- Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)

... roles and responsibilities of all team members, but uses them ineffectively

- Participates in team discussions when required, but does not actively seek input from other team members
- Actively engages in team meetings and collaborative decision-making

... and inspires the team regarding unanticipated events or new patient management strategies

- Viewed by other team members as a leader in the delivery of high-quality care

8. Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel).

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- Level 1
  - Ignores a risk for error within the system
- Level 2
  - Does not recognize the potential
- Level 3
  - Recognizes the potential for error
- Level 4
  - Identifies systemic causes of
- Level 5
  - Advocates for
that may affect the care of a patient
- Ignores feedback and is unwilling to change behavior in order to reduce the risk for error
  - Makes decisions that could lead to errors that are otherwise correct by the system or supervision
  - Resistant to feedback about decisions that may lead to error or otherwise cause harm
  - Identifies obvious or critical causes of error and notifies supervisor accordingly
  - Recognizes the potential risk for error in the immediate system and takes necessary steps to mitigate that risk
  - Willing to receive feedback about decisions that may lead to error or otherwise cause harm
  - Identifies medical error and navigates them to provide safe patient care
  - Advocates for safe patient care and optimal patient care systems
  - Activates formal system resources to investigate and mitigate real or potential medical error
  - Reflects upon and learns from own critical incident that may lead to medical error

leader ship to formally engage in quality assurance and quality improvement activities
- Viewed as a leader in identifying and advocating for the prevention of medical error
- Teaches others regarding the importance of recognizing and mitigating system error
9. Recognizes system error and advocates for system improvement.*

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<th>Level 1</th>
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</table>

- Ignores cost issues in the provision of care
- Demonstrates no effort to overcome barriers to cost-effective care

- Lacks awareness of external factors (e.g., socio-economic, cultural, literacy, insurance status) that impact the cost of health care, and the role that external stakeholders (e.g., providers, suppliers, financiers, purchasers) have on the cost of care
- Does not consider limited health

- Recognizes that external factors influence a patient’s utilization of health care and may act as barriers to cost-effective care
- Minimizes unnecessary diagnostic and therapeutic tests
- Possesses an incomplete understanding of cost-awareness principles for a population

- Consistently works to address patient-specific barriers to cost-effective care
- Advocates for cost-conscious utilization of resources such as emergency department visits and hospital readmissions
- Incorporates cost-awareness principles into standard clinical judgments and decision-making
- Teaches patients and health care teams members to recognize and address common barriers to cost-effective care
- Actively participates in initiatives and care delivery models
care resources when ordering diagnostic or therapeutic interventions on of patients (e.g., use of screening tests) -making, including use of screening tests design to overcome or mitigate barriers to cost-effective, high-quality care

10. Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care.*

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Comments:

11. Please write about strengths, weaknesses and areas of improvement: __________________________________________________________
    _____________________________________________________________
    _____________________________________________________________
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Faculty of Fellow Evaluation

Evaluator: ________________________________
Evaluation of: ________________________________
Date: __________________

Patient Care:

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<tbody>
<tr>
<td>1. Demonstrates understanding of clinical problems.*</td>
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<td>☐ ☐ ☐</td>
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<tr>
<td>2. Demonstrates appropriate physical exam skills.*</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
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<td>3. Demonstrates appropriate test selection.</td>
<td>☐ ☐ ☐</td>
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<tr>
<td>4. Advocates for patients.</td>
<td>☐ ☐ ☐</td>
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Medical Knowledge:

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<td>5. Reads specific knowledge.*</td>
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<td>6. Develops appropriate differential diagnoses.*</td>
<td>☐ ☐ ☐</td>
<td>☐ ☐ ☐</td>
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<td>7. Has appropriate knowledge base for level of training.*</td>
<td>☐ ☐ ☐</td>
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Interpersonal and Communication Skills:
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<td>8. Note content is appropriate.*</td>
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<tr>
<td>9. Interpersonal skills with staff and patients are appropriate.*</td>
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<td>10. Presents cases in clear, concise manner.*</td>
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<td><strong>Professionalism:</strong></td>
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<td>11. Displays professional attitude.*</td>
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<td>12. Completes work in a timely fashion and attends rounds on time.*</td>
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<td>13. Responsible for their workload.*</td>
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<td><strong>Systems Based Practice:</strong></td>
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<td>14. Effectively utilizes hospital resources.*</td>
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<td>15. Communicates effectively with consultants.*</td>
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16. Understands health care delivery appropriate for level of training.*

17. Advocates for quality patient care and assists patients in dealing with systems complexities.*

**Practice Based Learning and Improvement:**

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18. Identifies areas for improvement and applies it to practice.*

19. Shows interest in learning from complex care issues.*

20. Participates in educational activities including rounds and conferences.*

**Comments:**

21. Please write about strengths, weaknesses and areas of improvement: *
# Faculty Evaluation of Program

Evaluator: ________________________________  
Evaluation of: ________________________________  
Date: ________________________________

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1. Fellows model professional behavior in their interactions with patients and co-workers.*

Comments: 

2. There is an appropriate volume and variety of patients available to the program for educational purposes.*

Comments: 

3. Fellows have adequate opportunities for clinical research.*

Comments: 

4. Fellows are adequately supervised during patient care activities.*

Comments: 

5. The fellowship program staff is responsive and helpful.*

Comments: 

6. The program leadership is responsive to faculty questions and concerns.*

Comments: 

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* Required comments.
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<td>7. The program communicates well with the faculty regarding educational goals and requirements.*</td>
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<td>8. Fellows are compliant with work hour limitations (avg. 80 hrs/wk, max, 24 hr. continuous duty. avg. at least one day off per week).</td>
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<td>9. Fellows completing the program are well-prepared for Infectious Diseases practice.*</td>
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<td>10. The Department of Internal Medicine provides adequate support for fellowship training.*</td>
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<td>11. The School of Medicine provides adequate support for fellowship training.*</td>
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<td>12. The University of Kansas Hospital provides adequate support for fellowship training.*</td>
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<td>13. The Kansas City Veteran’s Affairs Medical Center provides adequate support for fellowship training.*</td>
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120
14. The Research Medical Center provides adequate support for fellowship training.*

|   |   |   |   |   |   |   |   |   |

Comments:

15. Most fellowship faculty have adequate time for fellow teaching.*

|   |   |   |   |   |   |   |   |   |

Comments:

16. Workload and schedule in the inpatient setting is conducive to teaching.*

|   |   |   |   |   |   |   |   |   |

Comments:

17. Workload and schedule in the ambulatory setting is conducive to teaching.*

|   |   |   |   |   |   |   |   |   |

Comments:

18. Fellows are well-prepared for rounds on their patients.*

|   |   |   |   |   |   |   |   |   |

Comments:

19. Faculty does a good job of providing feedback about fellow performance.*

|   |   |   |   |   |   |   |   |   |

Comments:

20. Fellows read appropriately and are prepared to discuss differential diagnosis and pathophysiology on their patients.*

|   |   |   |   |   |   |   |   |   |

Comments:
21. Please write about strengths, weaknesses and areas of improvement.
**Fellow of Faculty Evaluation**

Evaluator: ________________________________
Evaluation of: ________________________________
Date: __________________

**Professionalism:**

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<tr>
<td>1. Placed the patient's interest first.*</td>
<td>□</td>
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<tr>
<td>2. Displayed sensitive, caring, respectful attitude towards patients.*</td>
<td>□</td>
<td>□</td>
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<td>3. Established rapport with team members.*</td>
<td>□</td>
<td>□</td>
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<tr>
<td>4. Established respect for physicians in other specialties/subspecialties and health care professionals.*</td>
<td>□</td>
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<td>5. Served as a role model.*</td>
<td>□</td>
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<td>6. Was enthusiastic and stimulating.*</td>
<td>□</td>
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<td>7. Demonstrated gender sensitivity.*</td>
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**Other:**

