Orlando Health Children's
Arnold Palmer Hospital

Pediatric Hospital Medicine Fellowship Program

Pediatric Hospital Medicine Fellow Handbook
2026

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Table of Contents

Educational Allowance
Moonlighting
Wellness Policy / Curriculum

Mission & Aims

Mission:

The mission of the Orlando Health Children's Arnold Palmer Hospital Pediatric Hospital Medicine Fellowship is to develop compassionate pediatric hospitalists with a broad range of clinical skills and knowledge who are prepared to serve any community with excellence in clinical care, academics, and professionalism.

Program Aims:

- To develop pediatric hospitalists who provide the highest possible evidence-based care to each patient through direct clinical experience on rotations, weekly didactic lectures, and monthly meetings including journal club.
- To develop pediatric hospitalists with strong leadership skills through participation in hospital committees, leadership of learning teams, and leadership of scholarly/QI projects.
- To develop pediatric hospitalists who are excellent educator for medical learners and for the patients and families they serve.
- To nurture well rounded pediatric hospitalists that will be prepared for any hospital medicine position or community that they serve.
- To develop pediatric hospitalists with strong clinical skills in neonatal resuscitation, pediatric sedation, surgical co-management, management and stabilization of potentially critically ill patients while awaiting transfer
- To develop pediatric hospitalists with the ability to work in resource or staff limited areas
- To develop pediatric hospitalists with the necessary skills to pursue academic excellence and scholarly production.
- To produce pediatric hospitalists with a strong sense of responsibility to the community they serve.

Website: https://www.orlandohealth.com/medical-professionals/graduate-medical-education/fellowship-programs/pediatric-hospital-medicine-fellowship

Educational Principles

- Pediatric Hospital Medicine demands a pursuit of lifelong learning by both trainees and attending physicians. Continued clinical excellence requires a joint search for learning by committed teachers and engaged, proactive learners.

- The goal of Pediatric Hospital Medicine fellowship is, at its core, transformative. Over two years of training, Fellows should have a supported but ultimately self-motivated experience that leads to their transformation into an independent, self-directed attending Pediatric Hospitalists

- Pediatric Hospital Medicine fellows are adult learners who have the right and responsibility to envision and create their own future career goals. From the outset, fellows should have the opportunity to explore areas of interest to them and to guide their own learning priorities.

- Each fellow is responsible for their own education.

Program Overview

The division of pediatric hospital medicine at Orlando Health Children's Arnold Palmer Hospital offers a two-year fellowship in Pediatric Hospital Medicine accredited by the Accreditation Council for Graduate Medical Education (ACGME). The program is built upon the strengths of Orlando Health Children's Arnold Palmer Hospital, a *U.S. News and World Report "*Best Children's Hospital" and leader in pediatric care in Central Florida.

As part of Orlando Health, Orlando Health Children's Arnold Palmer Hospital works alongside Orlando Health Winnie Palmer Hospital for Women & Babies. Our primary teaching hospital, Orlando Health Children's Arnold Palmer Hospital is a 158-bed pediatric facility offering expert and comprehensive health care for children. The hospital includes the Bert Martin Champion for Children Pediatric Emergency Department and Trauma Center at Orlando Health Arnold Palmer Hospital is a 33-bed, 23,500-square-foot, state-of-the-art facility. The center is the only Level 1 Pediatric Trauma Center in Central Florida and provides care for more than 55,000 patients each year. Our hospital encompasses a wide range of pediatric subspecialties and is a major referral center for families across Florida.

In addition, Orlando Health Winnie Palmer Hospital for Women & Babies is a 285-bed hospital that delivers more than 14,000 babies per year. It is home to our Level IV 142-bed NICU where we deliver the highest level of neonatal intensive care available in the state of Florida. The Maternal Fetal Medicine Program, Congenital Heart Disease Program, Fetal Surgery Program, as well as extensive subspecialty support, results in the referral of some of the highest risk and most complicated pregnancies, including a wide array of fetal anomalies.

High patient volume and exceptional patient diversity at Arnold Palmer Hospital, in combination with our dedicated and supportive faculty, form the basis of our fellowship and its collegial educational environment. The program strives to develop Pediatric Hospital Medicine Fellows as clinicians, teachers, and researchers capable of transforming the future of pediatric care. We accomplish this by providing fellows with

broad educational, clinical and research experiences. The program intentionally maintains a very strong focus on clinical care, while still providing opportunities for research and QI projects in a tertiary care setting.

Our fellowship aims to mimic the life of a pediatric hospitalist while incorporating flexible electives for our fellows to tailor their education to their long term goals. Potential research projects and preliminary work are explored based on the fellow's interests and goals. During the first year our fellows will focus on core pediatric rotations and begin to develop their scholarly work product. During the second year of training, the focus is on transition to practice with an emphasis on completion of a scholarly work product as defined by the American Board of Pediatrics, presentation of that work product, and finalization of post-fellowship career plans. The fellow's experience over the entire period is expected to be progressive which includes graded responsibility for patient care and advancement of scholarly work. Fellows who complete their training will be prepared and expected to pass the Pediatric Hospital Medicine boards and be capable of independently providing the best care possible

Methods of evaluation will include input from faculty, feedback from pediatric residents as to the fellow's leadership and teaching abilities, 360-degree evaluations including evaluations from staff and patients, and fellow self-assessments. Semi-annually a Clinical Competency Committee appointed by the program director will assess each fellow and advise the program director regarding his or her progress. Evaluations and specialty-specific Milestones will be discussed with each fellow on a regular basis.

Leadership / Support Staff

Pediatric Hospital Medicine Medical Director:

The Corporate Practice Director for Pediatric Hospital Medicine serves as the faculty supervisor for the directly employed Hospitalists. They are responsible for faculty recruitment, operational and clinical oversight, and other administrative functions within the Pediatric Hospital Medicine Group.

Program Director (PD):

The PD is responsible for all aspects of the program with the authority and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. The PD is a clinician, medical educator, and administrator and has an understanding of and commitment to Pediatric Hospital Medicine education.

Associate Program Director (APD):

The APD(s) is appointed by the PD with the approval of the DIO and must fulfill all eligibility requirements for appointment as noted for the PD. The APD(s) participates in those program activities as delegated by the PD. APDs will serve as Acting Program Director in the event that the PD is unavailable.

Administrative Office Staff:

All of the administrative office staff work Monday through Friday 8:00 am to 4:30 pm. The main office number is 407-649-6876.

Program Manager:

- Supports the PD and APD. Manages and supervises the Senior Fellowship Coordinators.

- Manages and coordinates the fellowship program recruitment process, ITE exams, certifying exams, match meeting, department orientation and graduation ceremonies.
- Tracks fellow education, documentation, and evaluation processes.
- Ensures fellow and staff compliance in all hospital-required education, academic and personal files, and RRC requirements.
- Manages departmental fiscal budgets and restricted accounts, contracts, payroll, and benefits.
- Coordinates semi-annual fellow meetings with the PD and APDs.
- Manages the Pediatric Hospital Medicine Program Website.
- Manages and coordinates community and away rotations.
- Manages the annual Pediatric Hospital Medicine faculty and Fellow group photo sessions

Senior Fellowship Coordinator:

- Coordinates and processes all conferences, travel, annual dues and book allowances for the fellows.
- Assists the fellowship recruitment process.
- Coordinates and processes all contracts for current and new fellows.
- Prepares all graduation certificates.
- Notary for the department.
- Schedules and reserves all classrooms.
- Serves as a backup timekeeper.
- Assists the program manager and PD with department orientation, fellow and faculty match meetings, and annual ITE exams.
- Primary timekeeper for department payroll (fellow duty hours), tracked in New Innovations.
- Coordinates and processes all of the rotation evaluations for the fellows, tracked in New Innovations.
- Processes and schedules all fellow required certifications (BLS, PALS, NRP).
- Coordinates and processes medical students and residents who rotate through the department.
- Orders all lab coats for the fellows and faculty.
- Assists in the distribution of the call schedules to the fellows, faculty and pertinent hospital departments.
- Maintains and tracks conference attendance.
- Prepares and distributes all department pager cards and lists.

