

Cardiology Fellowship Manual

Introduction and General Overview

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This document provides a reference source summarizing the fellowship program structure, and clarifying the responsibilities of each fellow enrolled in the University of Nebraska Medical Center (UNMC) Pediatric Cardiology Fellowship at Children's Hospital & Medical Center (CHMC), Omaha. Included are general responsibilities and expectations, as well as expectations specific to each fellowship rotation.

I. General Goals and Objectives of the Cardiology Fellow

The UNMC-Pediatric Cardiology Fellowship at CHMC is designed to provide strong clinical and research opportunities for physicians planning a career in academic medicine. The program is structured to enable fellows to obtain an in-depth, focused experience in the major areas of Pediatric and Congenital Cardiology (echocardiography, cardiac catheterization and intervention; electrophysiology; cardiac intensive care, heart failure/transplantation, exercise physiology, pulmonary hypertension, outpatient clinical cardiology and adult congenital heart disease). Fellows are expected to:

1. Provide outstanding care to each patient and their families. Clinical efforts should be compulsive, detail-oriented, and data-driven. This includes effective communication to the referring physician, and timely outpatient / inpatient progress notes, cath reports, and other communications.
 - a. Daily Notes: (See Inpatient and ICU - specific rotation-sections for details.)
 - b. Weekend Rounds will be dependent on several factors but will be in compliance with fellow work hour policy.
 - c. Request for Cardiology Consultation. When a care provider requests a cardiology consultation, they are requesting our opinion regardless of whether or not your initial impression is that a consultation may not be necessary. When on-call at home, the cardiology fellow is expected to return to the hospital and evaluate the patient unless the provider whom is asking for the consultation is calling to request that the patient should be seen in the morning or at a different time.
 - d. Clinic: Each cardiology fellow is to be present in the clinic at the assigned clinic start-time. The nurses should not need to page a fellow to remind him/her of their clinic responsibility. If on call or hand-off/rounding responsibilities preclude prompt attendance, your

faculty mentor should be notified in advance.

2. Continuity clinic: Attendance is required at your ½ day cardiology clinic *each week* except when you are on the 5th floor inpatient or ICU rotations. Consistent attendance is essential to obtain a 3-year longitudinal experience caring for children with cardiovascular disease. The fellow must notify his/her clinic attending if unable to attend clinic.
Documentation: a log of your clinic patients that includes date of clinic, pt age, and diagnosis needs be maintained during your fellowship.
3. Research. Actively participate in clinical and/or laboratory research under the guidance of a Scholarship Oversight Committee (SOC). Application for extramural grant funding is encouraged and counseling in the process will be provided. (See Research rotation-section.)

Presentation of research. Fellows are expected to present their findings internally and at local and national meetings. The Division will support travel to high impact scientific meetings to which the fellows' abstract(s) are accepted. Preparation and submission of a manuscript(s) is expected per guidelines of the American Board of Pediatrics.

- a. Conferences. Fellows are expected to attend and actively participate in all Pediatric Cardiology Conferences. (See "Conferences" section of this manual.) All fellows are expected to attend:
 - i. Monday Morning Cardiac Care Conference 8:15-10:15.
Attendance is monitored by a electronic check-in (mandatory)
 - ii. Monday Morning 7:00 / 7:15 conferences. Attendance is monitored by a sign-in sheet (mandatory)
 - iii. Wednesday 12:00 noon. Fellow Educational Conferences:
First year fellows are required to attend this conference composed of the core curriculum lectures in July-Aug-Sep on Tuesdays, Wednesdays, and Thursdays at 12:00 p.m. From Sep through May, conference lectures will be held at 12:00 p.m. on each Wednesday. Attendance is monitored by a sign-in sheet.
 - iv. Friday 12:00 noon twice / month, September – June. Moss & Adams Board Review Conference. Attendance is monitored by a sign-in sheet. (mandatory)
 - v. Cardiovascular Transparency and Improvement (CVTI) monthly conferences Attendance is monitored by a sign-in sheet. (mandatory)

Fellows are encouraged to attend all other conferences as their schedule allows. These include rotation conferences in Imaging, EP, Cath, ACHD (see Rotation Goals & Objectives)

Conferences at which Fellow Presentations are expected:

