

Policy and Procedures Manual  
Georgetown University Hospital/Washington Hospital Center  
Infectious Diseases Fellowship Program  
MedStar Washington Hospital Center  
Washington, DC

Covering Policies and Procedures for Fellows in Training

As a supplement to the House Staff Policy and Procedure Manual of the MedStar Washington  
Hospital Center

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## I. Introduction

Welcome to the Georgetown University Hospital/Washington Hospital Center Infectious Diseases Fellowship Program at MedStar Washington Hospital Center!

MedStar Washington Hospital Center (MWHC) is the largest hospital in Washington DC, consisting of over 800 total operating beds. MWHC is a busy hospital which provides care for DC's sickest patients, and ID fellows who train here are well-prepared to care for virtually any infectious disease.

The faculty and I consider it a privilege to work with you, and are deeply committed to your education. We're thrilled that you've joined us in our mission to provide the highest quality care to the ill and injured of our nation's Capital, and look forward to working with you and sharing your professional growth over the next two years.

Saumil Doshi, M.D.  
Program Director, ID Fellowship

## II. Infectious Diseases Section, MWHC

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## III. Program Overview

The Georgetown University Hospital/Washington Hospital Center Infectious Diseases Fellowship Program at MedStar Washington Hospital Center is a two-year training program with competency based goals and objectives. The goal of the program is to train Infectious Disease subspecialists who are competent to practice Infectious Diseases

independently and who can successfully pursue a career in the area of their interest, be it academic medicine, public health, clinical practice, industry or government service.

The fellowship offers exposure to a wide variety of clinical cases in the largest and busiest hospital in the greater Washington, DC metropolitan area. MedStar Washington Hospital Center has nearly 900 beds and provides state of the art medical care including a first rate Level 1 Trauma Center, a dedicated Burn Unit, a Heart Failure/Left Ventricular Assist Device and Heart Transplantation Program, a Renal Transplant program, and is a recognized neurosurgical center of excellence. In addition, MedStar Health Research Institute is committed to furthering research throughout MedStar including the outpatient and inpatient setting and also in creating partnerships to expand research in the region. The ID fellowship offers close experience with infectious problems in patients on the burn service, intensive care, solid organ transplantation service, solid and hematologic malignancies, obstetrical and gynecologic patients, and post-surgical patients. Supplementing this experience are rotations on the Infectious Disease service at the National Institutes of Health (which provides extensive experience with patients undergoing bone marrow transplantation for a variety of hematologic malignancies) and the Children's National Medical Center for experience in Pediatric Infectious Diseases.

#### **IV. Mission Statement**

The mission of the Infectious Diseases section closely aligns with the overall mission of the Department of Medicine. Our primary mission is to provide an educational environment conducive to preparation for a lifetime of study, problem solving, and critical decision making in the practice of Infectious Diseases. The fulfillment of our educational mission requires the provision of exemplary clinical services. The mission of the Infectious Diseases Fellowship Program is to develop and foster excellence in postgraduate training in Infectious Diseases by educating fellows to be outstanding practitioners, lifelong learners, critical thinkers, and patient advocates. To this aim the Program seeks to:

- a. Foster maximum development of each fellow in the core competencies of Internal Medicine which include Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal Skills and Communication, Professionalism, and Systems-Based Practice as they apply to Infectious Diseases
- b. Develop measures designed to improve deficiencies and assess progression toward mastery in each of the six defined core competences
- c. Foster a commitment to academic achievement by emphasizing the importance of research and investigation both as a career choice and as a means of incorporating the principals of critical thinking into each fellow's clinical practice, continuing education and professional development.

**V. Goals for Fellows completing the Infectious Diseases Fellowship program include:**

- a. To obtain clinical competence by experiencing comprehensive training in both inpatient and outpatient setting of the clinical features, diagnosis, natural history, prevention and treatment of a broad range of infectious diseases.
- b. To acquire a knowledge base and cognitive skills to be an effective independent consultant and practitioner of the discipline of Infectious Diseases.
- c. To acquire, and maintain the professionalism, ethical standards and humanistic qualities required to be an effective, respected physician.
- d. To provide education to others, including patients, other health-care workers, and physicians, and to do so with humility and compassion.
- e. To develop personal life-long learning skills, including systemized assessment of patient care practices and improvement in practice based on scientific evidence as applied to the assessment.
- f. To have a basic knowledge of quality assurance, quality improvement and economics in reference to one's individual practice of infectious diseases as well as the health care system.
- g. To obtain a basic understanding of critical review of medical literature, research design, informed consent, ethics in research and communication of research results.
- h. To become a graduate who is competent, compassionate, and is successful in becoming a board eligible and board certified physician in Infectious Diseases.

**VI. Performance Expectations**

The Accreditation Council for Graduate Medical Education (ACGME) has identified six areas of competency to be taught and evaluated by fellows over the course of their training. The program provides a unified experience that allows fellows to develop excellence in the competencies specified by the ACGME as they apply to the specialty of Infectious Diseases. This curriculum presents the objectives, educational activities, evaluation tools and clinical rotations within the framework of these six competencies.

**a. Patient Care**

Fellows are expected to provide care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life to patients of each gender from adolescence to old age.

Specifically, this requires that a fellow be competent in the following areas:

1. Gather accurate, essential information from all sources, including medical interviews, physical examination, records, and diagnostic/therapeutic procedures.
2. Make informed recommendations about preventive, diagnostic, and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preferences.

3. Develop, negotiate, and implement patient-focused management plans emphasizing the appropriate use of antimicrobial agents.
4. Perform competently the diagnostic procedures considered essential to the practice of infectious diseases.

#### Educational Activities

Exposure to the entire range of cases in infectious diseases including regularly encountered inpatient and outpatient infections and special situation including HIV/AIDS, impaired hosts, nosocomial infections, sexually transmitted infections, illnesses of travelers and the epidemiology of infectious diseases will be provided. A variety of patient-centered experiences include: Inpatient Consultation, Outpatient Clinic, Case Conference, Didactic Conference, Clinical Microbiology Rounds, Infection Control Committee and Journal Club.

#### Evaluation tools

Daily direct observation by attending physicians, 360-degree evaluation, periodic observation tools such simulation of therapeutic decision making.

#### **b. Medical Knowledge**

Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical, and social sciences, and demonstrate the application of their knowledge to patient care and education of others. Specifically, this requires that a fellow be competent to:

1. Apply an open-minded and analytical approach to acquiring new knowledge.
2. Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of Infectious Diseases.
3. Apply this knowledge in developing critical thinking, clinical problem solving, and evidence-based clinical decision-making to the differential diagnosis and complex management of patients with infectious diseases, including those with regularly encountered inpatient and outpatient infections, and special situations such as HIV/AIDS, impaired hosts, nosocomial infections, antibiotic-resistance infections and those infected with new or emerging pathogens.
4. Access and critically evaluate current medical information and scientific evidence and modify knowledge base accordingly.
5. Understand patient confidentiality and HIPPA regulations.

#### Educational Activities

Direct patient care in a variety of settings will include the following: Inpatient consultation, Outpatient Clinic, Case Conferences, Journal Club, Clinical Microbiology Rounds, and Infection Control Committee. Appropriate use of the medical literature through EMR and library linked resources.

#### Evaluation tools:

In-service training examination, direct observation by attending physician, conference attendance and presentation.

**c. Practice-Based Learning and Improvement:**

Fellows are expected to be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices. Specifically, this requires that a fellow be competent as follows:

1. Identify areas for improvement and implement strategies to improve their knowledge, skills, attitudes, and processes of care.
2. Analyze and evaluate their practice experiences, set learning and improvement goals and implement strategies to continually improve their quality of patient practice.
3. Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care.
4. Use information technology or other available methodologies to access and manage information and support patient care decisions and their own education.
5. Facilitate the learning of patients, families, students and other health care professionals.

Educational Activities

Critical evaluation of practice experience and performance will occur through Inpatient Consultation rounds, Outpatient clinics, Case Conference, Didactic Conference, Journal Club, In-service training examination, library and linked resources of “best practices” and use of the EMR.

Evaluation tools

360 degree evaluation, continuity clinic QI projects, ID Case Conference and direct observation.

**d. Interpersonal Skills and Communication:**

Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams. Specifically, this requires that a resident be competent to:

1. Provide effective and professional consultation to other physicians and health care professionals.
2. Interact with consultants in a respectful and appropriate fashion.
3. Sustain ethically sound professional relationships with patients, their families, and colleagues.
4. Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families across a broad range of socioeconomic and cultural backgrounds.
5. Maintain comprehensive, timely, and legible medical records.

Educational Activities

Through experience in inpatient and outpatient settings including rounds, and clinics, fellows will learn and practice communications skills with patients, families and professionals. Through presentations in a variety of conferences including Case Conference, Didactic Conference, and Journal Club, fellows will develop written and oral communication skills.

#### Evaluation Tools

360-degree evaluations, mentored self-reflection during semi-annual evaluations, staff and patient evaluations

#### **e. Professionalism:**

Fellows are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession and society. Specifically, this requires that a resident be competent in the following ways:

1. Demonstrate respect, compassion, integrity, and altruism in their relationships with patients, families, and colleagues.
2. Demonstrate sensitivity and responsiveness to patients and colleagues, including but not limited to diversity in gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behaviors, and disabilities.
3. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.
4. Recognize and identify deficiencies in peer performance.
5. Be personally aware of limitations, excessive stress, fatigue, burn-out, or depression and know when and from whom to seek guidance.

