

**Pediatric Pulmonology Fellows Handbook
Boston Children's Hospital**

Welcome to our fellowship! We are so excited that you are here and hope the following handbook and goals and objective summary will be helpful to you.

Debra and Alicia

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Associate Fellowship Director: Alicia Casey office 857-218-5378 cell 802-951-2083 pager 5010

Program coordinator Donna Giromini office 617-355-6105

Conference Schedule

Divisional Conferences

Monday

12:00-1:00 Division Conference, Enders 4 (Levent Midyat coordinates this conference). This conference starts in September.

Some of these sessions will include Journal Club and fellow research updates. We will be in touch to coordinate this in the future.

Tuesday

11:00-12:00- Fellowship Seminar, Enders 4 (Alicia Casey coordinates this conference)

Attendance at this conference is mandatory for fellows. When you are on service including bronchoscopy the service attending will cover the service. Please sign out your pager prior to conference and touch base with the attending about issues that need to be taken care of when you are in conference. Please let us know if there is any trouble with attending coverage during this conference. If you are not going to be in attendance then please notify Debra and Alicia via text or email.

Beginning of the year lectures from attendings are already scheduled (see pulmonary shared drive under the Fellowship Folder, Tuesday Conference 2018-2019 Folder). The talks during the second half of the year will be given by the fellows. We will figure out this schedule at our first fellowship planning meeting scheduled for October 16, 2018.

Reminders for this conference will be sent weekly.

12:00-1:00 Division Case Conference/M&M conference, Enders 4
Fellows are encouraged to present during this conference to develop your presentation and plan development skills. Inpatient and patients with active issues are priority for presentation. When you are on service please touch base with your attendings to plan which patients will be discussed. When you are on service the inpatient attending should be covering the pager during this conference as well.

Wednesday

7:30-8:30 New England Pulmonary Consortium, Massachusetts General Hospital (Benjamin Nelson from MGH coordinates this conference). First year fellows typically present at this conference. Debra and Alicia can help you to select cases. There will be emails coming in the near future to coordinate.

Attendance at this conference is mandatory for fellows. When you are on service your attendings should be covering the pager for you. Please let Debra and Alicia know if you are unable to attend this conference.

Thursday

12:00-1:00 Starting in September one Thursday each month we have combined conference with the adult pulmonary service at Brigham and Woman's Hospital. First year fellows typically present at this conference. Debra and Alicia can help you to select cases. There will be emails coming in the near future to coordinate.

On the other Thursdays fellows are encouraged to attend either the CF pediatric program meetings (Every Thursday from 12:00-1:00 in the Enders 4 conference room, Rachel Gordon coordinates and sends emails to the entire division) or the interstitial lung disease (ILD) program conference (one Thursday per month from 12:00-1:00 in the pathology Bader 1 conference room to be determined based on the BWH schedule, but will likely be the 3rd Thursday of every month. Eric Conover coordinates and sends emails to the entire division and ILD team.).

Other Conferences: In addition to the above listed conferences, fellows are encouraged to attend the Department of Medicine Grand Rounds on Wednesdays from 12:00-1:00 in Enders Auditorium.

General expectations of our fellows

Our goal is to provide exceptional patient care and to train thoughtful, thorough, collegial, academic pulmonary specialists. We hope that BCH is the best place in the world to become a pediatric pulmonologist. We will be closely monitoring your progress and expect you to let us know how we can meet your personal goals and expectations.

Children are referred here in order to get an expert opinion on a problem that is beyond the scope of their pcp. Families travel from all over the world and make great effort and sacrifice to come here. It is an honor to be asked for our help, and our responses should be respectful of that. To meet these expectations, we must provide a thorough and detail-oriented evaluation of the acute and any chronic pulmonary problems and provide concrete plans and follow up for the family and pcp to improve the patient's pulmonary status to the best of our abilities. Although it is sometimes difficult to remember this while you are trying to juggle a busy service or during a busy clinic, you and your patients will benefit from trying to keep this philosophy in mind.

Please take every opportunity to learn from your patients, attendings, co-workers and experiences here. There are so many opportunities at BCH for learning and please let us know if you need help accessing these opportunities.