- Cardiac Care Conference (none for first year fellows until 2nd 6 months): all patients are presented by fellows for patients listed by 3 pm on the preceding Thursday.
 - Morbidity, Mortality and Improvement (MMI) is held every 3 months within the CVTI conference. Fellows present the conference. Fellows rotate in presenting a topic that may or may not involve a specific patient case (see document elsewhere in Manual)
 - Fellows present at the Resident Patient Management Conference (PMC) 1-2 times per year.
 - Fellows present conferences during virtually all rotations. See specific Rotation Goals & Objectives
4. Vacation. Utilize vacation time wisely. It is expected that all vacation time will be utilized by each fellow. Time away from rotations must be pre-approved by the attending during the absence. (See section III below.)
 5. Collegiality. Support your colleagues. Fellows are expected to contact the fellowship director or faculty with questions or concerns.
 6. Enjoy your fellowship experience. Work hard and enjoy learning! The objective of the fellowship is to provide the opportunities for its trainees to develop into outstanding academic pediatric cardiologists.
 8. Call – see First Year Call Primer document (Fellow Educational Conference presentation– July 8, 2019)

II. Lines of Supervision and Responsibility Guidelines

The University of Nebraska Medical Center web site maintains the policy for supervision and procedural competency for cardiology. To access these guidelines, go to:

[http://www.unmc.edu/pediatrics/fellowships/cardiology/fellowship manual.](http://www.unmc.edu/pediatrics/fellowships/cardiology/fellowship_manual)

III. Duty Hour Expectations/Coverage (Also see House Staff Manual 2019-2020, page 78-82, Resident Duty Hour Requirements)

The following are guidelines established to meet the above ACGME Requirements:

1. Total Work Hours: Must not exceed 80 hours per week (averaged over a 4-week period). Fellows should speak to the appropriate faculty if

he/she needs to leave early to meet this requirement.

2. Consecutive Work Hours: Limited to 24 consecutive hours (plus 4 hours additional to participate in important patient care / continuity activities). Therefore:
 - a. A fellow MUST leave campus by 11 AM after a night of in-house call. This time can be extended if the prior workday began later than 7 AM.
 - b. The fellow should try not to miss afternoon clinic (i.e., don't be on in house call the night before).
 - c. Fellows should speak to the appropriate faculty if he/she needs to leave early to meet this requirement.
 - d. Coverage is to be the responsibility of the "affected" faculty, not the responsibility of the post-call fellow.
3. Fellows should give faculty as much advanced warning as possible for coverage needs.
4. After each night of at home call, the on-call fellow from the previous evening will discuss with the faculty member "supervising" him/her for the day, the previous night's call/sleep activities.
 - a. If the previous evening resulted in excessive demands, the faculty will "step-up" and cover the fellow for the afternoon's activities, allowing the fellow to depart early.
 - b. The fellow on-call the upcoming night (or any other available fellow) may, if clinical duties allow and degree of work dictates, assist the faculty member being "jeopardized" by the early release of the post-call fellow.
 - c. A faculty member who feels compromised by excessive workload imposed by the fellow's departure can solicit assistance from any available faculty (e.g., add-ons to clinic can be picked up by personnel in the clinic that afternoon).

NOTE: Depending on how busy things are and how little sleep the on-call ward fellow had, it is NOT MANDATORY that the fellow depart earlier than usual. This procedure has been established so that when the home call fellow has "been killed", the faculty can provide them some relief. The ACGME guidelines state that "at-home call must not... preclude rest and reasonable personal time."

Logging Duty Hours: Fellows are required to log their duty hours, entering the time they arrive and leave work daily. This is done on-line through New Innovations (www.new-innov.com). The Fellowship Director and Coordinator monitor duty hour compliance, and check the web site weekly to be sure fellows are entering their hours. It is also important to log paid time

off (PTO) days, as the Fellowship Coordinator uses this confirm PTO days taken.

Moonlighting: Fellows are not allowed to engage in moonlighting during off-duty hours.

Reporting Work Hour Violations: Fellows should contact the Fellowship Director with concerns over work hours. UNMC has an anonymous web site for communicating work hour concerns via New Innovations (www.new-innov.com).

IV. Vacation Policy

To optimize work-life balance, fellows are encouraged to utilize all of their vacation days. The following guidelines are formulated to provide uniformity, predictability, and ease of implementation of taking vacation time. Cardiology fellows are allowed 4 weeks (20 weekdays) of vacation time. It is expected that when planning vacations, appropriate faculty will be notified in advance so that no one is surprised when a fellow is otherwise scheduled or expected on a rotation. This includes all clinical and research rotation faculty and cardiology clinic mentors. The Fellowship Coordinator must also be notified of an impending vacation day or week. Fellows must also log their PTO days into New Innovations.

