

# **BEAUMONT HEALTH**

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## **CLINICAL CARDIAC ELECTROPHYSIOLOGY (CCEP)**

### **POLICIES, RESPONSIBILITIES AND CURRICULUM 2019-2020**

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# BEAUMONT HEALTH SYSTEM

## CARDIOLOGY FELLOWS

July 1, 2018 – June 30, 2019

### CLINICAL

		<u>PAGER#</u>
3 <sup>rd</sup> Year – PGY 6	Michael Ashbrook, MD	142293
	Sara Karnib, MD	20255
	Rami Khoury Abdulla, MD	20259
	Craig Tucker, MD	142294
2 <sup>nd</sup> Year – PGY 5	Richard Bloomingdale, MD	146888
	Ashish Chaddha, MD	146889
	Amy Mertens, DO	20679
	Jason Schott, DO	146769
1 <sup>st</sup> Year – PGY 4	Rick Gaines, MD	9628
	Thomas O’Connell, MD	9212
	Travis Tagami, DO	9238
	Daniel Tim, MD	9245

### ELECTROPHYSIOLOGY

		<u>PAGER#</u>
PGY 7	Christopher Bradley, DO	9817
	Divyashree Varma, MD	146890

### INTERVENTIONAL

		<u>PAGER#</u>
PGY 7	Anthony DeCicco	9832
	Kyle Feldmann, MD	137389
	Jacob Goldstein	9631
	Brian Renard, MD	137540
	Daniel Rothschild, MD	137542

### ADVANCED IC

		<u>PAGER#</u>
“Jr. faculty”	Joseph Burke, MD	146928
	Pratik Dalal, MD	146879

**CLINICAL CARDIAC ELECTROPHYSIOLOGY FELLOWSHIP  
CURRICULUM  
BEAUMONT HEALTH**

**Mission Statement:**

The goal of the fellowship program in clinical cardiac electrophysiology is the training of post-cardiology fellowship fellows in the diagnosis and management of patients with cardiac arrhythmias including all appropriate invasive and noninvasive methods for evaluation and drug, device and ablative forms of therapy.

**I. Educational Program**

The Clinical Cardiac Electrophysiology (CCEP) fellowship program is directly affiliated with the subspecialty fellowship in Cardiovascular Disease (CVD) at Beaumont Health System. Within the Cardiology Division, three independent training programs including CVD, CCEP and Interventional Cardiology work in concert with each other for the betterment of patient care, research, and education for all fellows and all Internal Medicine Program residents.

The CCEP fellowship program will be 24 months in length and will be undertaken after completion of required training for board certification in cardiovascular disease. Under faculty direction, the fellows will assume responsibility for diagnosis and management of patients with a wide variety of cardiac arrhythmias, including bradyarrhythmias, supraventricular and ventricular tachyarrhythmias, those with implanted antiarrhythmic devices, and those with related symptoms such as syncope, presyncope and palpitations.

**II. Faculty**

There are 5 clinical electrophysiologists that comprise the teaching CCEP faculty at Beaumont Health System. Dr. David Haines is the Director of the Heart Rhythm Center and directs the Heart Rhythm Clinic, which serves as the setting for outpatient teaching of the CCEP fellows. Drs. David Nori and Hazim Al-Ameri assume 40% of the in-hospital clinical teaching and supervision, while Drs. Brian Williamson, Ilana Kutinsky, and David Haines assume the balance of the 60% commitment. Two CCEP fellows will be enrolled in the fellowship training program at any one time, one being a first-year trainee while the second being a second-year trainee. Thus, a clinical faculty-to-CCEP fellow ratio of at least 2:1 will always be maintained.

**III. Facilities and Resources**

The clinical facilities of the Heart Rhythm Center at Beaumont Health System include four interventional electrophysiology laboratories with pulsed fluoroscopy and digital image storage (Siemens, GE). All four labs are outfitted with computerized signal processing, data acquisition and storage (GE-Prucka), programmed stimulators (Bloom, GE), device programmers (numerous manufacturers), intracardiac echocardiography (2 systems - Boston Scientific & AcuNav),

advanced 3-D intracardiac mapping (3 systems – EnSite Velocity, CARTO, and Rhythmia), and appropriate supplies and equipment for emergency patient care. The Heart Rhythm Center has a patient intake/holding area, an employee locker room from which a locker will be assigned to the fellows, and a lunch/break room. Each lab and control room has a networked computer for medical record review and completion. Each fellow is assigned a carrel in the fellows' room located within the Cardiology Division offices. A conference room and Cardiology Library are also located in the Cardiology Division offices, and are available for fellows use at all times. Outpatients are seen in the Heart Rhythm Clinic and Atrial Fibrillation Center, which are located immediately contiguous to the Cardiology offices. Patients with arrhythmias are cared for in Beaumont Health, a 1000-bed facility with a specialized cardiac evaluation unit in the emergency department, cardiac and cardiac surgical intensive care units, cardiac medicine and surgical telemetry units, and as well as other ICUs and wards.

#### **IV. Program Content:**

##### **A. Clinical Experience**

The CCEP fellows participate in the evaluation and management of CCEP patients seen in the Heart Rhythm Center laboratories, the Heart Rhythm Clinic and in in-hospital consultation. The fellow is instructed in the indications, contraindications, risks, benefits, diagnostic accuracy and therapeutic efficacy of the various diagnostic procedures and therapeutic procedures involved in the management of patients with cardiac arrhythmias. The fellows participate in the prescription and evaluation of pharmacological, ablation and device-based antiarrhythmic therapy. The laboratory has an on-going quality assurance/quality improvement program in which the CCEP fellows participate.

##### **B. Patient Base**

The CCEP service performs over 3,900 laboratory procedures annually. The case mix includes single and dual chamber pacemaker implantation, primary and secondary prevention ICD implantation, cardiac resynchronization therapy devices, diagnostic electrophysiological studies, catheter ablation of supraventricular tachycardias, catheter ablation of ventricular tachycardias, catheter ablation of atrial fibrillation, electrical cardioversions, and tilt table tests. Patients with all forms of heart disease are seen, including coronary artery disease, cardiomyopathies, valvular heart disease, myocarditis, congenital heart disease, and primary and secondary electrical diseases, including Wolff-Parkinson-White, long QT syndromes, supraventricular tachycardias, atrial fibrillation, atrial flutter, ventricular tachycardias, sinus node dysfunction and AV and intraventricular conduction blocks. Clinical conditions evaluated include syncope, sudden death, palpitations, and heart failure. Patients are evaluated for the appropriateness of primary prevention device implantation or prescription of cardiac resynchronization therapy.

### **C. Principal Teaching/Learning Activities**

1. During the course of training, CCEP fellows will be exposed to the theory and practice of each of the following:
  - a. Activation sequence mapping recordings
  - b. Invasive intracardiac electrophysiologic studies, including endocardial electrogram recording
  - c. Relevant imaging studies, including chest radiography and magnetic resonance imaging
  - d. Tilt table testing.
  - e. Electrocardiograms and ambulatory ECG recordings
  - f. Continuous in-hospital ECG recording.
  - g. Stress test ECG recordings.
  - h. Trans-telephonic ECG readings
2. The CCEP fellows will be expected to gain competency in each of the following:
  - a. Electrode catheter introduction
  - b. Electrode catheter positioning in atria, ventricles, coronary sinus, His bundle area, pulmonary artery, and pulmonary veins.
  - c. Transeptal catheterization for left atrial mapping and ablation
  - d. Stimulating techniques to obtain conduction times and refractory periods and to initiate and terminate tachycardias
  - e. Recording techniques, including an understanding of amplifiers, filters, and signal processors
  - f. Measurement and interpretation of data
  - g. Intracardiac echocardiography catheter manipulation and image interpretation
3. The CCEP fellows will be the primary operators in a variety of catheter ablative procedures and post-diagnostic testing. These cases will include a mix of AV nodal reentrant tachycardia and accessory pathway ablation, atrial tachycardia, atrial flutter, atrial fibrillation, AV junctional ablation, premature ventricular depolarization ablation, and ventricular tachycardia ablation.
4. The CCEP fellows will be the primary operators in a variety of device implantation and extraction procedures including permanent single and dual-chamber pacemakers, single and dual-chamber ICDs, cardiac resynchronization devices, and implantable loop recorders.
5. The CCEP fellows will gain expertise in the following:
  - a. Pacemaker, ICD, and CRT device programming
  - b. Noninvasive programmed stimulation for arrhythmia induction through the device
  - c. Defibrillation threshold testing
  - d. Final prescription of antitachycardia pacing and defibrillation therapies
6. The CCEP fellows will be expected to gain a broad knowledge base in CCEP through clinical and research experience, didactic lectures and independent reading. The key areas of knowledge will include:



