

University of Massachusetts Medical Center/UMass Medical School Anesthesiology Critical Care Medicine (ACCM) Fellowship

GOALS

The primary goal for our ACCM Fellows is to develop proficiency in providing critical care for adults with a variety of surgical and medical critical illnesses, as well as performing diagnostic and therapeutic procedures, acute postoperative management, and advanced life support.

All core and elective rotations are taken at the University of Massachusetts Medical Center. Outside rotations require Departmental and Institutional approval, which will be given only for experiences not available at UMass (e.g. burns, MCS) and must be arranged as far in advance as possible.

Core Rotations

Surgical/Transplant Intensive Care Unit (SICU) (20 weeks)
Neuro/Trauma Intensive Care Unit (NICU) (6 weeks)
Cardiothoracic Intensive Care Unit (CTICU) (4 weeks)
Cardiac Intensive Care Unit (CCU) (2 weeks)
Medical Intensive Care Unit (MICU) (4 weeks)
Telemedicine Critical Care (eICU) (1 week)

Selective/Elective Rotations

Palliative Care Medicine (2 weeks)
Procedure/Skills (1 week)
Ultrasound/ECHO (1 week)
Simulation (1 week)
Elective (6 weeks)

- Cardiology
- Pulmonology
- Nephrology
- Infectious Disease
- Research
- Cardiac Anesthesia
- Liver Transplant
- Trauma Surgery
- Nutrition
- Perioperative Ultrasound
- Presurgical Evaluation

Educational Objectives – Core rotations

1. Patient Care

Patient care must be compassionate, appropriate and effective. Fellows are expected to:

Fundamentals of Critical Care

- Develop the skills to provide optimal methodology to work up and deliver care to critically ill patients
- Participation in multidisciplinary care of critically ill patients
- Ensure relevant and accurate information about their patients
- Oversee diagnostic and therapeutic plans for their patients based on history, physical examination and laboratory data tempered with evidence-based medicine, clinical judgment and respecting patient autonomy and decision making
- Ensure daily management plans and goals are achieved
- Demonstrate proficiency in multiple techniques of sedation and analgesia
- Promote patient safety in the ICU including stress ulcer, VAP and VTE prophylaxis
- Communicate effectively and demonstrate empathy and respectful behavior when interacting with patients and their families.
- Counsel and educate patients and their families
- Exhibit good clinical judgment in stressful situations

Airway Management and Mechanical Ventilation

- Demonstrate proficiency in elective and emergent airway management, including the use of direct laryngoscopy, video-assisted laryngoscopy, and fiberoptic intubation.
- Demonstrate proficiency in the management of single and double lumen endotracheal tubes, laryngeal mask airways, and management of the patient with a tracheostomy
- Demonstrate proficiency in:
 - Basic ventilatory techniques (synchronized intermittent mandatory ventilation, assist control ventilation, pressure-support ventilation)
 - Advanced ventilatory techniques (high-frequency/oscillation, prone positioning, airway pressure-release ventilation, Bi-Level ventilation)
 - Non-invasive ventilatory support (CPAP, BiPAP)
 - Implementing multiple techniques for weaning ventilatory support, including management of the difficult to wean patient.

Invasive Procedures

- Demonstrate mastery in insertion and instruction in the insertion of intravascular catheters
 - Intra-arterial (radial, femoral, brachial, axillary)
 - Central venous (internal jugular, subclavian, femoral)
 - Hemodialysis catheters
- Insertion of and the instruction in the insertion of pulmonary artery catheters

- Insertion of nasogastric and nasoduodenal feeding tubes
- Flexible fiberoptic bronchoscopy
- Insertion of chest tubes (optional)
- Insertion of percutaneous tracheostomies (optional)
- Diagnostic and therapeutic thoracentesis and paracentesis
- Lumbar puncture

Resuscitation and Shock

- Manage cardiopulmonary resuscitation, hypovolemic, vasodilatory, cardiogenic, neurogenic/spinal and anaphylactic shock, the systemic inflammatory response syndrome (SIRS) and the multiple organ dysfunction syndrome (MODS), including fluid and transfusion therapy for patients suffering from penetrating and blunt trauma.