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<td>8. Is usually prompt.*</td>
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<td>9. Respected the value of my time.*</td>
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<td>10. Kept interruptions to a minimum.*</td>
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<td>11. Spent enough time on rounds; was unhurried.*</td>
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<td>12. Kept discussions focused on case or topic.*</td>
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<td>13. Used bedside teaching to demonstrate history and physical skills.*</td>
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<td>14. Emphasized problem solving (thought processes leading to decisions).*</td>
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<td>15. Provided feedback regarding performance on rotations or evaluation period.*</td>
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<td>16. Showed an interest in teaching.*</td>
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<td>17. Discussed pathophysiological mechanism of the disease encountered.*</td>
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<td>18. Demonstrated cost effective use of laboratory and therapeutic modalities.*</td>
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<td>19. Provided instruction and adequate assistance in helping</td>
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manage patients in the outpatient clinics.*

20. Suggested references for further reading/studying.*

21. Stimulated team members to read and review pertinent data.*

22. Provided special help as needed.*

23. Attending provides appropriate supervision during procedures.*

**Comments:**

24. Please write about strengths, weaknesses and areas of improvement.*
Fellow of Program Evaluation

Evaluator: _____________________________
Evaluation of: ____________________________
Date: _________________________________

**Patient Care:**

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1. The diversity of diseases in this program gave me a broad experience in infectious diseases.*

2. The ambulatory experience has allowed me to develop appropriate outpatient skills.*

**Medical Knowledge:**

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3. I understood what I should learn from each rotation.*

**Interpersonal and Communication Skills:**

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4. I became more comfortable in selecting cases that provide good teaching concepts (Clinical Case Conference).*
5. Program leadership serves as my advocate.*

6. I had opportunity to work on or present an oral or written presentation.*

7. I was able to work with one or more HIV care coordinators.*

Professionalism:

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<th>Exceeds Expectations</th>
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<tbody>
<tr>
<td>8. Faculty teach and supervise in ways that facilitate learning.*</td>
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</table>

9. The Case Conference was an appropriate learning experience.*

Systems Based Practice:

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<tbody>
<tr>
<td>10. The information technologies (computers) available to me allowed me to obtain current medical information and scientific evidence.*</td>
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11. These sessions helped me to read gram stains and understand them (Clinical Micro Conference).*

Practice Based Learning and Improvement:
12. I was given sufficient responsibility for decision-making and patient care. *

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13. I was able to work on one or more research projects. *

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14. My overall level of satisfaction with this fellowship program is such that I would recommend it to junior residents. *

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</table>

Comments:

15. Please write about strengths, weaknesses and areas of improvement. *

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Fellow Peer Evaluation

Evaluator: ________________________________
Evaluation of: ________________________________
Date: __________________

Patient Care:

Fellows must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.

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<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Insufficient contact to Judge</th>
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</tbody>
</table>

1. I am comfortable picking up cases this fellow has managed.*

Comments:

2. I am comfortable having this fellow cover my patients.*

Comments:

Medical Knowledge:

Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical and basic science principles and to apply them to the tasks at hand.

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<th>Exceeds Expectations</th>
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3. Fellow demonstrates an active pursuit of knowledge.*

Comments:

4. Fellow is able to synthesize data effectively in formulating management plans.*

Comments:
Interpersonal and Communication Skills:

Fellows are expected to be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with co-workers, peers and professional associates.

Below Expectations | Meets Expectations | Exceeds Expectations | Insufficient contact to Judge
--- | --- | --- | ---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0

5. Fellow objectively listens to information provided by other members of the health care team.*

Comments:

6. Fellow records complete and accurate information in a manner that makes it easier for members of the health care team to care for the patients.*

Comments:

Professionalism:

Fellows are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and professional behavior.

Below Expectations | Meets Expectations | Exceeds Expectations | Insufficient contact to Judge
--- | --- | --- | ---
1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0

7. Fellow demonstrates honesty and integrity.*

Comments:

8. Fellow respects other members of the health care system.*

Comments:

9. Fellow is accountable for own actions.*
Systems Based Practice:

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

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10. I would want this fellow to join me in my practice after I graduate.*

Comments:

11. Fellow effectively accesses and evaluates patients when receiving or referring a consult.*

Comments:

Practice Based Learning and Improvement:

Fellows are expected to be able to use scientific evidence and methods to investigate, evaluate and improve research practices.

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</table>

12. This fellow identifies and analyzes own strengths and weaknesses.*

Comments:

13. Fellow satisfactorily conveys their knowledge to residents, students and other health care professionals.*

Comments:
Overall Rating and Comments:

Based on the above ratings of each component skill, please provide an overall rating of and comments about the fellow's clinical performance.

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<tbody>
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<td>4 5 6</td>
<td>7 8 9 0</td>
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</table>

14. Overall rating:*  

Comments: 

15. Overall Comments: *
Fellow Self-Assessment Evaluation

Evaluator: __________________________________________
Evaluation of: ______________________________________
Date: ______________________________________________

OVERVIEW: The Fellow Self-Evaluation is part of the Division of Infectious Diseases Multi-Source Assessment, which will be useful in assessing the Fellowship Training Program. This evaluation will be done semi-annually. The goal of this form is to provide information from which the fellow and faculty, working together, can create goals and action plans.

Patient Care:

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</tbody>
</table>

1. Assess your delivery of patient care and whether or not it is compassionate, appropriate and effective for the treatment of health programs and the promotion of health.*

2. In what ways do you believe you can improve? *
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

Medical Knowledge:

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3. Assess your medical knowledge about established and evolving biomedical, clinical and cognitive sciences and how it has been applied to patient care.*
4. In what ways do you believe you can improve? *

Interpersonal and Communication Skills:

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<th>Exceeds Expectations</th>
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</table>

5. Assess your communication and interpersonal skills as manifested in your effective exchange of information and collaboration with patients, their families and other health professionals.*

6. In what ways do you believe you can improve? *

Professionalism:

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<th>Exceeds Expectations</th>
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</tbody>
</table>

7. Assess your professionalism as manifested through your commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to patients of diverse backgrounds.*

8. In what ways do you believe you can improve? *
9. How do you assess your systems based practice as manifested by actions that demonstrate an awareness of and responsiveness to the large context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?*

10. In what ways do you believe you can improve? *

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. Assess your practice based learning and improvement which involves the investigation and evaluation of care for patients, the appraisal and assimilation of scientific evidence and improvements in patient care.*

12. In what ways do you believe you can improve? *
**Other Comments:**

13. After having completed this self-assessment, what would you identify as your strengths? Please list three. *

<table>
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<tr>
<th>Strengths</th>
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14. What would you identify as your areas for improvement? Please list three. *

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<tr>
<th>Areas for Improvement</th>
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15. Please list three specific learning objectives and goals to work on over the next six months. *

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<thead>
<tr>
<th>Learning Objectives and Goals</th>
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## Journal Club Evaluation by Faculty

Evaluator: ____________________________

Evaluation of: ____________________________

Date: ____________________________

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<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Investigative: Unwilling to perform scholarly investigation in the specialty</td>
<td>• Performs a literature search using relevant scholarly sources to identify pertinent articles</td>
<td>• Critically reads scientific literature and identifies major methodologic flaws and inconsistences within or between publications</td>
<td>• Critiques specialized scientific literature effectively</td>
<td>• Critiques specialized scientific literature at a level consistent with participation in peer review</td>
<td>N/A</td>
</tr>
<tr>
<td>• Analysis: Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or research</td>
<td>• Aware of basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodologic flaws</td>
<td>• Effectively presents at journal club, quality improvement meetings, clinical conferences, and/or is able to effectively describe and discuss his or her own scholarly work or research</td>
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### 1. Scholarship