- a. Basic cardiac electrophysiology, including, but not limited to, genesis of arrhythmias, normal and abnormal electrophysiological responses, autonomic influences, effects of ischemia, drugs, and other interventions
- b. Clinical cardiac electrophysiology
- c. Arrhythmia-control device management
- d. The genetic basis of pathological arrhythmias
- e. Epidemiology of arrhythmias
- f. Clinical trials of arrhythmia management and their impact on clinical practice

#### **D. Teaching/Learning Environments**

Activities in the following environment during the fellowship program provide learning and teaching opportunities for the trainee in clinical cardiac electrophysiology:

1. **Patient Care – Hospital (PC-H).** Post-procedure visits are made on patients having EP procedures as outpatients who the fellows have performed interventions on. The CCEP fellows will interact with CVD fellows and IM residents in these settings, and assume a supervisory role or consultant's role depending upon the setting. The activities of the CCEP fellows will be complementary to those of the CVD fellow on the CCEP service, so there should be minimal overlap of responsibilities. For each patient encounter, the available historical and anatomic (physical exam, cardiac catheterization, noninvasive studies, other radiographic studies) information and all electrocardiographic and electrophysiological data are reviewed, results and possible complications of procedures are assessed, device function is monitored and response to antiarrhythmic therapy (pharmacological, ablative or device based) is evaluated using noninvasive and invasive data (standard ECGs, transtelephonic ECG recordings, exercise tests, and ambulatory ECGs). Pertinent physical findings are assessed. In this manner, CCEP fellows will be exposed to the large majority of patients seen by the CCEP service.
2. **Patient Care – Outpatient (PC-OP).** The CCEP fellows sees outpatients at least one half-day per week in the Heart Rhythm Clinic. In many cases, patients who are pre- or post procedure will interact with the fellows during the procedure as well as in the outpatient setting. Thus, the fellows can observe continuity of care through the pre- and post hospital phase. The outpatient practice provides a longitudinal experience of CCEP patient management for the 24-month duration of training. In the cases where clinic is staffed by both the CCEP fellow and a rotating CVD fellow, an effort will be made so that the CCEP fellow maintains continuity of care of patients that he/she has previously evaluated.
3. **Patient Care – EP Laboratory (PC-EP).** The CCEP fellows are the primary operators with immediate “shoulder-to-shoulder” faculty supervision in all CCEP cases for which he/she is assigned to the laboratory. There will be minimal overlap of the CCEP fellow and the rotating CVD fellow in this setting. Teaching of procedural skills is incremental. Initially, placement of vascular access sheaths and diagnostic catheters will be stressed. Once the trainees have demonstrated a good understanding of anatomical relationships,

they will be trained and become the primary operators in catheter ablations and device implantation and extraction procedures. In the second portion of the first year, the trainees will advance to more complex procedures including transseptal catheterization and ablation of atrial fibrillation and ventricular tachycardia. During the first 2-3 months the trainees will observe the technique of programmed cardiac stimulation and learn the mechanisms of arrhythmias. After that, the trainees will perform the stimulation initially with attending supervision and later independently.

Fellows in this accredited clinical cardiac electrophysiology fellowship program will be expected to perform the following procedures over the course of 24 months of required training:

- 160 catheter ablation procedures, including:
  - 50 supraventricular tachycardia
  - 30 atrial flutter/macro-reentrant atrial tachycardia procedures
  - 50 atrial fibrillation procedures
  - 30 ventricular tachycardia/premature ventricular contraction ablations
- 100 cardiac implantable electric device (CIED)- related implantation procedures
- 30 CIED-related replacement/revision procedures
- 200 CIED-related interrogation or programming procedures
- 5 tilt-table tests

Procedures performed during training in cardiovascular disease may be counted toward fulfilling these requirements provided that they are adequately documented and are performed with supervision equivalent to that of a clinical cardiac electrophysiology fellowship.

According to the schedule outlined above, the trainees will be instructed in and evaluated for skills in arterial and venous catheterization; device implantation techniques; catheter ablation; programmed cardiac stimulation; device prescription and programming and indications for replacement; and electrophysiological data acquisition and interpretation of mapping, stimulation and ablation data. Patient management techniques, including drug usage, ICU management, resuscitation, and temporary pacing and cardioversion, will also be instructed during rounds, in the clinic, and in the laboratory, with the fellow's skills evaluated.

## **E. Formal Instruction**

In addition to direct teaching in the laboratory and on rounds or in the outpatient setting, the CCEP fellows will participate in the following teaching activities:

1. Present 1 EP case monthly per fellow at the EP weekly conference. **(EP-C)**
2. Attend weekly Intracardiac Electrogram Conference (every Tuesday) **(EP-EGM)**

3. Attend weekly EP Conference (every Wednesdays once a week)
4. Attend Noon Core Cardiology conference series during EP discussion topics (**CC-C**)
5. Attend monthly Cardiology Grand Rounds (**CGR-C**).
6. Attend monthly Cardiology Morbidity and Mortality Conference (**MM-C**)
7. Attend EP Journal Club – four times a year, with responsibility to lead discussion on  $\geq 1$  EP topic at two of the four sessions for each fellow (**EP-J**)
8. Attend the Cardiology Research Conference monthly, with responsibility for presentation once per year (**RC-C**).
9. Attend at least one of the following national meetings at Division expense: American College of Cardiology - Heart Rhythm Society (**N-C**).

#### **F. Principal Educational Goals (Table 1)**

The principal educational goals for all activities that are part of the Clinical Cardiac Electrophysiology Fellowship are detailed in the six defined areas of core competency as listed below:

1. **Patient Care:** Fellows are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
  - Gather accurate, essential information from all sources, including medical interviews, physical examination, records, and diagnostic/therapeutic procedures.
  - Interpret noninvasive data, differentiating true information from artifact, and recognizing the sensitivity, specificity, and predictive value of the test
  - Perform competently the diagnostic and therapeutic procedures considered essential to the practice of clinical cardiac electrophysiology.
  - Successfully evaluate and manage implanted devices
  - Make informed recommendations about preventive, diagnostic, and therapeutic options and interventions that are based on clinical judgment, scientific evidence, and patient preferences.
  - Develop, negotiate, and implement patient management plans.
2. **Medical Knowledge:** Fellows are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and demonstrate the application of their knowledge to patient care and education of others.
  - Apply an open-minded and analytical approach to acquiring new knowledge
  - Develop clinically applicable knowledge of the basic and clinical sciences that underlie the practice of clinical cardiac electrophysiology
  - Apply this knowledge in developing critical thinking, clinical and technical problem solving, and clinical decision-making skills

- Access and critically evaluate current medical information and scientific evidence and modify knowledge base accordingly
- 3. Practice-Based Learning and Improvement:** Fellows are expected to be able to use scientific methods and evidence to investigate, evaluate, and improve their patient care practices.
- Identify areas for improvement and implement strategies to improve knowledge, skills, attitudes, and processes of care
  - Analyze and evaluate practice experiences and implement strategies to continually improve the quality of the practice of clinical cardiac electrophysiology
  - Develop and maintain a willingness to learn from errors and use errors to improve the system or processes of care
  - Use information technology or other available methodologies to access and manage information and support patient care decisions and personal education
- 4. Interpersonal Skills and Communication:** Fellows are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
- Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
  - Provide effective and professional specialist consultation to other physicians and health care professionals and sustain therapeutic and ethically sound professional relationships with patients, their families, and colleagues
  - Interact with consultants in a respectful and appropriate fashion.
  - Maintain comprehensive, timely, and legible medical records
  - Provide relevant timely information to colleagues within and outside of your area of expertise, recognizing the role of the consultant in ongoing professional education, both in the formal and informal setting
- 5. Professionalism:** Fellows are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude toward their patients, their profession, and society.
- Demonstrate respect, compassion, integrity, and altruism in their relationships with patients, families, and colleagues
  - Demonstrate sensitivity and responsiveness to patients and colleagues, including gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors and disabilities
  - Adhere to principles of confidentiality, scientific/academic integrity, and informed consent
  - Recognize and identify deficiencies in peer performance
  - Develop a clear understanding of the complex and challenging relationships in clinical cardiac electrophysiology between clinician/providers, hospitals and industry; understand the inherent conflicts of interest in many relationships with industry and its representatives, and develop strategies to ensure clear boundaries that are designed to uncompromisingly prioritize high quality patient care

**6. Systems-Based Practice:** Fellow are expected to demonstrate an understanding of the contexts and systems in which health care is provided, and demonstrate the ability to apply this knowledge to improve and optimize health care.

