HEALTH
UNIVERSITY OF UTAH

DEPARTMENT OF INTERNAL MEDICINE

DIVISION OF ENDOCRINOLOGY

POLICY: STANDARDS OF PERFORMANCE – EVALUATION

REVIEW DATE: 08/2018 REVISED DATE: 08/2018

I. EDUCATIONAL PROGRAM

A. Endocrinology, Diabetes, and Metabolism fellowship provides advanced education to allow a fellow to acquire competency in the subspecialty with sufficient expertise to act as an independent consultant.
B. The educational program in Endocrinology, Diabetes and Metabolism is a two-year ACGME accredited fellowship. A third year is encouraged for anyone interested in developing their research career.

II. GOALS and EXPECTATIONS OF THE FELLOWSHIP

The goal of the fellowship program is to educate and train physicians to be skilled in the practice of Endocrinology, and to be caring and compassionate in the treatment of patients. Physicians completing the fellowship training program will also be able to demonstrate proficiency in all six ACGME competencies and will be eligible to take the Internal Medicine sub-specialty Endocrinology board certifying examination given by the American Board of Internal Medicine (ABIM). The ultimate goal is 100% pass rate on this examination.

A. Endocrinology fellows are expected to provide consultative care, under the supervision of the attending Endocrinologist, for hospitalized patients on both teaching and non-teaching services at the University of Utah Hospital, Utah Diabetes and Endocrinology Center (UDEC), Huntsman Cancer Hospital, and the Veterans Affairs Medical Center, when consultations are requested by the providers of record. The responsibilities of Endocrinology fellows and the lines of responsibility between them and other subspecialty/internal medicine residents or other specialty residents are identical at the hospitals.

III. ACGME COMPETENCY REQUIREMENTS

A. **Patient Care and Procedural Skills –** Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems, and the promotion of health.
B. **Medical Knowledge** - Fellows must demonstrate knowledge of established and evolving biomedical, clinical, and epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care.
C. **Practice-Based Learning & Improvement** – Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

D. **Interpersonal & Communication Skills** – Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
E. **Professionalism** – Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
F. **System-Based Practice** – Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

IV. CLINICAL COMPETENCY REQUIREMENTS

A. Patient Care and Procedural Skills
1. Fellow must demonstrate competence in the practice of health promotion, disease prevention, diagnosis, care, and treatment of patients of each gender, from adolescence to old age, during health and all stages of illness;
2. Must demonstrate competence in the evaluation and management of hormonal problems including diseases, infections, neoplasms and other causes of dysfunction of the following endocrine organs:
    a. adrenal cortex and medulla
    b. hypothalamus and pituitary
    c. ovaries and testes
    d. pancreatic islets
    e. parathyroid
    f. thyroid
3. Must demonstrate competence in the care of patients with type-1 and type-2 diabetes, including:
    a. diabetes detection and management during pregnancy
    b. evaluation and management of acute, life-threatening complications of hyper- and hypo-glycemia
    c. evaluation and management of intensive insulin therapy in critical care and surgical patients
    d. intensive management of glycemic control in the ambulatory setting
    e. long term goals, counseling, education, and monitoring
    f. multidisciplinary diabetes education and treatment program
    g. prevention and surveillance of microvascular and macrovascular complications
4. Must demonstrate competence in the care of patients with
    a. calcium, phosphorus, and magnesium imbalances
    b. disorders of bone and mineral metabolism, with particular emphasis on the diagnosis and management of osteoporosis
    c. disorders of fluid, electrolyte, and acid-base metabolism
    d. gonadal disorders
    e. nutritional disorders of obesity, anorexia nervosa, and bulimia
5. Must demonstrate competence in the performance of the following:
    a. diagnosis and management of ectopic hormone production
    b. diagnosis and management of lipid and lipoprotein disorders
    c. genetic screening and counseling for endocrine and metabolic disorders

d. interpretation of hormone assays
e. interpretation of laboratory studies, including the effects of non-endocrine disorders on these studies
f. interpretation of radiologic studies for diagnosis and treatment of endocrine and metabolic diseases, including:
    i. computed tomography
    ii. magnetic resonance imaging
    iii. quantification of bone density
    iv. radionuclide localization of endocrine tissue
    v. ultrasonography of the soft tissues of the neck

6. Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows must demonstrate competence in the performance of:
    a. parenteral nutrition support
    b. performance and interpretation of stimulation and suppression tests
    c. thyroid biopsy
    d. thyroid ultrasound
    e. skeletal dual photon absorptiometry interpretation
    f. management of insulin pumps
    g. continuous glucose monitoring