#### Educational Activities

All academic and clinic venues will provide experience to practice professionalism. Clinical venues will provide an opportunity to deal with patients of many ages, Ethnicities and varying degrees of impairment. Intellectual integrity is emphasized in all settings, including the clinic, the conference room and research opportunities.

#### Evaluation Tools

360-degree evaluations, presentation skills evaluation and feedback, mentored self-reflection, conference attendance tracking, medical record compliance.

#### **f. Systems-Based Practice:**

Fellows are expected to demonstrate an understanding of the contexts and systems in which health care is provided, and demonstrate the ability to call effectively on other resources in the system to improve and optimize health care. Specifically, this requires that a resident be competent to do the following:

1. Understand, access, and utilize the resources and providers necessary to provide optimal care.

2. Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
3. Incorporate cost-awareness and risk benefit analysis to presentation, diagnosis, and disease management.
4. Advocate for quality patient care and optimal patient care systems
5. Work in inter-professional teams to enhance patient safety and improve patient care quality including transition of care between settings

#### Educational Activities

Opportunities to develop an awareness and responsiveness to the healthcare system will be available in all settings including: Inpatient Consultation, Infection Control and Prevention and Outpatient clinic, in particular the fellow's HIV/AIDS clinic. These settings will serve as venues where they will coordinate interdisciplinary care by a range of medical and non-medical specialists. They will utilize components of the local and national healthcare systems and optimize coordination of patient care both within one's own practice and within the healthcare system.

#### Evaluation Tools

360 evaluations, QI projects, QI project, staff evaluations.

## **VII. Rotations**

### **a. MedStar Washington Hospital Center Inpatient General Infectious Diseases Consultation Service ('A' Service)**

#### **Brief Description:**

The Infectious Disease fellow assumes increasing levels of responsibility in the core clinical rotations of the program. Throughout the course of training the fellow spends ~6 months on the MedStar Washington Hospital Center Inpatient General Infectious Disease consultation service. The fellow sees culturally diverse patients in the ICUs and medical and surgical units of MedStar Washington Hospital Center with common and complex Infectious Diseases problems. The fellow evaluates the patient initially and then reviews and sees the patient with the attending physician. During the inpatient rotation the fellow presents interesting and challenging inpatient cases at the weekly intercity Infectious Disease Case Conference with the National Institutes of Health and Georgetown University Hospital. The fellow will teach, mentor and supervise Internal Medicine Residents and Medical Students rotating on the ID Consult Service. The team will attend microbiology rounds in which interesting cases and laboratory techniques will be discussed.

This rotation focuses on the evaluation and management of inpatients admitted to MedStar Washington Hospital Center who have common and complex Infectious Disease problems. The patient population includes culturally diverse patients of all ages located on General Medical Services, Cardiac Services, the MICU, the CCU, the Cancer Ward,

surgical services and the SICU, trauma services, the Emergency Department, the Burn Unit, and the Neurological and Neurosurgical units. The team consults on immunocompetent patients and patients who are immunosuppressed secondary to a primary or acquired immunodeficiency syndrome, malignancy or immunosuppressive therapy. The Infectious Diseases Inpatient Consultation team is comprised of the Attending Physician, the WHC Infectious Disease Fellow, rotating Infectious Disease fellows from the NIH and Department of Defense, residents, medical students from Georgetown University Medical School, as well as residents and medical students rotating from other institutions.

### **Principle Learning Activities:**

Fellows and team members evaluate new and follow-up patients and then round with the attending physician who sees every patient the fellow consults on. The team will meet prior to seeing patients to discuss the cases and review pertinent literature related to their patients. The team reviews Diagnostic Imaging studies in the Diagnostic Imaging and Radiology Department, Laboratory findings in the Microbiology Laboratory, and Pathology in the Department of Pathology as needed to supplement learning and to improve clinical care. Fellows attend weekly Case Conference where the inpatient fellow will present interesting cases for discussion in the Intercity Case Conference between MWHC, Georgetown, and the NIH. Every other Wednesday afternoon fellows will attend a didactic topic conference held between the NIH and MWHC that will review over a 2 year period all the major topics of concern to a specialist in Infectious Disease. On the Wednesdays when there is no joint conference, fellows will attend Didactic Conference with a rotation of topics or Journal Club. The fellows will also attend an educational Microbiology conference reviewing topics of interest to the service in Clinical Microbiology.

#### **1. First Year Fellow**

1. **GOAL:** The fellow diagnoses and manages inpatients with common Infectious Diseases and learns to manage complex Infectious Diseases with close supervision by the Infectious Diseases Attending.

#### **2. OBJECTIVES:**

##### **1. Patient Care**

- a. The fellow elicits a comprehensive history including pertinent questions relating specifically to Infectious Diseases including such items as:
  - i. History of recent travel
  - ii. History of sexual practices and other behaviors that place patients at risk for Infectious Diseases
  - iii. History of animal contact
  - iv. History of ill contacts

- v. Exposure to visitors or products from foreign countries
  - vi. Exposure to unpasteurized food products
  - vii. Exposure to large gatherings of people where food is served
  - viii. Exposure to outside sources of water including lakes and streams
- b. The fellow performs a comprehensive physical examination including pertinent features related to Infectious Diseases such as:
- i. Evaluation of cervical, supraclavicular, axillary, epitrochlear, inguinal lymph nodes
  - ii. Evaluation for hepatosplenomegaly
  - iii. Recognition of rashes
  - iv. Detection of embedded ticks
  - v. Fundoscopic examination
  - vi. Cranial nerve examination
- c. The fellow analyzes and prioritizes patient data.
- d. The fellow formulates an assessment, differential diagnosis and treatment plan for patients with common infectious diseases.

## 2. Medical Knowledge

- a. The fellow demonstrates knowledge of common infectious diseases.
- b. The fellow recommends appropriate isolation precautions for patients with common infectious diseases.

## 3. Interpersonal and Communication Skills

- a. The fellow establishes rapport with the patient and family.
- b. The fellow presents a comprehensive evaluation of the patient.
- c. The fellow writes an accurate consultation of the patient's evaluation and the treatment recommendations.

- d. The fellow attends multidisciplinary team and family meetings as an observer.

4. Professionalism

- a. The fellow consults in a timely manner.
- b. The fellow wears appropriate attire for the hospital.
- c. The fellow protects patient confidentiality by not discussing patients in public settings.

5. Practice Based Learning and Improvement

- a. The fellow analyzes practice experience.
- b. The fellow locates evidence from scientific studies to apply to own patient population.

6. Systems Based Practice

- a. The fellow applies knowledge of the cost of various antimicrobial agents to make cost-effective antibiotic recommendations.
- b. The fellow partners with the Discharge Planner on each inpatient unit to facilitate the discharge of patients receiving home intravenous antibiotic therapy.
- c. The fellow educates the patient on the risks and benefits as well as potential adverse effects of any long term antibiotics and arranges for outpatient follow up in Infectious Diseases as needed.

**2. Second Year Fellow**

- 1. **GOAL:** The fellow diagnoses and manages inpatients with complex and rare infectious diseases.

**2. OBJECTIVES:**

- 1. Patient Care

- a. The fellow efficiently evaluates patients with complex infectious diseases and is able to manage the entire team of patients.
- b. The fellow formulates treatment plans for patients with complex and rare infectious diseases.
- c. The fellow evaluates patients who are immunocompromised and have opportunistic infections.
- d. The fellow formulates treatment plans for patients who are immunocompromised and have opportunistic infections.

2. Medical Knowledge

- a. The fellow demonstrates knowledge of complex and rare infectious diseases as well as unusual presentations and emerging pathogens
- b. The fellow demonstrates knowledge of opportunistic infections in immunocompromised patients.
- c. The fellow applies data from the Clinical Microbiology Laboratory to recommend appropriate antibiotic therapy for patients.

3. Interpersonal and Communication Skills

- a. The fellow directs the activities of the residents and medical students who are rotating on the team.
- b. The fellow answers follow-up questions from the consult team independently in most cases.
- c. The fellow communicates specific prepared input at multidisciplinary team and family meetings and eventually can lead team and family meetings
- d. The fellow increasingly independently manages the outpatient administration of IV antibiotics

4. Professionalism

- a. The fellow demonstrates respect for patients, families and health care personnel and patients with disabilities and different cultures.
- b. The fellow demonstrates collegiality in resolving conflicts.

5. Practice Based Learning and Improvement

- a. The fellow uses information technology to access on-line medical information to answer questions regarding patients and educate team members.
- b. The fellow applies knowledge of resistant organisms to recommend effective empiric antibiotic therapy for patients.
- c. The fellow applies knowledge of statistics and clinical trial design to appraise clinical studies related to patient care

6. Systems Based Practice

- a. The fellow applies knowledge of health care delivery systems to advocate for homecare services for patients.
- b. The fellow partners with the Department of Health to obtain Directly Observed Therapy for patients with tuberculosis.
- c. The fellow advocates for Infectious Disease patients by negotiating on behalf of patients for services from insurance companies and the Department of Health.
- d. The fellow partners with the Infection Control team to investigate outbreaks within the hospital.