- Recognize the range of sources of available information for patient care
- Establish a collegial and collaborative relationship with other health care team members in order to facilitate information sharing
- Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as possible
- Participate in identifying system errors and implementing potential system solutions

### **G. Self Study**

The CCEP fellows are expected to be familiar with articles on arrhythmia diagnosis and management appearing in the major journals (e.g., *Circulation*, *Circ Arrhyth Electrophysiol*, *J Am Coll Cardiol*, *Heart Rhythm*, *J Cardiovasc Electrophys*, etc.) and to discuss relevant data on rounds. A small library of textbooks in cardiac electrophysiology is maintained in the Cardiology library for reference and study. A computer workstation is available for the trainees' use for literature searches, data analysis and manuscript preparation.

### **H. Research and Scholarly Activities**

CCEP fellows who are continuing on from the general cardiovascular disease fellowship will be allowed time to work on prior projects already undertaken during that time period. Multiple clinical projects in areas such as defibrillation, atrial fibrillation, pharmacology and ablation are active and open to the fellows participation. The trainees will also be encouraged to design and implement their own clinical studies based on their clinical or laboratory experience. This will include formation of a hypothesis, study design, data acquisition and analysis and presentation and/or publication. One day per week will be assigned to the fellows for pursuit of research activities. Additional time for research beyond the 24-months of CCEP training period will be available to interested fellows.

### **I. Evaluation (Table 1)**

The CCEP faculty will assess the trainees' progress in the six defined areas of core competency (see Table 1). The evaluations will include a variety of methods and assessment tools as described below. Special attention will be paid to evaluation feedback to the trainee. This will occur on a frequent basis informally, and on a quarterly basis with a formal feedback session. In addition, the fellows will have available access to written performance evaluations at all times. The evaluation tools employed are as follow:

1. **Written evaluations (WE):** Written evaluations will be completed on a quarterly basis for each fellow by each attending. The written evaluations will follow the Clinical Competencies format (see Appendix 1). Furthermore, the evaluations will evaluate the fellows' procedural skills. The evaluations are administered by the CCEP Program

Coordinator using a web-based system that automatically follows up to assure a 100% response rate. Written evaluations will be reviewed by the Program Director, and feedback provided to the fellows on at least a semi-annual basis.

2. **Ongoing oral feedback (OF):** During the training, the fellows will receive regular mid-course adjustment from the faculty. This will include constructive feedback about knowledge base, clinical decision-making, and procedural technique.
3. **Semi-annual evaluation (SE):** On a semiannual basis, the Program Director will generate a summative evaluation on each of the fellows. He will meet with each fellow to discuss performance over the prior 6-month period and generate an action plan to address any perceived deficiencies.
4. **Formal situation-based feedback (SBF):** In the unusual cases where significant deficiencies are identified, a formal meeting will be scheduled between the fellow and the Program Director. The specifics and scope of the deficiency will be characterized, and extenuating circumstances identified. A specific action plan will be generated. The contents of the meeting and the action plan will be documented, and a copy of that documentation will be sent to the fellows. A formal follow-up meeting will be scheduled within one month.
5. **Focused case reviews (FCR):** On a semiannual basis, the program director will review three randomly selected charts (one consultation, one office visit and one invasive EP study). The completeness and readability of the records will be assessed. The cases will be discussed at the time of the semi-annual evaluation to assess each fellows' understanding of the content of the cases.
6. **360° evaluation (360°):** On a semiannual basis, the Heart Rhythm Center nursing and technical staff will be polled to assess the fellow's performance. These data will be summarized by the program director, and reported to the fellow at the semi-annual evaluation.
7. **Procedure log (PL):** A procedure log of invasive procedures performed will be maintained by each of the fellows and reviewed by the Program Director (see Appendix 3). Fellows will have formal written evaluations submitted by CCEP attendings quarterly, and evaluations will be reviewed with each of the fellows semiannually. If deficiencies are noted, the Program Director and the fellow will meet and a specific plan for resolution will be drawn up. The Program Director will make a summary evaluation at the conclusion of the training program. Each trainee will formally evaluate the attending physicians semiannually and the cardiovascular division head will review these evaluations.

The CCEP fellows will have an opportunity to formally evaluate the training program and its faculty. Since it will be impossible to maintain anonymity with feedback, an opportunity for each fellow's feedback in a closed door, "off the record", manner will also be offered. Any feedback received from each of the fellows will be employed to modify the structure of the training program, or to modify the teaching techniques/behavior of the teaching attendings. The evaluation tools employed are as follow:

1. **Written evaluations:** Written evaluations will be completed quarterly for each attending by each of the fellows (see Appendix 2). The evaluations are administered by the CCEP Program Coordinator using a web-based system that automatically follows up to assure a 100% response rate. Written evaluations are reviewed by the Program Director on a semi-annual basis.
2. **Semi-annual evaluation:** The fellows will each meet with the Program Director twice yearly to discuss the program content and performance of the teaching attendings over the prior 6-month period. An action plan will be generated to address any deficiencies.
3. **Year-end program evaluation:** Upon completion of the 24-month training program, a written summative evaluation of the entire training program and of the Program Director will be solicited from each of the fellows.

**Table 1: Principal Educational Goals, Activities and Evaluation by Competency**

**1. Patient Care**

<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Tools</b>
Interview and examine patients more skillfully	PC-OP, PC-H	WE, OF, SE, SBF, FCR, 360°
Interpret noninvasive data more skillfully	PC-OP, PC-H, Cath-C, CC-C, ECG-C, CGR-C, MM-C	WE, OF, SE, SBF, FCR
Interpret invasive data more skillfully	PC-EP, Cath-C, CC-C, ECG-C, CGR-C, MM-C, EP-C	WE, OF, SE, SBF, FCR
Perform competently the diagnostic and therapeutic procedures	PC-OP, PC-H, PC-EP, ECG-C, EP-C	WE, PAC, OF, SE, SBF, FCR, 360°, PL
Successfully evaluate and manage implanted devices	PC-OP, PC-H, PC-EP, ECG-C, EP-C	WE, PAC, OF, SE, SBF, FCR, 360°, PL
Generate and prioritize differential diagnoses	PC-OP, PC-H, PC-EP, ECG-C, EP-C, EP-EGM	WE, OF, SE, SBF, FCR
Develop rational, evidence-based management strategies	PC-OP, PC-H, PC-EP, ECG-C, EP-C, EP-J, N-C	WE, OF, SE, SBF, FCR

**2. Medical Knowledge**

<b>Principal Educational Goals</b>	<b>Learning Activities</b>	<b>Evaluation Tools</b>
Expand clinically applicable knowledge base of the basic and clinical sciences underlying the care of patients with cardiac arrhythmias	PC-OP, PC-H, PC-EP, Cath-C, CC-C, ECG-C, CGR-C, MM-C, EP-C, EP-J, EP-EGM, N-C	WE, OF, SE, SBF, FCR
Access and critically evaluate current medical information and scientific evidence relevant to care of the arrhythmia patient	Cath-C, ECG-C, CGR-C, MM-C, EP-C, EP-J, EP-EGM, N-C	WE, OF, SE, SBF, FCR



### 3. Practice-Based Learning and Improvement

Principal Educational Goals	Learning Activities	
Identify and acknowledge gaps in personal knowledge and skills in the care of arrhythmia patients	PC-OP, PC-H, PC-EP, Cath-C, CC-C, ECG-C, CGR-C, MM-C,	WE, PAC, OF, SE, SBF, FCR, PL
Develop and implement strategies for filling gaps in knowledge and skills	Cath-C, CC-C, ECG-C, CGR-C, MM-C, EP-C, EP-J, N-C, EP-EGM	WE, PAC, OF, SE, SBF, FCR, PL

