Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. UCSF will ensure that the learning objectives of all residency programs are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education will have priority in the allotment of fellows’ times and energies. Duty hour assignments will recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

SUPERVISION OF FELLOWS

- All patient care performed by the fellows must be supervised by qualified nephrology faculty with documentation in the medical record. The program director and site directors will ensure direct and document adequate supervision of fellows at all times. Fellows will be provided with rapid reliable systems for communicating with supervising faculty.
- Faculty schedules will be structured to provide fellows with continuous supervision and consultation. Call schedules with the on-call fellow and faculty are distributed electronically before the beginning of each rotation to fellows, faculty, and staff and are posted on the division website.
- Faculty and fellows will be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.
- All kidney biopsies must be supervised by the faculty attending. All dialysis catheter insertion procedures must be supervised by the faculty attending until the performing fellow has been certified by the program director and site directors to be competent in performing catheter placement without supervision. Fellows can request and are encouraged to request faculty supervision for any catheter placement procedure even after certification for unsupervised catheter placement.
Included below are the institutional policies for the three training sites (UCSF Medical Center, SFGH, and SFVAMC) from the UCSF GME Website.

**UCSF Medical Center: Moffitt-Long Hospitals & Mt Zion Medical Center**
UCSF requires that faculty (members of the Attending Medical Staff) actively supervise all residents and ACGME fellows. Supervision is documented in the medical record. Each Medical Center must have a supervision policy. The following pertains to the Parnassus campus. An appropriately credentialed Medical Staff member must:
- be available to the Housestaff member in person or by telephone
- direct the care of the patient and provide supervision based on the nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the Housestaff member being supervised.
- countersign History and Physicals, Operative Reports and Discharge Summaries;
- Departments must publish call schedules, and these must be prominently available, indicating the responsible faculty member.
- Housestaff members as individuals must be aware of their limitations. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible faculty physician may result in the removal of the Housestaff member from patient care activities.

**San Francisco General Hospital**
SFGH requires that members of the Attending Medical Staff holding UCSF faculty titles (“Attending Faculty”) actively supervise all residents and ACGME fellows (“Housestaff”). The Attending Faculty supervises Housestaff in such a way that Housestaff assume progressively increasing responsibility for patient care according to their level of training, ability and experience. Supervision is reflected in the documentation in the medical record.
- An appropriately credentialed Medical Staff member must:
- Be available to the Housestaff member in person or by telephone
- Direct the care of the patient and provide supervision based on the nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the Housestaff member being supervised.
- Countersign History and Physicals, Operative Reports and Discharge Summaries.
- Clinical Service Departments must publish call schedules, and these must be prominently available, indicating the responsible attending to be contacted.
- Housestaff members as individuals are expected to function within graduated levels of responsibility and to communicate significant patient care issues to the responsible attending faculty physician. Failure to do so may result in the removal of the Housestaff member from patient care activities.

**Veterans Medical Center**
VA policy is that all residents will be supervised by an attending physician. All new patients and any patients with a significant change in status must be presented to an attending physician in a timely fashion. The attending physician must document his/her findings and supervision of the resident in a note. Residents are responsible for communicating to the staff practitioner any significant issues as they related to patient care. This communication must be documented in the medical record. Residents must be aware of their limitations and not attempt to provide clinical
services or do procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside that scope of service. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible staff practitioner may result in the removal of the resident from VA patient care activities. The full policy for Resident Supervision (MCM-22) is available on the VA Intranet under employee resources.

**DUTY HOURS/WORK HOURS**

The Division of Nephrology recognizes that the primary objective of the fellowship training program is the education of the fellows, not the fulfillment of service requirements at the training sites. Duty hours are defined as all clinical and academic activities related to the fellowship program, i.e. patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-hospital during call activities and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. These standards apply to all UCSF training sites including, but not limited to, the San Francisco VA Medical Center (SFVAMC), San Francisco General Hospital (SFGH), and UCSF Medical Center.

- Duty hours will be limited to 80 hours per week inclusive of all in-house call activities. Internal moonlighting at any of the three training sites (SFGH, SFVAMC, and UCSF Medical Center) counts toward the 80 hour limit; all moonlighting (internal or external) must be approved by the program director and comply with the division policies (see moonlighting policy below).
- Fellows will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- There is no in-hospital call for the nephrology fellowship training program.
- Limit of 24 hours per shift (defined as continuous on-site duty) with allowance of up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- A 10-hour time period for rest and personal activities will be provided between all daily duty periods.
- Faculty and residents/fellows must be educated to recognize the signs of fatigue. The fellowship program has a policy to prevent, monitor, and counteract the potential negative effects of fatigue.