**b. MedStar Washington Hospital Center Inpatient Transplant and Device Infectious Diseases Consultation Service ('B' Service)**

**Brief Description:**

The Infectious Disease fellow assumes increasing levels of responsibility in the core clinical rotations of the program. Throughout the course of training the fellow spends ~4 months on the MedStar Washington Hospital Center Inpatient Transplant and Device

Infectious Disease consultation service. The fellow sees culturally diverse patients on the Heart Failure, Left Ventricular Assist Device, Heart Transplant, Kidney Transplant, and the Orthopedic services of the MedStar Washington Hospital Center with common and complex Infectious Diseases problems related to long term device or bone infections and opportunistic infections in solid organ transplant recipients. This service will provide outpatient consultations and also provide continuity of care from inpatient to outpatient setting in patients with chronic infections. The fellow evaluates the patient initially and then reviews and sees the patient with the attending physician. During the inpatient rotation the fellow presents interesting and challenging inpatient cases at the weekly intercity Infectious Disease Case Conference with the National Institutes of Health and Georgetown University Hospital. The team will attend microbiology rounds in which interesting cases and laboratory techniques will be discussed.

This rotation focuses on the evaluation and management of inpatients admitted to MedStar Washington Hospital Center who have chronic long-term infections due to indwelling cardiac or orthopedic devices and who have chronic immunosuppression due to solid organ transplantation with common and complex Infectious Disease problems. The patient population includes culturally diverse patients of all ages located on the Heart Failure, Left Ventricular Assist Device, Heart Transplant, Kidney Transplant, and Orthopedic services. The Infectious Diseases Transplant/Device Inpatient Consultation team is comprised of the Attending Physician, the WHC Infectious Disease Fellow or a rotating Infectious Disease fellow from the NIH or Department of Defense. Consultations are provided to patients on these inpatient services, but also on an urgent or as needed basis to patients on these services being seen in their respective clinics.

### **Principle Learning Activities:**

The fellow evaluates new and follow-up patients and then rounds with the attending physician who sees every patient the fellow consults on. The team will meet prior to seeing patients to discuss the cases and review pertinent literature related to their patients. The team reviews Diagnostic Imaging studies in the Diagnostic Imaging and Radiology Department, Laboratory findings in the Microbiology Laboratory, and Pathology in the Department of Pathology as needed to supplement learning and to improve clinical care. Fellows attend weekly Case Conference where the inpatient fellow will present interesting cases for discussion in the Intercity Case Conference between MWHC, Georgetown, and the NIH. Every other Wednesday afternoon fellows will attend a didactic topic conference held between the NIH and MWHC that will review over a 2 year period all the major topics of concern to a specialist in Infectious Disease. Every Wednesday morning, fellows will attend Didactic Conference with a rotation of topics. The fellows will also attend an educational Microbiology conference reviewing topics of interest to the service in Clinical Microbiology.

### **1. First Year Fellow**

**GOAL:** Under close supervision by the Infectious Disease Attending, the fellow diagnoses and manages inpatients with common Infectious Diseases and learns to

manage complex Infectious Diseases in patients with immune suppression from therapy for solid organ transplantation and with long-term chronically or permanently implanted devices such as orthopedic hardware or left ventricular assist devices.

**OBJECTIVES:**

a. Patient Care

1. The fellow elicits a comprehensive history including pertinent questions relating specifically to Infectious Diseases including such items as:
  1. History of recent travel
  2. History of sexual practices and other behaviors that place patients at risk for Infectious Diseases
  3. History of animal contact
  4. History of ill contacts
  5. Exposure to visitors or products from foreign countries
  6. Exposure to unpasteurized food products
  7. Exposure to large gatherings of people where food is served
  8. Exposure to outside sources of water including lakes and streams
  9. Duration and exposure to immunosuppressive agents
  10. Location and function of chronically implanted devices
2. The fellow performs a comprehensive physical examination including pertinent features related to Infectious Diseases such as:
  1. Evaluation of cervical, supraclavicular, axillary, epitrochlear, inguinal lymph nodes
  2. Evaluation for hepatosplenomegaly
  3. Recognition of rashes
  4. Fundoscopic examination
  5. Cranial nerve examination
  6. Evaluation of sites of implantation for possible signs of infection
3. The fellow analyzes and prioritizes patient data.
4. The fellow formulates an assessment, differential diagnosis and treatment plan for patients with common infectious diseases.

b. Medical Knowledge

1. The fellow demonstrates knowledge of common infectious diseases.
2. The fellow recommends appropriate isolation precautions for patients with common infectious diseases.

3. The fellow learns and demonstrates an initial understanding of immunosuppressive agents and opportunistic infections associated with solid organ transplantation
4. The fellow learns and demonstrates an initial understanding of the principles of diagnosis and therapy of infected chronic in-dwelling devices

c. Interpersonal and Communication Skills

1. The fellow establishes rapport with the patient and family.
2. The fellow presents a comprehensive evaluation of the patient.
3. The fellow writes an accurate consultation of the patient's evaluation and the treatment recommendations.
4. The fellow attends multidisciplinary team and family meetings as an observer.

d. Professionalism

1. The fellow consults in a timely manner.
2. The fellow wears appropriate attire for the hospital.
3. The fellow protects patient confidentiality by not discussing patients in public settings.
4. The fellow demonstrates collegiality and functions as part of an interdisciplinary team for services dedicated to solid organ transplantation and cardiac assist devices.

e. Practice Based Learning and Improvement

1. The fellow analyzes practice experience.
2. The fellow locates evidence from scientific studies to apply to own patient population.
3. With guidance, the fellow reads appropriate literature on the management of infectious diseases in solid organ transplantation

f. Systems Based Practice

1. The fellow applies knowledge of the cost of various antimicrobial agents to make cost-effective antibiotic recommendations.
2. The fellow partners with the Discharge Planner on each inpatient unit to facilitate the discharge of patients receiving home intravenous antibiotic therapy.
3. The fellow educates the patient on the risks and benefits as well as potential adverse effects of any long term antibiotics and arranges for outpatient follow up in Infectious Diseases as needed.

## **2. Second Year Fellow**

**GOAL:** Under supervision by the Infectious Disease Attending but with increasing autonomy, the fellow diagnoses and manages patients with solid organ transplants or chronic in-dwelling devices with common and uncommon Infectious Diseases and works in a with a multidisciplinary team to improve care for these patients.

### **OBJECTIVES:**

#### a. Patient Care

2. The fellow efficiently evaluates patients with complex infectious diseases related to solid organ transplantation or chronically indwelling devices and is able to manage the entire team of patients.
3. The fellow formulates treatment plans for patients with complex and rare infectious diseases in these patients

#### b. Medical Knowledge

1. The fellow demonstrates knowledge of complex and rare infectious diseases as well as unusual presentations and emerging pathogens in solid organ transplantation and chronic devices.
2. The fellow is able to tier diagnoses in these patients so as effectively diagnose complicated diseases with a minimum of wasted resources
3. The fellow utilizes the Clinical Microbiology Laboratory and Molecular Diagnostics to effectively diagnose and manage these patients

#### c. Interpersonal and Communication Skills

1. The fellow directs the activities of the residents and medical students who are rotating on the team.
2. The fellow answers follow-up questions from the consult team independently in most cases.
3. The fellow operates as part of an interdisciplinary team providing care for these complex patients
4. The fellow increasingly independently manages the outpatient administration of IV antibiotics and long term antibiotics for chronic infections

d. Professionalism

1. The fellow demonstrates respect for patients, families and health care personnel and patients with disabilities and different cultures.
2. The fellow demonstrates collegiality in resolving conflicts.

e. Practice Based Learning and Improvement

1. The fellow uses information technology to access on-line medical information to answer questions regarding patients and educate team members.
2. The fellow masters knowledge of immunosuppressive medications and the opportunistic infections associated with their use
3. The fellow applies knowledge of statistics and clinical trial design to appraise clinical studies related to patient care

f. Systems Based Practice

1. The fellow applies knowledge of health care delivery systems to advocate for homecare services for patients.
2. The fellow partners with the respective services (Renal Transplant, Heart Transplant, LVAD, and Orthopedics) to provide seamless and integrated care for this patient population

c. **National Institutes of Health Infectious Disease Inpatient Consultation Service**

In their second year of fellowship, the Infectious Disease fellow will rotate for 1 month at the National Institutes of Health on the Infectious Disease Consultation service in order to gain experience in the infectious complications of patients on a bone marrow transplantation service and the special populations patients with congenitally or acquired immunodeficiencies. The fellow evaluates the patient initially and then reviews and sees the patient with the attending physician. During the inpatient rotation, the fellow attends scheduled rounds in the Clinical Microbiology Laboratory daily Monday through Friday. During Laboratory Rounds the fellow reviews pertinent cultures related to consultation patients and other cases of interest. During the inpatient rotation the fellow presents interesting and challenging inpatient cases at the weekly intercity Infectious Disease Case Conference with the National Institutes of Health and Georgetown University Hospital.

**GOAL:**

Under supervision by the Infectious Disease Attending but with increasing autonomy, the fellow diagnoses and manages immune-compromised patients with common and uncommon Infectious Diseases and works in a multidisciplinary team to improve care for these patients.