### 4. Interpersonal Skills and Communication

Principal Educational Goals	Learning Activities	
Communicate effectively with patients and families	PC-H, PC-OP, PC-EP	WE, OF, SE, SBF, 360°
Communicate effectively with physician colleagues at all levels	PC-H, PC-OP, PC-EP, ECG-C, EP-J, N-C	WE, OF, SE, SBF, 360°
Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of arrhythmia patients	PC-H, PC-OP, PC-EP	WE, OF, SE, SBF, 360°
Present patient information concisely and clearly, verbally and in writing	PC-OP, PC-H, PC-EP, Cath-C, ECG-C, MM-C, EP-C, EP-J	WE, OF, SE, SBF, 360°
Teach colleagues effectively	PC-H, PC-EP, Cath-C, ECG-C, MM-C, EP-C, EP-J, RC-C	WE, OF, SE, SBF, 360°

### 5. Professionalism

Principal Educational Goals	Learning Activities	
Behave professionally toward patients, families, colleagues, and all members of the health care team	All	WE, OF, SE, SBF, 360°
Recognize the substantial pressures in cardiac electrophysiology that create a potential for conflicts of interest and develop strategies for avoidance of impropriety	PC-EP, PC-H, PC-OP	WE, OF, SE, SBF, 360°

## 6. Systems-Based Practice

Principal Educational Goals	Learning Activities	
Understand and utilize the multidisciplinary resources necessary to care optimally for patients with cardiac arrhythmias	PC-H, Cath-C, CC-C, ECG-C, CGR-C, MM-C, EP-C, EP-J, N-C	WE, OF, SE, SBF, FCR
Collaborate with other members of the health care team to assure comprehensive patient care	PC-H, PC-OP	WE, OF, SE, SBF, FCR, 360°
Use evidence-based, cost-conscious strategies in the care of arrhythmia patients	PC-H, PC-OP, PC-EP, Cath-C, CC-C, ECG-C, CGR-C, MM-C, EP-C, EP-J, N-C	WE, OF, SE, SBF, FCR

## **CLINICAL CARDIAC ELECTROPHYSIOLOGY (CCEP) FELLOW ROTATION OBJECTIVES & RESPONSIBILITIES**

The 24 months of training in the CCEP Fellowship will be comprised of identical monthly rotation blocks. The CCEP fellows are expected to be available Monday through Friday between 7AM – 7PM. Exceptions to this will be for vacation, attendance at national conferences, and personal leave. The CCEP fellows will not have on-call responsibilities. Specific objectives and responsibilities are detailed below:

### **I. Electrophysiology Lab**

The CCEP fellows will review the daily EP lab schedule and will participate in procedures with teaching faculty. Prior to procedures, the fellows are expected to meet the patient, review all pertinent data, and ensure that informed consent has been obtained. During procedures the fellows will be the primary operator for the case. Early in the training, the entire procedure will be performed under direct faculty supervision. After achieving competency in vascular access, programmed electrical stimulation, initial device pocket creation and final device pocket closure, the fellows may perform these activities independently with the attending faculty member physically in the department. The determination of independent performance of the less technically demanding aspects of the procedure without direct in-room faculty supervision will be determined in each case by the Program Director of the CCEP fellowship program in consultation with the other key faculty members. Post-procedure-orders and procedural summaries are to be written or dictated by the fellows.

### **II. Inpatient Consultation**

The CCEP fellows may be assigned inpatient consultations by the EP attending(s), for which the fellow will evaluate and then discuss the patients with the appropriate attending. Additionally, patients that have had procedures performed by the fellows should be seen the following day. Although the Beaumont Device Clinic has representatives who interrogate implanted devices (Pacemakers, ICD, BiV devices) the following day, the CCEP fellows should try to interrogate their patient's implanted devices.

### **III. Outpatient Clinic**

One half-day a week, the CCEP fellow will participate in an outpatient continuity clinic. During this time, the fellows will be relieved of all other clinical activities. Each session will be devoted to the care of 4-8 patients. The fellows will also interrogate devices (Pacemakers, ICDs, and BiV devices) on all evaluated patients. An attending electrophysiologist will supervise the clinic. Clinic notes are to be completed the same day.

### **IV. Research**

One day a week will be devoted completely to research. During this day the fellow will not have any clinical responsibilities. The expectation is that over the course of the year, the fellows will work closely with a teaching faculty member on a research project. It is the goal, but not a requirement, that the research will generate a manuscript of sufficient quality to be published in a peer-reviewed journal. Additionally, the research is to be presented at one of the monthly Cardiology Research Conferences. Completion of a manuscript (either original research or a review paper) is a graduation requirement.

## **V. Teaching Conferences**

The following conferences are mandatory:

1. EP weekly conference (one Wednesday of each month for each fellow): each fellow will be responsible for the presentation of  $\geq 1$  case (**EP-C**)
2. Intracardiac Electrogram Conference (weekly, every Tuesday) (**EP-EGM**)
3. EP weekly conference (every Wednesdays)
4. Cardiology Grand Rounds (monthly) (**CGR-C**)
5. Cardiology Morbidity and Mortality conference (monthly) (**MM-C**)
6. Cardiology Noon Conference during EP discussion topics (**CC-C**)
7. EP Journal Club (4 times a year) with responsibility to lead discussion on  $\geq 1$  EP topic: each fellow will prepare and present  $>1$  EP topic 2 out of the 4 sessions (**EP-J**)
8. Cardiology Research Conference (monthly – during one of the Cardiology Noon Conferences) – The EP fellows will be responsible for presenting their research once a year (**N-C**)

## **SUPERVISION OF CCEP FELLOW**

One of the primary goals of the Fellowship Program is to provide an ideal environment for teaching, education, research, and patient care. To meet these goals, attending/teaching faculty supervision of all fellow activities is required, to maximize teaching and educational opportunities, minimize ‘service’ activities, and provide excellent patient care. For invasive electrophysiology procedures, the expectation is that an attending physician will provide support for each of the fellows at all times. During early phases of training this will be characterized by direct in-room supervision of the fellows for all aspects of the cases. With graduating responsibility being shifted to the fellows, after demonstrating procedural competence, the fellows may independently perform the less risky components of the invasive procedure as long as the supervising attending is present within the department. For less invasive patient contacts, such as patient evaluations in the hospital, there must be direct interaction between the fellows and attending physician. The expectation is that this will be a face-to-face interaction during regular working hours, including a ‘hands-on’ visit to the patient by the fellows and attending. After hours, the expectation is that such interaction will occur by telephone at the time of patient contact, and a face-to-face interaction as soon as possible thereafter. In the context of fellowship training, ‘service’ activities are defined as activities by the fellows that have no educational reward, in which a service is provided by the fellow but there is no interaction with a supervising attending physician. These kinds of ‘service’ activities are strongly discouraged. The Program Director recognizes the balance between fellows’ independence and faculty supervision, and these issues are described more fully in the Core Curriculum under each specific rotation, in which fellows acquire progressively more independence as they advance through the training program.

# CCEP FELLOWS CREDENTIALING SHEET FOR PROCEDURES REQUIRED TO INDEPENDENTLY PERFORM DIAGNOSTIC PROCEDURES

**FELLOW NAME:** \_\_\_\_\_

**MONTH OF ROTATION:** \_\_\_\_\_

<b><u>PROCEDURES</u></b>	SIGNATURE #1	SIGNATURE #2	SIGNATURE#3	PROGRAM DIRECTOR
Venous Access	_____	_____	_____	_____
RA, HIS, RV Catheter Placement	_____	_____	_____	_____
CS Catheter Placement	_____	_____	_____	_____
Device: Implant Incision	_____	_____	_____	_____
Device: Implant Wound Closure	_____	_____	_____	_____
Device: Interrogation/Programming	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**ATTENDING COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THIS FORM HAS TO BE COMPLETELY FILLED OUT WITH ATTENDING SIGNATURES.  
 AT THE END OF THE MONTH, THIS FORM AND THE COMPUTER PRINT-OUT OF THE FELLOW CASES MUST BE FILED  
 WITH THE FELLOWSHIP COORDINATOR, AND A COPY MUST BE PLACED IN THE FELLOW'S FILE.**

**POLICY REGARDING FELLOW TRANSFER**

**I. Types of Transfers**

1. Extramural – transfer of a fellow from another institution to our CCEP Fellowship program, usually intended to fill an unforeseen vacant CCEP Fellowship position. The transfer may occur at the beginning of or at any time during an academic year.
2. Intramural – transfer of a fellow from one BHS fellowship program to the CCEP Fellowship program usually occurring without the fellow going through a matching program to gain entry to accommodate a

fellow's desire to enter CCEP Fellowship. The transfer may occur during an academic year but is more likely to occur at the beginning of the next academic year.