**ON-CALL ACTIVITIES**

- The objective of on-call activities is to provide fellows with continuity of patient care experiences.
- The nephrology fellowship training program does not include any in-hospital call.
- Continuous on-site duty will not exceed 24 consecutive hours. Fellows may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of medical and surgical care, transfer care of patients, or conduct outpatient continuity clinics.
- No new patients may be accepted after 24 hours of continuous duty, except in outpatient continuity clinics. A new patient is defined as any patient for whom the fellow has not previously provided care.
- At-home call (pager call) is defined as call taken from outside the assigned institution.
- The frequency of at-home call is not subject to the every third night limitation. However, at home call will not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4 week period.
- When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80 hour limit.
- The program director, site directors, and faculty will monitor the demands of at home call in the programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

MOONLIGHTING

In accordance with the UCSF GME Moonlighting Policy, the faculty members of the UCSF Nephrology Fellowship Training Program have developed this Moonlighting Policy, with input from fellows. The Nephrology Fellowship Training Program will allow ACGME fellows to participate in both Internal and External Moonlighting. Moonlighting is considered a privilege, not an entitlement or a requirement. Under no conditions will fellows be required to engage in moonlighting.

General considerations

Because fellow education is a full time endeavor, fellows must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their educational Program. Nephrology fellows are responsible for ensuring that moonlighting and other outside activities do not result in fatigue that might affect patient care or learning. Fellows are responsible for complying with their Program Duty Hours Policy. The latter must be approved by the Graduate Medical Education Committee, and it must be consistent with the UCSF Policy on Duty Hours. Note: The ACGME requires Program Director pre-approval of all moonlighting activity by residents and ACGME fellows (http://www.acgme.org).

The fellowship program allows both internal to UCSF and external to UCSF moonlighting. Moonlighting requires written pre-approval, monitoring and periodic review. The policy is consistent with the UCSF’s policy. Trainees do not have to engage in moonlighting. They may choose to moonlight if they desire to do so. Duty Hours include moonlighting and cannot exceed more than 80 hours of work.
Any resident/fellow moonlighting without written pre-approval will be subject to disciplinary action.

- **Internal Moonlighting** is defined as extra work for extra pay performed at one of the three training sites (SFVAMC, SFGH, UCSF Medical Center). There are no internal moonlighting opportunities in the Division of Nephrology for ACGME nephrology fellows. This activity must be supervised by UCSF faculty and is not to exceed the level of clinical activity currently approved for the participating trainee. While performing internal moonlighting services, trainees are not to perform as independent practitioners. All internal moonlighting must comply with ACGME and University duty hour policies (i.e., internal moonlighting hours count toward the 80-hour work restrictions).

- **External moonlighting** is defined as work for extra pay performed at a site that does not participate in the fellow’s training program. For external moonlighting, the trainee is not covered under the University’s professional liability insurance program as the activity is outside the scope of University employment. The trainee is also responsible for his or her own professional liability coverage (either independently or through the entity for which the trainee is moonlighting), DEA licensure, Medicare (or other governmental) provider number and billing training, and licensure requirements by the California Medical Board.

ACGME fellows may moonlight at a UCSF School of Medicine facility if it is outside the area of training, it is not a UCSF training site, if it is not an in-patient setting (per Medicare rules). A ‘Professional Services Agreement for Moonlighting by ACGME Clinical Fellows” form must be completed and signed prior to moonlighting at a UCSF facility by an ACGME fellow. This would be considered Internal moonlighting because it is at a site used by the training program. Note: If the ACGME fellow is working within his/her training program, not exceeding his/her approved clinical level of activity and is supervised by faculty, the “Internal Moonlighting Form for Residents” should be used (http:www.medschool.ucsf.edu/gme).

**Permission**

It is the responsibility of the requesting fellow to obtain written permission to moonlight from the program director prior to beginning any internal or external moonlighting activity. Approval template forms for both internal and external moonlighting are available on the UCSF GME website. Any trainee moonlighting without permission will be subject to the following actions. Through direct contact with the program director, the fellow will be reminded of these policies and directed to obtain the necessary permission prior to continuation of their moonlighting activities. Furthermore, moonlighting without permission will result in review by the program director and division chiefs for possible withdrawal of that trainee’s moonlight privileges. Restitution of moonlight privileges will be subject to the discretion of the same.