B. Medical Knowledge
1. Fellows must demonstrate knowledge of the scientific method of problem solving, and evidence-based decision making;
2. Must demonstrate knowledge of indications, contraindications, limitations, complications, techniques, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests/procedures;
3. Must demonstrate knowledge of
    a. basic laboratory techniques, including quality control, quality assurance, and proficiency standards
    b. biochemistry and physiology, including cell and molecular biology, as they relate to endocrinology, diabetes, and metabolism
    c. developmental endocrinology, including growth and development, sexual differentiation, and pubertal maturation
    d. endocrine adaptations and mal-adaptations to systemic diseases
    e. endocrine aspects of psychiatric diseases
    f. endocrine physiology and pathophysiology in systemic diseases and principles of hormone action
    g. genetics as it relates to endocrine diseases
    h. pathogenesis and epidemiology of diabetes mellitus
    i. signal transduction pathways and biology of hormone receptors
        i. whole organ and islet cell pancreatic transplantation

C. Practice-based Learning and Improvement
1. Fellows are expected to develop skills and habits to be able to meet the following goals:
    a. identify strengths, deficiencies, and limits in one's knowledge

and expertise
b. set learning and improvement goals
c. identify and perform appropriate learning activities
d. systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement
e. incorporate formative evaluation feedback into daily practice
f. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
g. use information technology to optimize learning
h. participate in the education of patients, families, students, fellows and other health professionals
i. obtain procedure-specific informed consent by competently educating patients about rationale, technique, and complications of procedures
j. demonstrate competence in educating patients about the rationale, technique, and complications of thyroid biopsy

D. Interpersonal and Communication Skills
1. Fellows are expected to:
a. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
b. communicate effectively with physicians, other health professionals, and health related agencies
c. work effectively as a member or leader of a health care team or other professional group
d. act in a consultative role to other physicians and health professionals
e. maintain comprehensive, timely, and legible medical records, if applicable

E. Professionalism
1. Fellows are expected to demonstrate:
a. compassion, integrity, and respect for others
b. responsiveness to patient needs that supersedes self-interest
c. respect for patient privacy and autonomy
d. accountability to patients, society and the profession
e. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
f. high standards of ethical behavior, including maintaining appropriate professional boundaries and relationships with other physicians and other health care team members, and avoiding conflicts of interest

F. Systems-based Practice
1. Fellows are expected to:
a. work effectively in various health care delivery settings and systems relevant to their clinical specialty
b. coordinate patient care within the health care system relevant to their clinical specialty

c. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care as appropriate
d. advocate for quality patient care and optimal patient care systems
e. work in interprofessional teams to enhance patient safety and improve patient care quality
f. participate in identifying system errors and implementing potential systems solutions

G. Fellows' Scholarly Activities

The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

H. The Learning and Working Environment

Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by residents today
- Excellence in the safety and quality of care rendered to patients by today's residents in their future practice
- Excellence in professionalism through faculty modeling of:
  - the effacement of self-interest in a humanistic environment that supports the professional development of physicians
  - the joy of curiosity, problem-solving, intellectual rigor, and discovery
- Commitment to the well-being of the students, residents, faculty members, and all members of the health care team

1. Patient Safety and Quality Improvement - All physicians share responsibility for promoting patient safety and enhancing quality of patient care. Graduate medical education must prepare residents to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by residents who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care. Residents must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating residents will apply these skills to critique their future unsupervised practice and effect quality improvement measures. It is necessary for residents and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.
   a. Patient Safety
      ii. Culture of Safety - A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and

attitudes of its personnel toward safety in order to identify areas for improvement.

1. The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.
2. The program must have a structure that promotes safe, interprofessional, team-based care.

b. Education on Patient Safety - Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques.

c. Patient Safety Events - Reporting, investigation, and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.

iii. Residents, fellows, faculty members, and other clinical staff members must:

1. know their responsibilities in reporting patient safety events at the clinical site;
2. know how to report patient safety events, including near misses, at the clinical site; and,
3. be provided with summary information of their institution's patient safety reports.
4. Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

d. Resident Education and Experience in Disclosure of Adverse Events - Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for residents to develop and apply.

i. All residents must receive training in how to disclose adverse events to patients and families.

ii. Residents should have the opportunity to participate in the disclosure of patient safety events, real or simulated.

2. Quality Improvement

a. Education in Quality Improvement - A cohesive model of health care includes quality related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.

iv. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities.

3. Engagement in Quality Improvement Activities - Experiential learning is

essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

a. Residents must have the opportunity to participate in interprofessional quality improvement activities.

v. This should include activities aimed at reducing health care disparities.