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- [ ] 1.5
- [ ] 2.0
- [ ] 2.5
- [ ] 3.0
- [ ] 3.5
- [ ] 4.0
- [ ] 4.5
- [ ] 5.0
- [ ] 5.0

---

137
Comments:

2. Please write about strengths, weaknesses and areas of improvement:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Research Elective - Faculty of Fellow Evaluation

Evaluator: ________________________________

Evaluation of: ________________________________

Date: ________________________________

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<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
<th>N/A</th>
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<tbody>
<tr>
<td>• Foundation:</td>
<td>• Interest in</td>
<td>• Identifies areas</td>
<td>• Formulates ideas</td>
<td>• Independently</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Unaware of or</td>
<td>worthy of scholarly</td>
<td>worthy of scholarly</td>
<td>formulates novel</td>
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<tr>
<td></td>
<td>uninterested</td>
<td>activity, but</td>
<td>investigation and</td>
<td>and important ideas</td>
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<tr>
<td></td>
<td>in scientific</td>
<td>does not initiate</td>
<td>formulates a plan</td>
<td>worthy of scholarly</td>
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<tr>
<td></td>
<td>inquiry or</td>
<td>or follow through</td>
<td>under supervision of</td>
<td>investigation</td>
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<td>scholarly</td>
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<td>a mentor</td>
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<td>productivity</td>
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1. Scholarship -
Deals with and achieves comprehensive plan for scholarly investigation

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</table>

- Investigates:
  - Unwilling to perform scholarly investigation in

- Performs a literature search using relevant scholarly sources

- Critically reads scientific literature and identifies major methodological

- Collaborates with other investigators to design and complete a project related to

- Leads a scholarly project advancing clinical practice,
the specialty to identify pertinent articles flaws and inconsistencies within or between publications clinical practice, quality improvement, patient safety, education, or research • Obtains independent research funding

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<th>2. Scholarship - Develops and completes comprehensive investigative project</th>
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<tbody>
<tr>
<td>• Analyses: Fails to engage in critical thinking regarding clinical practice, quality improvement, patient safety, education, or</td>
<td>• Aware of basic statistical concepts but has incomplete understanding of their application; inconsistently identifies methodological flaws</td>
<td>• Understands and is able to apply basic statistical concepts, and can identify potential analytic methods for data or problem assessment</td>
<td>• Critiques specialized scientific literature effectively</td>
<td>• Critiques specialized scientific literature at a level consistent with participation in peer review</td>
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<th>Level 4</th>
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<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Dissemination: Unable or unwilling to effectively communicate and/or disseminate knowledge</td>
<td>Communicates rudimentary details of scientific work, including his or her own scholarly work; needs to improve ability to present in small groups</td>
<td>Effectively presents at journal club, quality improvement meetings, clinical conferences, and/or is able to effectively describe and discuss his or her own scholarly work or</td>
<td>Presents scholarly activity at local or regional meetings, and/or submits an abstract summarizing scholarly work to regional/state/national meetings, and/or publishes non-peer-reviewed manuscript(s) containing scholarly work (clinical practice, quality improvement)</td>
<td>Effectively presents at national and international meetings</td>
<td>N/A</td>
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3. Scholarship -
Gathers, synthesizes and accurately analyzes data

- Teachers analytic methods in chosen field to peers and others
4. Scholarship - Disseminates results of scholarly work

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</table>

- **Dissemination**: Unable or unwilling to effectively communicate and/or disseminate knowledge.
- **Awareness**: Understands and is able to apply basic statistical concepts, but has incomplete understanding of their application; inconsistently identifies methodological flaws.
- **Communicates rudimentary details of scientific work, including his or her research improvement, patient safety, education, or research.)
- **Critiques specialized scientific literature effectively**.
- **Teaches analytic methods in chosen field to peers and others**.
5. Journal Club

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- **Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks**
- **Completes most assigned tasks in a timely manner but may need reminders or other support**
- **Accepts professional responsibility only**
- **Shuns responsibility**

- **Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy**
- **Completes assigne**

- **Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner**

- **Willingly assumes professional responsibility**

- **Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner**

- **Willingly assumes professional responsibility**

- **Willingly assumes professional responsibility**
6. Accepts responsibility and follows through on tasks.*

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<tbody>
<tr>
<td>• Dishonest in clinical interactions, documentation, research, or scholarly activity</td>
<td>• Honest in clinical interactions, documentation, research, and scholarly activity</td>
<td>• Honest and forthright in clinical interactions, documentation, research, and scholarly activity</td>
<td>• Demonstrates integrity, honesty, and accountability to patients, society, and the profession</td>
<td>• Assists others in adhering to ethical principles and behaviors, including integrity, honesty, and professional responsibility</td>
</tr>
<tr>
<td>• Refuses to be accountable for personal actions</td>
<td>• Requires oversight for professional actions related to the subspecialty</td>
<td>• Demonstrates accountability for the care of patients</td>
<td>• Actively manages challenging ethical dilemmas and conflicts of interest</td>
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<tr>
<td>• Does not adhere to</td>
<td>• Has a basic</td>
<td>• Adheres to ethical principles</td>
<td>• Identifies and responds appropriately to</td>
<td>• Role-models integrity, honesty</td>
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</tbody>
</table>

N/A

* Expanded view available.
basic ethical principles

• Blatantly disregards formal policies or procedures

• Fails to recognize conflicts of interest

- Recognizes potential conflicts of interest
- Consistently attempts to recognize and manage conflicts of interest

- Consistently and actively
- Role models and

7. Exhibits integrity and ethical behavior in professional conduct.

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n communication that fails to utilize the wisdom of team members

- Verbal and/or non-verbal behaviors disrupt effective collaboration with team members
- Resists offers of collaborative input
- Inconsistently employs verbal, non-verbal, and written communication strategies that facilitate collaborative care

engages in collaborative communication with appropriate members of the team

- Verbal, non-verbal, and written communication consistently acts to facilitate collaboration with team members to enhance patient care

8. Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel).*

<table>
<thead>
<tr>
<th>1.0</th>
<th>1.5</th>
<th>2.0</th>
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<th>3.0</th>
<th>3.5</th>
<th>4.0</th>
<th>4.5</th>
<th>5.0</th>
</tr>
</thead>
</table>

Comments:

9. Please write about strengths, weaknesses and areas of improvement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
## Nurses Evaluation of Fellow

Evaluator: 

Evaluation of: 

Date: 

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Refuses to recognize the contributions of other interprofessional team members</td>
<td>• Identifies roles of other team members, but does not recognize how/when to utilize them as resources</td>
<td>• Understands the roles and responsibilities of all team members, but uses them ineffectively</td>
<td>• Actively engages in team meetings and collaborative decision-making</td>
<td>• Understands the roles and responsibilities of, and effectively partners with, all members of the team</td>
<td>• Develops, trains, and inspires the team regarding unexpected events or new patient management strategies</td>
</tr>
</tbody>
</table>

- Frequently requires reminders from team to complete physician responsibilities (e.g., talk to family, enter orders)
1. Works effectively within an interprofessional team (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel).*

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1.0</td>
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<td>❌ 3.0</td>
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<td>❌ 4.0</td>
</tr>
<tr>
<td>□ 4.5</td>
<td>□ 5.0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

- Disrespectful in interactions with patients, caregivers, and members of the interprofessional team
- Sacrifices patient needs in favor of self-interest
- Does not demonstrate empathy, compassion, and respect for patients and caregivers
- Does not demonstrate responsiveness to patients' and caregivers' needs in an appropriate fashion
- Inconsistently demonstrates empathy, compassion, and respect for patients and caregivers
- Consistently demonstrates empathy, compassion, and respect for patients and caregivers
- Demonstrates a responsiveness to patient needs
- Role-models collegiality that promotes a high-function
caregivers' needs in an appropriate fashion