Diagnosis, Pharmacologic and Mechanical Support

- Manage infections in patients with systemic and localized infections (wound infections, pneumonia, peritonitis, sepsis, and septic shock)
- Manage patients with hemodynamic instability and cardiac dysfunction.
- Manage patients with a mechanical device such as an intra-aortic balloon pump (IABP), extracorporeal membrane oxygenators (ECMO), pacemakers (implanted, transthoracic, transvenous, percutaneous), and/or defibrillators (external, AICD).
- Manage pulmonary hypertension with agents such as inhaled/intravenous prostacyclin
- Identify and manage malnutrition via enteral and parenteral nutrition and appropriate application and interpretation of indirect calorimetry
- Manage the acid-base status, electrolyte abnormalities, and osmolality of critically ill patients.
- Manage patients who require immunosuppression after transplantation.

Postoperative Care of Specific Patient Populations

- Manage patients with:
 - Cardiac and vascular disease and its complications, including coronary artery disease, valvular heart disease, arrhythmias, pericarditis, myocarditis, endocarditis, adult congenital heart disease, cardiac tamponade.
 - Pulmonary disease, including aspiration, pneumonia, ARDS, COPD/Asthma, pulmonary embolism, pulmonary contusion, flail chest, bronchopleural fistula.
 - GI hemorrhage, GI motility dysfunction, bowel perforation, inflammatory bowel disease, pancreatitis, and abdominal compartment syndrome.
 - Hepatic failure, hepatitis, hepatic dysfunction, hepatic encephalopathy, hepatorenal syndrome.
 - Acute kidney injury (AKI), renal infarction, renal transplantation
 - Drug overdose, withdrawal syndromes, poisoning, and adverse drug reactions
- Manage patients after:
 - General and subspecialty surgery

- Vascular surgery, including repair of aortic aneurysm and dissection, via open or endovascular approach.
- Major or complicated abdominal surgery
- Major urologic and orthopedic procedures
- Cardiac surgery, including coronary revascularization and valve repair/replacement
- Placement of intraaortic balloon pump (IABP) and extracorporeal membrane oxygenators (ECMO)
- Thoracic surgery, including thoracotomy, pneumonectomy, esophago-gastrectomy
- Transplantation surgery, including cadaveric and living related donor liver transplantation, kidney-pancreas transplantation, kidney transplantation
- Obstetric complications (hemorrhage, pre-eclampsia, eclampsia, acute fatty liver, HELLP syndrome).

2. Medical Knowledge

Fellows must know established and evolving biomedical and clinical sciences and apply this to patient care. Fellows are expected to demonstrate advanced understanding of:

- Cardiovascular, renal, gastrointestinal, hepatic, respiratory, endocrine, hematologic, oncologic, and central nervous system dysfunction of critical illness.
- Pharmacology, techniques, and complications of sedation, analgesia and neuromuscular blockade in the ICU.
- Vasoactive and cardiovascular modulating drugs.
 - Antiarrhythmics
 - Antihypertensives
 - Inotropes and vasopressors
- Antimicrobials
- Immunosuppression
- Fluid therapy.
- Transfusion, coagulopathy and its therapy.
- Cardiopulmonary bypass and its postoperative sequelae.
- Anticoagulants and antithrombotic agents.
- Metabolic and endocrine effects of surgery and critical illness.
- Psychiatric effects of critical illness.
- End-of-life decision-making and the principles of palliative care

3. Practice-based Learning and Improvement

Fellows must investigate, evaluate and improve the care delivered to their patients. Fellows are expected to:

- Approach clinical situations with analytic, systematic, and problem-based thought process.

- Locate, appraise and assimilate evidence from scientific studies related to critical illness and apply them to patient care.
- Use and teach the use of information technology systems/medical informatics to obtain patient and laboratory data.
- Present case reports at monthly Morbidity and Mortality conferences.
- Review pertinent literature related to specific clinical conditions and present at clinical conference.
- Organize and conduct critical care rounds with attending physician back-up, with increasing ability with the goal of assuming full responsibility as a consultant critical care attending.
- Teach fundamentals of critical care to the house staff and medical students.
- Lead discussions in case presentation for the house staff and medical students.