Dress code

BCH policy requires that employees in patient care areas dress present a professional appearance. This includes not wearing jeans or casual cargo-type pants, logo t-shirts, and **sandals/open toed shoes**. White lab coats will be provided to you to wear while seeing patients if you choose. We recognize that days you are in the lab or doing research you may wear more casual clothes. Please try to plan ahead so that when you will be also seeing patients on those days, you dress appropriately. If you need to see a patient unexpectedly and are wearing casual clothes, please change into scrubs and wear a lab coat.

Attendance Policy

Conferences are an important part of the training process. **You are expected to attend divisional conferences and attendance at fellowship seminar and the New England Pulmonary Consortium Meetings is mandatory for all of our fellows.** Unless you are on vacation or dealing with a serious and urgent issue for yourself or one of your family members you should be at these meetings. Occasional other conflicts may arise; when they do, please let Debra and Alicia know. Please return pages, texts, and emails outside the conference room out of respect to the speaker. When you are on service, please sign out your pager to the appropriate attending.

Guidelines for inpatient rotations

General Inpatient Guidelines:

1. **LEARN** as much as possible! This is your fellowship and you are an adult learner in charge of your education. Please let us know how we can facilitate your learning.
2. **Inpatient Service**: The fellow on service is expected to be in charge of the service. Please touch base with your attending, Keri Sullivan and the interns for how you would like to organize rounds and how you can be supported in running the service. Rounds start at 8 am in the 9S conference room except on Wednesdays from September-June when fellows attend MGH conference. On that day, rounds will start when the fellow arrives back at BCH, so generally around 9 am. If the service is exceptionally busy then the team can decide to start rounds without the fellow with the attending updating the fellow at the end of rounds on the content of rounds. If you miss seeing a patient during rounds, then you should see that patient later in day as soon as you are able. Notes on the inpatient service are written by residents and edited/co-signed by the attending. On weekends and when service is busy and/or you can tell that the interns have a high workload please offer to write notes when you are able.
3. **Consult Service**: Our consult service is also fellow run. Please touch base with your attending about the plan for the day in the early am. You are responsible for determining which patients should be seen each day with attending supervision/guidance. On consult service a comprehensive initial assessment/plan and daily notes when our service is contributing to patient care should be written by the fellow assigned to the consult service. These notes will be edited/co-signed by the attending on service. Attendings will offer to write the primary note when service is exceptionally busy and they are able. Consult notes should include pertinent medical decision making documentation, including the differential diagnosis, your impression of the most likely diagnosis and how you arrived at these decisions, and the rationale for diagnostic and treatment recommendations. This is important for communication and necessary for billing. Please review consults notes after these have been signed by the attending. Consults should be supported with medical literature, either a review article, copy of relevant guidelines, or an article from the primary literature as appropriate. This support is important for our education and to educate the primary team. The fellow and attending are responsible for direct in person verbal communication of recommendations to the primary team. Please let your attending know if you have questions or issues in communicating with the primary team or the families. Please do not discuss detailed recommendations directly with patient/family unless asked to do so by the managing team. For any patients with CF and Dolosa on our service we will round with the 7W team in the am at a time decided on by the 7W supervising resident and the fellow. The attending should be present for rounds with the 7W team. Admission and consult notes for these patients are written by the 7W residents and edited/signed by the attending. Communication of changes in plan/recommendations should be given directly to the residents by the consult fellow.