- Does not consider patient privacy and autonomy
- Unaware of physician and colleague self-care and wellness

patient privacy and autonomy

- Inconsistently aware of physician and colleague self-care and wellness
- Emphasizes patient privacy and autonomy in all interactions
- Consistently aware of physician and colleague self-care and wellness

- Emphasizes team to ensure safe and effective patient care
- Emphasizes patient privacy and autonomy in all interactions
- Consistently aware of physician and colleague self-care and wellness

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- Emphasizes team to ensure safe and effective patient care
- Emphasizes patient privacy and autonomy in all interactions
- Consistently aware of physician and colleague self-care and wellness
and support personnel).*

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Is consistently unreliable in completing patient care responsibilities or assigned administrative tasks</td>
<td>• Completes most assigned tasks in a timely manner but may need reminders or other support</td>
<td>• Completes administrative and patient care tasks in a timely manner in accordance with local practice and/or policy</td>
<td>• Prioritizes multiple competing demands in order to complete tasks and responsibilities in a timely and effective manner</td>
<td>• Role-models prioritizing many competing demands in order to complete tasks and responsibilities in a timely and effective manner</td>
</tr>
<tr>
<td>• Shuns responsibilities expected of a physician professional</td>
<td>• Accepts professional responsibility only when assigned or mandatory</td>
<td>• Completes assigned professional responsibilities without questioning or the need for reminder</td>
<td>• Willingly assumes professional responsibility regardless of the situation</td>
<td>• Assists others to improve their ability to prioritize many competing tasks</td>
</tr>
</tbody>
</table>

3. Accepts responsibility and follows through on tasks.*

<table>
<thead>
<tr>
<th>1.0</th>
<th>1.5</th>
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<th>3.0</th>
<th>3.5</th>
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<th>5.0</th>
<th>5.0</th>
</tr>
</thead>
</table>
4. Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel).  

<table>
<thead>
<tr>
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<th>Level 2</th>
<th>Level 3</th>
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<th>Level 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilizes communication strategies that hamper collaboration and teamwork</td>
<td>• Uses unidirectional communication that fails to utilize the wisdom of team members</td>
<td>• Inconsistently engages in collaborative communication with appropriate members of the team</td>
<td>• Consistently and actively engages in collaborative communication with all members of the team</td>
<td>• Role models and teaches collaborative communication with peers and other support personnel, even in challenging settings and with conflicting team members’ opinions</td>
<td>•</td>
</tr>
</tbody>
</table>
5. Appropriate utilization and completion of health records.*

- Provides health records that are missing significant portions of important clinical data
- Does not enter medical information and test results/interpretations into health record

- Health records are disorganized and inaccurate
- Inconsistently enters medical information and test results/interpretations into health record

- Health records are organized and accurate, but are superficial and miss key data or fail to communicate clinical reasonings
- Consistently enters medical information and test results/interpretations into health records

- Patient-specific health records are organized, timely, accurate, comprehensive, and effectively communicating clinical reasonings
- Provides effective and prompt medical information and test results/interpretations to physicians and patients

Comments:
6. Please write about strengths, weaknesses and areas of improvement:
Support Staff of Fellow Evaluation

Evaluator: ________________________________
Evaluation of: ________________________________
Date: ________________

Professionalism:

<table>
<thead>
<tr>
<th></th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Insufficient contact to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>6</td>
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</tbody>
</table>

Comments:

7. Please write about strengths, weaknesses and areas of improvement. •

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Division of Infectious Diseases

PATIENT EVALUATION OF PHYSICIAN

CORE COMPETENCIES:

PROFESSIONALISM:
Greeting you warmly; being friendly, never rude:

<table>
<thead>
<tr>
<th>No interaction</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

INTERPERSONAL AND COMMUNICATION SKILLS:
Letting you tell your story and asking thoughtful questions:

<table>
<thead>
<tr>
<th>No interaction</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Letting you know during the physical exam about what he/she is going to do; tell you what is found:

<table>
<thead>
<tr>
<th>No interaction</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Addressing your questions:

<table>
<thead>
<tr>
<th>No interaction</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Using words you can understand:

<table>
<thead>
<tr>
<th>No interaction</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments:

Please flip this page and circle which physician you saw in clinic today. 
(Please use separate evaluations if you saw 2 physicians).

Thank you so much for your time!
Faculty

Dr. Hinthorn

Dr. Luchi  Dr. Waller  Dr. Clough  Dr. Eid  Dr. Merino

Dr. Hammoud  Dr. El Atrouni  Dr. Hawkinson  Dr. Newman  Dr. Bahr
Semi-annual Performance Evaluation

Fellow:
  Year in rank:
Dates:

Interpersonal and communication skills
  Written communications
  Patient's notes:
  Emails:
  Oral communications
  Presentations
    At the bedside:
    Clinical case presentations
    Journal Club presentations

Medical knowledge
  Fund of information

  Teaching skills

Patient care
  Bedside manner

  Consultations

Practice-based learning and improvement
  Continued learning
  Specialty meetings

Professionalism
  Your attitudes toward peers and patients is always warm and professional
  Your work ethic and effort

System-based practices
  Hospital consultations:
  Antibiotic stewardship
  Clinic practice

In summary, you have completed one-half year of ID and you are making excellent progress. It is a pleasure to have you as a fellow in the Division.

Daniel Hinthorn, MD
Division Director
ID Fellow
Annual Performance Evaluation

Fellow:
   Year in rank: Fellow year
Dates: July 1, to June 30,

Interpersonal and communication skills
   Written communications
      Patient’s notes: .
      Emails: .
   Oral communications
      Your interpersonal skills with other HCW, Staff, office assistants & patients are
   Presentations
      At the bedside: You present cases
      Clinical case presentations are xxx showing xxx .
      Your ability to answer questions shows xxx.
      Journal Club presentations are xxx.

Medical knowledge
   Fund of information
      Your fund of infectious diseases knowledge is at xxx of US ID fellowship graduates.
      ID literature and use of this knowledge
      Your differential diagnoses are
   Your information technology skills are
   Your use of the EHR and e-prescribing in the EPIC outpatient electronic medical record
   Your ability to synthesize material and make appropriate recommendations

   Teaching skills
      You communicate xxx with patients
      You help patients to feel xxxx with you and what you are saying
      In clinical consultations, your recommendations are xxx.

Patient care
   Bedside manner
      Your skills for an ID physician are xxx
      You demonstrate XXX understanding of clinical problems
      Your bedside manner has caused patients and their families to xxx.
   Consultations show xxx communication of history, exam, and plans for the patient
      You demonstrate xxx physical exam skills
      You demonstrate xxx test selection with considerations of indications and scarce resources
      You advocate for your patients xxx

Practice-based learning and improvement
   Continued learning
      Your attendance and participation in conferences that will promote improvement in your
      knowledge base in ID including the weekly Case Conference, the Journal Club, the Core
      Didactic sessions has been xxx
      You are xxx able to identify your personal areas for improvement and apply it to your
      practice
      Your interest in learning from complex care issues appears to be xxx

      There are xxx areas that need to be improving, so continued attention to reading is
      important.

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Specialty meetings promoting improvement

**You need to do:** You need to attend infection control meetings and antibiotic stewardship meetings both here and when you are off site, at the VAMC.

You identify your own knowledge deficiencies and work to improve these

**Give attention to the following:** Attend the Internal Medicine Patient Safety Conferences (formerly the M&M), the IM Grand Rounds, & the CPC. Please attend as many of these as you can when you are at KU

Attend the Infection Control Conferences (monthly) and the Antibiotic Stewardship Committee (monthly) again when you are at KU

**Professionalism**

*Your attitudes* toward peers and patients is xxx xxx

*Your work ethic and effort* are xxx

You complete work in xxx and attend rounds xxx.