**OBJECTIVES:**

a. Patient Care

1. The fellow efficiently evaluates patients with complex infectious diseases related to immune suppression and is able to manage the entire team of patients.
2. The fellow formulates treatment plans for patients with complex and rare infectious diseases in these patients

b. Medical Knowledge

1. The fellow demonstrates knowledge of complex and rare infectious diseases as well as unusual presentations and emerging pathogens in immune compromised patients.
2. The fellow is able to tier diagnoses in these patients so as effectively diagnose complicated diseases with a minimum of wasted resources
3. The fellow utilizes the Clinical Microbiology Laboratory and Molecular Diagnostics to effectively diagnose and manage these patients

c. Interpersonal and Communication Skills

1. The fellow directs the activities of the residents and medical students who are rotating on the team.

2. The fellow answers follow-up questions from the consult team independently in most cases.
3. The fellow operates as part of an interdisciplinary team providing care for these complex patients
4. The fellow increasingly independently manages the administration of antibiotics

d. Professionalism

1. The fellow demonstrates respect for patients, families and health care personnel and patients with disabilities and different cultures.
2. The fellow demonstrates collegiality in resolving conflicts.

e. Practice Based Learning and Improvement

1. The fellow uses information technology to access on-line medical information to answer questions regarding patients and educate team members.
2. The fellow masters knowledge of immunosuppressive medications and the opportunistic infections associated with their use
3. The fellow applies knowledge of statistics and clinical trial design to appraise clinical studies related to patient care

f. Systems Based Practice

1. The fellow applies knowledge of health care delivery systems to advocate for homecare services for patients.
2. The fellow partners with the consulting service to provide seamless and integrated care for this patient population

**d. Children's National Medical Center Inpatient Consultation Service**

In their second year of fellowship, the Infectious Disease fellow will rotate for 1 month at Children's National Medical Center in order to gain experience in the treatment of Infectious Diseases in the pediatric population. The fellow sees culturally diverse patients in the ICUs and medical and surgical units of Children's Hospital with common and complex Infectious Diseases problems. The fellow evaluates the patient initially and then reviews and sees the patient with the attending physician. During the inpatient

rotation, the fellow attends scheduled rounds in the Clinical Microbiology Laboratory daily Monday through Friday. During Laboratory Rounds the fellow reviews pertinent cultures related to consultation patients and other cases of interest. During this rotation the fellow presents interesting and challenging inpatient cases at the weekly Infectious Disease Conference and monthly Citywide Pediatric Infectious Disease Rounds.

**GOAL:**

Under supervision by the Infectious Disease Attending , the fellow diagnoses and manages pediatric patients with s with common and uncommon Infectious Diseases and works in a with a multidisciplinary team to improve care for these patients.

**OBJECTIVES:**

a. Patient Care

1. The fellow efficiently evaluates patients with complex infectious diseases in pediatric patients.
2. The fellow formulates treatment plans for patients with complex and rare infectious diseases in these patients

b. Medical Knowledge

1. The fellow demonstrates knowledge of complex and rare infectious diseases as well as unusual presentations and emerging pathogens in pediatric patients.
2. The fellow is able to tier diagnoses in these patients so as effectively diagnose complicated diseases with a minimum of wasted resources
3. The fellow utilizes the Clinical Microbiology Laboratory and Molecular Diagnostics to effectively diagnose and manage these patients

c. Interpersonal and Communication Skills

1. The fellow directs the activities of the residents and medical students who are rotating on the team.
2. The fellow answers follow-up questions from the consult team independently in most cases.
3. The fellow operates as part of an interdisciplinary team providing care for these complex patients

4. The fellow increasingly independently manages the administration of antibiotics

d. Professionalism

1. The fellow demonstrates respect for patients, families and health care personnel and patients with disabilities and different cultures.
2. The fellow demonstrates collegiality in resolving conflicts.

e. Practice Based Learning and Improvement

1. The fellow uses information technology to access on-line medical information to answer questions regarding patients and educate team members.
2. The fellow masters knowledge of immunosuppressive medications and the opportunistic infections associated with their use
3. The fellow applies knowledge of statistics and clinical trial design to appraise clinical studies related to patient care

f. Systems Based Practice

1. The fellow applies knowledge of health care delivery systems to advocate for homecare services for patients.
2. The fellow partners with the consulting service to provide seamless and integrated care for this patient population

**e. Infectious Disease Continuity Clinic**

**Brief Description:**

The Infectious Diseases fellows spend one half day every week in an Infectious Disease continuity clinic throughout all two years of their fellowship. The clinic population in the clinic is mostly composed of patients with HIV who follow regularly in the clinic. The MedStar Washington Hospital Center holds grants from parts C and D of the Ryan White Services Program of the Department of Health and Human Services, and as a result has a long tradition of serving between 550 and 800 patients a year living with HIV and AIDS. These patients are offered specialty and primary care in the clinic. Ancillary services include psychological counseling, nursing case management and medication management, social work, nutritional counseling, and peer navigation. Other commonly seen visits in the outpatient clinic include follow ups of patients with Infectious Diseases from inpatient consultations, patients referred from their outpatient primary care provider

for evaluation and treatment of outpatient Infectious Diseases (such as fever of unknown origin, recurrent fevers/infections, tick-borne diseases, osteomyelitis and orthopedic device infections), travelers returning with Infectious Diseases such as parasitic infections, travelers seeking consultation and pre-travel preparation, and victims of sexual assault who have been treated in the Emergency Department with post-exposure prophylaxis and need follow up counseling and testing.

**Principle Learning Activities:**

Fellows and team members evaluate new and follow-up patients under the supervision of the Infectious Disease Attending physician. All fellows review the charts of patients with HIV to be seen at their clinic session and present those patients at the weekly Interdisciplinary Clinic Conference to their attending, nurse educators, nurse case managers, social workers, and patient advocates in order to develop an optimized detailed plan of care. The first 20 minutes of every conference is dedicated to special topics in the care of the patient with HIV. In the clinic, the fellow reviews sees the patient initially, presents the patient to the Attending Physician and then sees the patient in concert with the Attending Physician. Fellows then work with an on-staff psychologist, social worker, nurse educator, patient navigator, nutritionist, and nurse gynecologist to maximize integration of care for the HIV patient. For non-HIV patient referrals, fellows have the opportunity to type the initial clinic letters sent to referring physicians which are revised and signed by the Attending Physician. The fellow can then review the final draft of the letter.

**First Year Fellow**

- a. **GOAL:** The fellow manages follow-up patients with serious infections from the Infectious Diseases team, new patients with common infectious disease problems and provides seamless primary and specialty care for the HIV patient.

- b. **OBJECTIVES:**

- 1. Patient Care

- 1. The fellow collects historical patient data pertaining to infectious diseases including: travel history, sexual history, history of exposure to animals, mosquitoes, unpasteurized or contaminated food products, poor sanitary conditions or ill contacts.
    - 2. The fellow performs a comprehensive physical examination including pertinent areas related to infectious diseases including evaluation for lymphadenopathy, hepatosplenomegaly, rashes, presence of embedded ticks, fundoscopic examination, cranial nerve examination and presence of desquamation.

3. The fellow obtains an HIV related history of illness focusing on stage of immunosuppression, history of opportunistic infections, and history of antiretroviral treatment
4. The fellow analyzes patient data to formulate an assessment.

## 2. Medical Knowledge

1. The fellow demonstrates knowledge of common infectious diseases seen in outpatient clinic.
2. The fellow demonstrates knowledge of the differential diagnosis of fever of unknown origin or fever in a returned traveler.
3. The fellow demonstrates knowledge of the principles of prophylaxis of opportunistic infections, timing of initiation of antiretroviral therapy, initial antiretroviral therapy regimens, counseling the HIV patient on adherence, and the preventive care of the HIV patient

## 3. Interpersonal and Communication Skills

1. The fellow establishes rapport with the patient and family.
2. The fellow redacts the initial form of clinic letters.
3. The fellow effectively communicates with patients and families using an interpreter or the telephonic interpretation system.
4. The fellow communicates the needs of the patient to other interdisciplinary team members

## 4. Professionalism

1. The fellow demonstrates sensitivity to patients from different cultures.
2. The fellow demonstrates sensitivity to patients with disabilities.
3. The fellow dictates clinic letters and completes clinic notes in a timely fashion.

## 5. Practice Based Learning and Improvement

1. The fellow accesses online medical information to improve the care of patients.

2. The fellow applies knowledge of the resistance patterns of *Staphylococcus aureus* in the community to select appropriate antibiotic therapy for patients with recurrent skin abscesses.
  3. The fellow keeps up to date and learns the guidelines from the DHHS on treatment and care for patients with HIV
  4. The fellow prepares brief talks to present at clinic conference that reviews the basic mechanisms of action and adverse effects of HIV medications
6. Systems Based Practice
1. The fellow accepts and triages referrals from community physicians.
  2. The fellow coordinates the care of patients receiving home intravenous antibiotic therapy with homecare nurses and pharmacists.
  3. The fellow utilizes the services available from interdisciplinary team members to improve the quality of care received by their patients with HIV

## **Second Year Fellow**

**GOAL:** The fellow manages follow-up patients and new patients with complex and rare infectious disease problems and with complex HIV resistance problems.