## **Fellow Evaluation and Educational Experience Information Acquisition**

In accordance with ACGME requirements and in keeping with sound program administrative practice, the CCEP Program Director will obtain written or electronic verification of the transferring fellow's previous educational experiences and a summative performance evaluation encompassing the entirety of the fellow's previous program. The summative evaluation must be competency-based, i.e. inclusive of an assessment to date of the fellow's achievements in general educational competency domains of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. It is the responsibility of the CCEP Program Director to obtain the information from the fellow's previous program director before accepting the fellow into our CCEP Fellowship program, and this applies to both extra- and intramural transfers.

## **Additional Fellow Information Requirements**

Extramural transfers – prior to accepting the transferring fellow, the following information must be obtained or done:

- a. Review of fellow's CV, past ERAS or other application material, dean's and others' letters of evaluation (request current letters as necessary) transcripts, etc.
- b. Written or electronic letter from the previous program director that, in addition to the foregoing evaluation and experience summary, provides further information regarding the fellow's desire to transfer, clinical and technical capabilities, relationships with peers and teachers, effectiveness as a learner, professional and personality traits, and any instances of academic remediation or discipline for misconduct of any type.
- c. Personal discussion with the previous Program Director to review the fellow's performance and any outstanding issues or concerns.
- d. Explanation of all gaps in training; if years of graduate medical education have not been continuous, determine the reasons for and activities during the interruptions both through direct contact with the fellow and by contacting, as deemed necessary, those supervising or working with the fellow during training gaps.
- e. Licensure status and ability to qualify for a Michigan medical license.
- f. Immigration and visa status, assuring such will allow licensure and clearance to work at BHS as a fellow.
- g. ABIM Board certification status; if there is any question about the transfer's effect on the fellow's eventual qualifications to take the Cardiovascular Disease Board examinations, clarification must be obtained from the Board.

- h. USMLE (M.D.) or COMLEX (D.O.) status for all three examination steps.

Intramural transfers – all of the items under “Extramural transfers” apply, recognizing that some of the required information should already exist in BHS program or institutional files.

### **Information to Provide the Transferring Fellow**

Depending on the circumstances of the transfer type, transferring fellow candidates should be informed that:

1. A contract will be offered only after all required information has been obtained and is satisfactory to the CCEP Program Director.
2. Salary level will be commensurate with the program level he/she will enter at BHS, irrespective of prior training years.
3. Criminal background check and drug screening is required (per policy).
4. Interview (if required) and relocation expenses will not be reimbursed.

### **Director of Graduate Medical Education (GME)**

The Hospital GME must be informed immediately by the CCEP Program Director of any need to recruit or to accept a fellow in transfer to the CCEP Fellowship program. The Hospital GME will determine his degree of involvement in the transfer action as required by its circumstances.

### **Responsibilities to Transfers by BHS Fellows**

Per ACGME requirements, the CCEP Program Director must provide timely verification of fellowship education and competency-based summative performance evaluations on behalf of any fellow who leaves the CCEP Fellowship program prior to completion, and will cooperate in all additional matters pertinent to fellow transfers out of CCEP. In all cases, the Hospital GME will be notified of the transfer circumstance.

## **POLICIES REGARDING FELLOW SELECTION, PROMOTION, DISCIPLINE, AND DISMISSAL**

### **I. Selection of Fellows**

Fellows are selected from the pool of eligible applicants, based on meritorious accomplishments. An applicant is eligible for consideration if he/she is a graduate of a Liaison Committee on Medical Education (LCME) accredited medical school, and has successfully completed an internal medicine residency and cardiovascular disease fellowship. For international medical graduates, the Educational Commission for Foreign Medical Graduates (ECFMG) must provide appropriate certification. To be considered for fellowship, the applicant must furnish a curriculum vitae, USMLE scores, three (3) letters of

recommendation, one of which will be from the applicant's program director. Select applicants will be interviewed by the Program Director and several faculty members. At the conclusion of all interviews, the teaching faculty will convene to review all applicants and develop a rank order for the Fellow applicants. The Program Director will then provide a fellowship offer letter to the top candidate. The single fellowship position each year is filled in this manner.

## **II. Promotion/Graduation of Fellows**

This document contains a detailed curriculum and objectives for all rotations and activities. Satisfactory fulfillment of the program's requirements is essential. Fellows who fulfill all clinical, technical and professional expectations will graduate. Fellows who fail to meet these requirements will be identified as early as possible in the academic year, counseled, alerted to the possibility of non-promotion, and subject to remediation, probation or other appropriate actions (see Fellow Dismissal)..

Note: Letters of recommendation, completion of forms for hospital privileges and certification of completion of fellowship training will not be given until all requirements have been completed.

## **III. Fellow Discipline**

Unsatisfactory fellow performance or misconduct may result in the need for remediation or disciplinary actions. If such an action is considered by the Program Director, the Director of Medical Education will be informed immediately of the details of the situation. The Program Director and the Director of Medical Education will jointly determine the need for the extent of the remedial or disciplinary action. The fellow will be notified in writing of the planned action, its justification, the length of action, and the conditions of performance or conduct by which the action will be terminated, extended, or result in a consideration for dismissal from the program.

## **IV. Dismissal of Fellows**

In the event that remedial action or counseling is unsuccessful (see Fellow Promotion), temporary suspension or termination may be deemed appropriate. If the Program Director plans to deny advancement, the fellow will be notified as early in the year as practical to allow remedial action or counseling. The fellow will be alerted to this possibility no later than the sixth month of the contract year, with appropriate notification and documentation to the Director for Medical Education. Notification of the fellow and the Director of Medical Education will be accomplished in writing. If there is no significant improvement by the end of the eighth month of the contract year, the Program Director will make the final determination. A hearing will convene within 14 days, if requested by the fellow. The Medical Director will appoint a Hearing Committee of at least 5 individuals (4 program directors who have not participated in deliberations about the fellow, and a fellow or faculty person chosen by the suspended or terminated fellow). One committee member shall be designated by the Medical Director to act as chairperson. The deliberations of the Hearing Committee will be recorded and a recommendation will be submitted to the Director of Medical Education within three working days after final adjournment of the hearing. The Director of Medical Education will review the deliberations and make a final decision. All variances to this policy will be explained in writing to the Director for Medical Education and the Education Committee at Beaumont Health System.



# **POLICY REGARDING PROGRAM EVALUATION COMMITTEE AND THE ANNUAL PROGRAM EVALUATION**

**Effective Date:** July 1, 2013

**Purpose:** To establish the composition and responsibilities of the Program Evaluation Committee, and to establish a formal, systematic process to annually evaluate the educational effectiveness of the Clinical Cardiac Electrophysiology Fellowship Program curriculum, in accordance with the program evaluation and improvement requirements of the ACGME and the Beaumont Health GMEC.

**Policy:** Each ACGME accredited fellowship program will establish a Program Evaluation Committee to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

**Procedure:**

## **Program Evaluation Committee**

1. The Program Director will appoint the Program Evaluation Committee (PEC).
2. The PEC will be composed of at least two members of the fellowship program's faculty, and include at least one fellow (unless there are no fellows enrolled in the program). The PEC will function in accordance with the written description of the responsibilities listed below.
3. The PEC will participate actively in:
  - a. planning, developing, implementing, and evaluating all significant activities of the fellowship program;
  - b. reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
  - c. addressing areas of non-compliance with ACGME standards and,
  - d. reviewing program annually, using evaluations of faculty, fellows, and others, as specified below.