4. Interpersonal and Communication Skills

Fellows must use effective communication skills with patients, their families and health care professionals. Fellows are expected to:

- Work with others as a leader of the multidisciplinary ICU team.
- Work in a collaborative manner with health care professionals from other disciplines in the critical care environment to provide patient focused care
- Communicate with families to create and sustain a productive and ethically sound relationship with patients, their families and the multidisciplinary team.
- Alleviate anxiety in patients and their families.
- Effectively supervise residents and medical students and teach effective communication skills.
- Use effective communication techniques to provide and elicit information:
 - Efficient and effective presentations during daily rounds
 - Timely, complete and legible progress and procedure notes

5. System-based Practice

Fellows must act with awareness of and responsiveness to the larger health care system as a whole. Fellows are expected to:

- Demonstrate an understanding of different health care systems and professional practices in critical care medicine and be able to effectively call on system resources to provide care that is of optimal value.
- Conserve medical and administrative resources without compromising the quality of care.
- Advocate for quality patient care of chronic patients, including discharge planning and disposition.
- Demonstrate understanding of how their patient care and other professional practices affect other health care, the health care organization and the larger society and how these elements of the system affect their own practice.
- Know how to partner with health care managers and providers to assess, coordinate and improve health care and how these activities can affect system performance.

- Develop ICU protocols and guidelines to improve system-based care.
- Participate in the administrative activities of the ICU (i.e. bed-flow management, multidisciplinary rounds, schedule conferences, create and distribute call schedules, take a leadership role in conferences).
- Initiate and participate in quality improvement (QI) projects in the ICU.

6. Professionalism

Fellows must carry out their professional responsibilities ethically and with sensitivity. Fellows are expected to:

- Demonstrate respect, compassion, integrity and sensitivity to the culture, age, gender, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities of patients and their families.
- Relate to families and patients with acute and chronic illness.
- Demonstrate the commitment to excellence and on-going professional development.
- Maintain patient confidentiality.
- Participate in ethical discussions with patients, family, and other health care professionals, including compassionate end-of-life discussions.
- Commitment to ethical principles:
 - Provision/withholding of care
 - Informed consent
 - Business practices
- Be reliable, conscientious, responsible, and honest.

Didactic Curriculum

- The didactic curriculum is designed to help develop an in-depth knowledge of critical care topics through lectures and independent study, and to develop clinical judgment skills through case studies and discussion.
 - ICU didactic lectures
 - Multidisciplinary critical care conference each week
 - Department of Anesthesiology & Perioperative Medicine Grand Rounds each week

Supervision

- All patient care must be supervised by qualified attending intensivists. The Program Director ensures adequate supervision of fellows at all times. Faculty daily work schedules are structured to provide fellows with continuous supervision and ready consultation at all times. An attending intensivist is assigned to supervise a fellow in all facets of patient care in the intensive care unit.
- Fellows' decisions regarding patient care, including admission, discharge, treatment decisions, performance of invasive procedures and end-of-life discussions are to be discussed and agreed upon with the attending physician.
- At times, there may be personnel changes. Proper hand-off communication and supervision must be maintained and documented if needed.
- At times fellows will be called upon by house staff or by attending physicians to provide services throughout the hospital (intravascular access, access for hemodynamic monitoring, intubations, endotracheal tube exchanges, lumbar punctures, etc.) Unless called upon to perform a procedure in an emergent setting (cardiac or respiratory arrest or an otherwise critically ill patient), fellows may not proceed with any procedure until notifying their attending, obtaining informed consent from the patient or their designated proxy, and arranging an appropriate time when an attending faculty intensivist is free to supervise.

Evaluations

- The fellow is evaluated each quarter by the faculty members using E Value. The evaluation is formative and covers the six competencies, as well as ACGME ACCM Milestones. The evaluations and the fellow's performance are discussed in the monthly SICU staff meeting. Feedback is provided by the Program Director at least bi-annually.

- Patient Care
 - Direct observation of the fellow's interactions with patient and families during the daily rounds and other patient care activities.
 - Assessment of the fellow's knowledge of their patients.
 - Review of the fellow's performance in the ICU staff meeting and providing them with feedback.

- Medical Knowledge
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 - Daily ICU didactic lectures
 - Multidisciplinary critical care conference
 - Grand rounds.
 - National meetings.

- Interpersonal & Communication skills
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 - Direct observation of the fellow's communication skills during the daily ICU activities and also during the didactic activities
 - Providing feedback on regular basis.
 - Enrollment of the fellow in the communication courses provided by the institution if needed.
 - Institutional didactic core curriculum

- Professionalism
 - Direct observation of the fellow's professional behavior and providing feedback on regular basis.
 - Monitoring the fellow's professional development.
 - Professionalism related topics such as bioethics are included in the didactics
 - Institutional didactic core curriculum.