### **OBJECTIVES:**

a. Patient Care

1. The fellow effectively manages a patient who has lost virologic control on antiretroviral therapy.
2. The fellow effectively designs salvage antiretroviral regimens in cases of treatment failure due to resistance
3. The fellow effectively manages complex cases treatment failure due to adverse drug effects or treatment of HIV in the setting of co-infection with viral hepatitis.

4. The fellow manages complex drug interactions in patients with HIV and co-morbidities such as hypercholesterolemia, renal failure, depression, or seizures.
5. The fellow is able to elicit sexual practices in a respectful manner and is able to counsel patients taking the patient's cultural and sexual identity into consideration.
6. The fellow counsels and educates patients and families with complex and rare infectious diseases.

b. Medical Knowledge

1. The fellow demonstrates knowledge of patients with complex and rare infectious diseases problems.
2. The fellow demonstrates knowledge of common and complicated antiretroviral resistance mutations
3. The fellow understands the principles of management of patients with Hepatitis B, Hepatitis C, and when these diseases intersect with HIV

c. Interpersonal and Communication Skills

1. The fellow communicates treatment plans to patients and is able to independently explain the concepts of antiretroviral resistance and the need for adherence to prevent resistance
2. The fellow is able to lead and direct the interdisciplinary team in the management of patients with mental health issues and social issues that impact their ability to manage their medications

d. Professionalism

1. The fellow returns calls to patients, family members, and referring physicians in a timely manner.
2. The fellow demonstrates respects for all health care personnel.
3. The fellow expeditiously completes all documentation in a timely manner.

e. Practice Based Learning and Improvement

1. The fellow applies knowledge from prior practice experience to facilitate the learning of medical students and residents in the clinic.
2. The fellow applies knowledge from online medical information to facilitate the learning of medical students and residents in the clinic.
3. The fellow prepares brief talks to present at clinic conference on the principles of management of HIV and opportunistic infections, and advanced topics such as treatment of HIV co-infected with the hepatitis and neurologic syndromes associated with HIV.

f. Systems Based Practice

1. The fellow partners with the Department of Health to manage patients with serious tuberculosis infections receiving Directly Observed Therapy.
2. The fellow demonstrates knowledge of imaging studies and makes cost-effective recommendations in the evaluation of patients
3. The fellow is able to communicate with community service providers, government services and other health providers to help coordinate care for the HIV patient

**f. Clinical Microbiology Laboratory**

**Brief Description:**

The fellow rotates for one week in the Clinical Microbiology Laboratory of the National Institutes of Health in the first year of fellowship training. The fellow observes and works in various sections of the laboratory and learns the process of inoculation of incoming specimens and of identification of bacterial, viral, parasitic and fungal pathogens. The fellow learns the rapid diagnosis of microbial pathogens through a rotation in the molecular diagnostics section of the laboratory. The fellow works under the direction of the medical technologists of the laboratory and is supervised by the Chief Microbiologist.

**Learning Activities:**

During the rotation the fellow participates in the inoculation of cultures from patient specimens on the incoming bench, learns the process of identification of microbiologic pathogens through observation, plate reading and plate inoculation unto selective microbial pathogen media (i.e. McConkey, Salmonella-Shigella agar) and gains practice working with anaerobic organisms and identifying fungal pathogens through morphologic identification and special stains. The fellow will rotate on the blood culture

bench, urine and stool culture bench, respiratory bench, anaerobic bench and parasitology and fungal sections. The fellow will rotate through the Virology section to learn rapid diagnostic methods for viral pathogens and will learn current molecular diagnostic modalities currently being used to identify clinical pathogens of interest.

**GOAL:**

The fellow is able to incorporate data from the Clinical Microbiology Laboratory to formulate diagnostic and therapeutic plans for patients.

**Objectives:**

a. Patient Care

1. The fellow applies knowledge of microbiologic tests and cultures to improve the care of patients.
2. The fellow educates residents and medical students who call the laboratory about culture results or questions to improve the care of patients.

b. Medical Knowledge

1. The fellow demonstrates knowledge of Microbiology to identify bacterial, viral and fungal pathogens isolated from patient clinical specimens.
2. The fellow demonstrates knowledge of parasitology to identify parasites in stool samples from patients.
3. The fellow demonstrates knowledge of molecular biology to rapidly identify pathogens of interest using molecular diagnostic techniques.
4. The fellow scores at least 70% on the Microbiology quiz

c. Interpersonal and Communication Skills

1. The fellow establishes rapport with the medical technologists and works collaboratively as a team.

d. Professionalism

1. The fellow demonstrates respect for the technologists in the laboratory.

2. The fellow demonstrates a commitment to learning while in the laboratory by arriving on time, being attentive at the bench and asking questions to increase knowledge.

e. Practice Based Learning and Improvement

1. The fellow teaches the laboratory technologists about the diseases associated with the pathogens isolated from the clinical specimens.
2. The fellow applies knowledge from online medical information databases to increase knowledge about the sensitivity and specificity of molecular diagnostic tests available in the laboratory.

f. Systems Based Practice

1. The fellow demonstrates knowledge of the function of the specimen receiving and the incoming bench and how they process the clinical specimens that are sent from patients on medical floors.
2. The fellow partners with laboratory personnel to notify the Infection Control team when pathogens causing reportable diseases are isolated or identified.

## **VIII. Courses**

a. **National Jewish Training Course in Tuberculosis**

- i. Depending on availability of funding, Fellows have an opportunity to attend the 1-week training course in Denver, CO to learn the intricacies of managing mycobacterial infections.

b. **Board Review course**

- i. Fellows are funded to attend the yearly Infectious Disease Board Review Course in the second year of their training

c. **NIH Microbiology course**

- i. Fellows spend 1 week during their first year at the NIH in an intensive training course in clinical microbiology

d. **IAS Course**

- i. A 2-day course on HIV and HCV is held each year in the DC area

e. **IDSA Fellow Courses**

- i. The IDSA usually sponsors fellows to attend various IDSA meetings during the year.

## **IX. Conferences**

**a. Extramural**

Fellows attend monthly and present yearly at the Greater Washington Infectious Disease Society (GWIDS) regional conference. Fellows receive funding to travel and attend the national conference of the American Society for Microbiology Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), the American Society of Tropical Medicine and Hygiene (ASTMH) or the Infectious Diseases Society of America (IDSA) during fellowship. In addition, fellows that successfully submit abstracts at national or regional conferences are funded to go to those conferences.

**b. Intramural**

**1. Case Conference**

Fellows attend a weekly Intercity Case Conference held in conjunction with the National Institutes of Health and Georgetown University and will present interesting cases to national experts in the field of Infectious Diseases at this conference on average once a month.

**2. Multi-Disciplinary Clinic Conference**

Fellows attend a weekly Interdisciplinary HIV Clinic Conference during which there is discussion on aspects of the clinical, social, and psychological care of the HIV patient. Fellows also present the patients that they will see that week so that the interdisciplinary team can map out the best plan of care for their patients.

**3. NIH Didactic Conference**

Fellows attend a Didactic Conference on Infectious Disease Topics every other week run conjointly with MedStar Washington Hospital Center and the National Institutes of Health to run through a 2 year curriculum of the major topics necessary to become an expert in the field of Infectious Diseases.

**4. MWHC Didactic Conference**

The fellows attend a weekly Didactic conference which reviews topics not covered by the NIH Didactic Conference. Examples of topics covered in this conference are Goals/Objectives, Journal Club, Complicated Cases, Board Review and Invited Speakers

**5. Dept of Medicine Conferences**

The MWHC Department of Medicine holds weekly Grand Rounds that the fellows are encouraged to attend, and the MWHC Office of Graduate Medical education runs a mandatory half-day conference twice a year on broad topics necessary for the success of a fellow in a subspecialty of Internal Medicine. In addition, fellows are expected to attend Chairman's conference when staff members of the ID Section are presenting.

**X. Scholarly Activity**

Fellows are expected to engage scholarly activity during their time between clinical or educational rotations. They will perform mentored clinical or epidemiologic research

under the supervision of key clinical faculty in the Section of Infectious Diseases or the Department of Infection Control at Washington Hospital Center or at the NIH.

## **XI. Curriculum by Year of Training**

### First Year Fellow

4-5 months	Washington Hospital Center Inpatient General Infectious Diseases Consultation Service
2-3 months	MedStar Washington Hospital Center Inpatient General Device/Transplant Infectious Diseases Consultation Service
1 week	Clinical Microbiology at the National Institutes of Health
4 weeks	Vacation
4 months	Scholarly Activity
*	

### Second Year Fellow

2-3 months	MedStar Washington Hospital Center Inpatient General Infectious Diseases Consultation Service
2-3 months	MedStar Washington Hospital Center Inpatient General Device/Transplant Infectious Diseases Consultation Service
1 month	Inpatient Consultation at the National Institutes of Health
1 month	Inpatient Consultation at Children's National Medical Center
4 weeks	Vacation
5 months	Scholarly Activity

## **XII. Evaluation of Fellows**

Fellows are evaluated using a variety of assessments. Faculty members evaluate fellows on inpatient and outpatient rotations. On the consult services, fellows are evaluated at the end of each rotation by a faculty member who had direct supervision during the rotation. The evaluation is conducted with an electronic form subdivided into the six core competencies of patient care, medical knowledge, practice-based learning, interpersonal skill and communication, professionalism and system based practice. Concerns of the faculty or fellows are addressed immediately by the Program Director. Fellows also receive semi-annual 360 evaluations from clinic staff and patients with assessments of their communication, interpersonal and professionalism skills. The Program Director meets with each fellow at least twice per year for a review of his or her performance with a written report filed in the trainee's evaluation folder. At the end of the two-year training, a written summary of the trainee's performance reviewed with the fellow and placed in a training folder for future reference.