4. **Transplant Service**: Fellows will be present for daily transplant rounds and weekly transplant conference. If a patient is followed by the inpatient resident team then a comprehensive initial assessment and daily note should be written by the resident. These notes should be written by the transplant fellow for any patient on the transplant service not followed by the inpatient pulmonary resident service. All notes will be edited/signed by the transplant attending.
5. **BPD consults at BWH and BIDMC**: Details regarding the care and communications for these patients will be provided during orientation by Cathy Sheils and Lystra Hayden during orientation. A comprehensive initial assessment/plan and daily notes when our service is contributing to patient care should be written by the fellow assigned to the this service The fellow is also responsible for making sure that care recommendations are communicated directly to the primary teams and families. There is a BPD attending assigned for one week at a time to cover these consults. Please communicate with the weekly BPD attending to coordinate rounding on these patients. Please report any issues with this service to Cathy or Lystra.
6. **Bronchoscopy service**: This is also a fellow run service. Fellows are responsible for set up/take down, obtaining consent, communication with the OR and GPU teams, and reporting results to the family/primary attending. The attending should be present when results are communicated to families. General pulmonary bronchs in the am are staffed by the consult attending and after 1 pm are staffed by the inpatient attending. Aerodigestive bronchs (generally in the GPU on Mondays) are staffed by the aerodigestive attending assigned for that day. All transplant bronchs are staffed by the transplant attending on service. All Esophageal Atresia bronchs are staffed by Gary Visner. All bronch notes should be completed in Provation by the end of day of service.
7. **Non Invasive Ventilation Service**: The inpatient fellow and attending are responsible for seeing these patients for initial consultation and on a daily basis when we are contributing to care. The fellow is responsible for notes on these patients and the attending will edit/co-sign. The fellow is responsible for organizing rounds on these patients and should touch base with the inpatient attending to coordinate. A list of patients who are on non-invasive ventilation within the hospital is emailed to the entire division on a daily basis. This is not a comprehensive pulmonary consultation. If this is needed, then the consult service should be called. Please review the updated hospital policy for the care of these patients.
8. Consultations are a key component of patient care and residency and fellowship training. If you have a concern about the validity of a consult, please discuss your concern with the attending physician **prior** to expressing your concern to the referring physician. Always be polite to the referring physician. Remember what it felt like to be resident or medical student requesting subspecialty consultation.
9. Most of the time the service fellow will be called first for inpatient admissions. If you are unsure if an admission is appropriate for the pulmonary service, please discuss your concerns with the attending physician **prior** to expressing your concern to the referring physician.
10. If you are having difficulty communicating with another clinician, please politely disengage and call either your attending or Debra/Alicia.

11. All notes should be completed by the end of the day of service. If you are unable to complete your notes during this timeframe, please communicate with your attending as soon as possible.
12. We expect both verbal and written communication between service and on call fellows. How the fellows decide to organize sign out is up to the first year fellow class.
13. The future of pediatric pulmonology depends on medical students and residents being interested and engaged in our field. The fellows are the primary point of contact between the pulmonary division and students and residents, and their interaction with us as professionals is one of the most important factors in decisions about fellowship training. Please work hard to get our students and residents excited about a future career in pediatric pulmonary.

Guidelines for outpatient rotations

1. You will have your own weekly continuity clinic unless you are in subspecialty clinic. If you are seeing the patient in our clinic for the first visit then you are this patient's primary pulmonologist and are responsible for coordination of their pulmonary care and communication with the family, the pcp, and other providers within BCH. The attending supervising you in clinic is the attending of record for these patients and is responsible for guiding you in the care of these patients. Please make sure to cc'd the attending on all correspondence and notify them directly of new issues as these arise.
2. Please remember that our notes are the primary format for communication of our thoughts to the referring/primary physician and other BCH providers. The impression and plan section should be thoughtful and clearly communicate our impressions and recommendations. Clinic notes should be completed and forwarded to the clinic preceptor within 3 days of the visit. You are responsible for communicating with the attending directly if you are not able to complete clinic notes within 3 days.
3. Please notify the attending preceptor of late arriving clinic patients. The situation should be discussed with the preceptor **prior** to communicating with the staff, patient, or family.
4. We have exceptional nurses in clinic. There are always two nurses assigned to the clinic for the day. The nurses are responsible for assistance with clinic flow and patient education, but communication is key. Please communicate directly with the clinic RN about how work can be divided for a clinic session. If there is any question about whether a particular responsibility should fall to the fellow or nurse, please discuss it with your attending or the program director.
5. In most cases cancelled clinics should be done at least 8 weeks in advance. When a clinic is cancelled with less than 4 weeks notice, then providers are responsible for finding a reasonable date for rescheduling the clinic and for directly communicating with the family. If there is an emergency situation, illness or death that you need to attend to and must cancel clinic then you should immediately communicate with Debra or Alicia and the clinic staff. If you cannot cover a clinic that wasn't canceled in that time frame other than for emergency situations, you are responsible for finding coverage and letting Debra/Alicia know about the switch.

