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UNIVERSITY OF FLORIDA

PEDIATRIC ENDOCRINOLOGY

POLICIES AND PROCEDURES MANUAL

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1. MISSION STATEMENT

"The mission of the pediatric endocrinology training program at the University of Florida is to prepare academicians for a career of independent creative work."

There are ever-increasing demands on physicians, both inside and outside of the clinic. Our endocrinology program strives to produce individuals exceptionally qualified as clinicians, educators, and clinical scientists. Training, both clinical and didactic, is as diverse as our outstanding faculty.

Our pledge as faculty is to promote an environment that includes maximal opportunities for clinical and research exposure. As dedicated educators, our greatest satisfaction comes from fostering the development of our fellows.

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Program Director

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Professor and Division Chief
Associate Program Director

2. GOALS OF THE PEDIATRIC ENDOCRINE PROGRAM

The goal of the fellowship program is to provide a comprehensive educational experience in Pediatric Endocrinology. This is accomplished by providing an organized, progressive, educational experience with increasing patient care responsibilities over a three-year period in a setting which has a diverse patient population and a teaching staff with professional ability, enthusiasm, and a commitment to teaching. We strive to have an appropriate balance between structured educational activities including didactic lectures, clinical learning, patient care responsibilities, and research opportunities. The faculty should serve as role models for the fellows to develop their interpersonal skills and participate in ethical decision-making. Faculty and fellows are expected to display attitudes and behaviors that demonstrate commitment to patients, their families, and the highest level of care. Working with the health care team, which includes diabetes educators, psychologists, nutritionists, and social workers is emphasized. The curriculum of the fellowship program meets the guidelines of the Accreditation Council of Graduate Medical Education.

Specifically, our fellowship program seeks to encourage fellows to:

1. Acquire the knowledge and skills to become proficient in the care of pediatric patients with endocrine and related metabolic disorders, including diabetes, obesity, and dyslipidemia;
2. Become committed to life-long learning to remain in the forefront of advancing knowledge;
3. Acquire knowledge and skills in research techniques to prepare for an academic career and to critically interpret published clinical and basic research.
4. Demonstrate, through graduated responsibility, the ability to function as an independent academic pediatric endocrinologist.

3. JOB DESCRIPTION

The University of Pediatric Endocrinology Fellowship is a 3 year program dedicated to the training of academic clinician-scientists. Per the ABP, the requirements for clinical and research time are flexible. As such, fellows with greater interest in Clinician-Educator careers will be assigned less protected time for research in place of additional clinical responsibilities. Decisions regarding assignment of clinical and research time will depend on the fellow's level of commitment to research as determined through meetings with the Program Director and the Scholarship Oversight Committee.

A. Graduated Levels of Responsibility

Graduate medical education is based on the principle of progressively increasing levels of responsibility in caring for patients, under the supervision of the faculty. The faculty are responsible for evaluating the progress of each subspecialty resident in acquiring the skills necessary for the resident to progress to the next level of training (via the Clinical Competency Committee). Factors considered in this evaluation include the subspecialty fellow's clinical experience, judgment, professionalism, cognitive knowledge, and technical skills. These levels

are defined as postgraduate years (PGY) and refer to the clinical years of training that the resident is pursuing. Residents wishing to pursue subspecialty training must pursue an additional 3 years of fellowship following successful completion of a core pediatric residency program. At each level of training, there are competencies that the fellow is expected to master. As these are learned, greater independence is granted the fellow in the routine care of the patient at the discretion of the faculty who, at all times, remain responsible for all aspects of the care of the patient. Examples of expected competencies and responsibilities for each level follow in the job description below.

Competency appropriate to level of fellowship in all six core areas set by the ACGME (Patient Care, Medical Knowledge, Professionalism, Interpersonal and Communication Skills, Practice Based Learning and Improvement, and Systems Based Practice) must be demonstrated in order to be promoted through the fellowship program. Evaluations (by faculty, nurses, fellows, and patients), in-service training scores, progress towards completion of "scholarly activity", review of scholarship oversight committee notes, and semi-annual evaluations will be used to determine progress towards demonstrating these competencies.

In the spring of 2014, the Pediatric Endocrine Society will provide more specific competencies that will be utilized in the evaluation of our fellows. Reporting of these competencies to the ACGME will be required after July 2014

B. Expectations of Fellows at all Levels of Training

Fellows at every level are expected to treat all members of the health care team with respect and to recognize the value of the contribution of others involved in the care of patients and their families. The highest level of professionalism is expected at all times. Racial, ethnic, or cultural slurs are never acceptable. Ego and personality conflicts are not conducive to good patient care. Long hours and the stress of practice can precipitate conflict. The fellow should be aware of the situations where such conflict is most likely to occur and try to avoid escalating the situation.

The fellow is expected to develop a personal program of reading. In addition to general didactic study of pediatric endocrinology, fellows should be regularly reading about specific problems that they encounter in patient care. Fellows are expected to attend all conferences offered by the program. The conference program is designed to provide a didactic forum to augment the fellow's reading and clinical experience.

Fellows shall follow hospital policies and procedures and support the mission, vision, and values of the facility. Fellows shall maintain a professional appearance and concern for the safety of the patient.

Fellow requests for additionally clinical experiences will gladly be accommodated as long as research requirement is met/being met. Fellows felt to have inadequate clinical skills or knowledge may be assigned more clinics to remediate.

C. ***Continuity clinic:***

Fellows will have a weekly continuity clinic experience during all 3 years of training. This clinic is staffed by faculty on a rotating basis and allows fellows to develop a long term relationship with patients while learning from the experience of seeing the natural history of endocrine disorders in patients primarily under the fellow's care.

Expectations for fellow's continuity clinic are: 4 patients for 1st year, 5 patients for 2nd year, 6 patients for 3rd year. There will be 1 more patient scheduled for each fellow to account for no shows. During Fellow clinic, the attending on service will assist with on service related phone calls to ensure fellows have minimal interruptions. Fellows are expected to see similar numbers of patients in assigned attending clinics.

Fellows will maintain a patient log containing the date and primary diagnosis of each new patient interaction in continuity clinic as well as during on-service consults and follow-ups. This patient log be provided to the divisional administrative support staff every 2 weeks in order to meet ACGME requirements and more importantly to ensure that fellows are exposed to the appropriate number and variety of endocrine disorders.

D. ***Fellow On-Service Responsibilities:***

- Attend 3 half day clinics per week (2 faculty and 1 continuity clinic).
- Take call ~2 days per week (M-Th) and 2 weekends per month (Friday-Sun). Must have 1 day fully off (including home call) per week averaged over 4 weeks
- Give 8:30 resident education lectures after 3-6 months of training or sooner if deemed capable by faculty
- Coordinate with attending on service to round on patients as needed to arrive in assigned clinics by 9:15 am (may require afternoon rounding or assigning more afternoon clinics for on-service fellow
- Please complete all notes for all patients we round on in the morning ASAP. Morning notes should be completed and forwarded to the attending by **NOON** unless you have morning clinic.
- If you have morning clinic, you are expected to pre-round and communicate the plan to both the attending and the resident team **BEFORE** clinic and notes must be forwarded for attending sign off by 4PM at the absolute latest (exception would be late afternoon consults)
- Fellows assigned to morning clinics are to be released **by 1:00 pm** to continue working on other assignments
- Respond to all Newborn Screens (office staff to provide appropriate admin support, treatment decisions discussed with attending on service)
- See all new in-patient consults. Assigned clinics should be completed unless consult requests are urgent (discussed with attending in clinic).