## **Annual Program Evaluation**

The program, through the PEC, will document formal, systematic evaluation of the curriculum at least annually, and will render a full, written, annual program evaluation (APE).

1. The annual program will be conducted on or about June of each year, unless rescheduled for other programmatic reasons.
2. Approximately two months prior to the review date, the Program Director will:
  - a. facilitate the Program Evaluation Committee's process to establish and announce the date of the review meeting.
  - b. identify an administrative coordinator to assist with organizing the data collection, review process, and report development.
  - c. solicit written confidential evaluations from the entire faculty and fellow body for consideration in the review (if not done previously for the academic year under review).

3. At the time of the initial meeting, the Committee will consider:
  - a. achievement of action plan improvement initiatives identified during the last annual program evaluation
  - b. achievement of correction of citations and concerns from the last ACGME program survey
  - c. fellow program goals and objectives
  - d. faculty members' confidential written evaluations of the program
  - e. the fellow's annual confidential written evaluations of the program and faculty
  - f. fellow performance and outcome assessment, as evidenced by:
    - aggregate data form general competency assessments
    - in-training examination performance
    - case/procedure logs
  - g. graduate performance, including performance on the certification examination
  - h. faculty development/education needs and effectiveness of faculty development activities during the past year
4. Additional meetings may be scheduled, as needed, to continue to review data, discuss concerns and potential improvement opportunities, and to make recommendations. Written minutes will be taken at all meetings.
5. As a result of the information considered and subsequent discussion, the Committee will prepare a written plan of action to document initiatives to improve performance in one or more of these areas:
  - a. fellow performance
  - b. faculty development
  - c. graduate performance
  - d. program quality
  - e. continued progress on the previous year's action plan

The plan will delineate how those performance improvement initiatives will be measured and monitored.

6. The final report and action plan will be reviewed and approved by the program's teaching faculty, and documented in faculty meeting minutes. A report will be provided to the Designated Institutional Officer for review and reported at a full meeting of the GMEC.

*Note: This policy is designed to comply with ACGME Institutional Requirements, effective July 1, 2013.*

## **POLICIES REGARDING DUTY HOURS**

### **I. Fellow Working and Duty Hours**

The program will provide fellows with a sound academic and clinical education that is carefully planned and balanced with concerns for patient safety and fellow well-being. The program will ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education have priority in the allotment of fellows' time and energies. Duty hour assignments ensure that faculty and fellows have responsibility for the safety and welfare of patients.

#### **1. Supervision of Fellows**

- a. All patient care will be supervised by qualified faculty. The Program Director will ensure and document appropriate supervision of fellows at all times. Fellows will be provided with rapid, reliable systems for communicating with supervising faculty.
- b. Faculty schedules will be structured to provide fellows with continuous supervision and consultation.
- c. Faculty and fellows will be trained to recognize the signs of fatigue, and to prevent and counteract the potential negative effects.

#### **2. Duty Hours**

Duty hours will be monitored by the Program Director through discussion with the fellows and by written documentation as described below. These hours will be collected and logged by the fellows and forwarded to the fellowship coordinator, to be placed in each of the fellow's file.

- a. Duty hours are defined as all clinical and academic activities related to the fellowship program, including patient care (inpatient and outpatient), administrative duties related to patient care, moonlighting, and academic activities such as conferences. Duty hours do not include reading and preparation outside the hospital.
- b. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities (including moonlighting).
- c. Fellows will be provided with at least 1-day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities will be provided. This consists of a 10 hour time period (or more) between consecutive duty periods.
- e. The CCEP fellows do not have on-call responsibilities and is not subject to 24-hours of continuous duty.

#### **3. Oversight**

- a. The CCEP Fellowship program has written policies and procedures consistent with institutional and ACGME Requirements for fellow duty hours. These policies will be distributed to the fellows and faculty, and will be reiterated during semiannual reviews of the fellows and curriculum. Monitoring of duty hours will be performed on a quarterly basis.

- b. Back-up support systems may be activated by the Program Director when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue and jeopardize patient care.
- c. At the beginning of each academic year, fellows will be asked to review and sign an “attestation statement” by which they acknowledge the accuracy of anticipated duty hours while on rotations. The duty hour ranges cited within each attestation statement will be calculated from past and/or current schedules. Throughout the course of the academic year, all fellows will be periodically asked to record actual work hours for a week at a time as a means of further verification.

**BEAUMONT HEALTH  
CLINICAL CARDIAC ELECTROPHYSIOLOGY FELLOWSHIP TRAINING PROGRAM  
DUTY HOURS ATTESTATION STATEMENT**

**PGY-7  
Academic Year 2019 - 2020**

Name of Fellow: \_\_\_\_\_

While serving as a Clinical Cardiology Electrophysiology Fellow this year, my daytime duty hour assignment is 7:00 a.m. to 7:00 p.m., Monday-Friday. As I do not have any on-call responsibilities, the calculated weekly duty hours are 60. This total is potentially reduced or increased by the amount of time I arrive before or after 7:00 a.m. or leave before or after 7:00 p.m. each weekday.

I have reviewed the above duty hour assignments and confirm their accuracy. I have also reviewed all other ACGME duty hour requirements pertinent to this program and can attest to the following:

1. My total duty hours per week are less than 80 hours averaged over four weeks.
2. I have at least 10 duty-free hours between all daily duty periods.
3. I have one full day in seven free of duty averaged over four weeks.
4. I have a call frequency less than one in three averaged over four weeks.

In addition to attesting to the above I also agree to:

1. Report to the Program Director any excess duty hour circumstances that might cause me to be in substantial violation of the ACGME regulations. I expect the Program Director to take the necessary corrective action to prevent such violations from occurring repetitively.

\_\_\_\_\_  
Fellow Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

CCEP FELLOWSHIP DUTY HOUR LOG (Example)

Fellow \_\_\_\_\_ Fellowship Year \_\_\_\_\_

Rotation \_\_\_\_\_

All fellows please record the clock time requested in columns 1 and 2. If you spend 24 hours on call from Monday 7:00 am to Tuesday 7:00 am, leave the Monday departure time blank and the Tuesday arrival time blank, and record the total number of hours on Tuesday. Please ask Juliana if you have questions.

Date	Arrival Time	Departure Time	Additional on-call hours in-hospital	Moonlighting on B-Service	Total Hours
Monday, Dec. 11, 2018					
Tuesday, Dec. 12, 2018					
Wednesday, Dec. 13, 2018					
Thursday, Dec. 14, 2018					
Friday, Dec. 15, 2018					
Saturday, Dec. 16, 2018					
Sunday, Dec. 17, 2018					

I attest to the accuracy of the time/hours indicated: \_\_\_\_\_  
Signature of Fellow
Date

Please return to Toni Haggerty. Thank you.

## POLICIES REGARDING MOONLIGHTING

Fellows may moonlight up to 4 nights per month on the “B Service” of Beaumont Health. Moonlighting outside the hospital is discouraged. All fellows who moonlight must have a current valid permanent Michigan license and DEA number. Moonlighting hours are approved and monitored by the Program Director. Exceptions to the moonlighting policy may be granted at the Program Director’s discretion. Moonlighting hours will be monitored by the Program Coordinator.

For the fellow’s well being and patient safety, residents who are observed to be excessively fatigued, or exhibit a lack of alertness on rounds and during conference meet with the Program Director and will curtail moonlighting activities. Discussion of moonlighting issues takes place at the Fellow Evaluation Committee meetings.

Fellows in Clinical Cardiac Electrophysiology are expected to view their training as a full-time commitment. As such, the Division is fundamentally opposed to any “moonlighting” that interferes with the ability to achieve the maximum benefit from education, training, and service to the hospital. The Division acknowledges the financial situation of most fellows and the desire to moonlight for economic reasons. Although excessive moonlighting is counterproductive to training, judicious moonlighting practices can contribute to clinical and personal growth as a physician. Accordingly, **moonlighting by Electrophysiology fellows will be permitted only if approved in writing in advance by the Program Director or designate**, as called for in the current Beaumont “Contract for Residency/Program Training” under resident agreement item 5: “I understand and agree that my performance of professional activities outside of Beaumont Health System (“moonlighting”) is prohibited unless specifically approved in advance by my Program Director in writing”.

