

Cedars-Sinai/VA Greater Los Angeles Fellowship Training Program Program Policies and Procedures

I. CLINICAL ACTIVITIES AND RESPONSIBILITIES

- a. **Duty hour standards:** All fellows are expected to abide by the ACGME duty hour standards which include these provisions:
1. An 80-hour weekly limit, averaged over four weeks.
 2. An adequate rest period, consisting of 10 hours of rest between duty periods.
 3. A 24-hour limit on continuous duty, with up to six added hours for continuity of care and education (the so-called "24+6 hour" rule).
 4. One day in seven free from patient care and educational obligations, averaged over four weeks.
 5. When residents take call from home and are called into the hospital, the time spent in the hospital must be counted toward the weekly duty hour limit.
 6. Programs can request an increase of up to 8 hours in the weekly hours, if this benefits resident education and is approved by the sponsoring institution and the ACGME residency review committee for the particular specialty.

Regular working hours are typically 7 AM to 6 PM during weekdays. The daily schedule is worked out with the section chiefs at the beginning of each rotation. Responsibilities, goals and expectations are reviewed at the beginning of each rotation by the section chief. It is the responsibility of the fellow to track the duty hours, keep them up to date and submit it to the program coordinator at the end of each 4-week period.

To effectively follow these rules requires efficiency, open lines of communication among members of all health care teams, the ability and willingness to effectively sign out pending tasks, and making an effort to leave the hospital before work hour limits are exceeded. A fellow cannot violate the rules of duty hours. He/she must also help to ensure that the medicine residents meet the rules of duty hours and help them learn to work as a team so they can leave on time and still provide excellent patient care.

b. **CICU on-call duties:**

1. Fellow is responsible for call duties at one of the two hospitals on their call night.
2. On-call duties start from 5 PM to 8 AM during weekdays.
3. Call may often be taken from home, so long as the fellow lives within a short distance (10 minutes).
4. Fellows are expected to make rounds with house staff and the on-call attending.
5. Fellow are expected to make work rounds in CICU every evening of call at an appropriate time to review status of all patients.
6. Fellows will also be responsible for over reading EKG's on weekends or holidays they are on call. Fulltime staff member will be available to go over difficult EKG's.

7. Fellows can be expected to be called for various cardiac emergencies throughout the hospital, including STEMI triage and catheterization, emergent echocardiograms, manipulation of pacemakers/ICDs, and many others.
- c. **Clinic/indigent patients:** While on call at CSMC, fellow must evaluate clinic and/or indigent patients admitted to the CICU, and write an admission note in the chart within 4 hours of admission. Fellows must evaluate these patients daily and write notes thereafter. All major diagnostic or therapeutic interventions on these patients must be jointly made with the full-time staff attending. No clinic patient should undergo any invasive procedure or surgical consult without prior approval of a full-time staff attending..
- d. **Ambulatory cardiology care clinic:** All cardiology fellows will attend 1/2 day/week in an outpatient cardiology clinic where they follow patients and see new patients. The clinic is supervised by members of the full-time staff who are available for supervision and guidance.
- e. **Lines of Supervisory responsibility:** On each clinical rotation, the fellow is supervised by the Cardiology Attending on that service both in direct patient care activities and in performing and interpreting diagnostic and therapeutic procedures. During the research year(s), each fellow has a designated supervisor. The Clinic Attending supervises a weekly Cardiology Clinic. Evening and weekend on-call Attendings are designated for each cardiology subspecialty. The Fellow calls the appropriate attending as needed. In the event it is unclear which service is most appropriate, the General Cardiology/CCU Attending is notified.
- f. **Moonlighting:** The Division of Cardiology does not endorse moonlighting, but is willing to consider under the ACGME provisions outlined below:
 1. Patient care activities that are external to the educational program (moonlighting) and that exceed the weekly limit on resident duty hours are often inconsistent with sufficient time for rest and restoration to promote the resident's educational experience and safe patient care. Therefore, these activities require prospective permission from the program director and sponsoring institution. Their effect on resident performance must be monitored, and permission be withdrawn if the activities adversely affect resident performance.
 2. Patient care activities external to the educational program that occur in the primary program and institution must be counted toward the weekly limit on duty hours. These hours do not count towards the hour limit on continuous duty.