Vacation/Meeting policy

Fellows have 4 weeks of vacation/sick/personal time each year. Vacation can be taken in any way you prefer as long as it is taken when you are not on service or on call unless you find someone to cover for you. In an emergency situation or if you can't be here, please call the Debra or Alicia as soon as possible so arrangements to cover your clinical responsibilities can be made. If you need to miss service time for personal reasons that cannot be avoided, you must discuss it with both Debra/Alicia and the service attending.

Please send all vacation requests to Brett Chidley via email. He keeps track of vacation days for all of us and will communicate issues with Debra/Alicia directly. He also manages the call schedule so it is essential that he knows when you are not going to be here. Please note any days you will be out, and whether these are for vacation or other purposes (meetings, interviews, etc.)

Fellows in all years are encouraged to submit case presentations and research abstracts to national meetings. If you are accepted to present at a meeting (including an abstract/poster) please let us know as soon as possible so that we can help you find coverage if you are on service. You have \$2,600 per y academic year for book/travel money.

When you are attending a meeting you are encouraged to find someone to share a room with if at all possible. All reimbursements go through Stephanie Gomez.

BCH holidays

Official BCH holidays do not count towards your vacation days. If you plan to take any other days off around these holidays or for other holidays, those are considered vacation days. Sick days/short term leave for medical reasons is per BCH policy.

American Thoracic Society

You should join the American Thoracic Society (ATS) as in-training members. Book/travel money should be used to pay for membership fees, which are quite low for in-training members. This will require verification that you are a fellow which we are happy to provide. Please visit the society website (www.thoracic.org) for information and the application process. The ATS has multiple educational opportunities geared towards fellows at the national meeting in May. We will nominate at least 1 fellow for each of these programs on a rotating basis, and more as allowed by the program.

Our program strictly follows the ACGME Duty Hour Restrictions. Please review this policy and understand how to log your hours.

In order to maintain the accreditation of this training program, fellows must adhere strictly to these guidelines.

Adequate Rest Policy

There are certain situations in a Pediatric Pulmonology fellowship that may preclude the fellow from having adequate rest or feeling rested enough to return home safely. For example:

- 1) Frequent phone calls at night
- 2) Need to return to hospital to see a patient
- 3) Not enough time off in between shifts
- 4) Other unforeseen situations

Fellow responsibility:

- Alert program director or associated program director of the situation
- Ask for coverage of patient care if the fellow feels they are not adequately rested enough to perform clinical duties (patient care or home call)
- Ask for assistance in finding an alternative way home (ride from a colleague or cab with fare reimbursed by the program).

Attending on Service responsibility:

- Ensure that the fellows have coverage if they have not received adequate rest to perform their clinical duties

Program Director responsibility:

- Review the situation
- Ensure that the fellows have coverage if they have not received adequate rest to perform their clinical duties
- Ensure that the fellow has resources to return home safely if they are not rested enough to drive.
- Ensure that fellows have adequate support to prevent these situations.

ACGME Competencies

Residency and fellowship training programs are required to ensure that their trainees obtain competence in 6 areas at the expected level for a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide the appropriate educational experiences. The six areas in which competence must be achieved by completion of training are

- Patient Care and Procedures that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences, and the application of this knowledge to patient care
- Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal, and assimilation of scientific evidence, and improvements in patient care
- Interpersonal and Communication Skills that result in effective information exchange teaming with patients, their families, and other health professionals
- Professionalism, as mediated through a commitment to carrying out professional responsibilities, adherence to ethical principles, and, and sensitivity to diverse patient population
- Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value

Pediatric Pulmonology Fellowship Program- Consult/Inpatient/Bronchoscopy/Transplant Year 1

Goals and Objectives in the Six General Competencies

PATIENT CARE

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Fellows must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Fellows are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Fellows are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness

- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Fellows are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Fellows are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Fellows are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities

- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

Pediatric Pulmonology Fellowship Program- Clinical Year 1- Research Rotation Goals and Objectives in the Six General Competencies

RESEARCH GOALS

A Scholarship Oversight Committee (SOC) has been created to help provide monitoring and feedback of research progress. The SOC will review and approve potential research mentors and research projects. The fellow will give biannual formal presentations of their research thesis and progress to the SOC in the presence of their research mentor. The SOC will consist of two members of the Pulmonary Division and one outside member. The fellow will present to the SOC during their first year to review their proposed project.