- Practice-based learning
 - Direct observation of the fellow's ability to assimilate scientific evidence and use it to improve patient care and also to teach others.
 - Direct observation of the fellow's participation in the didactics (journal club, case presentation).
 - Providing feedback and learning opportunities by involving the fellows in ongoing clinical projects

- Systems-based Practice
 - o Joining other committees that focus on quality care and safety.
 - o Participation in the CCOC activities to enhance ICU efficiency and performance
 - o Portfolio
 - o Learning 4 You

Advisors

- Each fellow has an advisor who is a member of the clinical faculty or the Program Director. The advisor assists the fellow in formulating a study plan and recommends texts and other reading. The advisor is also available for problems the fellow may encounter during fellowship, in addition to reviewing the quarterly evaluations with their advisee.

Clinical Competence Evaluation

- All fellows are evaluated by the Clinical Competence Committee quarterly. The evaluations follow the Department Clinical Competence guidelines.
- If a fellow has an unsatisfactory evaluation or problems are anticipated, the fellow is evaluated formally on a monthly basis for at least three months. After this time, the Clinical Competence Committee will decide the frequency of evaluation.
- The fellow's advisor discusses the evaluations with the fellow after he/she has had time to review the evaluations. Where problems exist, the Program Director may also discuss the evaluations with the fellow. A summary of the discussion is written and signed by the staff involved. The fellow is also asked to read and sign the summary. The fellow is free to challenge any part of the summary that he/she disagrees with. The signed summary will be maintained in the fellow's training file.

Remediation and Dismissal

- If there is an unsatisfactory evaluation, the fellow is provided the opportunity for remediation. The fellow will be informed by the Program Director verbally and in writing, that his/her work is unsatisfactory and that he/she is on a remediation program. The remediation period will be three months.
- The fellow on remediation will be evaluated every month for the following three months, and if his/her work does not improve within that time, the fellow may be dismissed from the Program. The fellow is informed of the above by the Program Director verbally and in writing.
- If the fellow's work improves to satisfactory after three months, the fellow will be taken off remediation and allowed to continue in the Program.
- At the time of the unsatisfactory evaluation, the fellow's advisor will discuss the issues with the fellow and help with remedial work. A structured remediation program will be set up and documented in writing.

Due Process

- The steps leading up to dismissal and the mechanisms for grievance are outlined in the Institutional Residency Personnel Policies. Fellows are advised to make themselves familiar with the contents, and will be so advised as well by the Program Director if it becomes apparent that a fellow may warrant dismissal.

Fellowship Program Evaluation

- The Fellowship Program is to be evaluated by the fellows once a year (see attached form). These evaluations are discussed by the Education Committee with recommendations for improvements and implementation then made. The results are made available to all fellows.

Faculty Evaluation

- The fellows are also asked to complete confidential faculty evaluations via E value once a year. Evaluations are then reviewed by the Department Chair and Program Director and discussed with the appropriate faculty.

Examinations and Exam Preparation

- MCKAP (Multidisciplinary Critical Care Knowledge Assessment Program).
- Daily ICU didactic lectures.
- Multidisciplinary critical care conference.
- Grand rounds.
- National meetings.

Benefits and Contracts

- **Financial Support**
 - o All fellows will receive an annual salary from the Institution.
 - o Emergency loans for fellows are available through the Office of Graduate Medical Education. These loans are for up to \$300 and must be paid back through payroll deduction within a 90 day period.
 - o All fellows receive book allowances: \$1500 which may be used towards one meeting.
- **Vacation, Sick, Personal, Meeting and Jury Duty Time**
 - o Fellows are allowed 23 working days in absence from training. There are allocated 15 vacation days, 5 sick days and 3 personal days that may be taken for interviews. Total absence may not exceed 23 working days during this year. In addition, fellows are allowed an additional 5 meeting days and is considered educational time.
Requests must be submitted in writing for all time off: Vacation, Meeting,

Personal Time, Exams, Jury Duty, Maternity Leave and other anticipated illness or surgery.