V. REQUIREMENTS OF THE FELLOWSHIP PROGRAM

Primary requirements of the fellowship program.

A. Appropriate progress in achieving clinical competence as defined in previous sections.

B. The ability to perform an appropriate history and physical examination, to order and interpret diagnostic tests, and to apply judgment and integrative thought processes necessary to synthesize the information obtained into a coherent diagnosis and treatment plan for individual patients.

C. Humanistic and ethical qualities necessary for the proper conduct of medical practice, including:

1. Respect for patients' rights.
2. Skill at communicating and interacting appropriately with patients, families and health care personnel.
3. Empathy and compassion for the needs of patients and their families.
4. Awareness of the psychosocial aspects of the patient's illness (e.g., the impact of the illness and investigative and therapeutic modalities, and potential complications to the patient's life).
5. Ability to work harmoniously with other physicians and allied health care personnel.
6. Adherence to the highest standards of personal integrity, including strict avoidance of substance abuse, theft or other criminal activity, deceitful medical practices, breech of patient confidentiality, behavior abusive to patients and/or their families as well as other health care professionals, and a pattern of unexcused absences or tardiness.
7. A thorough familiarity with the published clinical and basic science fund of knowledge.
8. Successful completion of all clinically-related tasks required on each specific rotation. These include attendance at clinics, performance of consultative history and physical examinations, daily (or more frequent as medically indicated) follow up of inpatients, and performance of all requested emergency and inpatient consultations, and logging all procedures in Med Hub.
9. Maintenance of all medical records pertaining to patient care in an accurate and timely fashion. Hospital and Endocrinology Division records need to be complete and accurate, legible, and appropriately detailed. Documentation needs to be done within 24 hours of the clinic visit and consultation notes documented in EPIC within 24 hours of providing the consultation.
10. Fellows should participate in scholarly activity. The majority of fellows must demonstrate evidence of scholarship conducted during the fellowship.
    a. This should be achieved through one or more of the following:
    b. publication of articles, book chapters, abstracts or case reports

in peer-reviewed journals; publication of peer-reviewed performance improvement or education research; peer-reviewed funding; or, peer-reviewed abstracts presented at regional, state or national specialty meetings.

11. Regular attendance at all educational activities (journal club, clinical and research conferences) of the division and department of Medicine. With a minimum of 90% attendance rate.
12. Familiarity with and comprehension of both the older and more current endocrinology literature. The fellow is expected to read widely on topics pertaining to patients in whose care the fellow is currently involved.
13. Fellows are expected to maintain a log of procedures performed during their training, documented in Med Hub. (Thyroid Ultrasound, DXA, Fine Need Aspiration, Insulin Pump, Continuous Glucose Monitor)

VI. EVALUATION OF FELLOW PERFORMANCE

The overall performance of each fellow will be evaluated as follows:

A. The elements of clinical competence described above will be assessed and recorded by the faculty on the electronic fellow evaluation form at the conclusion of every quarter, after conferences presented and procedures performed.

B. The Clinical Competency Committee will review all fellow evaluations semi-annually; prepare and ensure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and advise the program director regarding fellow progress, including promotion, remediation, and dismissal.
   1. This evaluation is submitted to the ACGME twice a year.
   2. All evaluations are reviewed with the fellow twice per year at the fellow's semi-annual evaluation, at a minimum. If there are sufficient deficiencies in the fellow's performance (as judged by the Program Director), reviews will be carried out with the fellow on a more frequent basis.

C. The Program Director will review evaluations, deficiencies noted in evaluations, and recommend corrective measures. Decisions will be discussed in a meeting between the fellow and Program Director.

D. Formative Evaluation – The program provides objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones
   1. Patient Care
      a. The program assesses the fellow in data gathering, clinical reasoning, patient management and procedures in both the inpatient and outpatient setting.
         i. This assessment involves direct observation of fellow patient encounters, ABIM Mini CEX form is used to document the assessment.
      b. Competence for all required and elective procedures, minimum of five per required procedure. Each procedure must be documented in MedHub under the procedure log and evaluated to demonstrate competence has been achieved in the performance of required procedures.