- Cover no more than 1 inbox for out of town faculty members/nurses
- After 3rd month of fellowship, give ~1 core conference lecture every 6 weeks
- Know the patients we are following and stay up to date on pending issues, especially critical labs and steps towards discharge. Demonstrate "ownership" of the patients to ensure that they get optimal and timely care.
- Notify the attending of all consults (by phone or text) immediately after receiving the request. The attending must know about the situation and discuss the plan you have given to the team to determine if the consult should be seen immediately or can be delayed. Do not assume the consult is urgent/non-urgent until the attending is aware of the situation
- If the attending is in clinic and you are not, please see all consults right away on your own (after discussing as much as is practicable with the attending) so when we round the patient has been seen and you have formulated a plan for the patient
- Please come up with a plan on all consults and patients. It is okay if you are not sure, we will discuss and make sure we both learn from the discussion
- Do not text patient HPI via phone (name, MR number, etc) or discuss patients in elevators
- Teaching to patients should be performed by one of our diabetes nurses or the fellow, unless trained/experienced nursing staff are available. We must ensure that our service feels comfortable with the parent using a glucose meter or insulin pens, syringes, etc before discharge.
- Please do not hesitate to ask any questions on service, although we may ask that you find the answer yourself or provide evidence to support a decision we are here to support your transition to lifelong learning and expect you to engage us in debate regarding optimal diagnostic testing and/or treatment options for your patients.

E. Fellow Off-Service Responsibilities:

- Attend 2 half day clinics per week (1 faculty and 1 continuity clinic)
- Expected to arrive in clinic to see the 1st scheduled patient
- Fellows assigned to morning clinics are to be released by 1:00 pm to continue working on other assignments
- Take call ~1 day per week (M-Th) and ~1 weekend (F-Sun) per month, 2 weekends when there is a 5th week in a month
- Give 1 core conference lecture every 6 weeks (with on-service fellow this means 3 of every 6 weeks will be given by fellows). Other slots will remain alternating Board Review/Case Conference and Faculty directed)
- Off service fellows will spend remainder of time with pursuit of scholarly activity. Efforts will be discussed, planned, and documented via New Innovations and approved regularly with the Program Director and mentor. If assigned clinical time appears

excessive (given planned efforts), additional research time will be assigned to ensure success and accountability.

- Cover no more than 1 inbox for out of town faculty or nurse

F. Clinic Rotation:

- 2nd and 3rd year fellows will have a 1 month "clinic rotation" per year where they will see patients in 6 half day clinics (5 faculty and 1 continuity) per week. This experience is designed to give fellows an experience similar to being in a full time clinician-educator practice and to ensure adequate exposure to clinic based evaluations.

G. Research Rotations and Scholarly Activity:

- During the first 2 research months, first year fellows will identify a research mentor with whom he/she can design a hypothesis driven research project.
- Fellows will choose (with appropriate guidance from mentors) the members of their Scholarship Oversight Committee (SOC) by the end of their 2nd research month of their first year of fellowship and must have an SOC meeting before the end of their first year.
- The SOC must consist of at least 3 members (must have one outside our division and cannot include the Fellowship Director as an official member though the Fellowship Director will attend SOC meetings when available.)
- SOCs must meet and document progress at least twice a year during the second and third year of fellowship and at least once before the end of the first year of fellowship. Additional meetings are strongly encouraged and may be required if the fellow's progress with scholarly activity progress is not meeting expectations. (Fellows will coordinate these meetings with the help of the fellowship administrative assistant)
- Fellows will maintain a notebook containing evidence of all scholarly activities and will provide electronic copies of all scholarly activities to the fellowship administrator to be loaded into New Innovations.
- Fellows are expected to write at least one case report or review article during fellowship though these do not meet the requirements of the ABP to sit for board certification
- Fellows are expected to write grants, abstracts, review articles, and present at research meetings. Research is expected to be hypothesis driven and of high enough qualify that it will that it will lead to the publication of a first author peer-reviewed manuscript.
- In order to graduate from the fellowship, fellows must submit their research work for publication (Note: This is an internal requirement and not an ABP requirement)
- Research work must adequately completed by June 1st of the final year of fellowship in order to sign off on the fellow's scholarly activity and allow them to sit for the boards.

H. Call:

- Nurse educators handle daytime diabetes calls from M-F.
- In the absence of a nurse educator, the fellow on service will take first call with back-up by the attending physician on service.
- During the first-year, fellows take first call from home with attending physician backup. Call is approximately two weeknights per week and two weekends per month when "on-service" and 1 day per week and 1 weekend per month when "off-service" (2 weekends if there is a 5 weekend month).
- Fellows are expected to take call for the Glycogen Storage Disease program when Dr. Weinstein is unavailable.
- First call during weekdays will be handled by the GSD nurse but first call on nights and weekends will be taken by the fellow.

I. *Core Conference:*

- Formal learning does not end with medical school. Many aspects of pediatric endocrinology require additional self-directed and didactic instruction before they can be integrated into the fellow's fund of working knowledge.
- The "Core Conference" series of lectures developed to emphasize the ABP content specifications for required material (and information stressed by our own program) covers a broad range of endocrine topics.
- Fellows are expected to prepare and give a majority of the lectures as part of their training and education.
- Core topics are covered in a 12-18 month curriculum cycle and assignments are varied based on each fellow's interests and evaluation of the fellow's core knowledge.
- Core Conference occurs on Thursdays, at 12:30 p.m.
- Attendance is required and monitored.

J. *Grand Rounds***:**

- These conferences are generally an update on new developments in an area of broad pediatric interest.
- Visiting professors, faculty, and residents may present.
- Conferences vary from primarily clinical to mostly research.
- Grand Rounds is Thursdays, at 8:00am.
- Attendance is encouraged.

K. UF Fellow-Faculty Research Lecture Series:

- All fellows are expected to attend and present their research annually as scheduled by the departmental fellowship office.
- These conferences ***are*** held weekly at 8:00am
- Attendance is required and monitored.

L. UF/USF clinical conference:

- Held Quarterly
- Fellows are expected to present and discuss an interesting clinical case
- Location alternates between Tampa and Gainesville
- Attendance is required

M. Writing:

- Fellows are expected to learn scientific writing.
- Each fellow is expected to write at least 1 case report or review article during their 3 years of fellowship.
- Fellows who want to write a review, case report, results of a clinical research study, or retrospective chart review should discuss their idea with a faculty member and develop a research plan before initiating the project.
- Initially, most fellows will need extensive coaching to prepare a paper that is suitable for publication. Faculty will provide mentorship in writing style and content for grants and manuscripts.

N. Manuscript Reviews (all three years):

- Mentors will ask the fellows to review manuscripts that have been submitted to journals for possible publication. The mentors and fellows discuss the review after each has independently reviewed the manuscript.

O. Teaching Responsibilities:

- Part of our mission is to train academic pediatric endocrinologists, as such, fellows play an important role in house-staff education and are expected to take a leading role in educating medical students and residents rotating through our clinic and in-patient service
- Fellows will read about their cases and to impart that information to the residents and medical students on-service.
- Fellows will be a resource for house officers so that they can learn to manage their patients with endocrine problems
- Fellows will lead informal morning discussion sessions on common endocrine problems to residents on endocrine rotation
- Fellows will provide recent literature on relevant topics for house officers
- At the end of student and resident rotations, fellows will be expected to contribute to the student evaluation and make comments on each student's progress.