Accordingly the Training Program has set up guidelines for moonlighting:

1. The section chief/supervisor is informed in writing of the range, type and location of the moonlighting activities. It is entirely the fellow's responsibility to ensure that the written approval is sought from the section chief/supervisor one month in advance and that the approved requests are received in the program director's office in a timely manner. Any moonlighting that has not been pre-approved by the section chief/supervisor will be disallowed. It is the prerogative of the section chief/supervisor to approve or disallow moonlighting.

2. Moonlighting is strictly prohibited during regular working hours, defined as:
 - a) from 7 AM to 6 PM Monday through Friday
 - b) during weeknight on-call duties
 - c) during on-call weekend days and nights'Double-dipping', i.e., covering for private attending while on work is strictly prohibited and grounds for termination without warning.
3. Moonlighting is restricted to:
 - a) 1st year fellows are allowed moonlighting after 6 months of training and no more than 1 weekend per month (four 12-hr shifts).
 - b) 2nd and 3rd year fellows - no more than 8 calls per month (in-house coverage for private attending plus non-CSMC coverage). Each call is defined as 12 hours.
4. Failure to comply with these guidelines by any fellow will be considered a serious breach in policy and could result in termination of moonlighting for everyone without additional warning. Additional disciplinary action may also be taken. No member of the division of cardiology will issue certification for competence in any procedure for the purpose of moonlighting activities.
- g. **Documentation of Procedures:** The ACGME requires that fellows maintain records of procedures performed during their Fellowship Training. Records should include date, supervising physician, exact procedure performed, any complications and the fellow's role. Procedure logs are maintained using the same online system used to complete and review evaluations. Every 6 months, the procedure log and total numbers of procedures are reviewed with the Fellowship Director or Associate Director and an electronic and print copy is placed in your file. The procedure log is a crucial component in determining your level of competency for each procedure on completion of your fellowship. Thus, it is imperative that your procedure log be accurate and up-to-date at all times. You are strongly encouraged to enter your procedures daily, or at least weekly. The procedural log is required to be eligible to sit for the ABIM subspecialty boards in cardiovascular disease.
- h. **Vacation policy:** Four weeks of vacation are allowed during the academic year. Request for vacation must in all cases be submitted via the Chief Fellow, ideally a year, but no later than 12 weeks in advance and must receive prior approval from the Section Chief and the Program Director. It is the responsibility of the chief fellow to ensure that no more than 4 fellows are away on vacation at any given time, with the exception of presenting research papers at major national scientific meetings such as the ACC, AHA, NASPE, TCT and ACE. Fellows may not take off more than two consecutive weeks from any single rotation unless in case of family emergency and unless authorized by the Section Chief and the Program Director on an individual basis. Two consecutive weeks of vacation on a non-elective rotation is not allowed. Vacation cannot be taken twice on the same non-elective rotation. Taking time off for attending educational or research conferences or any other business (other than illness) will be counted as vacation time. Fellows are encouraged to take their vacation time during elective/research time or the following rotations that have multiple fellow assignments: EP, Echo, Cath Lab, Nuclear, and VA Ambulatory. Fellow coverage of these services will be maintained by the remaining fellow(s). No vacation may be taken during: 1) month of July; 2) national meetings (ACC, AHA, NASPE and

ACE), unless fellow is presenting; and 3) rotation through CICU. All exceptions to this policy must receive prior approval from the program Director. Fellows must not be absent from their clinical or research rotations without the permission and knowledge of Section Chiefs and the Program Director.

II. RESEARCH and SCHOLARLY ACTIVITY

As per ACC COCATS 2 document, a minimum of 6 months and preferably up to 12 months of research is recommended. Protected research time will be made available based on interest and merit. Fellows are also expected to conduct research during non-laboratory clinical practice rotations such as CHF/transplant and consult service, etc. The fellows are encouraged to choose a research preceptor at least 6-8 months before reaching the end of their first year of fellowship. A formal written research proposal, with the approval of the research preceptor, must be submitted to the Program Director at least 2 months before the start of the 2nd year. The research preceptors will be asked to submit a progress report on the fellows every 6 months to the Program Director emphasizing whether the goals and expectations have been met. A formal research presentation is expected from each fellow once a year at the Research-in-Progress (RIP) conference which is held every other Thursday. Although preference will be given to research presentations, other scholarly activities such as a review of clinically relevant and important cardiology topic that the fellow has prepared for publication will be acceptable.