**Documentation**

Internal, but not External, Moonlighting hours must comply with the written policies regarding duty hours as per UCSF and ACGME. Both Internal and External Moonlighting must be documented and submitted in order to comply with Medicare reimbursement requirements for GME. It is the responsibility of the moonlighting fellow to document the days, hours, location, and brief description of the type of service(s) that they will provide and submit these to the program director.
Monitoring and Periodic Review
Because fellowship education is a full time endeavor, ACGME fellows must ensure that moonlighting does not interfere with their ability to achieve the goals and objectives of their educational program. Trainees are responsible for ensuring that moonlighting and other outside activity does not result in fatigue that might affect patient care or learning. Each trainee will be asked to review his or her own performance with respect to fatigue. The program director will monitor each fellow’s performance, patient care, learning and fatigue. If the program director determines that the trainee’s performance does not meet expectations, permission to moonlight will be withdrawn. The restitution of moonlighting privileges will be considered at the request of the fellow by the program director. The GMEC will periodically review reports by the program director regarding moonlighting activity.

STRESS AND FATIGUE

Education
- Our fatigue education program consists of a yearly, mandatory lecture on stress and fatigue offered by the Graduate Medical Education Office of UCSF. This lecture is attended by fellows and faculty.
- Educational material about fatigue and stress for faculty and fellows are posted on the ACGME website (http://www.acgme.org/DutyHours/Dinges_present.asp) and the division website.
- Fellows are educated to recognize the signs and consequences of fatigue during fellowship orientation by the program director or other qualified faculty member.

Monitoring
- Fellows spend significant time each work day in face-to-face interactions with the supervising attending. The faculty assesses fellow fatigue and stress levels by observation and specific questioning. Co-fellows are an additional monitoring system for the recognition and reporting of fatigue to the program director, site director, and supervising attending.
- The fellows are asked on a monthly basis on the E*Value electronic evaluation system any excessive workloads and fatigue issues. If they answer yes, they are directed to contact the program director; fellows may also discuss fatigue with the site directors and other faculty members.
- The program director meets with each fellow bi-annually. The program director also meets regularly with the fellows after the fellows lecture series conference. These meetings review the fellows’ activities including work level and fatigue. If the workload is unusually demanding, adjustments are made in the schedule to reduce fatigue.

Back-up Systems for Fatigue
The division has a jeopardy system for back-up coverage in the case of illness, family emergency, and fatigue/stress. Jeopardy fellows are basic science/clinical research fellows on research elective and clinician fellows on clinical elective. If a fellow is found to be fatigued by
self-report, co-fellow report, or attending report, then he/she is sent home and the attending, co-
fellow, and/or jeopardy fellow covers the his/her duties until the fellow is able to return. On the Kidney Transplant Unit service, the transplant nephrology fellow is also able to provide back-up coverage for the general nephrology fellow. The fellow’s ability to resume his or her normal schedule will be reassessed by the attending, site director, and/or program director.

Oversight
The nephrology fellowship program’s policies and procedures are consistent with the Institutional and program Requirements for fellow duty hours and the working environment. These policies are distributed to the fellows and the faculty. Fellows receive copies of the division policies at orientation. Division and University policies are also posted on the division website. Monitoring of duty hours will be monitored with frequency sufficient to ensure an appropriate balance between education and service. The program director will obtain data on compliance with the Fellow Duty Hours Policy. Each fellow will be responsible for providing accurate and timely data on compliance with the Fellow Duty Hours Policy to the program director, the GME Office, and the ACGME when this information is requested. Back-up support systems are available by the fellowship program when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

WORK ENVIRONMENT

UCSF and the Division of Nephrology provide services and systems to minimize the work of residents that extraneous to their educational program.

1. Fellows on duty have access to adequate food services in all institutions.
2. Fellows have adequate lounge areas, conference rooms, work stations, electronic medical records with remote/off-site access, office equipment (fax, printers, telephones, desks, chairs, computers, software), and storage facilities for personal belongings.
3. Patient support services, such as intravenous services, phlebotomy services and laboratory services, as well as messenger and transporter services are provided to be consistent with education objectives and patient care.
4. Laboratory, pathology and radiology services are available to support timely and quality patient care. Information systems are available.
5. A medical records system is available at all times to support quality patient care, the education of residents, quality assurance activities, and to provide a resource for scholarly activity.
6. Security and personal safety measures are provided to residents at all locations including parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities.