Sample Block Schedule

PGY - 4

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1,2,4	1,2,4	1,2,4	1,2,4	1,2,4	2+4	1,2,4	1,2,4	1,2,4	1,2,4	1,2,4	1,2,4	
Rotation	PHM RES CLIN	PHM RES CLIN	ELEC RES CLIN	ELEC RES CLIN	PHM RES CLIN	NICU RES CLIN	PHM RES CLIN	PHM RES CLIN	ELEC RES CLIN	PHM RES CLIN	PHM RES CLIN	ELEC RES CLIN	VACA
%Outpatient	5	5	5	5	5	5	5	5	5	5	5	5	0
%Research	33	33	33	33	33	33	33	33	33	33	33	33	0

PGY - 5

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	1,2,4	1,2,4	1,2,4	1,2,4	1,2,4	2+4	3	1,2,4	1,2,4	1,2,4	1,2,4	1,2,4	
Rotation	PHM RES CLIN	ELEC RES CLIN	PHM RES CLIN	PHM RES CLIN	PHM RES CLIN	NICU RES CLIN	COMM	ELEC RES CLIN	ELEC RES CLIN	ELEC RES CLIN	ELEC RES CLIN	ELEC RES CLIN	VACA
%Outpatient	5	5	5	5	5	5	0	5	5	5	5	5	0
% Research	33	33	33	33	33	33	0	33	33	33	33	33	0

Sites: All inpatient rotations will occur at Orlando Health's Arnold Palmer Medical Center, which consists of the Winnie Palmer Hospital for Women & Babies (WPH – Site 1) and Arnold Palmer Hospital for Children (APH – Site 2). Community Hospital experience will be at Halifax Hospital in Daytona (Site 3). Outpatient experiences will be through Orlando Health Affiliated Clinics – Specifically the Complex Care and Transitions Clinic (Site 4).

Vacation time is 3 weeks per year and may be divided up between rotations as desired in 1 week blocks.

Abbreviations:
PHM = Arnold Palmer Hospital (Site 1)
NICU = Winnie Palmer Neonatal Intensive Care Unit (site 2)
COMM = Halifax Hospital Daytona (Site 3)
RES = Research (Site 1)
ELECT = Elective (site 1, 2, 3, or 4)
CLIN = Complex Care and Transitions Clinic (Site 4)
VACA = Vacation

Possible Electives: Pediatric Surgery, Trauma Surgery, ENT, Neurosurgery, Urology, Neonatal, Pharmacology / Nutrition, Complex Care Unit Rotation, Pulmonology, Medical Education, Palliative Care.

Sample First Year Schedule

Rotation change of service dates are synchronized with the Pediatric Residency Rotations and offset by one week to allow continuity of patient care during service block transitions.

Block 1	06/29-07/26	Orientation and Research
Block 2	07/27-08/23	PHM/Research/Clinic
Block 3	08/24-09/20	Interdisciplinary Care/Research/Clinic
Block 4	09/21-10/18	Research/Clinic
Block 5	10/19-11/15	Surgery/Research/Clinic
Block 6	11/16-12/13	Infectious Diseases/Research/Clinic
Block 7	12/14-01/10	PHM/Research/Vacation
Block 8	01/11-02/07	Pediatric Special Care/research/clinic
Block 9	02/08-03/07	Advanced Respiratory Care/Research
Block 10	03/08-04/04	PHM/Vacation
Block 11	04/05-05/02	PHM/Research/Clinic
Block 12	05/03-05/30	Sedation/Research/Clinic
Block 13	05/31-06/27	PHM/Clinic/Vacation

Holiday, Clinic, and Misc. Schedule

General Holiday Schedule: The fellow is able to request either the week of Christmas, the week of Thanksgiving, or the week of New Year's off. They will be expected to work in some capacity during the other two holidays.

Gen Peds Board Exam: October Annually

PHM SITE Exam: February Annually

Yearly Retreats

- Working Program Evaluation Retreat – Friday in Spring
- Fellow Retreat – Weekend in Spring (Immediately following working retreat)
- Fellows are excused from shifts from Friday through Sunday
- Fellows receive one weekend shift credit

Clinics

- 1-2 full clinic days per month, preferably scheduled during research time
- Complex Care Clinic with Dr. Mortensen

Other Scheduling Related Concerns / Swaps / Timeline and Submission of Schedule:

If there are any concerns or questions about the fellows schedule they should be escalated to the Associate Program Director or Program Director for clarification and final scheduling decisions.

Educational Program

Pediatric Hospital Medicine Core Conference

The weekly PHM Core Conference lecture content is broken down into 13 domains. The lecture series will be presented by the PHM Core Faculty, Pediatric Subspecialty faculty and other educators and will rotate over an 24 month period. Attendance is required for all fellows who are not post-nights or on vacation/approved leave. The domains and subdomains covered are directly from the ABP website detailed content outline:

Domain 1: Medical Conditions (55%)
Items within this domain are also classified to a universal task

A. Neurology (4%)
    a. Altered mental status
    b. Seizures
    c. Meningitis
    d. Abscesses
    e. Encephalitis
    f. Headaches
    g. Hypotonia
    h. Inflammatory neuropathies
    i. Neuromuscular disorders
    j. Cerebrovascular accident
    k. Other (eg, brain tumors, central nervous system vascular disorders, cranial nerve palsies, movement disorders)

B. Head and Neck (4%)
    a. Upper airway infections and conditions (eg, croup, epiglottitis)
    b. Neck masses and infections (including cervical lymphadenopathy)
    c. Oropharyngeal infections (eg, dental infections, peritonsillar abscess, retro- and parapharyngeal abscess)
    d. Ear, eye, and sinus infections and complications (eg, periorbital and orbital infections, sinusitis, mastoiditis, conjunctivitis)
    e. Parotitis

C. Pulmonary (5%)
    a. Bronchiolitis
    b. Asthma
    c. Pneumonia
    d. Acute respiratory distress and failure
    e. Chronic respiratory conditions
    f. Foreign body aspiration

    g. Bacterial tracheitis
D. Cardiovascular (4%)
    a. Cardiomyopathies
    b. Congenital heart disease
    c. Heart failure
    d. Dysrhythmias
    e. Endocarditis, myocarditis, and pericarditis
    f. Syncope
    g. Hypertension and hypertensive emergencies
    h. Cardiac arrest
    i. Shock (including septic, cardiogenic, hypovolemic)
E. Gastrointestinal (5%)
    a. Appendicitis
    b. Cholecystitis and cholangitis
    c. Constipation
    d. Gastroenteritis
    e. Gastroesophageal reflux
    f. Gastrointestinal bleeding
    g. Hepatitis
    h. Obstruction (eg, intussusception, pyloric stenosis, malrotation and midgut volvulus)
    i. Hyperbilirubinemia
    j. Pancreatitis
    k. Peritonitis
    l. Inflammatory Bowel Disease
F. Renal/Genitourinary/Gynecology (4%)
    a. Hemolytic-uremic syndrome
    b. Acute kidney injury
    c. Glomerulonephritis
    d. Nephrolithiasis
    e. Nephrotic syndrome
    f. Pelvic inflammatory disease
    g. Dysfunctional uterine bleeding
    h. Ovarian cysts and torsion
    i. Testicular mass and torsion
    j. Pyelonephritis/urinary tract infections
G. Orthopedics (1%)
    a. Fractures
    b. Bone and joint infections
H. Rheumatologic/Vasculitis (3%)

    a. Henoch-Schönlein purpura
    b. Kawasaki disease
    c. Inflammatory arthritis
    d. Systemic lupus erythematous