- Meeting Guidelines

- Fellows may take one meeting during their fellowship. The Program Director must approve the meeting in writing. The meeting may be no longer than 5 days. This includes meeting time and travel time. For example:
 1. If your meeting is 1, 2, 3, 4 or 5 days and requires no additional travel time, you get the 1, 2, 3, 4 or 5 days and no travel time.
 2. If your meeting is 3 days and you need 2 travel days, you get the 5 days. If your meeting is 5 days and you need 2 travel days, you must take the travel days out of your vacation time.
- In all cases, investigate your travel arrangements before submitting your request and provide a flier/brochure from the meeting. You can use your \$1,500 book allowance for your meeting expenses. Anything above that amount is your responsibility.
- If the brochure is unavailable, please submit approximate dates. When the brochure with the exact dates is available, the dates you requested will be adjusted according to the information on the brochure. Make your travel arrangements as early as possible to get the best rates. Please note that car rental and room service is not reimbursable.
- Additionally, you must submit original documentation/receipts in order to be reimbursed for meeting expenses.

- Meetings for Presentation

- Fellows will be allowed to attend meetings in which they are scheduled to present posters, abstracts etc. Time will be limited to that which is necessary, and all appropriate costs will be reimbursed.

- Jury Duty

- You are obliged by law to fulfill this duty when asked and will be granted the time away as necessary. The fellow should fill out the “Vacation Request Form” in order to keep track of the days that he/she is off. If the fellow needs to be away longer than the originally requested time, he/she must inform the Program Director and the Clinical Coordinator immediately. The fellow will continue to be paid by the Hospital (the Office of Graduate Medical Education – OGME) at his/her regular salary. If the fellow is still on duty after four days, the State pays \$50/day starting on the fourth day. The fellow must turn this money over to OGME to avoid “double-dipping”. If Jury Duty occupies a significant portion of the fellowship training, it may be necessary for the fellow to make up this time.

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- **Liability Insurance**
 - The UMass Memorial Medical Center will provide malpractice insurance coverage for all fellows on all rotations.
- **Health, Life and Disability Insurance**
 - Health, life and disability insurance is available to all fellows. The University of Massachusetts Medical School has several package plans from which the resident may choose. You are strongly advised to take both health and disability insurance.
- **Living Quarters**
 - Living quarters are not provided by UMMS. However, housing information is available to all fellows through the OGME. An on-call room is provided by the hospital.

Dress Code/Professional Conduct/Confidentiality

- Fellows will be neatly and professionally attired and groomed when interacting with patients and their families. This means a white coat with shirt and tie for men and tasteful, professional attire for women. Identification badges with photographic ID must be worn at all times.
- Gloves must ALWAYS be worn for direct patient contact.
- Fellows must introduce themselves as such to the patient (and family when appropriate).
- Patients should be addressed by their surnames (Dr., Mrs., Mr., and Ms.) unless the patient specifically requests otherwise.
- When transporting a patient through the hospital, please make sure the patient is properly covered and the monitors are visible to you.
- When speaking to other fellows, residents, surgeons, attendings, nurses and ancillary staff, professional conduct must be maintained, always. When disagreements, disputes or misunderstandings arise, they may be discussed in private, away from patients' sight and hearing ranges. Strict confidentiality of all patients must be guarded. Discussions of patients and their medical conditions are never permitted in elevators, hallways, the cafeteria, etc. Never discuss one patient in the presence of other patients or visitors. Patient confidentiality is a hospital-wide and federal legal issue (HIPAA) and part of the Hippocratic Oath. Please refer to the medical staff/resident bylaws for additional information.

Laundry

- The Institution provides lab coats for fellows. The fellow is responsible for cleaning his or her own coats.

Practice Privileges

- “Moonlighting” is allowed by the Institution. The fellows should obtain the approval of the Program Director. However, “Moonlighting” will not be allowed to interfere with the fellow’s training. The Institution, Fellowship Program Directors and malpractice insurance office must be notified of any moonlighting practices before they are started.. Guidelines for Moonlighting are kept in the Fellowship Office and should be reviewed whenever there is a question. The Fellowship Office receives a monthly log of the fellows moonlighting practices. Fellows on J-1 Visa’s are not allowed to moonlight. A fellow must also be fully licensed in MA in order to be eligible to moonlight. Moonlighting within the Institution must be counted into the fellow work hours log, in which the requirement for an average 80-hour work week must be met.

Family Leave

Maternity Leave

- A Maternity Leave of Absence without pay will be granted for up to eight weeks. Available accrued paid benefits (vacation time, sick time and personal time) may be used to cover all or part of the approved absence of eight weeks or less. A special form should be obtained from Employee Benefits and completed before leaving for Maternity Leave. This leave must be made up if over the allotted 20 days per year. The ABA has its own guidelines concerning time away from training. Paternity Leave is also allowed, but must be taken as vacation time only.