You are xxx responsible for your own workload

You xxx give attention to the work load of others if they might need help

**System-based practices**

*Hospital consultations:* Your utilization of scarce hospital resources is xxx

*Antibiotic stewardship:* give (do/need to) attention to reading and thinking in this area during the next several months.

*Clinic practice:* your work in the clinic is xxx

You communicate xxx with consultants verbally, in emails and in EPIC

Your understanding of health care delivery is xxx for level of training

You advocate for quality patient care and assist patients in dealing with systems complexities

In summary, as a fellow, you are progressing appropriately and meeting PGY-level milestone.

Daniel Hinthorn, MD ID fellow, name/signature/date

Division Director
# Meeting of Program Director and Fellow

## Final summative Infectious Diseases Evaluation

**Name of Fellow:**

**Rating system 1 – 10**
- 1-2: unable to manage common ID problems. Not satisfactory.
- 3-4: able to manage only the most routine problems in ID.
- 5-6: able to competently manage only common ID problems.
- 7-8: able to competently manage most ID problems effectively.
- 9-10: able to competently manage ID problems independently and in a highly effective manner.

<table>
<thead>
<tr>
<th>Patient Care:</th>
<th>Rating (1-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Knowledge:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, and the application of this knowledge to the care of patients.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice Based Learning and Improvement:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigates and evaluates their own patient care practices, appraises and assimilates scientific evidence, and improves their patient care practices.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal Skills and Communication:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Systems Based Practice:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates an awareness of and is responsive to the larger context and system of health care and the ability to effectively call on the system resources to provide care that is of optimal value.</td>
<td></td>
</tr>
</tbody>
</table>
Performance on the Ambulatory Clinic Rotation

Performance in the Clinical Microbiology Rotation

Performance on the Kansas City Veterans Administration Rotation

Performance in the Monday morning Case Conferences

Performance in the Journal Club Conferences

Performance in the Core Curriculum Conferences

Performance in the Research Rotations

Professional Conduct:
1. Has fellow ever been subject to any professional misconduct action?
2. Has fellow ever been subject to any corrective or disciplinary action?
3. Has fellow ever been suspended, terminated, or limited regarding fellowship privileges?
4. Has fellow ever been involved in substance abuse?
5. Has fellow been a defendant in any professional liability suits during fellowship?

Additional Comments:

Recommendation:
Based on the composite evaluation of the Faculty of the Division of Infectious Diseases at the University of Kansas Medical Center, it is the judgment of the faculty that Dr. __________ has successfully fulfilled all the requirements set forth by the ACGME and the ABIM for the practice of Internal Medicine in the subspecialty of Infectious Diseases. At this time, it is the judgment of the ID faculty that as an ID fellow, you have demonstrated sufficient competence to enter practice without direct supervision.

The above performance evaluation and comments have been discussed between the ID Program Director and the ID fellow.
<table>
<thead>
<tr>
<th>Signature of ID Fellow</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of ID Program Director</td>
<td>Date</td>
</tr>
</tbody>
</table>
### MILESTONE EVALUATION

#### Patient Care

<table>
<thead>
<tr>
<th>milestone</th>
<th>Not Yet Assessable</th>
<th>Critical Deficiencies</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Ready for Unsupervised Practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gathers and synthesizes essential and accurate information to define each patient’s clinical problem(s). (PC1)</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>b. Develops and achieves comprehensive management plan for each patient. (PC2)</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

- [ ] Yes
- [ ] No
- [ ] Conditional on Improvement
Medical Knowledge

<table>
<thead>
<tr>
<th></th>
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<th>Level 3</th>
<th>Ready for Unsupervised Practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Knowledge of diagnostic testing and procedures. (MK2)</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
</tr>
<tr>
<td>c. Scholarship. (MK3)</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
<td>![Circle]</td>
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- **Yes**
- **No**
- **Conditional on Improvement**
The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

- **Yes**
- **No**
Conditional on Improvement
### Practice-Based Learning and Improvement

<table>
<thead>
<tr>
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<th>Not Yet Assessable</th>
<th>Critical Deficiencies</th>
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<th>Level 3</th>
<th>Ready for Unsupervised Practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Monitors practice with a goal for improvement. (PBLI1)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. Learns and improves via performance audit. (PBLI2)</td>
<td></td>
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<tr>
<td>c. Learns and improves via feedback. (PBLI3)</td>
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<tr>
<td>d. Learns and improves at the point of care. (PBLI4)</td>
<td></td>
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</tr>
</tbody>
</table>

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

- Yes
- No
- Conditional on Improvement
### Professionalism

<table>
<thead>
<tr>
<th></th>
<th>Not Yet Assessable</th>
<th>Critical Deficiencies</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Ready for Unsupervised Practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, consultants, nursing, ancillary professionals, and support personnel). (PROF1)</td>
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<td>b. Accepts responsibility and follows through on tasks. (PROF2)</td>
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<td>c. Responds to each patient’s unique characteristics and needs. (PROF3)</td>
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<td>d. Exhibits integrity and ethical behavior in professional conduct. (PROF4)</td>
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The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

- [ ] Yes
- [ ] No
Conditional on Improvement
## Interpersonal and Communication Skills

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<tr>
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<th>Not Yet Assessable</th>
<th>Critical Deficiencies</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Ready for Unsupervised Practice</th>
<th>Aspirational</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Communicates effectively with patients and caregivers. (ICS1)</td>
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<tr>
<td>b. Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel). (ICS2)</td>
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<td>c. Appropriate utilization and completion of health records. (ICS3)</td>
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</table>

The fellow is demonstrating satisfactory development of the knowledge, skill, and attitudes/behaviors needed to advance in the training program. He or she is demonstrating a learning trajectory that anticipates the achievement of competency for unsupervised practice that includes the delivery of safe, effective, patient-centered, timely, efficient, and equitable care.

- Yes
- No
- Conditional on Improvement
Overall Clinical Competence

This rating represents the assessment of the resident's development of overall clinical competence during this year of training:

- Superior
- Satisfactory
- Conditional on Improvement
- Unsatisfactory
RECOMMENDED REFERENCES

2. Sanford Guide to Antimicrobial Therapy-Current Edition
4. Journal of Infectious Diseases
5. Clinical Infectious Diseases
6. Infectious Disease in Clinical Practice
7. Antimicrobial Agents and Chemotherapy
8. Journal of Clinical Microbiology
9. Clinical Microbiology Reviews
10. Science
11. Nature
12. Lancet Infectious Diseases
14. American Journal of Medicine
15. Journal of the American Medical Association
16. Annals of Internal Medicine, and ACP Journal Club
17. Archives of Internal Medicine
18. MMWR
19. Medical Letter
20. Cherry and Feigen, Pediatric Infectious Diseases, current edition
21. Up-to-date-online

Full texts are available on-line through the KUH website and the Dykes Library. In addition, most of these resources are available in the Division Library (Delp 6070). Trainees are expected to read extensively from the above resources throughout the training period.
FELLOW HAND-OFF POLICY

**ANTICipate**
Administrative-name, location, primary team
New Information (clinical update)
Task- pending, follow-up results
Illness- Active medical issues
Contingency plans- if __ then___

Transition of care (hand-offs) are done by
1) Direct verbal discussion between fellows, using the ID Team patient lists, and the “ANTICipate” mnemonic. Since all fellows share an office and work together -OR-

2) Fellow may use email [SECURE] to communicate key information. Each use the “ANTICpate” mnemonic. Include:
   a. At KU: all patients on your team’s EMR list (i.e. on Team A list)
   b. At KCVA and RMC: all patients on the ID inpatient consult service list
   c. At all locations encourage the fellow you are working with to hand-off his/her patients to the incoming fellow as well as part of you teaching services and for improved continuity of care
3) Emailed [SECURE] lists are sent to the fellow and the nurse responsible for the patient.