## **XIII. Advancement to Succeeding Training Year**

The Clinical Competency Committee meets yearly to review each fellow's performance and make recommendations for advancing to the next year. Additional meeting may be called at

the discretion of the ID Fellowship Program Director. Criteria used to base recommendations for promotion include:

- Quality of monthly rotational evaluations with specific emphasis on the fellows' performance in the core ACGME competencies;
- Participation in academic conferences;
- Scoring satisfactorily on the annual ID in-training examination (although an absolute score on the examination is not required for promotion);
- Compliance with all hospital, departmental and fellowship record keeping, policy and documentation requirements.

Disciplinary and remedial action may be initiated when the program director, after consulting with key clinical faculty, determine that such action is warranted

#### **XIV. Evaluation of Faculty and Program**

Fellows evaluate faculty every 6 months. These evaluations are submitted anonymously. They are summarized for individual faculty and for the Program Director and are used to counsel faculty and to assign faculty to specific teaching rotations. Fellows evaluate the program on an annual basis and these evaluations are used to develop programmatic changes.

#### **XV. POLICIES AND PROCEDURES**

The Infectious Diseases Program uses its best efforts, within the limits of available resources, to provide an educational training program that meets the ACGME's accreditation standards. In addition, the program will provide the fellow with adequate and appropriate support staff and facilities in accordance with federal, state, local, and ACGME requirements. The policy and procedures in this manual are in addition to the policies and procedures manuals in place at the departmental and institutional level. Fellows should refer to the GME office Housestaff Policy and Procedure Manual and the Program Manual Department of Internal Medicine for a comprehensive review of Housestaff Policy for full details.

##### **A. A. Prerequisites**

Fellows must hold a MD or DO degree from an accredited medical school meeting one of the following criteria:

1. Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME)
2. Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
3. Graduation from an acceptable medical school outside the United States or Canada with one of the following:
  - i. Successful completion of a Fifth Pathway program provided by an LCME accredited medical school,
  - ii. A current, valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment
  - iii. All Canadian citizens and eligible Canadian Landed Immigrants who are NOT graduates of a foreign medical school must hold a status, which allows

employment as a medical resident, and maintain an appropriate status throughout the length of the graduate medical training program. Possession of valid immigration documents which verify the status must be presented  
iv. A full, unrestricted license to practice medicine in the District of Columbia

Fellows must have satisfactorily completed an ACGME accredited US residency program in Internal Medicine. On rare occasions, fellows may be accepted in transfer from another accredited Infectious Diseases Training program.

### **B. Fellowship Selection Process**

The ID Fellowship participates in the Electronic Residency Application Service (ERAS). We also participate in the National Residency Match Program for Internal Medicine Subspecialty Programs. Potential fellow applicants must submit an application consisting of the ERAS form, an updated curriculum vitae, three letters of recommendation, and a personal statement prior to consideration for a personal interview. After review of the submitted materials, selected applicants may be invited to personally visit the program and interview with members of the faculty. Every attempt is made for applicants to meet the majority of the full-time MWHC-based key clinical faculty. After the personal interview with the program director and faculty, candidate evaluation forms are submitted to the director. Once the candidate is interviewed, a fellowship selection committee, consisting of the program director and ID faculty, meet to rank the candidates according to interview evaluation ratings. These rankings are then submitted through the Match process.

### **C. Duration of Program**

The program is two years (24 months) with an emphasis on training in clinical infectious diseases.

### **D. Duties**

The fellowship includes both clinical and research responsibilities. It will be the duty of the fellow to carry out the clinical responsibilities of the services to which the fellow has been assigned. This includes not only clinically evaluating patients, following their progress and implementing therapy but also teaching of medical students and residents. Fellows should be aware of the fellow and attending on-call schedule as posted on the Section calendar. Fellows are expected to utilize the Section's structured checkout procedure when rotating to a new service. This provides an opportunity for the fellow to learn to work in teams and effectively transmit necessary clinical information to ensure safe and proper care of patients. Specific duties for each rotation are outlined and reviewed prior to the beginning of each rotation. Educational expectations and guidelines should be reviewed by the fellow and discussed by the attending staff at the beginning of the rotation. The guidelines are provided to each fellow at the beginning of the fellowship and remain available through departmental website for review.

In the area of research, the fellow is expected to carry out a project under the guidance of a

faculty mentor. This project should ideally culminate in both publication in a journal and scientific presentation at a regional or national meeting (Examples of these meetings include the IDSA, the ASM, the ASTMH or the ICAAC meetings).

In addition to training in the discipline of infectious diseases, fellows are expected to participate in the education of Internal Medicine residents, medical students, pharmacy students, nurse practitioners and other medical professionals. It is the philosophy of the program that fellows should be highly motivated and develop lifelong habits of self-instruction. Thus, fellows are expected to use the medical literature to solve clinical problems before the cases are presented to the faculty. Although most disorders encountered by an ID consultant will eventually be seen and managed by the fellow during the two-year fellowship, some disorders will not. Thus, it is expected that most of these will be discussed in core curriculum conferences, case conferences or that the fellow will identify such areas and obtain articles from the medical literature so that they have a conceptual understanding of these disorders. The faculty are expected to be readily available for guidance and suggestions.

#### **E. Duty Hours Policy and Fatigue**

The fellowship program strictly adheres to the ACGME requirement concerning work hours as reflected in the GME Policy and Procedure Manual. To this end, fellows will not work more than 80 hours per week averaged over a four week period, inclusive of all in-house call activities during any rotation. Moonlighting hours will be included in this calculation. Fellows will be provided 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 1 continuous 24-hour period free from all clinical, educational, and administrative duties. Adequate time for rest and personal activities must be provided. The program director continuously monitors work hours by as reflected by the fellow's documentation in New Innovations. Fellows are considered to be equivalent to residents in their final year of education, and thus there may be circumstances when a fellow must stay on duty to care for their patients or return to the hospital with fewer than 8 hours free of duty. Fellows having less than 8 hours free between duty shifts must notify the program director as soon as possible.

The usual time for fellows to begin the workday varies by hospital, rotation, and day of the week. In general, fellows are expected to begin clinical service work by 7:30 am. The conclusion of the day is when all clinical responsibilities are met including evaluating patients, completing appropriate documentation and coordinating a care plan for the following day with the attending. Specific duty hour and work expectations will be unique to the individual site the fellow is assigned. Expectations are at the discretion of the attending and will be reviewed at the beginning of each clinical rotation.

Each ID fellow works closely with one ID faculty person at one time. Thus when the fellow or the faculty sense that the clinical care needs of the service are likely to become greater than a fellow should be involved in to give the optimal educational experience, the faculty assumes the primary care for patients.

All clinical faculty and fellows have been instructed on the work hour policy and the

detection of fatigue in trainees and updated on institutional policies annually. Fellows are educated as to fatigue during their inprocessing week. Signs and symptoms of fellow fatigue and/or stress may include but are not limited to the following: inattentiveness to details, forgetfulness, emotional stability, mood swings, increased conflicts with others, lack of or attention to proper attire or hygiene, difficulty with novel tasks and multitasking, awareness is impaired (fall back on rote memory), lack of insight into impairment. Supervising faculty constantly monitor fellows for signs of fatigue and report these findings to the program director as soon as possible. The program encourages fellows to use alertness management strategies such as strategic napping, in the context of patient care responsibilities. Fellows have access to sleeping quarters (IM on call rooms) to be used at their discretion. Appropriate action including relief of duties for rest, modification of duties to insure adequate rest, cancellation of moonlighting privileges will be instituted by the program director after discussion with the fellow and faculty if such need arises.

#### **F. Call Schedule**

Fellows will be on at-home call when on an inpatient consultation services. Weekend call is coordinated and scheduled by the senior fellows.

The call schedule and schedule of duty assignments is published and made available for review by the fellows on a monthly basis. At-home call will not be so frequent as to preclude rest and reasonable personal time for each resident. Fellows taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period. During on call duty, fellows will take first call on clinical cases referred to the ID Service. They will take call from home in the evenings and on weekends. They will be expected to see any new emergency consult in a timely manner. This may involve coming to the hospital at any time of the day or week that they are assigned to be on at-home call. We expect the at-home call fellow to receive 3 to 5 telephone calls at night or on weekends. In general, fellows are rarely required to return to the hospital to participate in patient care. When fellows are called into the hospital from home, the hours the fellow spends in-house are counted toward the 80-hour limit. Fellow call backs to the hospital while on home-call do not initiate a new off-duty period. The program director and the faculty will monitor the demands of at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and or fatigue.

#### **G. Supervision, Lines of Communication, Responsibility and Hand - Off Communication**

Communication between faculty and fellows is essential regarding patient care as well as others areas. Fellows are encouraged to use phone calls and text paging to update faculty of any interactions with patients. Telephone calls between patients and faculty should be charted as telephone encounter in the electronic medical recorded and copied to the faculty attending physician in a timely manner.