I. Endocrine/Metabolic (4%)
    a. Diabetes insipidus
    b. Syndrome of inappropriate antidiuretic hormone secretion
    c. Hypo and hyperthyroidism
    d. Hypo and hypercalcemia
    e. Adrenal disorders
    f. Diabetes mellitus
    g. Hypoglycemia
    h. Inborn errors of metabolism (IEM)

J. Child Maltreatment (2%)
    a. Physical abuse and child neglect
    b. Sexual abuse
    c. Medical child abuse

K. Dermatologic (3%)
    a. Skin and soft tissue infections
    b. Dermatologic manifestations of systemic illnesses
    c. Erythema multiforme and Stevens-Johnson syndrome
    d. Complicated eczema

L. Hematologic/Oncologic (3%)
    a. Anemias
    b. Deep venous thrombosis/pulmonary embolism/hypercoagulable states
    c. Bleeding disorders
    d. Sickle cell disease
    e. Isolated thrombocytopenia
    f. Fever and neutropenia

M. Allergy/Immunology (2%)
    a. Anaphylaxis (including anaphylactic shock)
    b. Immunodeficiencies
    c. Drug reactions (eg, serum sickness)

N. Injuries and Exposures (5%)
    a. Ingestions (intentional and unintentional)
    b. Insect and animal bites
    c. Drowning
    d. Hypo- and hyperthermia
    e. Trauma (including head trauma)
    f. Burns

O. Other Conditions (6%)
    a. Brief resolved unexplained events (BRUE)
    b. Failure to thrive
    c. Bloodstream infection (bacteremia)
    d. Fever in infants less than 60 days
    e. Fever of unknown origin (prolonged/recurrent)
    f. Electrolyte abnormalities
    g. Acid/base disorders
    h. Pain (acute and chronic)

Domain 2: Behavioral and Mental health Conditions (6%)

A. Self Harm/Suicidality
B. Acute aggression and psychosis
C. Delirium
D. Psychosomatic Disorders
E. Behavioral and developmental disorders (in the hospital setting)
F. Eating Disorders

Domain 3: Newborn Care (8%)

Items within this domain are also classified to a universal task.

A. Delivery room care, including resuscitation and stabilization
B. Common conditions in the immediate newborn period
    a. Hypoglycemia
    b. Neonatal hyperbilirubinemia
    c. Respiratory distress
    d. Neonatal infections, including exposure
    e. Late preterm infant
    f. Drug exposure/neonatal abstinence syndrome (NAS)
    g. Birth trauma
    h. Congenital anomalies
    i. Newborn feeding (including breastfeeding and formula feeding)

Domain 4: Children with Medical Complexity (6%)

A. Symptom Management (eg, bowel and bladder, spasticity, dysautonomia, wound care, secretions/salivation, agitation, and pain)
B. Feeding and Nutrition (eg caloric needs assessment, methods of feeding)
C. Device and technology management, including complications (eg, tracheostomy, feeding tubes, oxygen, continuous positive airway pressure (CPAP)/bilevel airway pressure (BiPAP), ventilator, and ventriculoperitoneal shunt)
D. Medication Management (eg, interactions, side effects, formulation considerations)

E. Care Coordination (eg, transitions/safe discharge, goals of care, managing multiple conultants/specialists, home health, ancillary services like therapies, and placement)
F. Palliative and end-of-life care

Domain 5: Medical Procedures (3%)

*For the medical procedures listed below, the test questions may assess any of the following knowledge areas: (1) indications, contraindications, and alternatives, (2) risks and benefits, (3) potential complications, (4) preparation steps and recovery, or (5) patient comfort and anxiety***.**

A. Lumbar Puncture
B. Intraosseous access placement
C. Incision and drainage
D. Nasogastric tube placement
E. Gastric tube replacement/change
F. Tracheostomy tube change
G. Bag Mask Ventilation
H. Endotracheal intubation and LMA placement
I. Needle thoracentesis
J. Umbilical artery catheter/umbilical vein catheter placement
K. Peripheral intravenous placement
L. Arterial Puncture
M. Bladder catheterization
N. Procedural sedation
O. Circumcision

Domain 6: Patient and Family Centered Care (2%)

A. Shared decision making and conflict resolution
B. Patient/Family centered rounds
C. Cultural competency (language, cultural factors)
D. Health Literacy
E. Patient/Family education
F. Patient and caregiver resiliency and well-being

Domain 7: Transitions of Care (2%)

A. Handoffs across the continuum of care
B. Triage within the healthcare system
C. Transport facilitation and risk-management
D. Discharge coordination and communication

Domain 8: Quality Improvement, Patient Safety, and Systems-Based Improvement (4%)

A. Model for improvement (eg, Plan-Do-Study-Act)

B. Quality improvement (QI) tools (eg, run charts, statistical process control, fishbone)
C. Waste and variation reduction (eg, Lean or Six Sigma)
D. Principles of patient safety and high reliability organizations (HROs)
E. Safety processes and tools (eg, root cause analysis [RCA], Just Culture, trigger tools, failure mode and effects analysis [FMEA])
F. Patient safety regulations (eg, mandatory reporting, disclosure, never events)
G. Hospital-acquired conditions
H. Role of regulatory, accrediting, licensing, and other legal agencies impacting the practice of pediatric hospital medicine

Domain 9: Evidence Based High-Value Care (5%)

A. Principles of value in healthcare for individuals and populations (eg, reducing unwarranted variation, overuse, overtreatment, overdiagnosis)
B. Commonly used terms and metrics (eg, length of stay, readmissions, costs, and charges)
C. Identifying and addressing unmet healthcare needs (eg, preventative care)
D. Principles of clinical guideline development and evaluation
E. Principles of evidence evaluation (eg, source and strength)

Domain 10: Advocacy and Leadership (2%)

A. Principles of team leadership
B. Principles of change management
C. Health equity and health disparities
    a. Health care access
    b. Social determinants of health
    c. Implicit bias
    d. Culturally effective healthcare and cultural humility

Domain 11: Ethics, Legal Issues, and Human Rights (2%)

A. Ethical Frameworks (eg, biomedical, human rights, public health)
B. Consent and assent
    a. Capacity to consent
    b. Shared decision-making
C. Confidentiality (eg, individual and system-level considerations, mandated reporting)
D. Professional Integrity (eg, disclosure of medical errors, deception, and truth-telling)

Domain 12: Teaching and Education (2%)

A. Principles of adult learning theory

B. Teaching strategies for multiple types and levels of learner, including patients and caregivers
C. Principles of effective assessment and feedback
D. Principles of mentorship

Domain 13: Core Knowledge in Scholarly Activities (3%)

A. Principles of biostatistics in research
    a. Types of variables (eg, continuous, ordinal, nominal)
    b. Distribution of data (eg, mean, standard deviation, skewness)
    c. Hypothesis testing (eg, Type I and Type II errors, p-values, statistical power)
    d. Common statistical tests (eg, analysis of variance [ANOVA], chi-square, nonparametric tests)
    e. Measurement of association and effect (eg, correlation, relative risk, odds ratio)
    f. Regression (eg, linear, logistic, survival analysis)
    g. Diagnostic tests (eg, sensitivity and specificity, predictive values, disease prevalence, receiver operating characteristic [ROC] curves)
    h. Systematic review and meta-analysis
B. Principles of epidemiology and clinical research design
    a. Study design, performance, and analysis (internal validity)
    b. Generalizability (external validity)
    c. Bias and confounding
    d. Causation
    e. Incidence and prevalence
    f. Screening
    g. Cost benefit, cost effectiveness, and outcomes
    h. Measurement (eg, validity, reliability)
C. Ethics in research
    a. Professionalism and misconduct in research (eg, conflicts of interest, falsification)
    b. Principles of research involving human subjects
    c. Principles of consent and assent

Additional Educational and Clinical Conferences

Attendance is required for all fellows who are not post-nights or on vacation / approved medical leave.