Professional liability coverage by Beaumont Health while performing duties under contract only extends to moonlighting within the hospital. Failure to obtain permission to moonlight (or continued moonlighting despite denied permission) may lead to suspension or dismissal from the program, in accordance with due process. All moonlighting activities and permission forms will be reviewed at the beginning of each academic year. It is the fellow’s responsibility to bring to the Program Director’s attention all requests for moonlighting positions, all changes in moonlighting hours, and discontinuation of moonlighting jobs. Daytime moonlighting is not being permitted. The fellow may not leave the hospital early or report late. Moonlighting at night or on weekends when on-call is prohibited. Violations can result in suspension from the program

Factors that will influence the decision to permit and approve moonlighting include (but may not be limited to) the following:

- 1) faculty consensus of the fellow’s clinical performance, academic progress, and professional attitude.
- 2) timeliness of completion of medical records, faculty evaluations, letters of dictation, procedural reports, etc.
- 3) timeliness, accuracy and completeness of procedural logs.
- 4) daytime inattentiveness and excessive fatigue.
- 5) potential to exceed the 80-hour rule for weekly duty hours, and the 24 + 4 hour rule for daily duty hours.

MOONLIGHTING REQUEST FORM\*

Cardiovascular Medicine

(\*A separate form must be completed for each requested position)

Name (print) \_\_\_\_\_ Date of request \_\_\_\_\_

Why do you want to moonlight? \_\_\_\_\_

Requested moonlighting position: \_\_\_\_\_

Institution/practice: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Responsible moonlighting director/physician:

Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

Duties / Responsibilities \_\_\_\_\_

\_\_\_\_\_

Hours/week \_\_\_\_\_ Hours/month \_\_\_\_\_ Weeknights/week \_\_\_\_\_ Weekend days/month \_\_\_\_\_

I have read and agree to abide by the department's moonlighting guidelines and rules and understand that failure to comply with them may result in my suspension or dismissal from the fellowship program. I also understand that Beaumont Health has no professional liability coverage responsibility for any litigation arising out of my moonlighting activities outside of the hospital.

\_\_\_\_\_  
(Fellow signature) (Date)

---

Moonlighting request approved: **YES** **NO**  
If no, specified reason(s) \_\_\_\_\_

\_\_\_\_\_  
(Program Director signature) (Date)



## **POLICIES REGARDING DETECTION AND MANAGEMENT OF FATIGUE**

a. Awareness

On a yearly basis, fellows are required to attend a formal lecture on “Fatigue – How to recognize the signs of fatigue and counteract the potential negative effects.” Recognized experts on this topic, such as Dr. Koltonow, Dr. Drake, or Dr. Roth will give the lecture.

b. Detection

The Program Director will meet with the fellows on a monthly basis. One of the purposes of this monthly meeting is to assess workload, adherence to duty hour requirements, and fatigue.

c. Management

The expectation is that awareness and detection of fatigue and sleep problems will minimize the need for active management. Strict avoidance of excessive duty hours should avoid most problems with work-related fatigue. The solution to other causes of fatigue, such as dealing with newborn children and their sleep patterns, will be handled on an individual basis as needed.

d. Signs of dangerous fatigue level include:

1. Inconsistent performance
2. Overt sleepiness, yawning, and nodding off during conferences

## POLICIES FOR TRAVEL, VACATION, LEAVE OF ABSENCE, AND MATERNITY LEAVE

### I. EDUCATIONAL LEAVE

1. Fellows at all training levels are allowed up to one week of educational leave per academic year (in addition to 3 weeks of vacation time). Additional educational leave may be taken only if approved by the Program Director, but this additional time will be taken from vacation time.
2. The following guidelines should be followed with respect to weekday travel:
  - a. On the day prior to the day on which a meeting starts in the Eastern or Central time zones, the fellow is expected to work all or most of the day. It is generally easy to obtain flights in the late afternoon or evening. If the meeting is in the Mountain or Pacific zones, it may be necessary to allow more time for travel.
  - b. For meetings that end at 5 p.m. in Eastern and Central sites, the fellow is expected to return on the same afternoon or evening, and return to duty the next day. For meetings on the West Coast or Rocky Mountains, fellows are not expected to take the “red-eye” flight. The next day may be taken for travel, if necessary.
3. The Hospital will generally reimburse lodging expenses for the night before each meeting, and for one post-meeting night only when travel on the last meeting day is not feasible from the West Coast or Mountain time zone. Any other travel days will not be reimbursed by the Hospital, and will be taken as vacation days.
4. If meetings end on a Saturday in the Eastern and Central zones, a Saturday overnight stay will be reimbursed only if the savings from a reduced airfare exceeds the cost of another night lodging.
5. If a special circumstance warrants an exception to these guidelines, written permission must be obtained in advance from the Program Director or coordinator.
6. **Pre-authorization must be obtained for all travel outside Beaumont Health, to assure reimbursement.**
  - a. All travel/conferences/training must be approved in advance by the Program Director.
  - b. Fellow must complete a time off sheet noting clinic/lab coverage. This form needs be approved and signed by the Program Director.
  - c. The fellow needs to complete a Form 906 (Application for Seminar/Conference) this must be completed and submitted to accounting 30 days prior to the travel. Accompanying this form should be a copy of the brochure, a copy of paper/presentation/research (if applicable) and any travel details and pre-purchased receipts (hotel, registration, flight).

d. Travel arrangements can be personally made or they can be made and direct billed through Egencia by using this website: <https://www.egencia.com/pub/agent.dll?qscr=grph&> . For questions with Egencia contact Ann Gralewski 248-423-3291.

NOTE: Per Beaumont's Compliance Policy - **Vendor's cannot direct pay for any books, travel, registration, or meals.** Payment arrangements will need to be made through an educational grant application or other reimbursement means where the monies are payable to Beaumont. **If you have any questions, please check with Toni Haggerty (ext 84176) before you make arrangements.**

If these procedures are not observed, reimbursement could be denied. **CAR RENTALS MUST BE APPROVED IN ADVANCE BY MEDICAL ADMINISTRATION.** The maximum allowance per conference is \$1,100 only if you are presenting.

7. Upon return from the conference, the following items must be submitted within one week of your return:
  - a. Original airline ticket stub or e-ticket (not the boarding pass)
  - b. Original lodging invoice, which must indicate it was paid. Maximum \$300/night.
  - c. Original transportation receipts (bus, shuttle, taxi, airport parking, etc. – amount and date)
  - d. Meals – maximum allowance \$45.00 per day with itemized receipts only
  - e. Pre-paid registration – original receipt
8. Fellows may receive up to \$1,100 allowance from Cardiology Administration and \$800 from Medical Administration for travel to the American College of Cardiology, the Heart Rhythm Society, the Michigan Chapter of the ACC in Traverse City, or other approved conferences. Travel allowances cannot be applied to the annual Beaver Creek or Caribbean Conferences. Fellows must notify the Chief Fellow and Fellowship Coordinator at least 2 months in advance if they plan to attend a meeting. The final decision must be approved by the Chief Fellow and Program Director to assure adequate coverage and funding. NOTE: Vendors can no longer directly pay for any fellow travel.

## II. VACATIONS

1. Three weeks of vacation (plus one week for conference time) may be taken each year.
2. Vacation requests must be made at least eight weeks in advance, followed by approval of the Program Director.

### **III. LEAVES OF ABSENCE**

1. Leaves of absence (with or without pay) for severe illness or other personal reasons may be granted for up to 2 additional weeks. Hospital Policy No. 255 defines the following categories of leaves of absence:
  - a. Family/Medical
  - b. Personal
  - c. Military
  - d. Workers Compensation
  - e. Educational
3. Taking a sick day for legitimate illness will not be questioned. However, the Program Director is authorized to request documentation of illness in ambiguous situations. Absence due to illness may count toward the time allowed for vacations and meetings at the discretion of the Program Director. When such an absence is necessary, the fellow must notify the Fellowship Coordinator, and the Program Director, who will notify the attending physician.
4. A fellow must submit a formal request for leave of absence to the Program Director whenever an absence or illness exceeds seven (7) calendar days. Approval of leave of absence may require certification by the fellow's personal physician.
5. Fellows are allowed three working days for job interviews. If more time is needed, it will be taken from vacation time.