4) Hand-off note should include the elements of ANTICipate note outlined above. Hand-off at KU will differ slightly as the EMR provides much of the Administrative information in the checkout. The email should utilize patient names but can skip to “N” when relaying information as it should be used in conjunction with the EMR listing.

5) The email should provide the new fellow time to review and call/email/page with questions thus should be completed as soon as possible the day you finish service. Knowing that in many instances this pass-off may occur on a weekday, it should be nearly completed prior to the last day on service providing you time to update it the day you finish.

6) KU fellows have the cell phone numbers of all fellows and faculty from the Day 1 of fellowship. In closing, we place a “call, if needed”.

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GMEC Fatigue (Transportation/Swing Room) Guidelines

• If you are fatigued and unable to perform your patient care duties, please contact your supervisor (i.e., chief fellow, faculty supervisor, program director, Chair and/or GME Office/DIO). Please inform your supervisor of your situation so that they can arrange for alternate coverage to ensure continuity of patient care.
• Program call rooms (KUH 4461-4464) should be utilized for fatigued residents/fellows for rest and/or power napping.
• If your program does not have a call room or if your assigned call rooms are unavailable or in use, you may use the swing call room – (HH room 2901 (code 1023*)
• If adequate rest facilities are not available, then you may use the voucher fatigue transportation service
• The program leadership and administration will receive 2 vouchers for every 10 residents. (Attached) The PC should keep this in a place well known to the residents for easy access afterhours.
• For each event 2 vouchers will be needed (one for home and then one for back to work the following morning)
• The Vouchers will need to be filled in by the resident/fellow and the transportation service driver (designated as KUMC Resident Program Transportation voucher). Please print your name, Department and home address on the voucher.
• When you are ready to leave, please call 10/10 Taxi Service (913-647-0010) and tell them you are using the KUMC Resident Program Transportation voucher and your destination. They will pick you up at the Main Entrance of the hospital.
• The transportation service will collect each voucher white copy and submit to the GME Office. It is important that you return the YELLOW copy of the voucher to your program director.
• The transportation service is allowed to pick you up from the KUH Hospital Main Entrance and drop you off at your home address, without any interval stops. This also applies for the return trip from your home to back to the hospital main entrance the next morning. You need to use the second voucher for the return trip.
• The resident is responsible for discussing the event and fatigue issue with their Program Leadership the following day. This must be documented by the program leadership in the “Fatigue/Transportation Incident Report” This is available in MedHub – Fatigue/Transportation Incident Report (example below). Again, please return the yellow voucher copies to your program director at this time as well. The purpose of this file is to track both individual and program-wide episodes of fatigue and additional duty in order to mitigate future recurrences.
• The GME Office will manage the cab vouchers and bill back the departments as they are being used as well as replenish the voucher supply.
### RESIDENTS’ PARTICIPATION IN PATIENT SAFETY PROGRAMS (ANNUAL) (PR VI.A.3)

**Institutional:**
- Institutional quarterly Patient Safety Conference
- GME Core Competency Conferences
- Resident PGY-1 orientation: Take Action course synopsis & Resident Handovers group sessions
- Resident education in patient safety & quality GMEC subcommittee
- PSN reporting mechanism
- Risk Management CHALK online modules
- Resident Council PSN education & reviews of quarterly reports

**Program:**
- Internal Medicine Departmental Patient Safety Conference
- Internal Medicine Departmental CPC conferences
- ID Program Handover education & process education
- ID Program Case Conferences with Vanderbilt Matrix tool
- Antibiotic Subcommittee review of patient safety concerns

### RESIDENTS’ PARTICIPATION IN INTERDISCIPLINARY CLINICAL QUALITY IMPROVEMENT PROGRAMS (ANNUAL) (PR VI.A.3)

**Institutional:**
- Institutional quarterly Patient Safety Conference
- GME Core Competency Conferences
- Resident PGY-1 orientation: Take Action course synopsis & Resident Handovers group sessions
- Resident education in patient safety & quality GMEC subcommittee
- PSN reporting mechanism
- Risk Management CHALK online modules
- Resident Council PSN education & reviews of quarterly reports

**Program:**
- Interdisciplinary Program PBLI projects (use PBLI template)
- Internal Medicine Departmental Patient Safety Conference
- Internal Medicine Departmental CPC conferences
- ID Department QI monitoring
- ID Case Conference with Vanderbilt Matrix tool

### BACK UP SYSTEM WHEN CLINICAL CARE NEEDS EXCEED RESIDENTS’ ABILITY (PR VI.C.2)

**Institutional:**
- Institutional GME Manual Policy statement
- KUH Hospital Links online on-call system
- Team updates of O2 Team in Epic
- Resident Orientation (Duty Hour & Supervision talk)

**Program:**
ID Division Call Schedule-posted on line
ID Division Policy Manual description of continuity coverage for fatigued resident

**SCHEDULES THAT INFORM ALL TEAM MEMBERS OF ATTENDING/RESIDENTS CURRENTLY RESPONSIBLE FOR EACH PATIENT’S CARE (VI.B.4) & RESIDENTS & FACULTY INFORM PATIENTS OF THEIR ROLES IN CARE (VI.D.1.B)**

**Institutional:**
- KUH admission Handout to patient with description of level of caregivers
- UKP clinic handout of caregiver definitions
- KUH Oncall system in Hospital links
- O2 “patient care team” accuracy
- Bedside whiteboard

**Program:**
- RRC-defined designation of licensed independent practitioner in GMEC Resident Supervision Template attached to G&O and/or handbook
- Program supervision policies updated to include new supervision requirements
- ID Division on-call schedule mechanisms education
- Picture roster (faculty with all residents listed)
- Business cards given to patients with names/titles

**DESCRIBE HOW CLINICAL ASSIGNMENTS DESIGNED TO MINIMIZE PATIENT CARE TRANSITIONS (PR VI.B.1)**

**Institutional:**

**Program:**
- Annual ID Program Outcomes Assessment and Action Plan Report checkbox
  - *Monthly Fellow rotation schedule*
  - *Continuity clinic assigned to faculty clinic for 2 year duration*

**EDUCATION & IMPLEMENTATION OF STRUCTURED HAND-OVER PROCESS (PR VI.B.2)**

**Institutional:**
- Residents’ orientation video & small group sessions
- Residents’ SIGNOUT Template pocket card
- EPIC O2 Signout instrument
- Angel online module about handoffs/transitions of care

**Program:**
- ID Program specific education at orientation
- Written handoff process described in ID Division manual

**FATIGUE, SLEEP DEPRIVATION AND MITIGATION EDUCATION (PR VI.A.5.e & VI.C.1.a), INCLUDING EDUCATION OF PROFESSIONAL RESPONSIBILITY TO APPEAR FOR DUTY RESTED/FIT (VI.A.1)**

**Institutional:**
- GME ANGEL online Fatigue Education Module modification
- Resident Orientation (Duty Hour & Supervision talk)
Institutional Policy statement
Add to IR and SV preparation process checklists

Program:
ID Division specific fatigue education
Internal Medicine Department and ID Division Policy Manual Statements (in professionalism or Duty Hour Policy)

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</thead>
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<td>Institutional:</td>
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<tr>
<td>Resident Orientation (Duty Hour &amp; Supervision talk)</td>
</tr>
<tr>
<td>Resident Council education</td>
</tr>
<tr>
<td>GMEC education</td>
</tr>
<tr>
<td>Department call rooms &amp; Swing Call room</td>
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<tr>
<td>Fatigue Transportation service (GME Manual guidelines section)</td>
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<tr>
<td>Program:</td>
</tr>
<tr>
<td>E*Value fatigue file (fatigue transportation incidents &amp; explanation box for 24hr and 8hr rule violations- monitored by PD)</td>
</tr>
<tr>
<td>ID Division call schedule</td>
</tr>
<tr>
<td>ID Division Policy Manual-describe continuity process</td>
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<tr>
<td>Team updates of O2 Team in Epic</td>
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</table>