Monthly or Quarterly:

APH PIPS:

- Quarterly meeting to discuss new hospital initiatives as well as morbidity and mortality discussions of complex cases in the hospital

Hospital Medicine Meeting and Journal Club:

- Meeting to review all changes and updates to the practice and review of new business items for the division of hospital medicine
- Journal club every other month to review new pertinent articles in pediatric hospital medicine
- Fellow expected to present once article a year at Journal Club

Complex Case Conference:

- Fourth Thursday of the month
- One fellow presents updates to our most complex patients including out of hospital updates when they are not admitted. The goal is to encourage better transitions of care between the complex care clinic and the hospital team.
- In addition, very complicated cases can be presented on request by the attending on any service who has a confusing of complicated case they want to discuss. An update on outcomes for the patient should be presented at the next meeting.

Pediatric Fellows Research Conference:

- First Wednesday of the month
- This is a combined conference with all Pediatric and Obstetric/Gynecology Fellows.
- The didactic component is designed to provide knowledge of:
    - Biostatistics
    - Clinical and laboratory research methodology
    - Study design
    - Quality improvement
    - Preparation of applications for funding and/or approval of clinical research protocols
    - Critical literature review
    - Principles of evidence-based medicine

    - Ethical principles involving clinical research
    - Preparation of posters, presentations, and manuscripts

- Fellows also present their research work-in-progress once in 2nd year.

Simulation Curriculum

Fellows will be involved in simulated code and patient events, and may participate in a simulation elective with Dr. Potocki if they desire.

Rotations

Name of Rotation	BLUE (non-resident) Rotation
Duration	8 weeks in 1-2 week blocks
Location	APH, 3rd, 5th and 6th floor
Where to Go on Day 1	APH, 5th floor hospitalist office
Rotation Director	Dr. Christine Bessett
Other Faculty	PHM Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Yellow (resident-team) Elective
Duration	8 weeks in 1-2 week blocks
Location	APH, 3rd, 5th and 6th floor
Where to Go on Day 1	APH, 2nd floor hospitalist office
Rotation Director	Dr. Jaya Surujdyal
Other Faculty	PHM Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Newborn Nursery
Duration	4 weeks in 1 week blocks
Location	WPH, 2nd,3rd, 6th, 7th, 8th floor
Where to Go on Day 1	APH 2nd floor hospitalist office
Rotation Director	Dr. Rachel Prete
Other Faculty	PHM Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Nights Rotation
Duration	8 weeks in 1 week blocks
Location	APH, 3rd, 5th and 6th floor
Where to Go on Day 1	APH 2nd floor hospitalist office
Rotation Director	Dr. Shalini Patel
Other Faculty	PHM Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Community Hospitalist Rotation
Duration	4 weeks
Location	Halifax Hospital, Daytona
Where to Go on Day 1	Halifax Hospital, Daytona
Rotation Director	Dr. Marie AntonyRajah
Other Faculty	Halifax Hospital Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Research
Duration	32 weeks in 1-4 week blocks, longitudinal
Location	APH or the Medical Education Building
Where to Go on Day 1	Medical Education Building – 5th floor Pediatrics GME office
Rotation Director	Dr. Ancil Abney
Other Faculty	PHM Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Surgery Rotation
Duration	2 weeks
Location	APH and WPH, All floors
Where to Go on Day 1	Drs Lounge – Surgical suites
Rotation Director	Dr Cristine Velazco
Other Faculty	Pediatric Surgery Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Interdisciplinary Rotation
Duration	2 weeks
Location	APH
Where to Go on Day 1	Tower 5 classroom at 06:40. All nursing staff will gather in the classroom to attend the pre-shift huddle
Rotation Director	Dr. Ronald Potocki; Mille Blau
Other Faculty	Care Coordinators, Bedside RNs, Registered Dieticians, Respiratory Therapists, Pharmacy, Social Workers
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Deliveries and Resuscitations
Duration	4 weeks in 2 two week blocks
Where to go on day 1	NICU Fellow office
Location	WPH 3rd floor
Rotation Director	Dr Brett Labrecque
Other Faculty	Neonatal-Perinatal Medicine Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Sedation Rotation
Duration	2 weeks
Location	APH 3rd floor PACU/Sedation area
Where to Go on Day 1	APH 2nd floor PICU
Rotation Director	Dr Joe Bernardo
Other Faculty	Critical Care Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Pediatric Special Care Rotation
Duration	4 Weeks in 2 two week blocks
Location	APH PSCU 2nd Floor
Where to Go on Day 1	APH PICU
Rotation Director	Dr Joe Bernardo
Other Faculty	Critical Care Faculty
Last Revision	See Rotation Goals and Objectives document.

Name of Rotation	Complex Care and Transitions Clinic
Duration	2 Half Days per month
Location	Complex Care and Transitions Clinic – Orlando Health Childrens Pavilion
Where to Go on Day 1	Complex Care and Transitions Clinic – Orlando Health Childrens Pavilion
Rotation Director	Dr Anne Mortensen
Other Faculty	Complex Care Clinic APPs
Last Revision	See Rotation Goals and Objectives document.

Committees

- Clinical Competency Committee
- Program Evaluation Committee
- Advisor Program
- Scholarship Oversight Committee

Clinical Competency Committee (CCC)

This committee is comprised of core faculty from the Pediatric Hospital Medicine Fellowship including the Associate Program Director who is the Chair of this committee. All members have contact with fellows and participate in fellow education and evaluation. All physicians who have contact with the fellows during rotations and educational experiences and participate to some degree in their evaluation are invited to attend these meetings. The PD may accept, revise, or not accept recommendations made by the CCC.

The CCC actively participates in

- Reviewing all fellow evaluations by all evaluators semi-annually
- Preparing and assuring the reporting of Milestones evaluations of each fellow semi-annually to the ACGME
- Making recommendations to the PD for fellow progress, including promotion, remediation and dismissal

Program Evaluation Committee

The Program Evaluation Committee (PEC) is comprised of the PD, APD, members of the Core Faculty, and representatives from the current Fellowship Class. Committee members are chosen on the basis of interest in the structure and methodologies of pediatric fellowship education.

The committee is responsible for assisting the PD in:

- Planning, developing, implementing and evaluating all significant activities of the fellowship program
- Reviewing and developing competency-based curriculum goals and objectives
- Reviewing the program annually using confidential evaluations of and by faculty, fellows, and others, including Departmental Program Surveys, ACGME Program Surveys and Fellow Candidate Feedback Surveys
- Assuring that areas of non-compliance with ACGME standards are corrected

Advisor Program

Each fellow is assigned a faculty advisor. Assignments are made with an attempt at connecting the fellow with an advisor that has a background that reflects the fellow's career interest.

Fellows may have additional mentors that serve the purpose of career counselor as needed, though their primary advisor continues to be responsible for the requirements outlined below.