The UCSF Graduate Medical Education Committee is the authoritative body to review concerns related to work conditions as well as issues related to the program and/or faculty. Fellows who have concerns about their work conditions, program or faculty should contact their Program Director, Division Chief, and/or Chair. If problems or concerns are not resolved at this level,
these should be brought to the attention of the DIO/Chair of the GMEC or, in her absence, a
designee. The GMEC is then charged with the resolution of the concern or issue. In some cases,
the appointment of a subcommittee or task force may be necessary to provide thorough analysis
and plan of action.

**WELL-BEING AND PHYSICIAN IMPAIRMENT**

The Division of Nephrology is committed to making every effort to support the physical
and emotional well-being of its trainees. The following policy describes the infrastructure that is
in place to provide early identification of and intervention in cases of physician impairment.

The program director, site directors, division chiefs, and other key faculty meet regularly
at Three-Site Faculty Meetings to review the progress of fellows in the program. Each training
site conducts monthly faculty meetings where the faculty review the fellows rotating at that site.
When concerns about well-being or physician impairment are raised, the program director
meets with the fellow and, when necessary, gathers additional information to better assess the
situation. When this process substantiates the initial concerns, the program director takes
appropriate action that may include:

- Referring the fellow to the Faculty & Staff Assistance Program (FSAP), or other pertinent
  health resources.
- Requiring the fellow to seek a confidential assessment by a mental health professional.
- Notifying the physician well-being committee of the UCSF Medical Staff.
- Notifying the Physicians’ Confidential Assistance Line of the California Medical
  Association.
- Providing ongoing support and monitoring of the fellow.

The program director then monitors the fellow’s progress, ensuring that the fellow receives
appropriate support and is able to safely perform his patient care duties.

In addition, any fellow who is concerned about their own psychological well-being, or
any fellow, faculty member, staff member, or student who has concerns about a colleague, may
contact the program director or other faculty members (such as site directors and division
chiefs). Physicians are also encouraged to use any of the resources outlined below:

**Sources of Support**

**Faculty & Staff Assistance Program (FSAP)**

This group is available to any member of the campus community for confidential consultation.
An appointment can be made directly (476-8279), or by referral through one's primary physician
or a member of the Physician Well-Being Committee.

Outside the University

Psychologists, psychiatrists, and chemical dependency recovery specialists are available for
consultation outside the University, again in strict confidence. Referral can be made through the
Faculty Staff and Student Assistance Program, through a member of the Physician Well-Being
Committee, through one’s primary physician, or by oneself. Alternately, the Physicians’
Confidential Assistance Line of the California Medical Association can be reached at (650) 756-
7787.

**Hospital Committees**
The Medical Staff of each hospital has a Physician Well-Being Committee dedicated to recognizing and offering assistance to staff and physicians who have problems with substance abuse or physical and mental illness which impair their ability to practice safely and effectively. Each committee handles cases involving physicians of all departments in that hospital. The Chair of the Physician Well-Being Committee can be contacted through the Medical Staff Office at (415) 353-1849.

FELLOW SELECTION AND APPOINTMENT

It is the policy of UCSF and its affiliated hospitals that programs do not discriminate with regard to sex, race, age, religion, color, national origin, sexual orientation, disability or veteran status.

The Division of Nephrology selects from among eligible applicants on the basis of the applicant’s preparedness and ability to benefit from the program in which they are appointed. Aptitude, academic credentials, personal characteristics such as motivation and integrity, and ability to communicate are considered in the selection.

Fellows are required to complete attestation statements as a condition of appointment. Any “yes” response to these statements demands an answer. After review of a fellow’s explanation of “yes” statements, an offer of a contract for training may be revoked or the conditions of the offer revised.

PROMOTION

- The fellowship training program is structured to assure that fellows assume increasing levels of responsibility commensurate with individual progress in experience, skill, knowledge, and judgment.
- The Program Director defines the levels of responsibility for each year of training by establishing a resident Clinical Competency Checklist (accessible through the UCSF Medical Center intranet) to reflect the patient care services that may be performed and the level of supervision required.
- The trainee’s ability to provide safe and quality care for a patient without a supervisor physically present or to act in a teaching capacity is based on documented evaluation of clinical experience, judgment, knowledge, technical skill, humanistic qualities, professional attitudes, behavior and overall ability to manage the patient’s care.
- The Division Chief(s), Program Director, Site Directors, and/or faculty members evaluate each fellow according to requirements of the program specific RRC.
- The Program Director reviews the written evaluations of a trainee’s performance and conduct evaluations at regular intervals not less than semi-annually, and in compliance with RRC requirements.
- Written evaluations are discussed with the fellow and maintained by the Program Director.
- A final permanent written evaluation will be maintained by the Program Director according to the required time frame established by the respective RRC or other
accrediting and certifying agencies. This final evaluation will be based on performance during the final period of training.