Goals include:

- focused research on a single project
- learning appropriate clinical or bench laboratory techniques
- ability to critically interpret the literature
- primary authorship of a paper on their research topic

PATIENT CARE

- Not applicable

MEDICAL KNOWLEDGE

- Not applicable

PRACTICE-BASED LEARNING AND IMPROVEMENT

Fellows must be able to investigate and evaluate their research practices, appraise and assimilate scientific evidence, and improve their research practices. Fellows are expected to:

- analyze research experiences and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their research project
- apply knowledge of study designs and statistical methods to the development of their research project
- use information technology to manage information, access on-line information; and support their own education

INTERPERSONAL AND COMMUNICATION SKILLS

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with peers and other research personnel. Fellows are expected to:

- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills

- work effectively with others as a member or leader of a research team or other professional group

PROFESSIONALISM

Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population. Fellows are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of peers and society that supercedes self-interest; accountability to peers, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate sensitivity and responsiveness to peers' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of research and the ability to effectively call on system resources to provide work that is of optimal value. Fellows are expected to:

- understand how their professional practices affect other professionals and the larger society and how these elements of the system affect their own practice
- practice cost-effective research practices while not compromising quality of work

Pediatric Pulmonology Fellowship Program- Second/Third Year- Consult/Inpatient/Bronchoscopy/Transplant Goals and Objectives in the Six General Competencies

PATIENT CARE

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice
- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Fellows must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Fellows are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Fellows are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education

- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Fellows are expected to:

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- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
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- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

Pediatric Pulmonology Fellowship Program- Research Years 2-3 Goals and Objectives in the Six General Competencies

RESEARCH GOALS

A Scholarship Oversight Committee (SOC) has been created to help provide monitoring and feedback of research progress. The SOC will review and approve potential research mentors and research projects. The Fellows will give biannual formal presentations of their research thesis and progress to the SOC in the presence of their research mentor. The SOC will consist of two members of the Pulmonary Division and one member outside the division.

During years 2-3 of training, the Fellows will choose a clinical or basic science laboratory project. This is expected to be the Fellow's primary focus during these years, although they will have minimal clinical responsibilities as well. Goals include:

- focused research on a single project
- learning appropriate clinical or bench laboratory techniques
- ability to critically interpret the literature
- primary authorship of a paper on their research topic

PATIENT CARE

- Not applicable

MEDICAL KNOWLEDGE

- Not applicable

PRACTICE-BASED LEARNING AND IMPROVEMENT

Fellows must be able to investigate and evaluate their research practices, appraise and assimilate scientific evidence, and improve their research practices. Fellows are expected to:

- analyze research experiences and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their research project
- apply knowledge of study designs and statistical methods to the development of their research project
- use information technology to manage information, access on-line information; and support their own education

INTERPERSONAL AND COMMUNICATION SKILLS

Fellows must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with peers and other research personnel. Fellows are expected to:

- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a research team or other professional group

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- demonstrate sensitivity and responsiveness to peers' culture, age, gender, and disabilities

SYSTEMS-BASED PRACTICE

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of research and the ability to effectively call on system resources to provide work that is of optimal value. Fellows are expected to:

- understand how their professional practices affect other professionals and the larger society and how these elements of the system affect their own practice
- practice cost-effective research practices while not compromising quality of work

Teaching

One of the key components of fellowship training is learning to become an effective teacher. Fellows are expected to give lectures during the fellowship seminar and this will be further discussed during our fellowship planning meetings. Fellows also will be expected to present the results of their research at regular meetings of their laboratory, their scholarly oversight committee, and at least once at a national meeting.

When you are on service you are expected to start to provide education to the-patient ward team. In addition to teaching residents and medical students at the bedside, fellows will be required to give several prepared presentations throughout their training. Fellows will be asked to give am lectures to the residents by Debra. These lectures are coordinated by Teal McRae-Milton.