P. Quality Improvement Projects:

- In an effort to continually improve all aspects of our pediatric endocrinology program and in order to meet the standards put forth by the ACGME for competency based learning, we require our fellows to perform a quality improvement (QI) project during training.

- This project can be anything that improves our core missions of education, research, and clinical care. Examples of possible projects would include efforts to improve our clinic templates, update the DKA protocol, post lectures to the resident education server, create new patient education handouts, etc.
- During the 1st and 2nd year fellows will be expected to choose a QI project, coordinate with an attending for guidance, and implement the change.
- Documentation of the effort involved in completing the QI project must be maintained by the fellow and added to their Fellowship binder and recorded in New Innovations
- 3rd year fellows will be expected to maintain and update the resident/medical student rotation binder as part of their QI project. This binder will include:

1. Goals and objectives of the rotation
2. ~20 key articles on major areas in pediatric endocrinology
3. Pre-rotation/ Post-Rotation test

The test will be used to assess knowledge base in pediatric endocrinology before and after the rotation and to allow us to adjust our teaching emphasis from rotation to rotation based on students' needs. 4-5 complete copies of the binder will be prepared and maintained by the secretaries at all times and will be provided to each medical student/resident on their first day of the rotation.

Q. Feedback:

- Feedback will be given at every level of interaction.
- Informal feedback will be provided immediately following clinical experiences and teaching sessions and requests for feedback are encouraged.
- Formal written feedback will be provided at least twice a year.
- Feedback will be timely, objective, and given with the goal of reinforcing strengths and correcting deficiencies.
- Fellows and faculty at all levels are responsible to receive and to give feedback.

R. American Board of Pediatrics In-Training Examination:

- Fellows are required to take the ABP In-training examination annually.
- The examination provides important feedback by determining individual strengths and weaknesses in knowledge.
- Examination scores are considered a relevant measure of the fellow's clinical performance.

S. PGY Specific Expectations

First Year of Subspecialty Training (PGY 4)

Time Commitment

- First year fellows will complete 9 months of On-Service time, and 3 months of Off-Service (research protected) time. The first month of research is designed to allow fellows to sample possible areas of interest and pick a mentoring team.
- 3 weeks vacation

Supervision and Objectives of Training:

Individuals in the PGY 4 year are closely supervised by endocrine faculty. Examples of tasks that are expected of PGY 4 physicians in pediatric endocrinology include: perform a history and physical exam necessary for an endocrine evaluation (*Patient Care)*, order medication and diagnostic tests (*Systems Based Practice*), collect and analyze endocrine test results and communicate those to the other members of the team and faculty (*Interpersonal and Communication Skills*), obtain informed consent, develop competency and understanding of insulin dynamics and management of diabetic medications, and assisting with procedures and stimulation tests at the discretion of the responsible faculty member (*Medical Knowledge)*. The fellow is expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus for care (*Practice Based Learning and Improvement*). The first year fellow must develop and implement a plan for study, reading and research of selected topics that promotes personal and professional growth and be able to demonstrate successful use of the literature in dealing with patients (*Professionalism*). The fellow should be able to communicate with patients and families about the disease process and the plan of care as outlined by the attending. At all levels, the fellow is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost effective care (*Practice Based Learning and Improvement*).

Second Year of Subspecialty Training (PGY 5)

Time commitment

- Second year fellows will do 2 months of On-Service time, 9 months of Off-service (research protected) time pending approval of research effort*, and 1 month outpatient clinics.
- 3 weeks vacation

*Research effort will be evaluated by the Program Director and the SOC. Given the flexibility of the ABP requirements, additional clinical time (both clinics and on-service time) may be assigned. Conversely, fellows demonstrating meaningful commitment to scholarly activities may be granted additional protected time to pursue research.

Course work: Specifics will be dictated by individual program design. All fellows will take the "Introduction to Clinical Research" course offered through the CTSI during their first or

second year of fellowship. In addition, courses are offered as follows through the Advanced Postgraduate Program in Clinical Investigation:

- Statistics
- Grant writing
- Study design
- Graduate level courses in physiology, genetics, molecular biology or immunology

Conferences: As in first year, with the addition of conferences related to the field of research

Writing Expectations:

- Write an abstract to be submitted to Pediatric Science Day and to a national meeting
- Write an article based on clinical research or a review article for publication in a peer-reviewed journal
- Write a grant for submission to an outside funding agency.

Supervision and Objectives of Training: Individuals in the second year of subspecialty fellow training are expected to perform independently the duties learned in the first year and may assist in the supervision of the routine activities of the core pediatric residents (PGY 1-3). Although supervised by the attending endocrinologist, PGY 5 level fellows are expected to be competent in the management of critically ill patients, including, but not limited to, diabetic ketoacidosis, hypoglycemic seizures and adrenal crisis (*Patient Care/Medical Knowledge).* The PGY 5 should be able to demonstrate continued sophistication in the acquisition of knowledge and skills in pediatric endocrinology and to demonstrate increased independence in evaluating patient problems and developing a plan for patient care (*Systems Based Practice*). The fellow at the second year level of subspecialty training will respond to consults and learn the elements of an appropriate response to consultation in conjunction with the faculty member *(Interpersonal and Communication Skills).* The fellow should take a leadership role in teaching the core pediatric residents and medical students the practical aspects of patient care and be able to explain complex diagnostic and therapeutic procedures to the patient and family *(Professionalism*). The fellow should be adept at the interpersonal skills needed to handle difficult situations. The PGY 5 should be able to incorporate ethical concepts into patient care and discuss these with the patient, family, and other members of the health care team (*Practice Based Learning and Improvement).*

Third Year of Subspecialty Training (PGY 6)

Time Commitment

- Third year fellows will do 2 months on-service (second month "pretending", and 9 months of off-service (research protected) time pending approval of research effort*, and 1 month outpatient clinics.
- 3 weeks vacation

*Research effort will be evaluated by the Program Director and the SOC. Given the flexibility of the ABP requirements, additional clinical time (both clinics and on-service

time) may be assigned. Conversely, fellows demonstrating meaningful commitment to scholarly activities may be granted additional protected time to pursue research.

Conferences: As in first year, with the addition of conferences related to the field of research

Course work (for second and third year): Specifics will be dictated by individual program design (see above for 2nd year)

Writing: Data should be presented at Pediatric Science Day and at a national scientific meeting. A manuscript should be published or in press in a peer-reviewed journal by the end of the sixth year. The fellows are expected to write grants to support their experiments

Supervision and Objectives of Training: In PGY6, the fellow should be capable of managing patients with virtually any routine or complicated endocrine condition and of supervising the core pediatric residents (PGY 1-3) in their daily management of endocrine outpatient and inpatient care *(Medical Knowledge / Patient Care)*. The fellow is responsible for coordinating the care of multiple patients on the team assigned (*Professionalism / Interpersonal and Communication Skills*). The PGY 6 can perform progressively more complex consults and evaluations under the supervision of the endocrine faculty (*Systems Based Practice)*. It is expected that the PGY6 fellow be adept in the use of the literature and routinely demonstrate the ability to research selected topics and present these to the team (*Practice Based Learning and Improvement)*. At the completion of the third year, the PGY6 fellow should be ready to assume a level of responsibility consistent with the endocrine faculty.