<table>
<thead>
<tr>
<th>MONITORING PATIENT CARE PERFORMANCE INDICATORS (VI.A.5.g)</th>
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<tbody>
<tr>
<td>Institutional/Program:</td>
</tr>
<tr>
<td>Dept QI requirements/measures</td>
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<tr>
<td>KUH QI report requirements/measures</td>
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<tr>
<td>UKP QI report requirements/measures</td>
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<tr>
<td>Internal Medicine Patient Safety and CPC conferences</td>
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<tr>
<td>Infectious Diseases Case Conference</td>
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<tr>
<td>Patient 360-degree surveys/evaluations</td>
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<thead>
<tr>
<th>FACILITIES</th>
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</thead>
<tbody>
<tr>
<td>Fellows have access to:</td>
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<tr>
<td>□ Sleeping Rooms – segregated by Gender-</td>
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<tr>
<td>□ Shower/Bath</td>
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<tr>
<td>□ Secure room or lockers</td>
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### Healthcare matrix: Care of patient(s) with ....

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<tr>
<td>ACGME Competencies</td>
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<tr>
<td><strong>ASSESSMENT OF CARE</strong></td>
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<tr>
<td>Patient Care[vii] (Overall assessment) Yes/No</td>
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<tr>
<td>Medical Knowledge &amp; Skills[viii] (What must we know?)</td>
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<tr>
<td>Interpersonal &amp; Communication Skills[ix]</td>
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<tr>
<td>Professionalism[x] (How must we behave?)</td>
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<tr>
<td>System-Based Practice[xi] (What is the process? On whom do we depend? Who depends on us?)</td>
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<tr>
<td><strong>IMPROVEMENT</strong></td>
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<tr>
<td>Practice-Based Learning &amp; Improvement[xii] (What have we learned? What will we improve?)</td>
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<tr>
<td>Information Technology</td>
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### MOONLIGHTING, LOCUM TENENS, AND EXTRA-INSTITUTIONAL PRACTICE: DEFINITIONS AND POLICIES

<table>
<thead>
<tr>
<th>Compensation</th>
<th>Eligibility/Approval</th>
<th>Licensure/Registration</th>
<th>Liability</th>
<th>Supervision</th>
</tr>
</thead>
</table>
| **External Moonlighting**  
Extracurricular provision of medical services by resident in which a physician, physician group, emergency facility, clinic, health department, hospital or other healthcare provider enters an agreement directly with the resident for provision of professional services. These services are often regularly scheduled and recurring.  
The entity (physician, physician group, emergency facility, clinic, health department, hospital or other healthcare provider) with which the resident enters into an agreement provides compensation for the resident’s services.  
PGY 1’s may not moonlight. Eligibility for upper levels is program-specific. Programs may choose to prohibit moonlighting. All moonlighting must be approved by the program director and GME by completing the Moonlighting application packet found in the GME Toolkit. The Program must schedule moonlighting into the rotation and duty hours must be logged for this time.  
Must have a full-unrestricted license to practice medicine in the jurisdiction where the moonlighting activities are to occur. Must also have a fee-paid valid individual DEA registration and any local or state registrations required within  
Must obtain individual professional liability policy. Such insurance may be purchased by resident or may be arranged by another individual or agency (e.g. the entity engaging the resident’s services). **Exception:** Residents moonlighting at VA facilities do not need to purchase additional insurance to cover their VA moonlighting acts if they have signed “fee basis agreements” that result in their appointment to the VA Medical Staff (such residents are covered by the Federal Tort Claims Act).  
The level of professional supervision of the resident’s activities is variable, depending on the resident’s level of training and professional maturity, but the professional supervision of the resident is the responsibility of the facility, not the School. |
| **Locum Tenens**  
Extra-institutional provision of medical services by a resident in which a physician in private practice, through the officers of a program, enter into an agreement for resident provision of professional services. Locum tenens typically requires that the resident be away from the School, in the private physician’s community, for the  
The private practice with which the resident enters into an agreement provides compensation for the resident’s services.  
Each program will determine the point at which its residents may begin to provide locum tenens coverage. A program may prohibit such activities by all of its residents as a matter of policy. Individual residents may be prohibited from providing locums coverage at the discretion of their Program Director, Chair or Associate Dean for Graduate Medical Education. All locum time must be approved by the program director and GME by completing the Rural Locum application packet found in the GME Toolkit. The program must schedule locum time into the rotation and duty hours must be logged for this time.  
Must have a full-unrestricted license to practice medicine in the jurisdiction where the moonlighting activities are to occur. Must also have a fee-paid valid individual DEA registration and any local or state registrations required within that jurisdiction.  
Must have a separate professional liability policy covering each locum tenen assignment.  
The resident is operating as an Independent Practitioner while providing Rural Locum Tenens work and is not supervised by faculty. |
| **Additional Rotation Training**  
"Extra" supervised rotations that are in addition to ACGME program requirements. The emphasis of these activities is primarily educational, and the resident receives additional direct compensation. Same as residency requirements  
Compensation to the resident is provided by his/her department. Payment for Additional Rotational Training will be submitted to the department administrator for release to the University to ensure additions to bi-weekly paychecks are taxed appropriately. No billing or collections by the residents are allowed with Additional Rotation Training.  
Eligibility requirements are program-specific. A written description of the purpose and curricular content of the activity as well as goals and objectives and a plan for evaluation of the resident and the rotation must be on file with the program and GME. Once the resident and the Program Director agree upon rotational opportunities, the resident submits the Additional Rotation Training request form to the Program Director for approval. The Program must schedule this rotation into Medhub using the Additional Rotational service. Duty hours must be logged for this time.  
Same as residency requirements  
Same as residency requirements  
Rotations must occur within the Home Program and Primary Institutional sites and be supervised by members of the University of Kansas faculty. |
| **Off-Campus Curricular Offerings**  
Health care activities and services provided by resident staff outside of the School which are included in the official curriculum of a program. The emphasis of these activities is primarily educational.  
The resident receives no additional direct compensation in any form, other than state-approved mileage and subsistence in some cases, where travel outside the greater Kansas City metropolitan area is required.  
The resident receives no additional direct compensation in any form, other than state-approved mileage and subsistence in some cases, where travel outside the greater Kansas City metropolitan area is required.  
Same as residency requirements  
Same as residency requirements  
Covered under residency - if approved  
Must be supervised by members of the University of Kansas faculty. |

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GMEC Resident Supervision Template

A. Supervision of Residents
• Each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by each Review Committee) who is responsible and accountable for that patient’s care. VI.A.2.a).(1)
• This information must be available to residents, faculty members, other members of the health care team, and patients. VI.A.2.a).(1)(a)
  o Inpatient: Patient information sheet included in the admission packet and listed on the "white board" in each patient room
  o Outpatient: Provided during introduction verbally by residents and/or faculty
• Residents and faculty members must inform patients of their respective roles in each patient’s care when providing direct patient care. VI.A.2.a).(1)(b)
• The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident’s level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. VI.A.2.b).(1)

B. Methods of Supervision
• Supervision may be exercised through a variety of methods.
• For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.
• Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow or senior resident physician, and either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback. VI.A.2.b)
• The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident’s level of training and ability, as well as patient complexity and acuity.
• Supervision may be exercised through a variety of methods, as appropriate to the situation. VI.A.2.b).(1)
• The Review Committee may specify which activities require different levels of supervision. VI.A.2.b).(1)
• The program must define when physical presence of a supervising physician is required. (Core) VI.A.2.b).(2)