For division case conference/M&M the inpatient fellows should be presenting their active patients with attending guidance. First year fellows are also responsible for case presentations at MGH and at BWH when we are scheduled. Please communicate the patients you have selected and your presentation in advance with Debra and Alicia with enough time to coordinate feedback.

Protocol for Resolving Issues/Disputes for Pediatric Pulmonology Fellows Supervision/Chain of Command Policy

Although rare, circumstances may arise where a fellow may require help in resolving an issue or dispute. We expect you to communicate issues with us in a prompt and professional manner. In this situation, the fellow should notify the appropriate individuals in the chain of command. Fellows in the Division of Pediatric Pulmonology are subject to the policies and procedures described in the Boston Children's Hospital Residents and Fellows Manual.

1. For inpatient clinical issues, the fellow should first speak with the service or clinic attending. For research issues the fellow should speak to their research mentor.
For outpatient clinic issues, the fellow should first speak to the attending preceptor or clinic directors, Martha Fishman and Cathy Sheils.
2. If the issue is not satisfactorily resolved, then the fellow should speak to Debra Boyer and/or Alicia Casey. If Debra or Alicia are unavailable, the fellow should speak to the Division Chief, Benji Raby.
3. If the Fellowship Director/Associate Director are unable to resolve the issue, the fellow should speak to the Division Chief.
4. For any unresolved issues, the fellow should speak with the Department of Medicine Chairman, Dr. Gary Fleisher.

The fellow will not be subject to any retaliatory or punitive measures if the complaint was made in good faith.

Quality Improvement Project

In order to meet the ACGME requirements for the Practice-Based Learning and Improvement competency, fellows will be required to participate in a quality improvement project. This project will be formulated during the Quality Improvement meetings scheduled during the Fellowship Seminar, and is supervised by Greg Sawicki.

The QI project should be something that is sufficiently limited that it can be completed within the time constraints of their fellowship training. The QI project ideally will lead to systematic changes that ultimately improve patient care. Large arduous projects should be avoided. Fellows will collectively identify an area in need of improvement.

The project should

1. Identify the **Problem**
2. Outline the current **Process** responsible for the problem and where that process went wrong
3. Outline their proposed **Changes in the Process** or the **New Process** that will be instituted as part of the QI project
4. Detail the method used for **Monitoring** the results that occur due to the changes in the process

The fellow should then institute the changes and monitor the results. Based upon the results, further corrections to the process may be instituted.

The fellowship QI project is a great opportunity for our division and our patients. In the past some of these projects have resulted in grant support and formal publication.

Scholarly activity/Scholarship Oversight Committee

The ABP requires each fellow to complete a scholarly activity in order to be eligible for the pulmonary boards. As the time protected for this activity is spread throughout the fellowship, each fellow should choose a project/mentor during the first half of the first year of fellowship with the assistance of Debra, Alicia and Benji. We have a pulmonary research day scheduled for September 25th to highlight research opportunities available within the division and with our collaborators.

Each fellow's progress towards scholarly activity will be monitored by a thesis-like committee known as the Scholarship Oversight Committee (SOC). According to the ABP "areas in which scholarly activity may be pursued include, but are not limited to: basic, clinical, or translational biomedicine; health service; quality improvement/outcomes research; bioethics; education; and public policy". The Scholarship Oversight Committee must consist of the research mentor and at least 3 other members, one of which must be from outside the fellow's division. The training director may be an ad hoc member of the SOC but should not be a standing member. It is the responsibility of the fellowship director to formulate a fellow's SOC, and Debra will contact SOC members about their willingness to participate. Teal currently coordinates these meetings.

In addition to the training director, fellow, and research mentor, all members of a fellow's SOC will be required to sign a form attesting to the fact that the fellow has met all of the ABP requirements of scholarly activity in order to sit for the ABP certifying examination. The SOC must meet on a regular basis (at least twice yearly). The fellow will be required to provide the SOC with an oral presentation of their interval progress report at each semi-annual SOC review. The SOC members will provide direct verbal and written recommendations for improvement in the fellow's project during the SOC meetings.

The ABP requires that "involvement in scholarly activities must result in the generation of a specific work product (the fellow will be required to describe his/her role in each aspect of the project in writing to the ABP). A work product may include:

- A peer-reviewed publication in which the 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

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