T. Diabetes Camp

Fellows are required to attend at least one session of diabetes camp during their fellowship. Published data support the utility of camp as an important part of medical education for subspecialists. During your first session at camp you will serve as a councilor in a cabin and if you chose to return for additional sessions as at camp you may be given the opportunity to serve as a camp physician overseeing multiple cabins.

4. DUTY HOURS, CALL, and MOONLIGHTING

Duty Hours

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

2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

3. Fellows must be provided with 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 one continuous 24-hour period free from all clinical, educational, and administrative duties.

4. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

5. Per ACGME rules duty hours must be documented via New Innovations by the fellow.

6. Fellows generally take home call, however when called into the hospital during the night, the resident will be either given 10 hours free of in-house responsibilities, or the resident will be sent home within a work hour maximum of 30 hours. The last 6 hours will be free of new patient evaluations.

Moonlighting

1. Because fellowship education is a full-time endeavor, the Program Director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.

2. The Program Director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements.

3. Any hours a fellow works for compensation at the sponsoring institution or any of the sponsor's primary clinical sites must be considered part of the 80-hour weekly limit on duty hours. This refers to the practice of internal moonlighting.

5. INSTITUTIONAL POLICIES

The Department of Pediatrics adheres to institutional policies in the following areas. Specifics of the policy may be obtained through the Pediatric Fellowship Director, the Department Chairman, the GME Director, or their offices.

The candidate for Pediatric Endocrine Fellowship must possess skills in the following areas.

I. Observation: A candidate must be able to observe a patient accurately at a distance and close at hand. In detail, observation necessitates the functional use of the sense of vision and other sensory modalities.

II. Communication: A candidate must be able to communicate effectively and sensitively with patients. The focus of this communication is to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. Communication includes not only speech but also reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

III. Motor: Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.

IV. Intellectual-Conceptual, Integrative, and Quantitative Abilities: These abilities include measurement, calculation, reasoning, analysis, and synthesis of complex information.

V. Behavioral and Social Attributes: A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, longevity, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admissions and education processes.

If you think you may not be able to meet these standards, please contact the program director to discuss potential accommodations.

Selection of Fellows

The Accreditation Council for Graduate Medical Education Institutional Requirement (I. B. 3. e.) and (II. A.) require written policies on the recruitment and appointment of fellows. Only fellows eligible by ACGME requirements will be recruited and appointed.

Applicants with one of the following qualifications are eligible for appointment to University of Florida accredited residency programs:

1) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

2) Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).

3) Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:

a) Have a currently valid certificate from the Educational Commission for Foreign Medical Graduates or

b) Have a full and unrestricted license to practice medicine in an U.S. Licensing jurisdiction.

4) Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME- accredited medical school.

5) Our program participates in the national pediatric endocrinology match.

6. PROCEDURE FOR GRIEVANCE, SUSPENSION, NON-RENEWAL OR DISMISSAL

Intent: Each training program is responsible for the conduct of that training program and for the policy on defining satisfactory performance of the fellow as a student. The sponsoring institution wishes to ensure that the application of such policies are not arbitrarily illegal, unjust or create unnecessary hardship. Therefore, a policy and procedure for addressing resident dissatisfaction is established (I.R. I. B. 3. e.) and (I.R. I. B. f. 4).

Policy

Statement: Context of the institutional and program requirements. Each program must develop fair and consistent standards for the residents. If a resident feels that a decision by the program violates standards of fairness then the resident is afforded a process whereby individuals outside the program may review such decisions.

Description: The position of the resident presents the dual aspect of a student in graduate training while participating in the delivery of patient care.

The University of Florida College of Medicine is committed to the maintenance of a supportive educational environment in which residents are given the opportunity to learn and grow. Inappropriate behavior in any form in this professional setting is not permissible. A resident's continuation in the training program is dependent upon satisfactory performance as

a student, including the maintenance of satisfactory professional standards in the care of patients and interactions with others on the health care team. The resident's academic evaluation will include assessment of behavioral components, including conduct that reflects poorly on professional standards, ethics, and collegiality. Disqualification of a resident as a student or as a member of the health care team from patient care duties disqualifies the resident from further continuation in the program.

Grievances: A grievance is defined as dissatisfaction when a resident believes that any decision, act or condition affecting his or her program of study is arbitrary, illegal, and unjust or creates unnecessary hardship. Such grievance may concern, but is not limited to, the following: academic progress, mistreatment by any University employee or student, wrongful assessment of fees, records and registration errors, discipline (other than nonrenewal or dismissal) and discrimination because of race, national origin, gender, marital status, religion, age or disability, subject to the exception that complaints of sexual harassment will be reviewed by the Chair of the Sexual Harassment Committee. (as contained in the Housestaff Policy & Procedure Manual).

Prior to invoking the grievance procedures described herein, the resident is strongly encouraged to discuss his or her grievance with the person(s) alleged to have caused the grievance. The discussion should be held as soon as the resident becomes aware of the act or condition that is the basis for the grievance. In addition, or alternatively, the resident may wish to present his or her grievance in writing to the person(s) alleged to have caused the grievance. In either situation, the person(s) alleged to have caused the grievance may respond orally or in writing to the resident.

If a resident decides against discussing the grievance with the person(s) alleged to have caused such, or if the resident is not satisfied with the response, he or she may present the grievance to the Chair. If, after discussion, the grievances cannot be resolved, the resident may contact the Associate Dean of Graduate Medical Education (ADGME). The ADGME will meet with the resident and will review the grievance. The decision of the ADGME will be communicated in writing to the resident and constitute the final action of the University.

Suspension: The Chief of Staff of a participating and/or affiliated hospital where the resident is assigned, the Dean, the President of the Hospital, the Chair, or Program Director may at any time suspend a resident from patient care responsibilities. The resident will be informed of the reasons for the suspension and will be given an opportunity to provide information in response.

The resident suspended from patient care may be assigned to other duties as determined and approved by the Chair. The resident will either be reinstated (with or without the imposition of academic probation or other conditions) or dismissal proceedings will commence by the University against the resident within thirty (30) days of the date of suspension.

Any suspension and reassignment of the resident to other duties may continue until final conclusion of the decision-making or appeal process. The resident will be afforded due process and may appeal to the ADGME for resolution, as set forth below.

Non-renewal: In the event that the Program Director decides not to renew a resident's appointment, the resident will be provided written notice, which will include a statement specifying the reason(s) for non-renewal.

If requested in writing by the resident, the Chair will meet with the resident; this meeting should occur within 10 working days of the written request. The resident may present relevant information regarding the proposed non-renewal decision. An advisor may accompany the resident during any meeting held pursuant to these procedures, but the advisor may not speak on behalf of the resident. If the Chair determines that non-renewal is appropriate, he or she will use their best efforts to present the decision in writing to the resident within 10 working days of the meeting. The resident will be informed of the right to appeal to the ADGME as described below.

Dismissal: In the event the Program Director of a training program concludes a resident should be dismissed prior to completion of the program, the Program Director will inform the Chair in writing of this decision and the reason(s) for the decision. The resident will be notified and provided a copy of the letter of proposed dismissal; and, upon request, will be provided previous evaluations, complaints, counseling, letters and other documents that relate to the decision to dismiss the resident.