If an advisor is not available, the fellow can meet with their mentor or with an APD as proxy.

Fellows may change advisors with notification of and approval by the PD and acceptance by the proposed new advisor.

Advisors are required to:

- Meet with the advisee on a twice-yearly basis at a minimum. Fellows are encouraged to meet with their advisors more often as the need arises. If an advisor meets with an advisee and a significant concern is raised, or if the advisor wants to update the administration, please call or email the PD and APDs.
- Counsel fellows on performance improvement, suggestions and methods for self-directed learning, and career choices.
- Be available to assist the fellow with conflict resolution, performance issues, and personal matters.
- Be resources for information, practical advice and guidance.
- Be present with the fellow at any disciplinary conferences at which remediation or probation for the fellow is under consideration.

Scholarship Oversight Committee

Each fellow must have a Scholarship Oversight Committee (SOC). The Scholarship Oversight Committee should consist of three or more individuals, at least one of whom is based outside the subspecialty discipline; the fellowship program director may serve as a trainee's mentor and participate in the activities of the oversight committee, but should not be a standing member.

This committee will:

- Determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activity
- Determine a course of preparation beyond the core fellowship curriculum to ensure successful completion of the project
- Evaluate the fellow's progress as related to scholarly activity
- Meet with the fellow early in the training period and regularly thereafter
- Require the fellow to present/defend the project related to his/her scholarly activity
- Advise the program director on the fellow's progress and assess whether the fellow has satisfactorily met the guidelines associated with the requirement for active participation in scholarly activities

Pediatric Hospital Medicine Procedure for SOC

- Dr. Mariam Zeini is the current chair of the Pediatric Hospital Medicine SOCs
- Fellows will select a preliminary SOC by October of their 1st year, subject to approval by the program director and research director
- The SOC will meet a minimum of 3 times a year around September, January, and April

- The purpose of the first meeting will be to introduce the committee members, explore the fellow's interest areas and identify several potential activities for investigation by the fellow.
- All SOC meeting's will consist of the fellow presenting in power point (PPT) format their ideas and progress of project (these PPT's will be sent to PD)
- The second meeting, the fellow will have identified a specific project, begun the background portion of their work product with performing a literature search. At the conclusion of this meeting the SOC will either give the fellow approval to continue with the project or provide constructive criticism in order to meet their requirement on-time.
- The following meeting's the fellow is responsible to prepare and present the progress of their project.
- The fellow is responsible in providing their PPT and progress work sheet to the SOC.
- The chair of the SOC is responsible for summarizing the meeting on the SOC report form and forwarding the form to the fellow's program director.
- The SOC report form is a "living" document that will reside in the fellow's folder in the department directory. A paper record will be maintained by the program director and coordinator.
- No later than May of the second year, the SOC will meet to consider final approval of the fellow's scholarly activity. The fellow will distribute it to all committee members. The SOC may require the fellow to present the material orally if applicable. The SOC will sign the report form attesting to satisfactory completion of the requirements. The work product will be attached, and the completed package will be sent to the program director, who will forward it to the ABP.

All fellows will be expected to engage in projects in which they develop hypotheses or in projects of substantive scholarly exploration and analysis that require critical thinking. Areas in which scholarly activity may be pursued include,

but are not limited to basic, clinical, or translational biomedicine; health services; quality improvement; bioethics; education; and public policy. Fellows must gather and analyze data, derive and defend conclusions, place conclusions in the context of what is known or not known about a specific area of inquiry, and present their work in oral and written form to their Scholarship Oversight Committee (see below) and elsewhere.

The Scholarship Oversight Committee in conjunction with the trainee, the mentor, and the program director will determine whether a specific activity is appropriate to meet the ABP guidelines for scholarly activities. In addition to biomedical research, examples of acceptable activities might include a critical meta-analysis of the literature, a systematic review of clinical practice with the scope and rigor of a Cochrane review, a critical analysis of public policy relevant to the subspecialty, or a curriculum development project with an assessment component. These activities require active participation by the fellow and must be mentored. The mentor(s) will be responsible for providing the ongoing feedback essential to the trainee's development.

The SOC will approve each fellow's activity and sign off when the fellow has completed the requirement. Generally, the activity may be in one of four areas: research, administrative/quality improvement, health policy and advocacy or education and curriculum development. The choice of activity is flexible and new ideas are encouraged. The major requirement is that a written work product is generated at the end. See ABP guidelines below.

Involvement in scholarly activities must result in the generation of a specific written "work product," which may include but is not limited to:

- A peer-reviewed publication in which a fellow played a substantial role
- An in-depth manuscript describing a completed project
- A thesis or dissertation written in connection with the pursuit of an advanced degree

- An extramural grant application that has either been accepted or favorably reviewed
- A progress report for projects of exceptional complexity, such as a multi-year clinical trial [with prior committee approval]

Initial Meeting

Fellow is responsible for generating a powerpoint addressing the following questions:

List three areas of interest relating to your subspecialty and give why/background.

List any previous scholarly activity. Include previous research experience, advanced education and any work experience that may be related to your interest areas.

Describe your ideal job in 5 years. Do you expect to be doing clinical research, bench research, clinical practice, administration or education?

Meeting Results (completed by the chair at the meeting):

List the interest areas to be explored by the fellow.

List any specific goals.

Comments

SOC voting member	Signature	Date reviewed

PHM Fellow	Signature	Date

EVALUATION OF FELLOWS:

Fellows will be evaluated in accordance with the requirements of the Pediatric Hospital Medicine Division, American Board of Pediatrics (Pediatric Hospital Medicine sub board) requirements, and ACGME Institutional Requirements.

Evaluation of Fellows will be through "***New Innovations"*** and maintained in personal files in the division. Fellows may review their files and append comments to evaluations. Fellows may not remove evaluations from their files, copy evaluations, or alter evaluations.

The Fellow will meet with the Program Director or designee at least twice during each year for performance evaluations.

The Program Director will prepare a final written evaluation of the fellow's performance at the completion of fellowship training, which will be maintained indefinitely in the division, with a copy forwarded to the Office of Graduate Medical Education of Orlando Health System and the Office of House Staff of the Pediatric residency Program. This final evaluation will state that the Fellow is capable of practicing pediatric hospital medicine competently and independently.

Fellows are evaluated in the six General Competencies as defined by ACGME: *patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based practice.* Specifically, each Fellow will be assessed on performance on the inpatient services, the ability to obtain and analyze clinical data in order to develop a rational and appropriate diagnostic and therapeutic intervention, procedural skills, organization and interpersonal skills, and research development and teaching activities.

The Program Director will

1. Complete the annual evaluation of each fellow's performance.
2. Facilitate the annual confidential evaluation of the faculty by the residents, consistent with institutional procedures established by the DIO and the GMEC.
3. Facilitate the annual evaluation of the program by the Fellows as provided by the GMEC, and conduct additional evaluations as deemed necessary by the Program Director to identify strengths and areas for improvement in the program.

The American Board of Pediatrics (ABP) offers **Subspecialty In-Training Exams (SITE)** for pediatric hospital medicine. The purpose of SITE is to assess a fellow's knowledge of pediatric hospital medicine and can be used to gauge readiness for subspecialty certification. The results can be used to help identify strengths and areas in need of remediation. Each Fellow is expected to participate in this activity each year. The registration fee is subsidized by the institution.

PROMOTION OF FELLOWS

All Pediatric Hospital Medicine Fellows are expected to complete 12 months at each level of training. Fellows must complete the *minimum number* of months of training required by the American Board of Pediatrics' sub-board for Pediatric Hospital Medicine for certification as a component of successful completion of fellowship training at Orlando Health Children's Arnold Palmer Hospital. The Clinical Competency Committee (CCC) makes recommendations to the PD regarding fellow progress, including promotion, remediation, probation, and dismissal.

