

## UND GERIATRIC MEDICINE FELLOWSHIP POLICIES & PROCEDURES

### What are the Fellow's Role and Responsibilities

1. The Fellow is considered a trainee, educator and scholar. This dual role as trainee and junior faculty member is a natural transition of fellows to become independently practicing Geriatricians.
2. According to the UND Graduate Medical Education (GME) office, policies and procedures for fellowship training are the same ones used for residency training programs.
3. As a trainee, expectations are that the Fellow will consult appropriate resources such as faculty, consultants, peers, allied health professionals, and medical literature in the course of clinical decision making. Patient preferences and cultural concerns are essential to the clinical decision making process.
4. As an educator, Fellows are expected to use a variety of methods to teach their peers, students, and allied health professionals in Geriatric Principles of Healthcare as well as primary and consultant care relevant to their core training in Internal or Family Medicine.
5. As a scholar, Fellows are expected to be inquisitive and generate data to help answer clinically relevant questions. Scholarly activities range from small quality improvement projects to randomized controlled clinical trials. Expectations are that the Fellow pursues a quality improvement project and a research project.
6. As a clinician, Fellows are expected to provide both primary and consultative health care utilizing recognized standards of health care and evidence – based medicine.
7. **Work Hours:** as a general rule, fellows are expected to engage in fellowship activities from 8AM to 5PM, Monday through Friday, with variations in the schedule according to “duty of care” and other responsibilities (e.g., Saturday rounds during the Acute Care Block rotation or Nursing Home admission). In some instances, fellows may need to extend their work day or work week such as might happen when a nursing home patient needs to be evaluated after the fellow completes their afternoon outpatient activities. Please consult UND GME policies regarding work hours and time off.
8. **EMR and clinical documentation.** All documentation of clinical encounters are to be completed on the same day of the patient encounter. Preferably these notes are completed within the clinic or hospital venue, however, notes can be completed at home.
9. **Consultations** should be completed within 24 hours of their submission, and fellows should communicate their findings and recommendations by EMR messaging and phone whenever possible.
10. **Communication.** Patient contact by phone and secure messaging (if they use it) is important, including documentation of these encounters. In the outpatient setting, fellows should send a letter to all patients regarding their test results (both normal and abnormal) with an explanation of next steps. In some instances this information needs to be transmitted to the caregiver / durable power of attorney when the patient has cognitive impairment. Physician – to – Provider contact should be timely and through the most effective medium (message, phone or in – person).
11. **Absence.** Fellows are responsible for notifying the Program Director / Assistant of planned and unplanned absences. Vacations are to be planned at least one month prior and need to be approved by the Program Director. Fellows must get appropriate clinical coverage of their patient duties during their absences. For unplanned absences, fellows to the best of their ability should notify clinical / nursing home staff and faculty of their absence in addition to the Program notification.

**UND GERIATRIC MEDICINE FELLOWSHIP  
POLICIES & PROCEDURES**

12. **Vacation.** Fellows may take up to 21 days of vacation with prior approval and with the following stipulations: i) no vacation time is allowed during the last two weeks of fellowship training, ii) vacation time is encouraged during elective rotations, iii) vacations should be taken within a two week timespan or less, iv) vacation may not be taken during the Acute Care block.
13. **Portfolio.** Fellows will maintain a portfolio that tracks their goals and progress. Detailed list of expectations for portfolio are enclosed in the handbook (see tag “Portfolio”).

Example of the format of portfolio

Task	Description
Quality Improvement project (1)	
Quality Improvement project (2)	
Research Project	
Procedures completed (list type and number)	
Scholarly activity (list abstracts, papers) --AGS Deadline for abstracts end of November.	
Scholarly activity (list presentations)	
Scholarly activity (list new educational material)	
Research activity (list training)	
ABIM board registration	
Social media posting of Geriatric Knowledge	Geriatric Twitter Poll, UND Geriatrics Twitter

14. **Travel.** Fellows may attend one domestic meeting, with reimbursed costs, if they have an abstract accepted to that meeting. Typically, fellows attend the American Geriatrics Society or AMDA annual meeting. Abstracts can include QI reports, original data, and case reports. During the course of fellowship fellows may need to travel outside of Fargo, North Dakota for various meetings within the State or nearby states (MN and SD). Ground travel is reimbursed at the UND rate for personal vehicle mileage and / or using a state vehicle.
15. **Memberships.** Fellows are enrolled as members of the American Geriatrics Society and the Great Plains Subacute and Long Term Care Society. Other memberships are not covered by the fellowship.
16. **Boards and Board preparation.** All fellows are required to take ABIM or Fam Med Geriatric Boards. Board review and the Geriatric Review Syllabus is provided by the fellowship training program, however, other sources of board reviews such as the Harvard or UCLA Geriatrics review programs are the personal responsibility of the fellow and vacation time is to be used if the fellow chooses to attend these programs. Board expenses are the responsibility of the fellow.
17. **Library.** Fellows may request literature searches and other consultation services through the UND SMHS medical library in Grand Forks or Fargo campus.

## UND GERIATRIC MEDICINE FELLOWSHIP POLICIES & PROCEDURES

18. **Fellows' Room.** A fellows' office with computers is provided at Sanford Southpoint Internal Medicine. Lockers are available on the second floor of Southpoint. Lactation rooms are available at all Sanford and UND facilities.
19. **Evaluations.** The overarching goal of the fellowship is to have fellows achieve a level of clinical competency that allows them to independently practice as Geriatricians. According to ACGME, there are 76 competencies that fellows must master to become a competent Geriatrician. These "milestones" are achieved in a variety of ways, including clinical experiences, guided curriculum, self-paced learning and other forms of active learning. As such, fellows are "evaluated" on achieving these competencies as well as entrustable professional activities. The fellowship program utilizes several types of evaluations such as direct observation, chart review, 360 reviews, portfolios, end of rotation assessments, and self-evaluations. Each of these evaluations have different competencies and skills measured on a 1 – 5 Likert Scale which can be added – up and tabulated into a progressive, overall score. This overall score is the basis for advancement and promotion. Completion of the fellowship requires that the fellow achieve a composite score that "meets expectations" or higher. Fellows can track their performance on a month – to – month basis, and they will be notified if they need remediation or fall below a composite score that is less than "meets expectations." Expected schedule of evaluation forms are enclosed in the Handbook (See tag "Evaluations")

Fellows have an opportunity to critique their training program, including end – of – block rotation evaluations, faculty evaluations and the program in its entirety. Furthermore, as "teachers", fellows will master different evaluation tools to assess student and resident trainees.

015 Sep;7(3):502-5. doi: 10.4300/JGME-D-15-00241.1. The ACGME Self-Study-An Opportunity, Not a Burden. Guralnick S, Hernandez T, Corapi M

### **Resources**

UND Geriatric Medicine Fellowship web site

UND SMHS library

UND Med Hub

UND Blackboard

Medical Professionalism in the New Millennium, *Annals of IM* 136:243.