If requested in writing by the resident, the Chair will meet with the resident; this meeting should occur within 10 working days of the written request. The resident may present relevant information regarding the proposed dismissal. An advisor may accompany the resident during any meeting held pursuant to these procedures, but the advisor may not speak on behalf of the resident. If the Chair determines that dismissal is appropriate, he or she will use their best efforts to present the decision in writing to the resident within 10 working days of the meeting. The resident will be informed of the right to appeal to the ADGME as described below.

Appeal: If the resident appeals a decision for suspension, nonrenewal or dismissal, this appeal must be made in writing to the ADGME within 10 working days from the resident's receipt of the decision of the person suspending the resident or the Chair. Failure to file such an appeal within 10 working days will render the decision of the person suspending the resident or the Chair the final agency action of the University.

The ADGME will conduct a review of the action and may review documents or any other information relevant to the decision. The resident will be notified of the date of the meeting with the ADGME; it should occur within 15 working days of the ADGME's receipt of the appeal. The ADGME may conduct an investigation and uphold, modify or reverse the recommendation for suspension, non-renewal or dismissal. The ADGME will notify the resident in writing of the ADGME's decision. If the decision is to uphold a suspension, the decision of the ADGME is the final agency action of the University. If the decision is to uphold the non-renewal or dismissal, the resident may file within 10 working days a written appeal to the Dean of the College of Medicine. Failure to file such an appeal within 10 working days will render the decision of the ADGME the final action of the University.

The Dean will inform the ADGME of the appeal. The ADGME will provide the Dean a copy of the decision and accompanying documents and any other material submitted by the resident or considered in the appeal process. The Dean will use his or her best efforts to render a decision within 15 working days, but failure to do so is not grounds for reversal of the decision under appeal. The Dean will notify in writing the Chair, the ADGME, the Program Director and resident of the decision. The decision of the Dean will be the final agency action of the University. The resident will be informed of the steps necessary for the resident to further challenge the action of the University.

7. GUIDELINES FOR TECHNICAL STANDARDS FOR RESIDENCY AND FELLOWSHIP TRAINING

The sponsoring institution supports the concept of reasonable accommodations to individuals with disabilities accepted to graduate medical education programs.

Statement: Each program is responsible for the development of technical standards necessary to complete their graduate medical education program. In general, individuals must have abilities and skills in five categories: observations, communication, motor, intellectual, behavioral and social. Individuals applying to a residency are encouraged to discuss disabilities with the program director during the interview process.

Description: Although each program may have specialized skills necessary to complete the program, (i.e. motor skills in surgery) the College of Medicine has adopted the following technical standards for medical school admissions and these should form guidelines for each program to develop specialty specific technical standards.

1. **Observation:** The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. In detail, observation necessitates the functional use of the sense of vision and other sensory modalities.

2. **Communications:** A candidate must be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech but reading and writing. The candidate must be able to communicate rapidly, effectively and efficiently in oral and written form with all members of the healthcare team.

3. **Motor:** Candidates must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate must be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are:

The administration of intravenous medication, the application of pressure to stop bleeding and the opening of obstructed airways. Such actions require coordination of both gross and fine muscular movements equilibrium, and functional use of the senses of touch and vision.

4. **Intellectual-Conceptual, Integrative, and Quantitative Abilities:** These abilities include measurement, calculation, reasoning, analysis and synthesis of complex information.

5. **Behavioral and Social Attributes:** A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, interpersonal skills, interest and motivation are all personal qualities that are assessed during the admission and education processes.

8. IMPAIRED PHYSICIAN

The sponsoring institution and each program is responsible for monitoring residents for signs of psychological and substance abuse problems and for initiating appropriate interventions.

The University of Florida College of Medicine will fully participate in the provisions of the Florida Medical Practice Act (F.S.458), the rules of the Board of Medicine, and Department of Professional Regulation. The College of Medicine supports the Florida Impaired Practitioners Program.

1. Faculty, staff, peers, family or other individuals who suspect that a member of the housestaff is suffering from a psychological or substance abuse problem are obligated to report such problems. Individuals suspecting such impairment can either report directly to the Physician's Recovery Network (PRN) or can discuss their concerns with the Program Director, Chairman, or Associate Dean of Graduate Medical Education.

   a) It is the intent of the sponsoring institution that all appropriate rules that govern the practice of medicine be strictly enforced.

   b) All referrals to the PRN are confidential and are evaluated by the professionals of the PRN. Decisions about intervention, treatment and after care are determined by the PRN.

   c) As long as the practitioner satisfactorily participates in the PRN program no regulatory action would normally be anticipated by the Board of Medicine.

   d) Resumption of clinical activity and residency program will be contingent upon the continued successful participation in the PRN and continuation of the resident in the program will be determined in consultation between the program director and the professionals at the PRN.

e) Information on the Physician's Recovery Network (PRN) and its program can be obtained by calling 1-800-888- 8PRN or by writing to the PRN at P.O. Box 1881, Fernandina Beach, Florida 32034.

2. Each program will provide an educational program to their residents regarding substance abuse.

1. Compliance with the above will be monitored in the internal review process.

Impaired Practitioners Program of Florida
The Physicians Recovery Network (PRN)
P.O. Box 1020
Fernandina Beach, FL 32035-1020

1-800-888-8PRN
1-904-277-8004

Physicians or osteopaths with a past or current problem of drug or alcohol addiction must contact the PRN as soon a possible on or before arriving at their training program in Gainesville, FL. This is a confidential and professional organization that will help the physician stay clean and sober while maintaining his or her ability to practice medicine in our State.

The purpose of the PRN Program is to ensure the public health and safety by assisting the ill practitioners who may suffer from one or more of the following:

- Chemical dependency
- Psychiatric illness
- Psychosexual illness, including boundary violations
- Neurological/cognitive impairment
- Physical illness
- HIV infections/AIDS
- Behavioral disorders

By supporting ill practitioners in regaining their health, PRN attempts to maintain the integrity of the healthcare team in its role in serving the public.

Physicians are treated with respect, confidentiality, and without discrimination. Recommendations by the PRN for any type of follow-up, counseling, testing, assessment, etc. is the privacy of you and the PRN in their Advocacy/Monitoring Contract.

For further confidential information, resources, intervention, referral or treatment, feel free to contact Sharron Wallace at 265-0787, or Dr. Ken Thompson, Director of the Vista Professionals Recovery & Treatment Program at 338-0097, Ext. 7189.

9. ADMINISTRATIVE POLICIES & FRINGE BENEFITS

CURRENT POLICIES
Current fringe benefits that are provided to residents of the Department of Pediatrics are detailed in your contract.

In addition, the Department of Pediatrics currently pays for your fee annually for admission to the American Board of Pediatrics In-Training examination.

For more information access the College of Medicine website (www.med.ufl.edu/personel)

Comprehensive Medical and Life Insurance
The Housestaff Group Insurance Plan is provided to residents by the University of Florida. As you begin your residency with the Department of Pediatrics, you will receive a booklet which summarizes the benefits and limitations provided under this group policy for Employee Basic Life, Accidental Death and Dismemberment, Employee Major Medical, and Dependent Major Medical Insurance. Please refer to this booklet for all information and any questions you may have regarding your insurance coverage. Our Fringe Benefit Office is located in Room G1-003A in the Health Center. Information can also be found on the Fringe Benefit website www.med.ufl.edu\personel

Disability Insurance
The Department provides a comprehensive disability insurance policy for each resident. Coverage includes compensation for an occupational injury that results in HIV infection. The approximate monthly compensation is $1500. Before completion of the program, you will have an opportunity to convert this group policy to an individual policy that provides compensation of up to $4500 per month (approximately $7000 per month for catastrophic illness or injury). Residents are strongly advised to make this conversion as soon as their financial status permits. For details contact the Fringe Benefit Office at 273-5077 or their website at www.med.ufl.edu/personel

Malpractice Insurance
Malpractice insurance is provided for fellows. This protection is operative only as long as the resident is working under the auspices of the University of Florida College of Medicine in an activity formally approved by the Department. The office phone is 352-265-8028.