#### **CIRCUMSTANCES IN WHICH SUPERVISING ATTENDING PHYSICIAN MUST BE CONTACTED IMMEDIATELY**

Fellows must communicate immediately with appropriate supervising attending physicians when unexpected or life-threatening deterioration of a patient's clinical status occurs, OR when there is suspicion for highly communicable infectious diseases or bioterrorism threat.

When complex decisions are addressed, fellows are required to contact faculty at once personally or by phone. Faculty supervision occurs continuously, and the on-call attending is available via pager 24 hours/day, 7 days/ week including during hours when the fellow is taking home pager call. The schedule for which attending is on-call for each service is made available to all fellows.

During the first year of training, fellows review all changes in therapy or recommendations for invasive procedures with the faculty attending prior to making the recommendation to another physician. During the second year, if the trainee has made satisfactory progress, they are given more responsibility to make recommendations if he/she is comfortable and confident in the recommendation and then review with the ID attending following the communication.

Trainee recommendations must be reviewed within 24-hours. Trainees are encouraged to contact the consulting ID physician, at any time day or night regarding their recommendations. Such supervision applies to inpatient and outpatient care, home health care management, phone calls from outside physicians or family members. Supervision by attending faculty member is expected for all procedures. During a clinical service rotation, fellows may work directly with medical students and Internal Medicine residents assigned to the service. Students should report initially to IM residents or to ID fellows according to the service they are assigned. The IM residents report to the ID fellow who manages the consultation services. Any of the trainees may directly contact the ID consultation attending at any time for problems, advice, or direction. When communicating with other services, students and residents must be clear that their recommendations are suggestions and must be reviewed with the ID attending prior to making a formal recommendation.

#### **H. ID Service Hand - Off**

Fellows are instructed to follow a standard hand-off process when rotating from one consultative rotation to the next. The fellows maintain an up-to-date CORES signout on the MedConnect EMR, which is reviewed at the end of each rotation with the oncoming fellow.

In addition to fellow hand-off, attending physicians will be engaging in a signoff process as they rotate on and off service as well as on weekend coverage.

#### **I. Order Writing**

Infectious Diseases Fellows do not write routine orders on patients seen in consultation. Exceptions to this rule include the following: 1) When requested by the consulting service. 2) If the clinical condition of the individual patient requires a timely order and the primary service is not immediately available. It is the responsibility of the ID fellow or attending who is writing the order to notify the primary service that the order was written. This may

be done by phone or text page notification of the primary service. Fellows must undergo the appropriate EMR training prior to writing orders. The Program requires that all fellows abide by the hospital's order guidelines for learner's-in-training regarding all policies including order writing policies for physicians as outlined by the Pharmacy Department. In general, it is the fellow's responsibility to ensure that his/her DEA license is up-to-date and that the number is provided to the Pharmacy Department. When concerns about a fellow's order writing competency are raised, a fellow has his/her order writing privileges suspended and must have all orders cosigned before they become part of the chart and are carried out. This decision is at the Program Director's discretion and explicitly outlined to the fellow in question before implementation.

#### **J. Lines of responsibility**

The ID Section Director reports directly to the Chair of the Department of Internal Medicine . The ID Division Fellowship director reports, in this capacity, to the Department of Medicine Residency and Fellowship Committee and Director. The Internal Medicine Residency and Fellowship Director reports to the DIO. The ID attending report to the Director, Section of Infectious Diseases. The ID fellows are responsible to the ID attending assigned to oversee clinical responsibilities for patient related educational matters. Fellows are to report to the ID Section Director or to the ID Fellowship Director for fellowship concerns.

#### **K. Meeting Attendance**

Fellows are expected to attend 3 weekly conferences and one monthly conference.

- Monday 1100 Multi-Disciplinary Conference
- Wednesday 1330 Didactic Conference/NIH Conference
- Friday 1200 NIH-GUH-WHC Case Conference

Fellows are expected to attend all conferences unless illness or vacation precludes. Fellows are not expected to return to conference while on away rotations at NIH and Children's. In the event of a missed conference, PowerPoint presentations are available on a secure Section computer. It is the expectation that fellows will review the content of a missed conference within a reasonable period of time. It is the expectation of the program that ID faculty will routinely attend these meeting.

The Section regards several institutional meetings as an integral part of fellowship education.

Fellows are offered participation in the following meetings:

Internal Medicine Grand Rounds and Internal Medicine Core Conference given by ID faculty. In addition, fellows are expected to participate in regional meetings including the Greater Washington Infectious Diseases Society (GWIDS) monthly meetings.

#### **L. Vacation and Leave Time**

Scheduled leave must be requested in advance by completing the "Section of Infectious Diseases

Leave Request” form. This form must be signed by the Program Director. The ID Office Coordinator will maintain the forms and provide official notification that leave time has been approved.

Fellows are entitled to 2 weeks of vacation each year. An additional 2 weeks of vacation may be granted with the approval of the Program Director. In addition, fellows may take one week of CME/meeting activity if they are attending a regional or national meeting. The 4 weeks may not be split to make more than the intended 4 weeks. The four week’s vacation refers to 4x5 work days excluding weekends. The Infectious Diseases and Internal Medicine programs requires leave without pay for fellow that does not return on time from vacation – including persons unable to return on-time due to immigration process reasons. This program also advises ID fellows that the program is not responsible for problems that impede a scheduled international return. Should any fellow wish advice on this matter, they may seek counsel from the MWHC office that specializes in immigration matters and immigration law.

The American Board of Internal Medicine allows up to 35 days per academic year as time away from the program, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. Time used beyond this 35 days will be required to be made up to meet the requirements for writing the Boards. See <https://www.abim.org/certification/policies/general/special-training-policies.aspx>

When on leave, fellows should assign a colleague to cover MedConnect flags and physical mailbox and let the program director / coordinator know who is covering. If you would like to switch vacation days that involves switching inpatient consult duties or presentations, please arrange the switch with a colleague then submit to the program director for approval.

#### Non-inpatient consult service time

**Vacation time is distinct from non-inpatient consult service time.** If a fellow is not on inpatient consults and will not be available in the hospital, s/he must let the program director / coordinator know. Expectations when not on inpatient consults include:

1. Outpatient clinic, including following up on patient phone calls, etc.
2. Checking email, physical mailboxes, and MedConnect flags daily
3. Working on case conference, Multi-D, and didactic presentations
4. Attendance at all local conferences, Infection Control and Antimicrobial Stewardship meetings
5. Penicillin allergy skin testing
6. Working on QI and research projects
7. Being available to help out with inpatient consult teams in the event that another fellow is unable to work for various reasons

#### Administrative time

Time to attend conferences, interviews and other similar events. Similar to vacation time, fellows must let the program director / coordinator know when s/he will be away and assign a colleague to cover MedConnect and physical mailboxes.

Up to 5 interview days (including travel days) will not be counted as vacation days. Interviews should preferentially be scheduled during non-consult and non-clinic time. Fellows may be asked to make up clinical time if interview days coincide with consult/clinic days. Fellows may be asked to use vacation time if more than 5 days are needed for interviews.

### Personal

In order that fellows are able to attend to their personal health and well-being, fellows will be excused to attend to health, financial, and other appointments. In order to maintain staffing and continuity, the program requires advance notice for routine appointments. Fellows are NOT required to find coverage themselves if time off is needed for medical appointments, nor do they need to tell the program director or anyone else what the appointment is for. However, the program director must be made aware that the request is for a reason other than vacation. Clinical make-up time for personal absences will be done in accordance with HR policies.

### **M. Access to Medical Literature and Board Preparation Materials**

The library stocks the vast majority of commonly desired periodicals by the clinical and basic science staff. Books and manuals are also readily available. Access to the library's electronic journals and databases are available online through the MWHC website, both on and off campus. All computers have access to *Up To Date*. In addition, a number of board review resources are available for fellows' use in the attendings' offices.

### **N. Work environment**

The ID Program will provide a safe and adequate work environment as outlined in the GME office Housestaff Policy and Procedure Manual.

#### Food and Rest

The Program will provide access to food service and sleeping quarters to the fellow while on-call or otherwise engaged in clinical activities requiring the fellows to remain in the Medical Center overnight. Sleeping quarters and quiet rooms are also available for fellows should they experience fatigue that would mitigate alertness management strategies such as strategic napping.

#### Protective Equipment

In addition, personal protective equipment including gloves, face/mouth/eye protection in the form of masks and eye shields, and gowns will be available. The Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) assume that all direct contacts with a patient's blood or other body substances are infectious. Therefore, the use of protective equipment to prevent parenteral, mucous membrane and non-intact skin exposures to a healthcare provider is strongly recommended

### **O. Moonlighting Policy**

Please refer to the WHC Housestaff manual.

## **P. Ethics**

With increasing medical sophistication, the ethical questions, which surround a patient's care often overwhelm the medical decisions. Medical and, even more so, ethical complexities are commonplace in the field of medicine. Even in the most complicated ethical situation, the first and most important step is to talk with the patient and, if permitted by the patient, the family. Only through full communication with the appropriate decision maker can the fellow address honestly, thoroughly and expediently the issues of concern.

The hospital ethics committee, available 24 hours a day by pager, consists of both medical and other personnel who are available to explore and advise on major ethical concerns. Physicians on the committee are available for discussion and for consultation at any time. In addition, there is a monthly Ethics conference held by the Ethics committee in conjunction with the General Medicine division. Ethical dilemmas arising on the inpatient medical services are discussed in an informal setting.