III. ELECTIVES

Requests for electives (usually during 3rd year) within the Medical Center must be approved by the chief of section in which elective is being sought, as well as by the Program Director. Written requests must be submitted within the last three months of the 2nd year of fellowship (by April 1). Please note that in exceptional circumstances the division will permit electives outside of CSMC during the fellowship training program. The fellows are encouraged to do so during their vacation time and after appropriate divisional and Medical Center approval.

IV. CHIEF FELLOW RESPONSIBILITIES

Chief fellows will be selected amongst the 2nd year fellows by May 1. The major responsibilities of the chief fellow are:

1. To serve as the representative for fellows.
2. To prepare rotation, call, vacation and conference schedules.
3. To help coordinate core curriculum lectures.
4. To help implement Training Program, GME and ACGME policies.
5. To serve on Cardiology Performance Improvement Committee.

V. TRAVEL AND ATTENDANCE OF NATIONAL MEETINGS

Attendance of national meetings (ACC, AHA, HRS, TCT and ACE) is generally encouraged. The Training Program will not be responsible for any travel funds. Funds must be identified from the mentor's research funds in case of abstract presentations by the fellows. Request for attendance must receive written approval at least 8-10 weeks before the meeting from the chief of the section and from the Program Director. When administrative duties are repeatedly delinquent, fellows will not be allowed to attend the annual scientific conference. The Chief Fellows must also be informed and appropriate coverage must be arranged before approval can be granted.

VI. CONFERENCES

Fellows are expected to attend the major conferences listed below. The section chiefs have been requested to encourage the fellows to attend the conferences except for emergency patient care. All Fellows are excused from clinical duties to attend conferences. Attendance of at least 80% of conferences is required. Attendance record will be maintained and reviewed with the fellow by the Program Director during the feedback session.

Cardiology Fellowship Training Program Conference Schedule
Monday 12:00-1:00: Board review (CSMC) 12:00-1:00: Journal club (VA) 5:00-6:30: Cath conference (VA)
Tuesday 7:00-8:00: Core curriculum lecture (CSMC + VA) 8:00-9:00: Arrhythmia conference (CSMC + VA) 9:00-10:00: Cardiology Grand Rounds (CSMC + VA) 12:00-1:00: Journal Club (CSMC) / Guidelines Conference (CSMC)
Wednesday 7:30-8:30: Cath conference (CSMC) 11:45-12:45: Echo conference (CSMC)
Thursday 8:15-9:15: Advanced Imaging conference (CSMC) 11:45-12:45: CPC/RIP (CSMC) (videoconference to VA)
Friday 8:00-9:00: Physical Exam Findings Rounds - 1st Friday of month (CSMC) 7:30-8:30: ECG/Echo/Hemodynamic conference (VA) 12:00-1:00:CCU (CSMC) (videoconference to VA)

VII. TEACHING RESPONSIBILITIES

Fellows are expected to teach the house staff and medical students during rounds with them in the CICU, Consult service and other rotations that have house staff/students. In addition, they are expected to teach EKG interpretation to the medical students and participate in the monthly CICU core lecture series and morning report for the house staff.

VIII. EVALUATION OF CLINICAL PERFORMANCE

1. The American Board of Internal Medicine (ABIM) requires Program Directors to evaluate and substantiate the clinical competence and ethical behavior of their trainees. Evaluations are completed at the end of each rotation by the attending physician and signed by the fellow. If the fellow does not agree with the evaluation, he/she is invited to discuss it with the attending physician and/or the program directors. If performance deficiencies or marginal skills are identified, counseling and remedial work will be recommended. Performance grades in all assessment areas must be satisfactory or better to meet the standards for this program. Marginal grades of 3-4 or below are unsatisfactory and require corrective action. Repeated reports of marginal or below marginal performance are grounds for probationary status or dismissal. The following forms are used as part of the evaluation process: 1) "Evaluation of Cardiovascular Disease Trainees" is used to evaluate clinical skills; 2) A "Description of Research Activity" is used to document a research rotation.
2. The Program Director will serve as a mentor with whom all fellows will be expected to meet at frequent intervals for feedback and guidance session. In addition, a formal evaluation will be performed by the Program Director at 6-month intervals. This review will be discussed with the fellow who will sign the performance letter.
4. Attending physicians will also carry out an annual evaluation based on the ABIM format to select 2 candidates for the 'Outstanding Fellow of the Year' Award to be given at the end of the academic year.
5. At the beginning of each rotation, the section director or assigned faculty attending will go over the "goals and expectations" with the fellows. At the end of the rotation, the section director will provide verbal feedback to the fellow as well as seek feedback from the fellows. These evaluations should be documented by the section director and forwarded to the Program director once every 3 months.
6. The fellows will also evaluate each faculty member at the end of the rotation and submit the written evaluations to the fellowship coordinator who will then submit them to the department of Medicine.
7. The Program Director will also be evaluated by the fellows at the end of each academic year. These evaluations should be forwarded to the Division Chief who will review them with the Program Director before forwarding it to the Department of Medicine.
8. At the end of the fellowship, the Program Director will prepare an 'overall appraisal' which will be kept in the trainee's dossier for future reference.