Resident and Fellow Loan Deferment Requests
The Association of American Medical Colleges (AAMC) and the Council of Deans have established the policy that no loan deferment on National Direct Student Loans and Guaranteed Student Loans for any resident or fellow past PGY II will be certified. Loan deferment requests for other types of loans will be processed on an individual basis by the Housestaff Affairs Office room 6234 Shands Hospital (phone 265-0787).

Educational Support Fund
Fellows receive $1,000 annually to support purchase of texts, travel to meetings, subscriptions to journals, etc.

- Fellows are encouraged to attend at least 1 scientific meeting per year but must first use book funds to attend and may be required to present in order to be given conference leave.
- The Department has made a commitment to support travel for fellows who are invited to present peer reviewed/refereed data at meetings. Educational support funds must be used first but if depleted requests for funding will be considered by the Chair on a case by case basis.

Living Quarters: There are no departmental provisions for living quarters other than on-call quarters at Shands. Residents who do rotations at outside institutions must provide for their own living quarters and expenses.

Quality Assurance: The quarterly morbidity and mortality conferences will include a report from the QA/QI Committee from its resident member. Residents will be encouraged to bring QA/QI issues to the committee and to participate in the process.

Administrative Support: The pediatric endocrine fellowship program administrator and other divisional staff are located on the second floor of the Children's Medical Services Center, Building A, and are available to assist you with information needs that you have including schedules and schedule request, leave slips, audio visual equipment for conferences and education reimbursements.

Shands Hospital Office of Housestaff Affairs: The Office of Housestaff Affairs offers support and a voice for housestaff and serves as a clearinghouse for information Call 265-0787 anytime. Ongoing services include the monthly newsletter, the housestaff lounge-stocked daily with snacks and drinks. The lounge is a good place to have a moment of time-out. The room is equipped with a television, snacks, drinks, and computers for online access Also available is the housestaff gym in Room 11-529 which is equipped with shower facilities created by the Medical Alumni Association.

10. LEAVE POLICIES

a. ANNUAL LEAVE/SICK LEAVE POLICIES

1. All fellows will have 15 working days of vacation per year. Weekends are not included as working days. Leave slips must be filled out prior to vacation.
2. Fellows must submit a vacation request at least 3 months ahead of the requested date. If vacations are requested later than that they may not be approved because of difficulty rescheduling continuity care patients. All vacation requests must be approved by the fellowship program director and the division chief. If the schedule for that rotation has already been written, then the fellow is responsible for covering any backup or weekend assignments.
3. Vacation may be carried from one year to the next to a maximum of twenty-five days (5 weeks).
4. Each resident is allowed 10 days of paid sick leave annually. The division chief / program administrator must be contacted when a resident is sick and a leave slip must be filled out upon return.

5. Sick leave may not be carried forward

b. MATERNITY/PATERNITY LEAVE POLICY FOR RESIDENTS/CLINICAL FELLOWS

Maternity Leave

1. The duration of maternity leave before and/or after delivery will be determined by the fellow and her physician. Requests for leave in excess of three months must be approved by the Program Director and Department Chairman.

2. It is an option for the employee to use vacation time prior to the employee being placed on leave without pay. Any illness caused by or contributed to by pregnancy, miscarriage, abortion, childbirth, and recovery from (including uncomplicated pregnancy), shall be treated as a temporary disability, and the house officer shall be allowed to use sick leave credits when certified by his/her physician.

3. Beyond available annual and sick leave, leave will be unpaid.

4. While on unpaid leave, the fellow's insurance benefits will be maintained by the department for two months.

5. Annual leave may be advanced to a resident proportionate to expected service, not to exceed the amount of his or her leave earning rate. The amount of advanced leave cannot exceed that which can be earned during the remainder of the housestaff year. **Caution:** Annual leave which has been granted and which has not been earned by the postgraduate trainee at the time of separation from the department will require an appropriate reduction for the value thereof in the final stipend payment.

6. The total time allowed away from the program in any given year or for the duration of the residency program will be determined by the requirements of the American Board of Pediatrics. The current requirement is completion of 33 months total training. Thus, if a total of >3 months is missed, an explanation to the ABP by the program director is required. Make-up training may be required by either the residency program or the ABP credentials committee.

7. The fellow will be paid for make-up or extended time, and fringe benefits will be maintained during this period.

8. Changes in the rotation schedule may be made for a resident who is pregnant if these changes are approved by the Chief Resident, Program Director and Department Chairman.

9. Paternity leave can be granted with the same provisions as maternity leave (see #2, #3).

10. Maternity and Paternity leave policies also apply to adoptions and foster care.

c. Domestic Violence

Housestaff are eligible up to 3 days leave in a twelve-month period if the housestaff member or a family or household member is a victim of domestic violence. The fiscal year of July 1 to June 30 will be considered the 12 month period. Except in case of imminent danger to the health or safety of a housestaff member, or the health or safety of a family or household member, a housestaff member seeking leave from work under this section must provide his or her program director advanced notice of the leave. The housestaff member is required to use accrued sick or annual leave. In the event that the employee does not have sufficient leave hours to cover the event, the leave that is not covered will be unpaid.

d. Bereavement

Housetaff shall be granted, upon request to the program director, up to 5 days off for funeral of an immediate family member. Housestaff members are granted 2 days of bereavement pay and for the other 3 days, the resident may use their sick or annual leave time. Immediate family shall include spouse, cohabiters, registered same sex domestic partners, children, step children, parents, parents of spouse, and the stepparents, grandparents, grandchildren, brothers, and sisters.

e. Military

Absences for temporary military duty (e.g. two-week annual training) will not be taken from sick or annual leave but will be considered leave with pay for up to 17 days. If activated from reserve to active duty status, the housestaff member will receive thirty (30) days full pay before going on leave without pay. Insurance policies will remain in effect for dependents during the period of active duty for one year. Additional extensions require special approval from the Dean of the College of Medicine.

f. Jury Duty

Housestaff who are summoned to jury duty will be granted paid leave for all hours required for such duty. If jury duty does not require absence for the entire workday, the employee should return to work immediately upon release by the court. The university will not reimburse the employee for meals, lodging, and travel expense while as a juror. This type of leave must be approved by program director in advance. Any absences must be made up in accordance with specialty board policy. The housestaff will be paid for makeup or extended time.

g. Educational Assignment

Housestaff shall be eligible for absence pertaining to educational and training provided it is allowed by the appropriate board and agreed to, in writing, by the program director. This should not be charged as either annual or sick leave.

h. Licensure Examination

Housestaff taking American specialty board and state licensure examinations will be authorized leave at the discretion of the program director. The amount of absence

authorized will not exceed the time actually required for taking the examination and for travel to and from the place of examinations. Only one licensure exam shall be authorized per housestaff member (Two Days for USMLE III). Any additional absence will be charged to annual leave or leave without pay if annual leave is not available.

i. Holidays

Housestaff shall be entitled to observe all official holidays designated by the Department of Administration for state employees except when they are on call for clinical responsibilities. Please refer to the UF College of Medicine Leave policy for housestaff for further questions. www.med.ufl.edu/benefits

11. MEDICAL RECORDS

The medical record is an essential ingredient for good medical care. The record serves many purposes and proper documentation, chart completion and respect for the medical record are expected of all housestaff. The medical record is, and always will be, an important part of your medical career, so the time to develop good habits is now!