- The Program Director reviews the program’s Clinical Competency Checklist at least annually and submits timely updates to the GME office.
- Reappointment to a Post-M.D. position/promotion for a subsequent year is not automatic. Reappointment and Promotion Contingent on mutual agreement, an annual review of satisfactory or better performance, funding availability, and program need, a trainee may be reappointed for a period of not more than one (1) year. That is, a fellow’s advancement to a position of higher responsibility will be made only on the basis of an evaluation of their readiness for advancement.

**SEXUAL HARASSMENT and NON-DISCRIMINATION POLICY**

It is the policy of UCSF School of Medicine and the Division of Nephrology that no fellows be discriminated against because of race, color, religion, marital status, national origin, ancestry, sex, sexual orientation, physical disability or medical condition as defined in Section 12926 of California Government Code, status as a Vietnam-era veteran or special disabled veteran, or within the limits imposed by law or University regulations, because of age or citizenship.

The following offices have been designated as resources. Fellows who believe they may have been subjected to discrimination and/or gender, sexual or other forms of harassment in the workplace may seek guidance and counseling:

1. Office of Sexual Harassment Prevention & Resolution 415-476-5186
3. Faculty and Staff Assistance Program (FSAP) 415-476-8279

A fellow is entitled to follow the University’s confidential sexual harassment procedure. [http://www.ucsf.edu/oshpr/policies/policy.html](http://www.ucsf.edu/oshpr/policies/policy.html)

**GRIEVANCES AND ACADEMIC DUE PROCESS**

NOTE: All fellows are encouraged to attempt to meet with the Program Director, Site Director, Division Chief, or Department Chairman informally, to address any grievances as an initial step.

- During the course of training fellows are to be evaluated by members of the teaching program at least semi-annually. More frequent evaluations may be undertaken at the discretion of the Program Director (PD). The decision to renew a fellow's training program is at the discretion of the PD, Division Chiefs, or Departmental Chairperson.
- Each fellow will be evaluated at the end of each rotation and during faculty meetings.
- Each Nephrology fellow should meet the academic criteria for promotion/advancement.
- The performance and academic progress of the fellow will be reviewed periodically.
Feedback and counseling will be given as needed to correct any deficiencies as documented through the e-value system.

Non-renewal or remediation will be recommended for fellows who have failed to make adequate academic progress.

Disciplinary action, including dismissal will be taken if a fellow has violated any applicable law or policy, or otherwise fails to meet the criteria for continued enrollment according to academic and non-academic guidelines.

The Division shall make recommendations on remedial action, non-renewal, disciplinary actions (e.g., suspension) and dismissal to the Chair of the Department.

A written copy of the decision and recommendations will be made available to the fellow involved.

Recommendations of non-renewal or remediation will be made in a timely manner before the end of the current enrollment year.

Any disciplinary action resulting in the suspension or termination will entitle the fellow to request a review of that decision by an ad hoc committee.

Prior to suspension or dismissal the resident will be given written notice stating the basis for the suspension or termination and advising the fellow of the right to request a review of that decision by the Chair of the Graduate Medical Education Committee (GMEC). A fellow who wishes to request such a hearing must do so within five (5) business days after receipt of the decision.

The notification must also inform the fellow of their right to request a hearing in cases of serious disciplinary action.

If the fellow is not satisfied with that determination s/he may request a review. A request for such a review must be made within ten (10) working days of receipt of the Chair of the GME determination.

If the fellow is not satisfied with that determination s/he may request a review before an ad hoc committee appointed by the Chair of the GMEC. A request for such a review must be made within five (5) working days of receipt of the Chair of the GMEC determination.

The Division of Nephrology and the fellowship training program are compliant with the UCSF GME Office’s Academic Due Process/Grievance and Leave Policy from April 22, 2004 (the latest revision is available online: http://www.medschool.ucsf.edu/gme/directors/policies/academicdueprocess/index.aspx

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Parnassus Division Chief: Chi-yuan Hsu, MD, MSc
SFGH Division Chief: David Pearce, MD
SFVAMC Division Chief: David Lovett, MD