Fellows must develop the knowledge, skills, attitudes, behaviors and judgment to assume responsibility for independent practice at the completion of their education. This process involves the sequential assumption of progressive responsibility and requires assessment of proficiency and fitness to move to the next level of training (promotion) or completion of the educational program.

In the division of pediatric hospital medicine, the following constitute criteria for promotion:

- successful completion of all rotations
- demonstration of competency in each rotation
- demonstration of scholarly activity and "work product" in accordance with the criteria stated by the American Board of Pediatrics

A Fellow who fails to meet the performance standards required for promotion and outlined above will receive formative as well as summative feedback concerning their performance and be provided with the opportunity to correct or improve the deficiencies identified. The performance standards that need to be demonstrated at each level of training can be found under the **Goals and Objectives** section**.** The competency of each fellow at each level will be evaluated.

Written documentation of these evaluations will be maintained. Remediation efforts will be evaluated and documented in writing. Failure to

demonstrate adequate performance following remediation efforts will result in disciplinary action.

GRADUATION OF FELLOWS

In advance of graduation, all fellows will complete and submit a Graduation Portfolio providing post-graduation contact and employment information, an updated CV, and a portfolio of the work products that they produced or presented during their fellowship training.

[Insert Photo]

Name:
Dates of Fellowship:
Graduation Date:
Post-graduation contact information:
    Address:
    Phone Number:
    Email:
Post-graduation Employment Plans:
    Institute:
    Position:
    Location:

Please attach:

- An updated CV/Resume.
- Copies of your main scholarly work product signed by all SOC members
- Summary of your fellowship QI project.
- Copies of any additional published, presented, or in process work you have done, including posters.
- A list of certification/training programs you've completed, along with graduation certificates or other documents that reflect their completion.

PROGRAM POLICIES

All policies and procedures for Fellow selection, evaluation, promotion, and dismissal are in compliance with both ACGME requirements and with the institutional policies and procedures of the *Orlando Health GME Policies*. The policy can be found at the Orlando Health website and will be available in the divisional **"V"** drive.

FELLOW SELECTION

The Graduate Medical Education Programs of Orlando Health System provides, as their core purpose, all opportunities for the education of compassionate, highly-skilled, knowledgeable physicians who are committed to excellent patient care and achieving Board Certification by the relevant American Board of Medical Specialty (ABMS) Certification Board.

All candidates appointed to the Pediatric Hospital Medicine Fellowship Program should satisfy all ABMS Specialty Board-related eligibility prerequisites in order to be admitted to the program.

Candidates must have completed a pediatric residency program at an accredited institution. Furthermore, all candidates must satisfy the requirements for medical license at the State of Florida.

Fellows must be selected based on qualifications that meet or exceed the standards outlined below.

Applicants with one of the following qualifications are eligible to be considered for appointment to Pediatric Hospital Medicine Fellowship program of the Orlando Health System:

1. Graduates of medical schools in the U.S. and Canada accredited by the LCME;
2. Graduates of osteopathic medicine in the U.S. accredited by AOA;
3. Graduates of medical schools outside the U.S. who meet one of the following qualifications:
    1. Have received a currently valid certificate from the ECFMG; or
    2. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
4. Graduates of medical schools outside the U.S. who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Fellowship programs will select only from among the pool of eligible applicants and evaluate each applicant based on their preparedness, ability, aptitude, academic credentials, communication skill, and personal qualities such as motivation, honesty, and integrity. Programs must not discriminate regarding sex, race, age, religion, color, national origin, disability, sexual orientation, or veteran status.

The Orlando Health Graduate Medical Education Programs require that all requisite prior training be successfully completed prior to consideration. Each Fellow accepted into a training program must receive the appropriate stipend as listed in the annual House Staff Stipend Schedule. Under no circumstances should an individual be accepted into a training program without the appropriate stipend support.

All applicants that are granted interviews will be interviewed in person, or if extenuating circumstances make that impossible, by video conference call.

Program directors evaluating the fitness of Fellows attempting to transfer from other educational programs (prior to completion of training offered in that discipline in that institution) will speak directly with the referring program director or chairman to assess the educational qualifications of the Fellow prior to making any offer of employment.

A final letter of evaluation and recommendation must be obtained from the referring program director for all Fellows entering programs. This must be obtained prior to the GMEC evaluation of the application for appointment.

Fellow selection is managed through the national neonatal perinatal medicine fellowship-matching program. Applicants should apply through ERAS (electronic residency application service) through the AAMC. After applicants are interviewed, a ranking list is submitted, and the match takes place in November to December. Matched applicants will then be notified. Whenever a sponsored

program participates in the National Fellowship Matching Program they will adhere to the rules and regulations of the Match.

Offers of employment by the fellowship program director or chairman must be contingent upon approval of the GMEC, licensure and satisfactory completion of training in an ACGME-approved program, or, when applicable, an AOA-accredited program.

Fellows entering their first year of training are required to have passed USMLE Steps I, II and III (or the COMLEX I, II and III) in order to qualify for appointment.

All applicants selected for hire must demonstrate the appropriate qualifications as outlined above and demonstrate to the GMEC that they have the knowledge, skills, attitudes, behaviors and ethical deportment befitting a physician at Orlando Health Children's Arnold Palmer Hospital

Actions available to the GMEC include requests for additional information prior to rendering a decision, placing of limitations or stipulations on the appointment of a fellow, full appointment of the fellow, or refusal to appoint.

The Fellowship program **shall not** require Fellows to sign a non-competition guarantee.

FELLOW DISCIPLINE AND DISMISSAL

In the unusual circumstance where just cause exists, the Program reserves the right to recommend disciplinary action, up to and including dismissal, of the Fellow. Under these circumstances, the Divisional/Departmental policies are as per the House Staff Contract and the Institutional Policies and Procedures regarding Resident Performance Deficiency.

1. PROBATION

In circumstances where just cause exists, the Program Director may recommend to the Academic Chairman that a Fellow be placed on probation. The Chairman following consultation with the Chairman of GMEC may only impose probationary status.

If probationary status is imposed, the Chairman shall provide written notice of probationary status and its duration to the Fellow. Such correspondence shall be reviewed with Hospital Counsel and forwarded to the Office of Graduate Medical Education for inclusion in the Fellow's file. Probation status is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.

2. SUSPENSION

In circumstances where just cause exists, a Program Director may recommend to the Academic Chairman that the Fellow be suspended. The Chairman following consultation with the Chairman of the GMEC may only impose suspension. In situations where the Fellow's actions threaten the health, welfare or safety of any patient, visitor, colleague or employee, or where a Fellow's license has been suspended or revoked, the Program Director or Chairman may impose suspension immediately.

If suspension is imposed, the Chairman shall provide written notice of suspension and its duration to the Fellow. Such correspondence shall be reviewed with Hospital Counsel and forwarded to the Office of House Staff Affairs for

inclusion in the Fellow's file. A decision to suspend a Fellow is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.

3. NON-RENEWAL

In circumstances where just cause exists, the Program Director may recommend to the Academic Chairman that the Fellow's appointment not be renewed for the following year of training. The decision not to reappoint a Fellow may only be imposed following consultation with the Chairman of GMEC.

If a Fellow is not re-appointed, the Chairman shall provide written notice of nonrenewal to the Fellow at *least four (4) months prior to the expiration* of the current House Staff Agreement. However, if the cause for non-renewal arises within that four (4) month period, then the written notice of non-renewal shall be provided as soon as reasonable under the circumstances. Such correspondence shall be reviewed with Hospital Counsel and forwarded to the Office of House Staff Affairs for inclusion in the Fellow's file. A decision not to reappoint a Fellow is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.