You are referred to SHANDS HOSPITAL EPIC TRAINING, for a full description of medical record documentation and department services. Key highlights are listed below:

Documentation

- Nearly all documentation is performed via an electronic medical record system called EPIC. For rare occasions when paper charts are required, follow policies below
- Indicate patient's full name and medical record number in the upper right corner of all forms.
- Complete your note immediately after treating the patient. The longer you wait, the less you will retain about the patient.
- Be specific.
- **Sign, date, and time all entries.**
- Do not use abbreviations unless they are listed in the approved abbreviation list published by Health Information and Record Management.
- **Abbreviations** are not acceptable for diagnoses and **are not to be used on informed consent forms.**
- Choose your words carefully. The medical record is not the place to vehemently disagree with a policy or a colleague.
- Make alterations carefully, avoid obliterations or creating the appearance of tampering. Cross off errors with a single line, ensuring the entry is still legible. Date and initial the correction.

Chart Completion: By law, the medical record must be complete within thirty days of a patient's discharge. It is the expectation of our division that all fellows will login to and complete EPIC documentation daily when on clinical service and at least 3x per week when off service.

APPENDIX

I. CORE CURRICULUM TOPICS

Hypothalamic and pituitary disorders, including:
- Growth hormone deficiency
- Central hypothyroidism
- Gonadotropin deficiency
- Central adrenal deficiency
- Diabetes insipidus
- Panhypopituitarism
- Septo-optic dysplasia
- Pituitary tumors, including prolactinomas and other functioning and non-functioning tumors
- Pituitary dysfunction of patients with brain tumors or history of CNS irradiation
- Disorders of pituitary hormone hypersecretion

IGF-I deficiency not due to GHD
Genetic defects of the GH-IGF-I axis
Growth evaluation
Psychosocial aspects of growth
Turner syndrome
Thyroid disorders, including:
- Primary hypothyroidism
- Secondary hypothyroidism
- Hyperthyroidism
- Euthyroid goiter
- Iodine deficiency
- Thyroiditis (acute, subacute, chronic autoimmune, and silent)
- Tumors benign and malignant

Diabetes Mellitus
- Classification, pathogenesis, epidemiology
- Monitoring and treatment T1DM
- Monitoring and treatment T2DM
- MODY & other genetic forms of diabetes
- Diabetic ketoacidosis
- Hypoglycemia
- Hyperglycemic hyperosmolar state
- Microvascular and macrovascular disease
- The surgical patient with diabetes mellitus
- Patient education
- Psychosocial issues
- Genetics and genetic counseling
- Nutritional principles

Disorders of puberty and sexual development, including
- Precocious puberty
- Androgen insensitivity

- Delayed puberty, (constitutional delay, primary gonadal disorders, and central hormone deficiency)
- Sexual ambiguity
- PCOS

Adrenal dysfunction, including
- Primary and central adrenal insufficiency
- Congenital adrenal hyperplasia
- Cushing syndrome

Disorders of bone mineral and skeletal metabolism, including:
- Hypercalcemia and hyperparathyroidism: PTH assays
- DiGeorge syndrome
- Evaluation and treatment of bone disorders
- Hypocalcemia and hypoparathyroidism
- Osteoporosis
- Metabolic bone diseases due to vitamin D disorders

Hypoglycemia (hyperinsulinism, inborn errors of metabolism)
- Glycogen storage disease

Disorders of fluid, electrolyte and acid-base metabolism, including:
- Hypernatremia and hyponatremia
- Hyperkalemia and hypokalemia
- Metabolic acidosis & alkalosis
- Disorders of magnesium metabolism

Neuroendocrinology and endocrine aspects of psychiatric diseases

Nutritional disorders and obesity

Dyslipidemia
- Treatment

Hormone-producing neoplasms

Endocrine adaptations and maladaptations to systemic diseases

II. FACULTY

A. Division of Pediatric Endocrinology

Becky Fudge, MD, Clinical Assistant Professor: Interests: Turner Syndrome

Michael Haller, M.D. Associate Professor, Department of Pediatrics. Interests: natural history of diabetes; immunoregulatory abnormalities in "pre-diabetes"; prediction and prevention of diabetes, cord blood based therapies for Type 1 diabetes, TrialNet and TEDDY studies.

Toree Malasanos MD, Clinical Associate Professor, Department of Pediatrics. Interests: Use of telemedicine to provide clinical outreach and patient education; multi-center GH trials.

Jennifer Miller MD, Associate Professor, Department of Pediatrics. Interests: Prader Willi Syndrome; early onset morbid obesity

Hank Rohrs, MD, Clinical Assistant Professor: Interests: All clinical endocrinology

Arlan L. Rosenbloom MD, Adjunct Distinguished Service Professor Emeritus, Departments of Pediatrics and Psychology. Interests: Abnormalities of the GH-IGF-I axis; type 2 diabetes; diabetic ketoacidosis.

Desmond A Schatz MD, Professor, Department of Pediatrics; Associate Chairman of Pediatrics; Director, Diabetes Center of Excellence. Interests: natural history of diabetes; immunoregulatory abnormalities in "pre-diabetes"; prediction and prevention of diabetes, stem cells as a cure for Type 1 diabetes, neonatal diabetes screening.

Janet H. Silverstein MD: Professor, Department of Pediatrics, and Psychology; Division Chief, medical director of Florida's Diabetes Camp. Interests: type 1 diabetes control and complications; growth hormone therapy; psychosocial aspects of diabetes; type 2 diabetes control and complications.

David Weinstein, M.D., Professor, Department of Pediatrics. Interests: Glycogen Storage Diseases

William E Winter MD, Professor, Departments of Pathology and Pediatrics (Chief, Division of Clinical Chemistry). Interests: Molecular biology and immunogenetics of human diabetes,

B. Other Collaborating Faculty

Gary Geffken PhD, Professor, Departments of Psychiatry and Pediatrics Interests: Physiological aspects of anxiety related to diabetes control; factors affecting success in rehabilitation.

Mark A Atkinson PhD, Professor, Department of Pathology. Interests: Immuno-pathogenesis of diabetes; islet cell transplantation; protein chemistry and molecular biology of islet cell autoantigens; the role of cytokines in endothelial dysfunction and use of adiponectin: leptin to distinguish type 1 from type 2 diabetes.

Clayton Matthews, Department of Pathology. Interests: Type 1 diabetes and immunology. Beta cell death, beta cell metabolism

Michael Clare-Salzler MD, Professor, Department of Pathology and Internal Medicine. Interests: Role of antigen presenting cells in the immunopathogenesis of type I diabetes; natural history of prediabetes; NOS and PGS in NOD mice.

Peter W Stacpoole MD PhD, Professor, Department of Medicine (Program Director Clinical Research Center). Interests: Clinical and basic research studies of hyperlipoproteinemia, atherosclerosis, diabetes mellitus, and lactic acidosis; lipid peroxidation mechanisms; pharmacologic and clinical effects of dichloroacetate on congenital lactic acidosis.