Licenses

- The Program will obtain temporary Massachusetts licenses for all fellow. The Program will also reimburse for permanent Massachusetts licenses as soon as fellows are eligible. Fellows are encouraged to obtain their own DEA numbers as well. Each fellow is encouraged to obtain these as soon as they become eligible.

Sick Leave Bank Enrollment Period

- The purpose of the Sick Leave Bank is to provide UMass Medical School employees some financial support during medical leaves of absence, which would otherwise be unpaid due to a lack of accrued sick days. Its intention is for use during a short-term disability and when an employee has reasonable expectation of returning to work. It is not meant as a substitute for long-term disability income protection. Each year, during the months of January and July, employees may become members of the Sick Leave Bank by assigning to the Bank a minimum of 2 full days from their accumulated personal sick leave.
- Five (5) working days after an employee’s sick, personal and vacation leave and any compensatory time is totally used, a member of the Sick Leave Bank may draw upon the Bank by presenting verifiable documentation, satisfactory to the Sick Leave Bank Committee. The Sick Leave Bank Committee may require additional medical

documentation and/or consultation at any time during the employee's sick leave, including a review of past attendance. Leave from the Sick Leave Bank may only be used for the illness or disability of the employee; it may not be used for family sick leave.

- The Sick Leave Bank was developed to assist employees in weathering short-term illnesses. Therefore, the maximum number of days an employee may draw from the Bank for any one illness is 65. This benefit should carry an employee through the required waiting period prior to the commencement of long-term disability insurance benefits.
- Maternity leave is of 8-week duration and all accrued time must be used prior to drawing the time from the Bank. In addition, you must fulfill the 5-day leave-without-pay requirement prior to drawing from the Bank.

Fellow Responsibilities

- The fellow is the leader of the multidisciplinary ICU team with a close consultation and supervision by the ICU staff.
- The fellow will actively participate in the daily and weekly lectures.
- The fellow is on call from home and covers one to two weekend per month.
- The fellow should develop a plan of action and be an active participant in learning and teaching the skills needed to achieve the educational goals and objectives
- Become actively involved scholarly and research activities
- Fellows are expected to know the details of their patients, whether or not they personally evaluated them.
- Duty Hours – Fellows are expected to comply with the ACGME and RRC Duty Hours regulations. The Program Director will educate fellows and faculty about such duty hours and will monitor compliance. It is the responsibility of the fellow to inform the Program Director of concerns relative to non-compliance, whether in monthly scheduling or daily work hours, so that they may be addressed promptly and appropriately. The fellow is expected to log their duty hours regularly in the E Value system, as well as inform immediate supervising faculty if, at any time, they believe they are approaching a violation in the Duty Hours regulations.
- 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 academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- Duty Hours Regulations as they pertain to Anesthesia CCM fellows are as follows:
 - Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

- 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 activities.
- 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.
- On-Call Activities -The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
 - At-home call (pager call) is defined as call taken from outside the assigned institution.
 - The frequency of at-home call is not subject to the every-third-night limitation.
 - At-home call, however, must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
 - When fellows are called into the hospital from home, the Hours fellows spend in-house are counted toward the 80-hour limit. The program director and the faculty must monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Case Logs

Fellows are required to keep a written or electronic record of the number and type of cases and procedures. The records must be printed out and turned in to the Fellowship Coordinator on a monthly basis.

Evaluations

- Fellows are responsible for reviewing their evaluations quarterly in meetings with their advisors.
- Fellows are responsible for completing the yearly Program Evaluation, as well as the end-of-rotation evaluation.
- Fellows are responsible for completing the confidential Faculty Evaluation form each year, as well as the confidential rotation faculty evaluation.
- Fellows are responsible for developing their own study plan with the assistance of their advisor.

ACGME Recommendations

The ACGME (Accreditation Council for Graduate Medical Education) recommends the following Fellow Responsibilities. In addition to those outlined by the Department, Fellows should:

1. Develop a personal program of self-study and professional growth with guidance from the teaching staff.

2. Participate in safe, effective and compassionate patient care under supervision, commensurate with their level of advancement and responsibility.
3. Participate fully in the educational activities of their program and, as required, assume responsibilities for teaching and supervising other residents and students.
4. Participate in institutional programs and activities involving the medical staff and adhere to established practices, policies and procedures of the institutions.
5. Participate in institutional committees and councils; especially those that refers to patient care review.