4. DISMISSAL

In the unusual situation where just cause exists, the Program Director may recommend to the Academic Chairman that a Fellow be dismissed from the program. Academic dismissal may be warranted where the Fellow has been unable to meet performance standards established by the program, and remediation efforts have been unsuccessful. Non-academic dismissal may be warranted for any just cause, including, but not limited to, serious or repeated infraction of established policies or procedures, failure to adhere to appropriate patient care ethical or professional standards, failure to perform required work duties properly, or any

action threatening the health, welfare or safety of any patient, visitor, colleague or employee.

The dismissal of a Fellow may only be undertaken following consultation with the Chairman of GMEC. In accordance with the House Staff Agreement, the Fellow will receive a letter from the Chairman outlining the grounds for dismissal. A decision to dismiss a Fellow is grounds for the Fellow to invoke the Formal Grievance Process outlined in the House Staff Agreement.

Dispute Resolution Procedure and Lines of Authority

With the intention of providing fellows with the opportunity to rapidly address concerns, a dispute process has been designed to provide the fellow with the opportunity to resolve disagreements rapidly and fairly.

Disputes concerning fellow performance, professionalism or deficiencies are best resolved at the program level. In general, concerns should first be raised with the supervising attending with whom the Fellow is currently working. If these concerns are not adequately addressed or if the Fellow has concerns about possible retaliation, the continued process for addressing disputes is as follows.

Dispute Process – process for Fellows to follow when seeking resolution to a complaint

- Fellow must notify PD and/or APD of situation.
- Fellow will meet with PD and/or APD to attempt satisfactory resolution.
- If unsatisfied, Fellow may notify the Residency Program Director and meet with the Residency Program Director to attempt satisfactory resolution
- If unsatisfied, Fellow may file a written grievance with the DIO in Graduate Medical Education.
- The DIO will meet with the PD and/or APD, Fellow and others at their discretion to offer a solution mutually agreeable to Fellow and PD and/or APD
- If no agreement can be reached, the DIO will appoint a dispute committee of three members: one fellow from a Pediatric sub-specialty felllowship, one PD from another Pediatric program and the Chief of Staff. The committee will make recommendations to the DIO whose decision regarding a solution to the dispute shall be final and binding.
- The Fellow shall have a right to be represented by counsel, but this process is not governed by the rules dictated by the court of law.

Lines of Authority in the Pediatric Hospital Medicine Fellowship:

- Pediatric Hospital Medicine Attending on service
- Rotation Director
- Pediatric Hospital Medicine Program Director and Associate Program Director
- Pediatric Residency Program Director
- Designated Institutional Officer

FACULTY INTERACTION WITH RESIDENTS AND FELLOWS

Fellows are physicians enrolled in educational programs at the graduate level, which are based in the clinical sciences. They are expected to receive and give feedback in an educational environment that nurtures and encourages their professional and personal achievement of excellence. Through participation in care of patients and feedback to the faculty, fellows also enhance the quality of patient care and education.

All residents, fellows and faculty strive to foster a patient care and educational environment permeated with the attributes of Professionalism – Respect, Compassion, Integrity, Altruism, and Commitment to Excellence.

The faculty of the Fellowship Program affirms their commitment to create an educational environment in which residents and fellows strive for excellence, and may raise and resolve issues without fear of intimidation or harassment, retaliation, or retribution. Such behavior on the part of any faculty member is unacceptable.

Similarly, fellows and residents deport themselves in a fashion that affirms their commitment to a constructive educational environment in which formative and summative feedback and evaluation are accepted in a professional fashion, and the pursuit of excellence is expected. Behaviors, such as intimidation or harassment, retaliation, or retribution of other members of the health care and educational team on the part of any resident or fellow are unacceptable.

Definitions of Level of Supervision

To promote appropriate fellow supervision while providing for graded authority and responsibility, the program uses the following classification of supervision in clinical situations:

Direct Supervision: the supervising physician is physically present with the fellow during the key portions of the patient interaction; or the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.

Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Guidelines for Fellow Communication with Attending Physician

The following are recommendations for circumstances when a Pediatric Hospital Medicine Fellow at Orlando Health Children's – Arnold Palmer Hospital should communicate directly with an attending physician in a timely manner. These guidelines may be modified by direct agreement between a Fellow and the Attending Physician of record, depending upon the level of training and experience of the Fellow and the prior shared clinical experience between the Fellow and the Attending Physician.

These guidelines represent a minimum expectation for communication. The Fellow is encouraged to contact the attending physician whenever they feel it would be beneficial and whenever they feel they would benefit from a higher level of supervision.

- Patient admission or transfer (after initial data collection and development of an admission plan of care)
- Deterioration in clinical status leading to major change in clinical care needs or level of care. Examples include but are not limited to:
    - Transition from the floor to the PSCU or PICU
    - Escalation in respiratory support
    - Addition of major medications
- Issues related to urgent medical decision making and plan. Examples include but are not limited to:
    - New critical labs anticipated to significantly alter clinical care
    - New positive blood culture
    - New major subspecialty recommendations including urgent invasive diagnostic studies or surgeries
- Challenges with systems issues or hierarchy. Examples include but are not limited to:
    - To obtain diagnostic studies or consultations in a timely manner
    - To facilitate attending to attending conversations regarding urgent, complex medical/surgical decision making
- In any other circumstance where, after appropriate attempts at resolution by the Fellow, either the Fellow, patient/family, or staff feel an adequate solution has not been reached.

A Fellow MUST notify an attending as soon as possible in the following circumstances:

- Transfer of a newly critically ill patient with vital sign instability or unexpected critical exam findings upon first evaluation
- Any code event
- Imminent or expected death of a patient
- Deterioration or instability in a patient's vital signs leading to rapid escalation of care needs
- When obtaining subspecialty medical or surgical consultation urgently/emergently
- When a medical error or risk management event is identified
- When a family is requesting a redirection of care, change in code status, or urgent discussion about end-of-life care

NATIONAL MEETINGS AND TRAVEL / EDUCATIONAL ALLOWANCE

Fellow receive a $1500 Stipend for each year which is to be used for educational purposes, conferences, and books. The fellows can request additional funding via Pediatric Graduate Medical Education if they are presenting at a conference and have depleted their $1500 stipend, but funding is not assured. If this funding is declined via Pediatric Graduate Medical Education, fellows can submit a request directly to the Program Director.

Fellows will be registered for membership into the AAP.

VACATIONS

Vacation should not be taken during assigned clinical months. Fellows are eligible to receive 4 weeks of paid vacation during the academic year to be taken in 1 – 2 week blocks. Prior to developing a 6-month block schedule for rotations, the program director will solicit vacation requests from existing fellows. All fellows are encouraged to take their vacation, as it cannot be rolled over to the next year. No additional stipend will be paid for unused vacation. There will be one additional week of holiday break to be determined by the fellowship director and the fellow. The fellow may ask for the break to be during one of the following: Thanksgiving, Christmas, or New Year's

LEAVE OF ABSENCE

Fellows may request time away from the training program for pregnancy, illness, professional development, or for other personal reasons. Institutional policies and practices regarding leaves of absence are set forth in the employee benefit section of the House Staff Agreement, and the Hospital's Human Resources policies.

Fellows will be required to complete the requisite training established by the program requirements and institutional policies in order to receive a certificate of

successful completion. Fellows must notify the program director and program coordinator of any leave of absence.