2. Medical Knowledge
    a. The fellows will take the ESAP-ITE as a first and second year fellow to assess medical knowledge.
3. Practice-based Learning and Improvement
    a. The program uses performance data to assess the fellow in:
        i. application of evidence to patient care;
        ii. practice improvement;
        iii. teaching skills involving peers and patients; and scholarship
4. Interpersonal and Communication Skills
    a. The program uses both direct observation and multi-source evaluations from patients, peers and non-physician team members, to assess fellow performance in:
        i. communication with patient and family
        ii. teamwork
        iii. communication with peers, including transitions in care
        iv. record keeping
5. Professionalism
    a. The program uses multi-source evaluations from patients, peers, and non-physician team members, to assess each fellow's:
        i. honesty and integrity
        ii. ability to meet professional responsibilities
        iii. ability to maintain appropriate professional relationships with patients and colleagues; and
        iv. commitment to self-improvement
6. Systems-based Practice
    a. The program uses multi-source evaluations, from peers, and non-physician team members, to assess each fellow's:
        i. ability to provide care coordination, including transition of care
        ii. ability to work in interdisciplinary teams
        iii. advocacy for quality of care
        iv. ability to identify system problems and participate in improvement activities.
7. Use of multiple evaluators including: faculty, peers, patients, self, and other professional staff
8. Document progressive fellow performance improvement appropriate to educational level
9. Provide each fellow with documented semiannual evaluation of performance with feedback
    a. Fellows' performance in continuity clinic is reviewed with them verbally and in writing semiannually.
10. The evaluations of fellow performance are accessible for review by the fellow, in accordance with institutional policy.

VII. **Methods of Fellow Evaluation:** The following methods of evaluation are utilized in fellow assessment:

A. ABIM Mini-CEX
B. APDEM evaluation forms are completed each quarter by the faculty supervisor(s) assigned to work with the fellows in clinics, consult services, procedures, and conferences via the Med Hub online resource.
    1. It is our expectation that these evaluations are discussed in person with the teaching attending PRIOR to the completion of a rotation.

2. Fellows can immediately access faculty evaluations completed about themselves via Med Hub.
3. Fellows will discuss their evaluation summaries at the semi-annual review.

C. Endocrinology Continuity Clinic Evaluations
1. Fellows are evaluated every 3 months by their Endocrine clinic attendings using the APDEM Evaluation Forms.
2. Fellows must discuss any unsatisfactory evaluations personally with the clinic attending
3. Systems-based practice, professionalism, and interpersonal and communication skills will be evaluated.
   a. Evaluations of fellows by nursing, diabetes educators, and support staff in the UDEC, VA, and PCMC, Continuity Clinic and Inpatient rotations will be collected.
   b. Unsatisfactory evaluations of a fellow will be discussed at the next Clinical Competency Committee meeting.
   c. Personal observations by the attendings and Program Director related to direct patient care activities, performance, attendance, and punctuality at education conferences and other teaching conferences, are also considered in the overall evaluation of fellows. Concerns of the Program Director related to unsatisfactory performance will be immediately communicated to the fellow verbally and in writing.
4. Written Examination
   a. All fellows in their first year of fellowship, if needed, will take the ABIM board certifying exam.
   b. All fellows take the ESAP-ITE during the second half of each program year.
5. Record Review
   a. Written records are routinely reviewed by faculty attendings, outpatient and inpatient settings.
   b. Record reviews provide evidence about clinical decision making, follow-through in patient management and preventive health services, and appropriate use of clinical facilities and resources. Feedback is provided to the fellow directly by the faculty member.
6. Fellows Portfolios: Each fellow has a portfolio which includes:
   a. Procedure logs
   b. Evidence of literature reviews related to specific patient care issues
   c. Evidence of teaching experiences (resident lectures, clinical case conferences and Endocrine Grand Rounds)
   d. Journal club presentations relating to specific topics
   e. Any ethical dilemmas faced and how they were handled
   f. Summaries of scholarly projects and evidence of any outcomes achieved (regional or national posters, presentations or published reports)
   g. Rotation evaluations
   h. Research Mentor evaluations
   i. Mini-CEX evaluations
   j. ESAP-ITE results
   k. Semi-annual formative evaluations

l. ABIM Milestone summaries from residency and each program year
m. Utah state license
n. DEA license
o. BLS/ACLS certificate
p. Summative Evaluation when fellowship complete

VIII. FACULTY EVALUATION

A. At least annually, the program evaluates faculty performance as it relates to the educational program.
B. These evaluations include a review of faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
C. This evaluation includes annual written confidential evaluations by fellows, electronically after each rotation.
D. The evaluations are reviewed with the faculty member by the Program Director and a copy is sent to the Division Chief.