### **IV. PREGNANCY AND MATERNITY LEAVE**

1. Fellows who become pregnant during the training program have responsibilities to themselves, their family, the unborn child, and the fellowship. Accordingly, pregnant fellows should notify the Program Director as soon as it is reasonable to do so, to allow the Program Director to make arrangements to assist the fellow in making a smooth transition from the training program, to maternity leave, and back to the training program.
2. Complications or other medical problems that arise during pregnancy will be handled in a manner that is similar to other medical leaves of absence, and will be subject to the same policies.
3. After delivery, fellows may take up to 6 weeks of leave, without concern about extending the length of training. This leave will include 4 weeks of paid maternity leave and 2 weeks of paid vacation.
4. The fellow is not responsible for arranging coverage while on maternity leave.
5. Fellows on maternity leave are not expected to "make-up" call nights.

## **V. LEAVE OF ABSENCE AND ABIM POLICY**

1. The American Board of Internal Medicine has specific policies regarding minimum length of training for Board eligibility when an extended leave of absence has occurred. Accordingly, fellows may not simply choose to sacrifice vacation to finish the program on time. Fellows are encouraged to discuss this with the Program Director and the Director of Medical Education, who will serve as the final arbiter in questions arising from this policy. It is our desire to be fair to all concerned when considering these issues. Fellows must view the policy in light of the responsibility they have to their training, to their peers, and to the integrity of the Board certification process.
2. The ABIM applies the same policy regarding leave of absence regardless of the reason for absence.
3. During the one year CCEP fellowship, the fellow is entitled to be absent from training for a maximum of 4 weeks per year. This includes medical leave, personal leave, maternity leave, vacation, and conference time. Leaves of absence that exceed 4 weeks will require an extension of training, to meet requirements for Board certification.
4. Ambiguous situations will be resolved by the Program Director and Director of Medical Education.

## **VI. THE FOLLOWING VACATION/LEAVE REQUEST PROCEDURE IS REQUIRED:**

- a. Vacation/Leave request forms must be submitted for approval two months in advance. All requests must be approved by the Program Director. The Fellowship Coordinator keeps the completed forms on file, and is responsible for maintenance of a vacation/leave calendar.
- b. Any special circumstance (illness, maternity leave, death in the family, etc.) should be addressed with the Program Director.
- c. It is the fellow's responsibility to notify the Hospital Communications, and the Fellowship Coordinator of any changes in the on-call schedule resulting from unexpected leaves of absence.

# Beaumont

## **Welcome to Beaumont Health**

Thank you for your interest in employment opportunities with Beaumont Health. We ask you to commit to the following expectations throughout your association with Beaumont: the Beaumont Standards, The Image and Appearance Standards and Occupational Health guidelines.

## **The Beaumont Standards**

Our mission is to provide the highest quality health care services to all of our patients; safely, effectively and compassionately, regardless of where they live or their financial circumstances. As such, Beaumont employees are required to know, own and adhere to the following standards.

### **Service – We make those we serve the highest priority**

#### *Expected Behaviors:*

- Response – Provide prompt and appropriate attention to our patients and visitors. If a patient's call light goes on, anyone is responsible to respond, regardless of job classification.
- Information – Provide clear explanations and accurate information every 20 minutes or as appropriate.
- Assistance – Proactively take any concern or complaint seriously and see resolution with empathy and understanding. Ask for help if needed.
- Introductions – In person, or by phone, smile and introduce yourself by name, function and service you are offering. Address patients/families by their name and proper title (i.e. Mr., Mrs., Ms.). Answer phone calls within three rings, ask permission to put a caller on hold (if needed) and always ask, "How may I help you?"

### **Ownership – We are positive ambassadors who take responsibility for creating the Beaumont experience.**

#### *Expected Behaviors:*

- Directions – Offer to escort others who appear lost and in need of assistance. Use full hand gestures when directing.
- Safety – Support a safe environment through pro-active attention to, and reporting of potential hazards. Wash your hands.
- Environment – Promote a clean, quiet and healing atmosphere. Refrain from loud talk and excessive noises.
- Eco-friendly – Pick up litter and recycle or reuse materials when possible.
- Innovation – Create a culture of excellence through suggestions, performance improvement and continued personal growth and development.

### **Attitude – We demonstrate positive behaviors with the highest degree of integrity**

#### *Expected Behaviors:*

- Courtesy – Use professional behaviors and language in all interactions. Greet everyone with an empathic smile and eye contact. Offer to exit elevators if needed for patients and visitors.
- Image – Observe the highest standards of professional behavior and appearance. Wear the Beaumont ID badge with name and picture displayed at all times.

### **Respect – We treat everyone with dignity and respect**

### *Expected Behaviors:*

- Teamwork – Work together respectfully to create a team atmosphere. Avoid the use of hand held devices and cell phones in meetings.
- Dignity – Respect diversity including cultural and spiritual differences. Affirm patients' rights to make choices regarding their own care. Support emotional needs.
- Confidentiality – Hold all patient and employee information in the highest confidence. Discuss patient information and use patient names in private areas.
- Privacy – Knock or ask permission before entering. Close the doors and curtains during exams, procedures and/or interviews, with an explanation that this is done for privacy. Provide second gowns to cover patients as needed.

### **The Image and Appearance Standards**

In accordance with the Beaumont standard of Image, applicants and employees are expected to maintain exceptionally high standards for grooming, dress and personal conduct. Not only are employees expected to dress professionally, appropriate to their discipline, it is also expected that we demonstrate professional image and conduct at all times while on Hospital business. This includes all of the phases of the employment process (i.e. the job interview, pre-employment physical and new employee orientation.)

Throughout the employment process, applicants must present themselves in business attire, appropriate for the hospital setting. Applicants and employees should refrain from wearing low-cut, sleeveless or revealing tops, T-shirts, sweat-suits, sports jerseys, spaghetti strap dresses, shorts, jeans, leggings, stirrup pants, double stitched pants, short/mini skirts or military style fatigues should not be worn. Visible tattoos are not appropriate for the healthcare and/or professional work environment. Clothing shall appropriately conceal tattoos. No visible body piercing, other than the ear is permitted. Clean and well-groomed fingernails are required. In patient-care areas nails must not be longer than ¼ inch beyond the fingertip. Artificial fingernails are prohibited for infection control reasons for all patient-care staff, those employees who receive standard precautions annual training and/or handle items to which patients are exposed. Applicants and employees should refrain from wearing lotions, perfumes or other scented products. All applicants and employees must abide by the smoke free workplace policy and cannot report to work with the odor of tobacco smoke on their person.

### **Occupational Health Services - Pre-employment Physical**

**As a major health care provider in southeastern Michigan, Beaumont Health recognizes its responsibility to educate the public regarding health issues and the behavior changes necessary to achieve health, as well as serve as a role model in promoting healthy behaviors for residents of the community that it serves. In keeping with this obligation to the community, effective January 1, 2013, we will test all job applicants for nicotine and will not hire those who test positive for nicotine from tobacco use. Those who test positive for nicotine from tobacco use may reapply for employment after 6 months.**

Anyone accepting a position with Beaumont Health is required to complete a pre-employment physical examination in Occupational Health Services.

The examination includes a laboratory test for the detection of substance abuse and nicotine. If scheduled for a pre-employment physical, it is essential that you notify Occupational Health Services of any medication – prescription or over the counter – you have taken within the past 30 days. Please be advised, if a positive finding of substance abuse and/or nicotine from tobacco is found, you will be disqualified from employment consideration at Beaumont Health. The examination does require an annual flu vaccination, Tdap as well as varicella, rubella, rubeola and mumps vaccinations, unless the antibodies are otherwise present. Finally you are required to complete a Tuberculosis test. Occupational Health Services must read the TB test within 48-72 hours of administration. The TB test must be completed, and if necessary, immunizations administered, prior to beginning work.

*I have read and understand the information presented to me on this form. I am aware that if I am offered and accept a position with Beaumont Health, I am expected to adhere to all of Beaumont's policies and procedures, including the Beaumont Standards, the Image and Appearance Standards and the pre-employment physical. Failure to do so may result in disqualification from employment consideration or progression into the performance management program. Furthermore, I understand that signing this acknowledgement is a condition of employment; refusal to sign may result in disqualification from further employment consideration.*

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Print Name

Date

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Signature

Date