POLICY DUTY HOURS

Graduate medical education takes place in the context of provision of direct patient care. Fellows assume progressive responsibility for the care of patients. Of necessity, these experiences require the opportunity to care for patients at all hours, and in varied settings. Recognizing that fellowship is demanding of time and energy, the educational goals of the program and learning objectives of Fellows must not be compromised by excessive reliance on Fellows to fulfill institutional service obligations.

Control of the total number of assigned duty hours of the Fellow is an important component of balancing the service versus education in the fellowship. Fellow duty hours and on-call time periods must not be excessive.

Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the Fellow. Duty hours must be consistent with the Institutional and Program requirements, in accordance with ACGME guidelines as outlined below.

1. Duty hours are defined as all clinical and academic activities related to the fellowship program, i.e., patient care, administrative duties related to patient care, the provision for transfer of patient care, on-call activities, and scheduled academic activities, such as conferences. Duty hours do not include reading and preparation for time spent away from the duty site.
2. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities and moonlighting.
3. Individual shifts are limited to a maximum of 24 hours of clinical/educational obligations, with up to 4 additional hours free from clinical duties for transitions of care in exceptional circumstances.

4. Adequate time for rest and personal activities must be provided. This should consist of an 8-hour time period provided between scheduled mandatory clinical and educational periods and at least fourteen hours free of clinical work and education after a 24 hour in-house call.
5. Trainees must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of at-home call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

Clinical and Educational Work Hour Exceptions:

In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. These additional hours of care or education must be counted toward the 80-hour weekly limit.

HEALTH

Please contact Employee Health Services for updated information. It is recommended that all Neonatal Perinatal Medicine Fellows have complete Hepatitis B vaccination series, COVID 19 vaccine series, Tdap and a negative PPD test when employed. Additional yearly vaccines including the flu vaccine may be required by Occupational Health.

MOONLIGHTING

The policy of the Pediatric Hospital Medicine department concerning moonlighting outside the program is consistent with RRC requirements, ACGME guidelines and the Orlando Health GMEC Moonlighting policy. It is the prerogative of the of the Pediatric Hospital Medicine Program director to determine whether moonlighting is permitted.

No Fellow shall be required to engage in moonlighting. Fellows may not moonlight until they have received the applicable license for unsupervised medical practice in the state where the moonlighting occurs.

Fellows will adhere to the Moonlighting Policy of the institution and the program. In all instances in which moonlighting is permitted, the permission of the Program Director must be obtained prior to the initiation of moonlighting and documented in writing. This documentation will be made part of the Fellow's personnel file. The hours of moonlighting are added to the clinical duties and must not exceed the 80 hours per week duty-hour limit.

Moonlighting activities must not interfere with the ability of the Fellow to achieve the educational goals and objectives of the program.

Professional liability insurance coverage is not provided for any activities outside the scope of the program, and moonlighting Fellows should arrange for adequate professional liability coverage for their activities.

Our minimum criteria for moonlighting clearance for PHM Fellows are:

- 2nd year or higher
- Passed the pediatric boards
- Appropriate unrestricted medical licensure in the state of Florida (or any other state where moonlighting shifts will be covered)

- Appropriate credentialing through Orlando Health and/or the hospital system(s) in which moonlighting shifts will be covered
- In good standing with the program with appropriate progress on academic work product
- No interference with fellowship duties/educational activities/work hour requirements which are always prioritized over moonlighting activities
- It is always at the PD/APD discretion to allow moonlighting even if these criteria are met.
    - The PD/APD may request reporting of moonlighting shifts.
    - The PD/APD may require approval of moonlighting shifts.

- Moonlighting privileges can be revoked or modified at any time per the discretion of the PD/APD and, by extension, the PHM Fellowship Leadership and the Hospital Medicine Group Leadership.

PHYSICIAN IMPAIRMENT

The Orlando Health System is committed to the provision of superior patient care in an educational environment, which supports the development of excellence in each Fellow.

Impairment of ability to function at each individual's highest level of performance is not compatible with the commitment made to our patients, or other members of the health care and educational team.

As caregivers, we are also committed to the healing of those among us who manifest evidence of disorders, which impair their ability to function at their highest level of ability.

Responsibility of the Physician with Illness

Each physician must recognize in him/herself, or acknowledge when identified by a colleague, any illness or condition which impairs his/her ability to function in the clinical environment. Once recognized, the physician is responsible to:

1. Assure that patient care is continued in an uninterrupted fashion,
2. Assure that his/her direct supervisor has approved of the arrangements made to provide uninterrupted patient care,
3. Assure that he/she receives appropriate professional care for the illness giving rise to the impairment,
4. Return to duty only when able to function at an appropriate level,
5. Satisfy any observational or reporting requirements reasonably requested by his/her supervisor, or required by Medical Staff bylaws or APH Policies and Procedures to assure that the physician is ready to return to patient care responsibilities,
6. If unable to function at an appropriate level, report this impairment to his/her supervisor.

Fellow Impairment

Any Fellow, who observes the behavior or performance of another Fellow which is indicative of impairment, whether physical, mental, or the result of substance abuse, ***should report***, in a confidential manner, such observation to the Program Director or other appropriate institutional official, such as the Chairman, or Chairman for Education of GME.

All Fellows will abide by the institutional "Drug and Alcohol Policy."

Counseling services available to impaired Fellows include confidential evaluation and referral, if needed, by a physician in the Department of Psychiatry; the Employee Assistance Program; and the Delaware Medical Society's Physicians' Health Program.

Wellness Policy/Curriculum

Our Wellness Curriculum includes:

- Ongoing faculty mentoring.
- We have Holiday and other off hospital-campus get togethers including a division specific welcome party and graduation party annually.
- Wellness Curriculum (See details in section titled ‘PHM Curriculum’).
- Annual fellow’s bonding retreat
- Monitoring of faculty and fellow burnout in comparison to national norms via the annual ACGME survey results

Guidelines for Lactating Pediatric Fellows/Residents

The below serves as a guide for residents and faculty members to support lactating residents.

Challenges faced by lactating fellow/residents

Infrequent or insufficient expression can lead to plugged ducts, mastitis, or decrease in milk supply and emotional issues/stress regarding significant time spent away from young child

Supports for lactating fellow/residents

- Multiple lactation rooms are available within Arnold Palmer Hospital, and Winnie Palmer Hospital that may be used by all lactating residents, fellows and staff.
    - The Fellow call room should also be preferentially reserved for lactating fellows to allow access to the electronic medical record and documentation systems during lactation breaks.
- Refrigeration and storage is available in the second floor physician work room and refrigeration is available in the fellows office space in the Med-Ed building.
- Fellows/Residents in conference are allowed to leave mandatory teaching conference for lactation breaks if necessary.
- If issues or concerns arise regarding a lactating resident's ability to express milk, the PD will lead conflict resolution to define and meet the lactating resident's specific needs.

Responsibilities of lactating fellow/residents

- Ongoing commitment to patient care and careful consideration for clinical duties when determining appropriate time for lactation breaks
- Advance notice to the PD, and fellows/residents/ARNP's on clinical team, if requiring time for lactation breaks upon return from parental leave
- Clear communication with the PD, fellows/ARNP's/residents, and all colleagues regarding specific needs for lactation support (time interval, specific concerns)

Fellowship Closure or Reduction

Should the practice find it necessary to reduce the size or close a fellowship program, Fellows in the program will be notified of the intended reduction or closure as soon as possible after such a decision has been made. In the event of a reduction or closure, APH will allow the fellows already in the program to complete their education or will assist the Fellows in enrolling in another ACGME-accredited program in which they can continue their education.