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2. Roles, responsibilities and patient care activities of the participants of the Pediatric Infectious Diseases subspecialty program:

Inpatient Clinical Services Responsibilities:

Consultations: The subspecialty resident will see (or discuss with the resident/student) all consultations prior to the case being presented to the attending physician. The subspecialty resident or a designated resident/student will be responsible for writing or dictating a consultation and daily note. For those cases being followed by a resident or student, the subspecialty resident should discuss the case with them prior to their writing the consultation/note.

Rounds: The subspecialty resident is expected to have examined, reviewed the chart and obtained the pertinent laboratory information for each patient being followed by the pediatric infectious diseases service prior to rounding with the attending on service. The subspecialty residents should feel it within their purview to rely on the residents rotating through the service to assist them in this. While it is understandable that, at times due to an excessively large clinical load, not all patients will have been reviewed prior to rounds this should be the exception and not the rule. Rounds will begin at a time designated by the attending physician on the clinical service. It is hoped that a mutually convenient time for both parties is agreed upon at the beginning of each month. The attending physicians have been informed that if foreseeable delays in the day's schedule become evident they are to notify the subspecialty resident so that the time may be used efficiently.

Telephone consults/queries: Telephone consults/queries will be directed to the inpatient clinical subspecialty resident. The subspecialty resident should obtain all pertinent information, including a telephone number at which the referring person can be reached. If the subspecialty resident feels that he/she can provide the information the caller is requesting they may do so. The caller should be informed that the case/question will be discussed with the attending physician and that if there are any other recommendations or changes need to be made they will called back. It is desirable to discuss all calls with the attending within 30 minutes of completing the incoming call.

Pediatric Infectious Diseases Attending: For one month in the final year of the subspecialty residency the subspecialty resident will function as the infectious diseases attending. This month will provide the subspecialty resident the opportunity to function autonomously. The subspecialty resident will meet daily with an attending physician to discuss any problematic, unusual or extremely complex cases. This meeting will be of a brief nature unless the subspecialty resident wishes it to be longer. For billing purposes an attending physician will cosign all notes by the subspecialty resident. The attending will not make modifications in the patient management plan unless absolutely necessary and only after discussing them with the subspecialty resident-attending.

Outpatient Clinical Service Responsibilities:

The subspecialty resident assigned to the outpatient clinical service will see patients in the pediatric infectious diseases clinic on those days clinics are held (Wednesday afternoon, Thursday afternoon and Friday morning). The subspecialty resident will also attend a monthly evening tuberculosis clinic. After interviewing and examining the patient, the case should be presented to the attending physician assigned to the clinic for discussion of the plan of management. Letters to the referring physician of each patient will be dictated by the subspecialty resident. Consultation letters should be signed as soon as completed. Results of any studies from the clinic session will be communicated to the outpatient attending physician.

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3. Mechanisms of evaluating the Pediatric Infectious Diseases subspecialty residents:

Subspecialty residents are formally evaluated on a monthly basis by the Pediatric Infectious Diseases faculty (Drs. J. Romero, A. Chatterjee or M. Varman) providing supervision to the service the subspecialty resident is assigned to. Subspecialty residents involved in inpatient care are, therefore, evaluated by the inpatient faculty attending of the month. During the subspecialty resident's outpatient clinical experience, the pediatric infectious disease faculty of the clinics they attend evaluates them. During the months in which the subspecialty resident is involved in clinical laboratory experiences, the director of the clinical laboratory in which subspecialty resident is receiving instruction performs the evaluation. In some months, the resident is evaluated by two laboratory directors due to rotations through two clinical laboratories. Lastly, evaluations of subspecialty residents during their research rotations are performed by the principal investigator of the laboratory they are in. Once a resident has decided upon a research project, it is the research advisor/mentor that is responsible for providing evaluations of research progress on a biannual basis

Evaluations are performed using either a questionnaire that queries the evaluator regarding specific areas for review or, when appropriate, (i.e. research months) a narrative description of the progress, strengths, and weaknesses of the subspecialty resident may be used. In addition, the form permits written comments of the subspecialty resident's performance. Written commentary is used in the evaluation of subspecialty resident's performance and progress during the research months. All submitted evaluations form part of the subspecialty resident's permanent record kept by the Training Program. All evaluations are reviewed with the subspecialty resident.

Faculty members supervising the subspecialty residents are responsible for reviewing their evaluations with the. The Fellowship Director (José R. Romero, M.D.) reviews evaluations with the subspecialty resident on a one-on-one basis at least every six months. The process involves a review and discussion of the subspecialty resident's strengths and weakness. Areas requiring special attention are discussed at length. If

deficiencies or problem areas are identified, provisions are made to correct or remedy them. In addition, a follow-up meeting is scheduled to evaluate the progress in the problem area(s). If serious deficiencies or concerns are identified or arise the Fellowship Director will meet with the subspecialty resident on an as needed basis.

During the first year of the training program, prior to the subspecialty resident selecting an advisor, it is the Director of the training program who is responsible for discussing the evaluations with them. Once the subspecialty resident has selected a faculty mentor/advisor, the latter assume the responsibility for the, at minimum, biannual discussion of evaluations. The advisor/mentor is responsible for informing the Director of the training program of the performance and progress of the subspecialty resident.

As discussed previously, following review of the evaluations by the Director of the training program, the evaluations are forwarded to the subspecialty resident (and the advisor/mentor) for their review and comment. Specific comments regarding any aspect of the evaluation can be directed, either verbally or in writing (preferably), to either the advisor/mentor or the Director of the training program. If necessary, arrangements to discuss specific issues between the subspecialty resident, evaluator and program Director are made on an individual, as needed, basis. A record of all responses to evaluations is kept as part of the subspecialty resident's permanent record.

Each faculty member of the Pediatric Infectious Disease Training Program monitors the subspecialty resident's acquisition of skills necessary for competency in Pediatric Infectious Diseases. The evaluation forms used by the Pediatric Infectious Disease Training Program include a section to evaluate these.

The procedure for final evaluation consists of a review and, if necessary, discussion with individual faculty, of the subspecialty resident's evaluations and performance over the entire course of the training period. The following areas are assessed: 1) **Clinical practice**. The ability to effectively obtain historical data. Their clinical assessment skills (physical exam). Diagnostic ability and investigative planning. Therapy and prevention. Judgment, decision making, and ethics); 2) **Fund of knowledge**. Basic science knowledge and clinical knowledge. Integration of knowledge. 3) **Skills**. Diagnostic and therapeutic skills. Reports and record keeping. Verbal communication skills. Written communication skills. Teaching skills. Procedural skills. Administrative skills. 4) **Research**. The subspecialty resident's research record is reviewed to determine if significant, original research was conducted during the training period.

Once the review is completed, a letter summarizing the evaluation is drafted. The final letter is signed by the Director and included in the fellow's permanent record.