

Geriatric Medicine Fellow Responsibilities

General Responsibilities

1. Fellows are required to abide by the Code of Professional Conduct.
2. Fellows are required to follow the policies and procedures of the University of Pittsburgh Medical Center Medical Education Program.
3. Fellows are required to attend all assigned clinical rotations unless excused by the preceptor.
4. Fellows are responsible for discussing the goals and objectives at the beginning of each rotation with the preceptor and returning the signed copy to the fellowship coordinator at the end of the rotation.
5. Fellows are required to take phone coverage for their patients in all clinical settings during normal business hours.
6. The fellowship coordinator must be notified of all time taken off for vacation, conferences, sick leave, interviews etc.
7. Fellows are responsible for canceling clinics and arranging coverage for their patients when they are away.
8. Fellows are expected to participate in the clinical teaching undertaken by the Division of Geriatrics for the School of Medicine (see section on teaching opportunities).
9. Fellows are expected to teach medical students, residents and other healthcare professionals they interact with on rotations.

Patient Care Responsibilities

1. Fellows should aim to spend 4 half-days per month in their assigned long-term care facility for 12 months. This must occur when the long term care attending physician is on site.
2. Fellows are required to attend their ambulatory care continuity clinic one half-day each week except during the first 2 weeks of the palliative care rotation and the geriatric psychiatry rotation.
 - During the first 2 weeks of the palliative care rotation and the geriatric psychiatry rotation, fellows are required to see patients in their continuity clinics OR in their long term care site. This is to allow them to acquire the skills they need to function at an appropriate level on these specialty rotations. At all times fellows are responsible for their longitudinal

patients at all sites and may have to make urgent visits outside of usual working hours.

3. Fellows are required to coordinate care with interdisciplinary team members and monitor follow-up for patients at all their clinical sites.

Call

1. Fellows will be “on call” one weekend a month at Shadyside hospital that consists of taking phone coverage from Friday at 4:30 PM until Sunday at 5pm for the practice (outpatient and nursing homes) and rounding on the group inpatients once a day with the attending. Fellows will be called with new admissions from the ER. Fellows will also be first call for residents on the floors with questions/concerns about patient care issues.
2. In addition, fellows will take telephone call one night a week for the Benedum office practice for the entire year.
3. At all times there will be attending back-up.

Conferences and Presentations

1. Fellows must attend conferences as listed in the section on “Conferences” and as summarized below.
 - a) Division of Geriatrics Conference (8-9:30 AM on Fridays)
 - b) Core Lectures (Friday at 1:30) - **The ACGME mandates teaching about very specific geriatrics topics to ensure competency in the field of geriatric medicine, thus fellows are required to learn about each of these ACGME Core Topics. If, because of extenuating circumstances, fellows are unable to attend these presentations, they will be available for review on the Division’s shared drive.** Attendance will be taken at these conferences. In order to graduate from the fellowship program, fellows must attend a minimum of 75% of these conferences in person. The remainder must be reviewed on the shared drive and the date/time of this review must be documented in writing (using a standardized form) and turned into the Fellowship Coordinator. In addition, a brief multiple choice exam will be required.
 - c) VA Conference Series (Fridays)
 - 1) GRECC Interdisciplinary Case Conference (10:15 to 11:00 AM) – Fellows are expected to lead the interdisciplinary discussion once a month; they will be mentored in this activity by Dr. John Hennon, GRECC Director of Education.
 - 2) GRECC conference series (12:00 PM to 1:00 PM) – Attendance is at the discretion of the fellow.
 - d) Department of Medicine Grand Rounds (11:00 AM until noon) are webcast and may be watched from the VA/Oakland

2. Fellows are encouraged to attend and present at least once annually at a national geriatric conference a year (AGS, GSA, AMDA). Presentations at other national meetings will also qualify to meet this expectation if approved in advance by the fellowship director/associate director, but attendance at one of the national geriatric meetings would still be required.
3. Fellows will be responsible for presenting one topic conference a year and either a clinical case, scientific topic or journal club once a month at the Division of Geriatrics Conference. A mentor will be provided for the preparation of these presentations.
4. Fellows will be responsible for presenting a minimum of one Morbidity & Mortality case per year at the weekly division conference. They should do this when they are scheduled to present a clinical case.
5. Fellows will be expected to undertake one quality improvement initiative, based either in ambulatory or long-term care. The Associate Program Director will mentor fellows in this activity.
6. Fellows are required to prepare presentations for residents, students, other healthcare providers and lay audiences as requested by the supervisory physician of any rotation, or by the Program Director.

Committee Participation

Fellows are expected to participate in one of the Division's committee meetings (e.g., Education Committee, Long Term Care Committee)

Evaluations

1. Fellows are required to evaluate each of their monthly rotations and preceptors at the end of the rotation and turn in these evaluations to the Program Coordinator.
2. Fellows are required to evaluate their longitudinal experiences and preceptors quarterly.
3. Fellows must complete a confidential evaluation of the program annually.
4. Fellows are responsible for meeting with their preceptor at the end of a rotation to review their evaluation, ensure that it is signed, and return the evaluation to the Fellowship Coordinator.
5. Fellows are required to meet with the Program Director quarterly to review their evaluations and at the end of the year for a final summative evaluation. Prior to these meetings, the fellow will be required to complete a survey that requires them to identify their perceived strengths, weaknesses, and plans for continued learning/development in each of the six ACGME competency areas.

6. Fellows are required to attend the annual fellowship program review and give feedback.
7. Fellows are required to meet with Dr. Hennon after each GRECC Interdisciplinary Case Conference that they lead (monthly, starting in October), to discuss his assessment of their performance.
8. Fellows will be evaluated on their division conference presentations by a group of randomly selected conference attendees. Feedback will be provided at the time of the quarterly meetings with the Program Director, or more frequently as determined by performance in this activity.

Leave

1. Fellows are allowed 4 weeks (20 days) of vacation. They should inform the fellowship coordinator early in the year when they plan to take vacation. Fellows should plan to take their vacation during elective months.
2. An additional 5 days is allowed to attend conferences.

Discretionary Funds

1. Fellows are allocated \$1500 for books, journal subscriptions and conference expenses.
2. Original receipts should be turned into the Fellowship Coordinator for reimbursement.