## **Q. Utilization Management**

It is the responsibility of the ID Fellow to assure that documentation in the record completely describes the patient's severity of illness, as well as the intensity of treatment services provided to the patient. Documentation of level of care, complexity of the case, records reviewed, diagnostic tests and radiographs personally reviewed, diagnoses, and recommended management are to be included on every note in the patient's chart.

## **R. Quality Improvement**

Continuous Quality Improvement (CQI) is an ongoing, flexible, integrated and coordinated healthcare program that stresses a commitment to continuously improve patient care and service and resolve identified problems by assessing and improving all aspects that most affect patient outcomes. It is the responsibility of all employees, including fellows, to actively participate in the CQI activities. The goal of the CQI program is to develop collection tools, analyze data, formulate data driven recommendations for improvement, and coordinate resolution of the identified opportunities for improvement. In identifying opportunities for improvement, the CQI program places emphasis on cost, quality, access, customer service, desired patient outcome. It pursues opportunity to improve care/service, allows for resolution of identified problems, assures a safe and healthy environment for patients, patient families and employees, and ensures appropriate and effective utilization of resources.

## **S. Continuous Quality Improvement Activities**

Faculty and fellows will be expected to participate in a quality improvement project. These projects will be discussed with the fellow by the Program Director or his designee.

## **T. Professionalism**

It is imperative that the fellow learn appropriate behavior of a professional during their experience. It is recognized that health care is best delivered when physicians are collegial, yet frank with each other and respectful and caring of their patients. It is the responsibility of the fellow to be fit, ready for work and dressed appropriately. Faculty should be notified if the conduct of the fellows is ever considered less than professional. The Program Director will discuss such incidents with the fellow in question. The use of illicit drugs will not be permitted at any time and alcohol shall not be consumed by anyone who is on call or on active duty. Anyone found in violation of these rules will be treated in accordance with departmental policy.

Sexual or gender harassment by fellows of anyone will not be tolerated and will be grounds for referral to the department's administration. At the same time, no fellow should ever be the subject of sexual, gender, religious, ethnic or other harassment. Any complaint of such behavior should be reported to the Section Director, the program director, or the department chairman.

Finally, the Division recognizes the advantages of diversity amongst its members and supports their rights to different religious, political, economic, and artistic beliefs. Thus, any discrimination or harassment of any fellow, or any other member of the Division, because of these differences should be reported.

These policies and procedures are a supplement to the policies and procedures outlined for the Department of Medicine and the Graduate Medical Education Office. These manuals are available on the websites of Internal Medicine or the Graduate Medical Education Office.

#### **U. Impairment**

Satisfactory performance includes the absence of significant impairment due to physical, mental, or emotional illness, personality disorder, or substance abuse. A fellow that shows impaired function to a degree it is causing less than satisfactory performance, and/or the impaired function is not corrected or is uncorrectable, is likely to lead to future unsatisfactory performance. Every effort will be made to reasonably accommodate those individuals with conditions or impairments that qualify as a disability under applicable law, provided that the accommodation does not present an undue hardship for the Section, the Department, or venues of training. Fellows will nevertheless be required to satisfactorily meet the Department's performance criteria, requirements, and expectations of the Infectious Diseases Fellowship Program. If the Director has cause to suspect that a fellow's behavior may be altered due to a physical or mental impairment, the use of drugs, narcotics, or alcohol, the Director will consult with the GME office to follow the standard procedures of the Center in this regard.

#### **V. Disciplinary Actions, Probation, Suspension and Termination**

The Fellowship Director or the Associate Fellowship Director is responsible for the evaluation and discipline of each ID fellow in this program. Fellows are monitored and evaluated based on the six core competencies and standards set forth by the Division and Institution and include the following:

- 1) Patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health.
- 2) Medical knowledge including established and evolving biomedical, basic science and clinical, sciences and the application of these to patient care.
- 3) Practice-based learning and improvement that involves investigation and evaluation of the fellow's own provisions of patient care, appraisal and assimilation of scientific evidence, followed by improvements in delivery of patient care.
- 4) Interpersonal and communication skills that result in effective information exchange making provision to team with patients, families, and other health professionals.
- 5) Professionalism as shown by a commitment to carrying out professional activities and responsibilities, adherence to ethical principles, and sensitivity to diverse patient types and backgrounds.
- 6) Systems-based practice shown by actions that demonstrate awareness of and responsiveness to the larger health care system, the ability to effectively use system resources to provide optimal care.

In addition, the fellow will comply with the rules and requirements of MWHC. While rotating at NIH and Children's Hospital (or other outside rotations) each fellow will comply with their specific rules, guidelines, and requirements.

Other specific guidelines require that each fellow will:

- 1) Develop a personal program of learning for continued professional growth with guidance from the teaching staff.
- 2) Participate in the educational and scholarly activities of their program and teach or supervise other residents, students, or fellows.
- 3) Participate in appropriate institutional committees as appointed by the division director or the designee.
- 4) Submit regularly an electronic anonymous confidential evaluation of the faculty and of the educational experience.
- 5) Continue in active scholarship. This may include publications, or presentations at local, regional, or national scientific society meetings and could involve cases, reports or clinical series, or translational research.
- 6) Be an active participant in clinical discussions, rounds, journal clubs, and research conferences in a manner that promotes collegiality, inquiry and scholarship.

### **W. Performance Deficiencies**

After the Director receives notification of satisfactory evaluations and compliance with the standards outlined above and after all other terms of the ID Fellowship training Policies and Procedures are met, each fellow should expect to continue to the next level of training to complete the program.

When a house officer has been identified as having a deficiency, it is expected that

the s/he will receive routine structured feedback in order to identify and correct the issue. When the program director/CCC deems that routine structured feedback is not effecting the necessary improvement, or if the Program Director/CCC determines that the deficiency is significant enough to warrant something more than routine feedback, the Program Director/CCC may elect to issue a “Letter of Deficiency.” This letter provides the House Officer with (a) notice of the deficiency and (b) an opportunity to cure the deficiency. “Letters of Deficiency” must be co-signed by the Program Director (or Designee) and the Administrative Director of Medical Education. The issuance of a “Letter of Deficiency” does not trigger a report to any outside agencies. The Program Director will provide the house officer with feedback consistent with the letter of deficiency. If, the house officer satisfactorily resolves the deficiency(ies) noted in the Letter of Deficiency, and continues to perform acceptably thereafter, the period of unacceptable academic performance does not affect the house officer’s intended career development.

**Failure to Cure the Deficiency:**

If the Program Director/CCC determines that the house officer has failed to satisfactorily cure the deficiency and/or improve his/her overall performance to an acceptable level, the Program Director/CCC may elect to take further action, which may include one or more of the following steps:

1. Issuance of a new Letter of Deficiency
2. Election not to promote to the next PGY level
3. Requiring the repeat of a rotation that in turn extends the required period of training
4. Extension of contract, which may include extension of the defined training period
5. Denial of credit for previously completed rotations
6. Dismissal from the residency or fellowship program

**Reportable Actions:**

The decision not to promote a house officer to the next PGY Level, to extend a house officer’s contract, to extend a house officer’s defined period of training, to deny a house officer credit for a previously completed rotation which results in an extension in training, and/or to terminate the house officer’s participation in a residency or fellowship program are each considered “reportable actions.” Reportable Actions are those actions that the Program must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. House Officers who are subject to a Reportable Action may request a review of the decision as provided in this Policy.

**Request for Review:**

A review of the decision to take a Reportable Action may be requested by the house officer. A Request for Review should be submitted to the Administrative Director of Medical Education within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Administrative Director will first determine whether the matter is reviewable under this Policy, and if so, the Administrative Director shall appoint a neutral physician reviewer who

will:

1. Review the complaint
2. Meet with the house officer
3. Review the house officer's file
4. Meet with the program director
5. Consider any extenuating circumstances
6. Consult with others, as appropriate, to assist in the decision making process; and
7. Determine whether this Policy was followed, the house officer received notice and an opportunity to cure, and the decision to take the Reportable Action was reasonably made. The Administrative Director of Medical Education will:

1. Appoint the physician reviewer
2. Assist the physician reviewer to identify other potential participants, if warranted
3. Attend all meetings held by the physician reviewer
4. Coordinate communications between the physician reviewer and the house officer
5. Monitor timely completion of the review process
6. Notify the Senior Vice President of Medical Affairs (SVPMA) or designee Vice President, Academic Affairs (VPAA) of the request for review

**Opportunity for a Final Review:**

If either the house officer or the program director disagree with the decision of the physician reviewer, either can request a final review of the decision to take a Reportable Action by the SVPMA OR DESIGNEE VPAA. A request for final review shall be submitted to the Assistant Vice President for Academic Affairs within fourteen (14) days of learning of the Physician Reviewer's decision. The SVPMA OR DESIGNEE VPAA will conduct a final review in conjunction with the Assistant Vice President for Academic Affairs. The roles of these individuals and the process are the same as described in the "Request for Review" above. The decision of the SVPMA OR DESIGNEE VPAA constitutes a final and binding decision. Upon conclusion of the review, a report of the final review will be provided to both the house officer and the program director.