IX. PROGRAM EVALUATION and IMPROVEMENT

A. The program director must appoint the Program Evaluation Committee (PEC).
   1. The Program Evaluation Committee is composed of at least two program faculty members and includes at least one fellow
   2. Has a written description of its responsibilities; and should participate actively in:
      a. planning, developing, implementing, and evaluating educational activities of the program;
      b. reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
      c. addressing areas of non-compliance with ACGME standards; and
      d. reviewing the program annually using evaluations of faculty, fellows, and others, as specified below.
   3. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. The program must monitor and track each of the following areas:
      a. fellow performance;
      b. faculty development;
      c. graduate performance, including performance of program graduates on the certification examination;
         i. At least 80% of the program's graduating fellows from the most recently defined five year period who are eligible should take the ABIM certifying examination.
         ii. At least 80% of a program's graduates taking the ABIM certifying examination for the first time during the most recently defined five year period should pass.
      d. program quality; and,
         i. Fellows and faculty have the opportunity to evaluate the program confidentially and in writing at least annually.
         ii. The program uses the results of fellows' and faculty members'

assessments of the program together with other program evaluation results to improve the program.

iii. At least 80% of the entering fellows should have completed the program when averaged over a five-year period.

e. progress on the previous year's action plan(s).

4. The PEC prepares a written plan of action to document initiatives to improve performance in one or more of the areas listed in above, as well as delineate how they will be measured and monitored.
    a. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.
5. Representative program personnel, at a minimum to include the program director, representative faculty, and one fellow, must review program goals and objectives, and the effectiveness with which they are achieved.

X. **PROFESSIONALSIM**

A. Programs, in partnership with their Sponsoring Institutions, must educate residents and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.

B. The learning objectives of the program must:
    1. Be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events;
    2. Be accomplished without excessive reliance on residents to fulfill non-physician obligations; and,
    3. ensure manageable patient care responsibilities.

C. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility.

D. Residents and faculty members must demonstrate an understanding of their personal role in the:
    1. Provision of patient- and family-centered care;
    2. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;
    3. Assurance of their fitness for work, including:
        a. Management of their time before, during, and after clinical assignments; and,
        b. Recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team.
    4. Commitment to lifelong learning;
    5. Monitoring of their patient care performance improvement indicators; and,
    6. Accurate reporting of clinical and educational work hours, patient outcomes, and clinical experience data.

E. All residents and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. This includes the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

F. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty,

and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.

XI. **WELL-BEING**

A. In the current health care environment, residents and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as they do to evaluate other aspects of resident competence.

B. This responsibility must include:

1. Efforts to enhance the meaning that each resident finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships;
2. Attention to scheduling, work intensity, and work compression that impacts resident well-being;
3. Evaluating workplace safety data and addressing the safety of residents and faculty members;
4. Policies and programs that encourage optimal resident and faculty member well-being; and,
    a. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.
5. Attention to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with its Sponsoring Institution, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. Residents and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The program, in partnership with its Sponsoring Institution, must:
    b. Encourage residents and faculty members to alert the program director or other designated personnel or programs when they are concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence;
    c. Provide access to appropriate tools for self-screening; and,
    d. Provide access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.
6. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program must have policies and procedures in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.

XII. FATIGUE MITIGATION

A. Programs must:
   1. Educate all faculty members and residents to recognize the signs of fatigue and sleep deprivation;
   2. Educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
   3. Encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.

B. Each program must ensure continuity of patient care, consistent with the program's policies and procedures referenced in XI.B.6, in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue.

C. The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for residents who may be too fatigued to safely return home.

XIII. PROMOTION, PROBATION, SUSPENSION AND DISMISSAL

A. At the conclusion of each academic year, each fellow will be promoted to the next year of the fellowship, provided they have successfully fulfilled the requirements of the program and received satisfactory (or better) evaluations by the methods described above. Fellows are eligible to sit for the American Board of Internal Medicine Endocrinology certifying examination after completing years one and two of the fellowship program.

B. Unsatisfactory evaluations will be reviewed promptly by the Fellowship Clinical Competency Committee. If the review confirms that performance is unsatisfactory, the Program Director will meet with the fellow to discuss the situation and decide if corrective action is necessary. Unless the circumstances are exceptional, fellows will have an opportunity to remediate unsatisfactory performance. Corrective actions required of a fellow could include remediation (such as repeating a rotation, participation in a special program, etc.), academic probation, suspension, or dismissal.

Please refer to the GME Academic Action and Dispute Resolution Policy.

HISTORICAL INFORMATION:
Review: 05/2010, 04/2011, 06/2012, 05/2013, 08/2016, 09/2017, 08/2018
Revise: 05/2010, 04/2011, 06/2012, 05/2013, 08/2016, 09/2017, 08/2018