C. Levels of Supervision Defined
To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision:
• Direct A: The supervising physician is physically present with the resident during the key portions of the patient interaction or, VI.A.2.c).(1).(a) PGY-1 residents must initially be supervised directly only as described in VI.A.2.c).(1).(a) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]
• **Direct B:** The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The Review Committee must further specify if VI.A.2.c).(1).(b) is permitted] [The Review Committee will choose to require either VI.A.2.c).(1).(a), or both VI.A.2.c).(1).(a) and VI.A.2.c).(1).(b)] VI.A.2.c).(1).(b)

**Indirect Supervision:**
The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. VI.A.2.c).(2)

**Oversight:**
• The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. VI.A.2.c).(3)

The privilege of progressive authority and responsibility, conditional independence, and as supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. VI.A.2.d)

<table>
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<th>Per Program Specific RRC Requirements</th>
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<td>Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or RRC APPROVED LICENSED INDEPENDENT PRACTITIONER SUPERVISOR) who is responsible and accountable for the patients care, and this information must be available to the residents, faculty members, other members of the health care team and patients. (PR VI.A.2.a (1))</td>
</tr>
<tr>
<td>Information regarding licensure for attending physicians is available via a publicly available database: <a href="http://docfinder.docboard.org/ks/df/kssearch.htm">http://docfinder.docboard.org/ks/df/kssearch.htm</a>.</td>
</tr>
<tr>
<td>Licensure data on resident/fellow physicians is kept up to date in the University of Kansas Health System GME Office.</td>
</tr>
<tr>
<td>Patient assignment to ID consultative services will be documented and available to health care team in the Care Team Member tab within electronic medical record. Qgenda provides an up to date listing of ID team faculty and fellow assignments</td>
</tr>
<tr>
<td>Residents and Faculty members must inform each patient of their respective roles in patient care, when providing direct patient care. VI.A.2.a). (1).(b.)</td>
</tr>
<tr>
<td>This information must be available to residents, faculty members, other members of the health care team, and patients.</td>
</tr>
<tr>
<td>Upon initial meeting with a patient, staff physicians and resident/fellows will introduce themselves as an Infectious Diseases consultant and part of the health care team. This information will be listed on the “white board” in each patient room.</td>
</tr>
</tbody>
</table>
PGY-1 residents must initially be supervised directly only as described in VI.A.2.c). (1). (a) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly] VI.A.2.c). (1). (a). (i)

PGY-1 residents are supervised, either directly or indirectly with direct supervision immediately available on site, by staff members on all rotations, at all training sites. At all sites, during daytime inpatient and outpatient rotations, supervision is direct and occurs by an attending physician as well as a senior resident and/or fellow in many circumstances. PGY-1 residents are not assigned night time duties while on ID consultation rotations.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and faculty members. (PR VI.A.2.d). (1, 2, 3)

The program director must evaluate each fellow’s abilities based on specific criteria, guided by the Milestones. The program has adapted the American Board of Internal Medicine’s Milestones of Competency to delineate our overall and rotational goals and objectives. Our evaluation system provides data on the ACGME reporting milestones. This data along with review of the fellow’s portfolio of work allows the Program Director and faculty members to make determinations on a fellow’s ability to gain progressive authority and responsibility.

Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow.

Fellows serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

RARE CIRCUMSTANCES WHEN RESIDENTS may elect to stay or return to the clinical site: (PR VI.F.4.a.)

In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to attend to humanistic attention to the needs of a patient or family; or, to attend unique educational events. The program monitors circumstances in which fellows stay beyond scheduled periods of duty through the institutional work hours monitoring system in MedHub. The program leadership reviews the fellow clinical work and education report weekly, and fellows are instructed to enter a comment in their work hours report indicating the reason for their work hours violation.

DEFINED MAXIMUM NUMBER OF CONSECUTIVE WEEKS OF NIGHT FLOAT AND MAXIMUM NUMBER OF MONTHS PER YEAR OF IN-HOUSE NIGHT FLOAT (PR VI.F. 6.)

Infectious Diseases does not participate in night float.)
Program-specific guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty (PR VI.A.2.e)

1. Admission to Hospital
2. Transfer of patient to a higher level of care
3. Clinical deterioration, especially if unexpected
4. End-of-life decisions
5. Change in code status
6. Red Events
7. Change in plan of care, unplanned emergent surgery or planned procedure that does not occur
8. Procedural complication
9. Unexpected patient death

<table>
<thead>
<tr>
<th>LEVEL of SUPERVISION</th>
<th>ACTIVITIES /PROCEDURES (as defined by RRC &amp; Program)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECT A</td>
<td>PGY-1 Residents work directly with Fellow or Attending while rotating with Infectious Diseases to review inpatient consultations and outpatient clinic visits</td>
</tr>
<tr>
<td>DIRECT B</td>
<td>N/A</td>
</tr>
<tr>
<td>INDIRECT</td>
<td>N/A</td>
</tr>
</tbody>
</table>

PGY 1

<table>
<thead>
<tr>
<th>LEVEL of SUPERVISION</th>
<th>ACTIVITIES /PROCEDURES (as defined by RRC &amp; Program)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECT A</td>
<td>Inpatient consults Outpatient clinic visits</td>
</tr>
<tr>
<td>DIRECT B</td>
<td>N/A</td>
</tr>
<tr>
<td>INDIRECT</td>
<td>After hours hospital call coverage, by phone External phone calls Communication by text message and documentation in EPIC</td>
</tr>
<tr>
<td>OVERSIGHT</td>
<td>Review of inbox labs</td>
</tr>
</tbody>
</table>

All OTHER RESIDENTS

<table>
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<tr>
<th>LEVEL of SUPERVISION</th>
<th>ACTIVITIES /PROCEDURES (as defined by RRC &amp; Program)</th>
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<tr>
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<td>OVERSIGHT</td>
<td>Review of inbox labs</td>
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Title: Red Event Definition
Date: 12/21/2016

Departments who must adopt: The University of Kansas Health System (TUKH)
Operators who must adopt: All TUKH employees

NOTE: THIS IS A CONTROLLED DOCUMENT THAT SUPPORTS A SPECIFIC PROCESS

### RED EVENTS - DEATH AND SERIOUS INJURY AND/OR NEAR MISS

- Serious blood transfusion reaction
- Contaminated drug, device or biologic
- Equipment related injury
- Falls resulting in major injury
- Fire, flame, smoke or heat during patient care
- Electric shock or burn during patient care
- Infection: Patient to patient and or visitor exposure
- Maternal/Perinatal
  - Unexpected peri-natal death
  - Unexpected infant death
  - Unexpected maternal death or serious disability
- Medication error with serious injury and/or death
- Elopement of patient lacking capacity, danger to self or others, or involuntarily admitted
- Radiation overdose
- Restraint or bedrail use causing death or serious injury
- Serious iatrogenic injury
- Unexpected deaths in ambulatory settings (excluding Emergency Department)

- Procedural and perioperative events
  - Procedure performed on wrong body part or wrong patient
  - Wrong procedure performed
  - Unexpected intraoperative/postoperative death
  - Death during elective surgery or procedure
  - Unintentionally retained foreign object
  - Wrong donor sperm or egg
- Security:
  - Disruptive behavior that causes harm or injury to patient or impedes patient care
  - Sexual assault or rape of a patient, visitor or employee
  - Infant discharged to the wrong family
  - Impersonation of a health care professional
  - Patient abduction
- Suicide/Homicide of patient, employee, visitor on health system premises campus
- Any defect that has the potential to cause harm across the health system

Process Owner: Assistant Director of Quality / Magnet / Research
Approved by: Quality Risk Committee
Version: 1.0-12/21/16

GMEC EC APPROVAL 5/27/17 GMEC APPROVAL 6/6/11 06/05/17
Modified 6/20/11, May 2, 2017