Although PTO may be taken during inpatient rotations, time away from these rotations must be pre-approved by the attending during the absence. It is strongly suggested that vacation not be taken from any one clinical rotation more than once in a year so as to avoid diluting each experience. Fellows are also encouraged to not “save” vacation for research time, but rather to take vacations during various clinical rotations so that an ideal balance of clinical, research, and vacation can be achieved.

Should questions arise regarding vacation/PTO, fellows are asked to communicate with the Fellowship Director as soon as the question arises to discuss the particular issues.

NOTE: PTO time should not be “saved” to use at the end of the fellowship. Leaving before the end of the third year puts a burden on the other fellows, and it is expected that all fellows will be in attendance through the end of the fellowship, June 30th.

V. Academic Productivity Support

Presenting Academic Work:

The Cardiology Division’s ongoing support of the academic activities of the fellows includes financial support for their academic activities. The Division will support

travel expenses, accommodations, registration fees and meals at national scientific sessions at which a fellow is presenting academic abstracts/papers. The organizations supported in this manner include:

- The American Heart Association,
- The American Academy of Pediatrics,
- The American College of Cardiology,
- The Society for Pediatric Research/The Pediatric Academic Society.
- Heart Rhythm Society
- American Society of Echocardiography
- Society for Cardiac Intervention and Angiography
- Midwest Pediatric Cardiology Society (regional meeting)

To encourage programmatic visibility, academic productivity, and excellence, there will not be a limit placed on the number of meetings supported at which the fellow presents academic work in an academic year. **The Division Chief and the Fellowship Director will give final approval, however, to each and every academic travel pursuit.**

NOTE: Submission of abstracts to foreign meetings must have prior approval by the Fellowship Director and Subspecialty Director before reviewed by the Division Chief to ensure is no question regarding whether the fellow may be approved for travel abroad prior to abstract submission and meeting registration.

Meetings at Which Academic Work is Not Presented:

Additionally, the Division will support registration, travel and lodging to one national meeting per year at which a fellow is not presenting their academic work. This applies to fellows at all levels, in an effort to facilitate exposure to learning from and working with members of the pediatric cardiology community. There will be a \$2,000 per year ceiling on support for non-presenting meeting attendance. A Travel Authorization Form must be completed and given to the Fellowship Coordinator who will obtain the necessary approvals. The Fellowship Coordinator will also assist with travel reimbursement upon completion of the trip.

Should the non- presenting meeting fees for the year total less than \$2,000, the fellow may petition to the Fellowship Director for use of those funds towards the purchase of text or electronic media support, such as books. A form to request these funds is available from the Fellowship Coordinator.

The Division will reimburse fellows for their enrollment and participation in the annual In-Training Examination. The division is unable to support reimbursement for board examinations, however. Fellows are encouraged to utilize the Fellow Education/Library funds to augment the existing volumes in the Fellow Library. These requests are made through the fellowship coordinator and approved by

Fellowship Director and/or Division Director (a form is available from the coordinator to request these funds).

VI. Meal Stipend

Each fellow receives a \$50.00/month meal card from the Children's Hospital & Medical Center Medical Staff Office. For all rotations, the fellow also has access to the free food and beverages supplied to all physicians in the medical staff lounge located on LL3 at Children's Hospital & Medical Center.

VII. Evaluations

Fellow evaluations are completed after each monthly rotation by the faculty in that area. For example, when the fellow completes the Echo/Imaging rotation, all of the imaging cardiologists who were involved with the fellow during the rotation will complete the fellow's evaluation. These evaluations provide input for the semi-annual review completed with the fellows by the Fellowship Program Director. Prior to these semi-annual reviews, evaluations are also requested from cardiology mid-levels and the nursing staff in cardiology clinic, as well as patients/families in clinic. This provides a wide range of input, from faculty, nursing / technical staff, and patients/families. If needed, evaluations by the program director(s) may be performed more frequently.

Confidential evaluations of the program and of each faculty are required by each fellow at the end of each fellowship year.

The 6-month evaluations include a component involving the recently implemented Milestones. The Milestones includes a fellow self evaluation that is compared to those assessed by all faculty.