Daniel Driscoll MD, Professor, Division of Genetics, Department of Pediatrics. Interests: Understanding the role that the paternal-only expressed genes play in the pathogenesis of Prader-Willi syndrome (PWS) ; exploring the factors involved in genomic imprinting in somatic and germ cells; using AS and PWS patients as a springboard to understand obesity, verbal communication and neurobehavior and; assessing the efficacy of growth hormone and other hormonal treatments for children and adults with PWS.

David Janicke, PhD, Department of Clinical Psychology. Interests: Obesity prevention management in community.

III. CLINIC SCHEDULE

All clinics are posted on the amion.com website. You will be given the password during your in-person orientation.

IV. POLICY FOR EXTRAMURAL EMPLOYMENT BY RESIDENTS - PEDIATRICS

(1) This policy is developed to assure compliance with the regulations of the ACGME requiring that institutions sponsoring residency programs monitor the overall workload of their postgraduate physicians (residents PL1-PL6) and recent policies instituted by the GMEC of Shands Hospital and the University of Florida College of Medicine. Monitoring duty hours will be done via New Innovations. Residents (PL 1-6) sponsored on J1 visas are not allowed to participate in extramural employment.

(2) The programmatic extramural employment sponsored by the Department of Pediatrics includes the following:

a. Shands Emergency Room - 3-9 pm night call PL2-6 residents

b. Pediatric After Hours Program - Saturday 2-10 pm and Sunday 1- 9 pm PL2-6 residents only

c. Inpatient hospital coverage of Shands admitted sub-specialty patients.

d. Physicians Assistant Program - lectures - PL1-3 only

e. Critical Care Pediatrics - PL2-6

f. Neonatal Transport Team - Shands Hospital PL4-6 Neonatology fellows only

g. Neonatal NNP coverage in NICU - Shands Hospital PL2-6

h. Neonatal NICU Delivery AGH Call - PL4-6 (pending contract approval)

i. Pensacola - Sacred Heart Hospital Extra Hours Clinic - weekend call PL2-PL3

j. Pensacola - Sacred Heart Hospital Neonatal Transport Services

(3) All extramural will be reported directly to the Education Office in Gainesville by 10:00 am Tuesday of each week. For purpose of remuneration, this should include social security numbers, dates, hours worked and rate of pay. The Education Office is responsible to submit all programmatic to Pediatric Payroll (This will include everything worked thru the Monday night previous.) Pediatric Payroll will include these hours in the following pay period reported to UF.

(4) The only nonprogrammatic extramural activity available to Pediatric Residents and Fellows would be locum tenens engaged in while on annual leave. Residents may engage in this type of

extramural activity as long as they do not violate the Florida Practice Act.

a. Residents must submit a completed nonprogrammatic outside employment form for approval by the Residency Program Director and the Dean of the College of Medicine. This approval may be secured by contacting the Pediatric Education Office.

b. Professional liability insurance must be obtained by the resident for such nonprogrammatic activity. The resident will not be protected from liability claims for outside employment by JHMHC Insurance Trust Fund for nonprogrammatic extramural activity.

(5) Approval to participate in extramural employment activities will be contingent on excellent performance in the residency program. Approval will not be granted, or prior approval may be retracted, for any resident who, in the opinion of the faculty and Program Director, is experiencing any academic difficulty.

(6) All other forms of extramural employment are explicitly prohibited. Failure to comply with this policy may result in immediate termination from the residency program.

(7) An annual report of programmatic and nonprogrammatic activity for the Department of Pediatrics will be submitted by the Education Office to appropriate institutional official.

(8) All extramural employment must be done within the ACGME work rule guidelines.

V. ADMINISTRATIVE SUPPORT FOR FELLOWS

Administrative staff are expected to:

1. Contact patients, families, physicians, and pharmacies (via phone or email) as needed to obtain patient information such as drug doses, pharmacy of preference, insurance coverage, working telephone numbers, etc. (All office staff)
2. Complete follow up for Newborn Screening Program (contacting families, doctors, pharmacies) to ensure newborn is on levothyroxine (or Synthroid), record the dose of levothyroxine, document the plan for clinic follow up, and advise the fellow on service of the status of all cases. (All office staff)
3. Perform Prior Authorizations for Endocrine Drugs (GH, Testostorone, Lupron, Oxandrin, etc) (Twila Vance)
4. Perform Prior Authorizations for diabetes supplies (Diabetes Nurses)
5. Fax documents to referring providers as needed (All office staff)
6. Complete Travel Authorizations (Ashley Sammons)
7. Complete New Innovations Documentation (Assistance as needed from Ashley Sammons)
8. Document diagnoses seen in Clinics/Consults (Debbie McKeown– Continue current excel sheet instead of using New Innovations. This meets requirement and is much easier/user friendly for now)
9. Coordinate scheduling of new/return patients (Debbie McKeown)

10. Locate lab results from outside facilities not reported in EPIC (Quest, LabCorp, Etc) (All office staff)
11. Perform other duties as requested by Program Director and Division Chief

VI. EPIC In-Box Coverage

The fellow on-service will be the default person to cover an inbox when faculty are out of town. If the fellow is already assigned to an inbox then the responsibility will fall to the most junior fellow not already covering in inbox. If all three fellows are covering an in-box, then faculty will be assigned to help.

Paper documents requiring review should be handled by the on-service fellow and signed off by the on-service attending if there is any treatment issue that is altered.

The EPIC nurse pool for calls/scripts/etc can and will be shared with multiple faculty if both nurses are away so that the burden of responding to urgent issues can be shared. (I am still working with EPIC folks to finalize how that will work). In the meantime, if the nurses inbox needs to be covered it will NOT be assigned to a single fellow (may be shared amongst 2-3) due to the large volume of follow up.

To ensure that fellows and faculty are not inadvertently assigned inboxes, those needing coverage must personally contact the fellow or faculty being asked to take over and confirm that they are indeed able to provide coverage (i.e. they are not already covering someone else).

VII. Pediatric Endocrinology Transfer Protocol

As we are a small group consisting of 3 fellows and less than 10 faculty, our practice is to communicate directly with the fellow and faculty taking over care for a patient. For practical purposes transfer of care can be achieved via a phone call, face to face meeting, or HIPPA compliant email exchange from the fellow and faculty member going off service to the fellow and faculty member coming on service.
Any of the above modes of communication are acceptable as long as the accepting fellow AND faculty acknowledge receipt of adequate information to care for the patients.

VIII. Pediatric Endocrinology Policy to Relieve Sleep Deprived Fellows

Because our fellowship does not require ANY overnight in-house call, fellows are rarely given patient care responsibilities that would result in excessive sleep deprivation. However, home call is a large part of our fellowship training and can result in sleep deprivation when fellows receive multiple calls for management of hypoglycemia or ketonuria overnight. As a result of multiple nights of interrupted sleep can results in a sleep deprived fellow. Fellows are ENCOURAGED to discuss sleep deprivation with faculty and request reduction in clinical duties if they feel they are unable to function. In addition, faculty are expected to observe fellows for signs of sleep deprivation and are expected to relieve fellows of clinical duties if they feel the fellow is sleep deprived. The faculty overseeing the fellow will be expected to assist in coordinating transportation home for the sleep deprived fellow.