In keeping with the major goal of feedback, i.e., to improve performance and

contribute to growth and development, verbal feedback within a constructive framework is highly recommended in addition to the written evaluations.

IX. FELLOWSHIP APPLICATION PROCESS

Attracting the best candidates to our fellowship is essential for the continued success of the program. Current fellows play a key role in the application process. Fellows help review applications, decide which candidates to interview and are actively involved on interview days, providing information about the program to applicants and giving tours of the Cardiology facilities. The fellows on the Fellowship Committee participate in making the rank list each year.

X. APPOINTMENT AND REAPPOINTMENT

Most fellows will be reappointed to successive years of training, but this is not binding upon either the Fellow or the Program Director. Fellows are eligible for the ABIM examination in Cardiovascular Disease on successful completion of 3 years of training. Both interventional cardiology and electrophysiology require a separate fourth year of clinical training in an ACGME accredited program. Additional years of research training require special arrangement with a research mentor and the Program Director and usually are dependent on research funding.

XI. RADIATION SAFETY

All fellows are provided with Radiation Exposure Badges (superficial and deep) and a ring by the Catheterization Laboratory, which are required whenever radiation exposure is likely at the CSMC and VAMC. Fellows are required to wear lead aprons as instructed by the Cath Lab Attendings. Instruction in basic radiation safety is provided annually. Additional information is available from the Radiation Safety Offices at both medical centers.

XII. HEALTH

All fellows are required to have annual TB testing by the Employee Health Office. The Fellowship Office will notify fellows when this is due. Annual flu vaccines are also a requirement, and are provided in the Employee Health Office.

XIII. BLOOD BORNE PATHOGENS

All fellows are required to have and pass blood borne pathogen training. This must be completed prior to their start as Cardiology fellows.

XIV. LICENSING

Each fellow's California State Medical License must be current. A current copy of both the California State License and the DEA License must be on file in the Fellowship Office.

XV. HIPAA TRAINING AND MEDICAL RECORDS

HIPAA training is required for all fellows new to the Training Program. Even if you have completed HIPAA training at another institution, you will need to complete the Cedars-Sinai and VAMC HIPAA training. The Graduate Medical Education office obtains the user IDs from HIPAA and sends them to the Fellowship Offices which sends them and instructions to the new fellows. Fellows then can go online and complete the online HIPAA training at:

<http://www.uwmedicine.org/Education/ResidenciesAndFellowships/IncomingResFel/Required+Training+for+Incoming+Residents+and+Fellows.htm>.

The Cardiology Fellowship requires that all clinical care be documented concurrently with provision of care. Specifically, the medical record for all clinic visits, consults and procedures must be completed on the same day as the service was provided. In addition, any significant telephone or email contact with a patient should be documented in the medical record. All electronic notes must be signed as soon as possible and no longer than 1 week after transcription.

XVI. ACLS

All fellows are required to have completed ACLS training during Medicine Residency. During fellowship, advanced discussions of ACLS are provided during tutorial sessions.

XVII. CONSCIOUS SEDATION

Advanced training and certification in conscious sedation is given to every new fellow within 2 months of starting as a Cardiology fellow. One tutorial session is used to provide testing for conscious sedation training. Fellows are provided written materials, which cover patient evaluation, selection of medications, appropriate monitoring and management of common complications. Included with this material is a test, which must be completed and returned within one week. The test covers the essentials of sedation for procedures and the relevant policies and procedures. Following successful completion of this test, a certificate of achievement will be issued and maintained in the fellow's file.