

Baylor College of Medicine Nephrology

Fellowship Handbook

Updated June 2020

Mission Statement

The mission of the Baylor College of Medicine Nephrology fellowship program is to develop diverse, humanistic physician leaders and educators who provide patient-centered care to diverse populations.

The program structure provides the necessary training and qualifications to complete the Nephrology Subspecialty Boards. The comprehensive clinical experience, opportunities for both research and additional certification, augment the fundamental knowledge and impart expertise to pursue an academic or private career as a highly qualified nephrologist.



We believe that our program is among the best in the country.

There is a palpable collegiality between fellows and faculty. The comprehensive clinical and didactic curriculum provides the cognitive knowledge, procedural skills, interpersonal skills, professional attitudes, humanistic qualities, and practical experience required of a subspecialist.

Outline

1 Introduction

Welcome | Supervision and Lines of Responsibility

2 Your Week at a Glance: Typical Schedule

Description of Monthly Rotations

3 Overview of the Inpatient Hospital Rotations & Tips for Rounds

Houston Methodist Hospital | Veteran's Affairs Hospital

Ben Taub General Hospital | CHI Baylor St. Luke's Hospital

Texas Children's Women's Pavilion

4 Overview of Outpatient Clinics

General Nephrology | Transplant | Dialysis | Pediatric Nephrology

Glomerulonephritis | Hypertension | Kidney Stone

5 Overnight (Night Float) and Weekend Call

Hand-offs | Cross-coverage

6 Educational Enrichment

Didactic Sessions | Grand Rounds | Seminars in Evidence Based Medicine

Rotation Goals and Objectives | Milestones

7 Important Phone Numbers

8 Forms and information

Vacation and Time Off | Duty Hour Policy | College-level policies: Sexual Misconduct, Integrity, Ombudsman

Moonlighting Policy | Crain fund | Disaster Policy | Wellness

9 Evaluations and Awards

Graduation and Awards | 360° Evaluations | Milestones | Program Evaluation & Recruitment Committee

10 MedHub

11 Maps

1. Introduction

Congratulations and welcome! The Postdoctoral Fellowship offered by the Division of Nephrology of the Department of Medicine at the Baylor College of Medicine (BCM) provides an opportunity to pursue advanced training in clinical nephrology and the opportunity to undertake training in basic science or clinical research. The program is designed for trainees who wish to receive an outstanding education in order to pursue a career in academic medicine or private practice.

The clinical Nephrology program at BCM is a two-year comprehensive training program, rotating through 10+ affiliated sites. The trainee's progress will be measured through the ACGME 6 core competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems based learning. The trainee is expected to participate in patient care, quality improvement, and educational scholarly activities. The strength of our training program is the breadth and depth of affiliate sites and clinical experiences. The nephrology section at BCM has an outpatient dialysis population of over 500 in-center and home dialysis patients. Our patients represent a mix of racial and socioeconomic groups, which is typical of Houston, TX.

The typical 24-month curriculum is divided into 26, 4-week blocks that includes a mix of general inpatient consultation, transplant nephrology, outpatient nephrology, and dedicated research time. The inpatient nephrology experience spans five teaching hospitals: Ben Taub General (County), Michael E. DeBakey Veteran's Affairs (Government), MD Anderson Cancer Center (Private), Houston Methodist (Private), and CHI Baylor St. Luke's (Private). Fellows at CHI St. Luke's may provide care for adult patients at the Texas Children's Hospital Pavilion for Women. The inpatient clinical experiences include renal histopathology, plasma exchange, kidney biopsy, and point-of-care ultrasonography. Starting in 2020, overnight call will be taken by one fellow over consecutive nights (night float) with no daytime responsibilities. Fellows will have a monthly continuity clinic experience with assigned dialysis patients and a faculty mentor. The experience includes 12-months in-center and 12-months home dialysis. The outpatient clinics include glomerulonephritis, transplant, vascular access, and pediatric nephrology. **The breadth of clinical experiences and collegiality are the cornerstones of our nephrology program and what makes the Baylor College of Medicine a fantastic place to complete your training.**

The robust clinical experience is complemented by an extensive didactic schedule with a **minimum of four hours** per week of dedicated education. From September to June, the fellows' attend a weekly city-wide conference: Renal Grand Rounds (RGR). There are two dedicated biopsy conferences per month in which our fellows both present and discuss *their* cases. We boast a monthly non-biopsy clinical case conference, a weekly journal club (Seminars in Evidence Based Nephrology), and a curriculum that is organized into 2-week blocks with quizzes / reading assignments.

Finally, the program boasts **four enriching pathways** to supplement the education and prepare our trainees for post-graduation. These include Business, Clinician Educator, Public Policy, and Transitions in Nephrology. These are mentored and require completion of a capstone project to earn a certificate at graduation.

Baylor Nephrology Fellowship Program Leadership (2020-21)

Chief Nephrology Fellow:	Dr. Pablo Villanueva-Meyer Pablo.Villanueva-Meyer@bcm.edu
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WE WISH YOU ALL THE BEST AND WILL SUPPORT YOU IN ANY WAY POSSIBLE!

CHARACTERISTICS OF THE SUCCESSFUL BAYLOR NEPHROLOGY FELLOW

TEACH	<i>INSPIRE THE NEXT GENERATION OF LEARNERS AND MAKE OUR SECTION PROUD</i>
OWN	<i>TREAT EVERY PATIENT YOU CARE FOR AS IF THAT PATIENT IS YOUR OWN PATIENT</i>
CONFIDENCE	<i>YOU ARE AN INTERNIST AND A SUB-SPECIALTY TRAINEE. BE CONFIDENT IN THE DECISIONS YOU MAKE</i>
COMMUNICATE	<i>CALL TEAMS AFTER ROUNDS, UPDATE PATIENTS' AND FAMILIES, AND DOCUMENT EVERYTHING!</i>
ENGAGE	<i>SEEK OUT EXTRA LEARNING OPPORTUNITIES. THIS IS YOUR CHANCE TO LEARN!</i>

SUPERVISION AND LINES OF COMMAND

The program director (PD) oversees and coordinates all aspects of the nephrology fellows' education and training, including their supervision by faculty members. Fellows are provided with responsibilities consistent with their level of training. Every patient examined and every procedure or test performed is either done under direct supervision of a faculty member or is reviewed with a faculty member. If there are any problems with faculty members, inpatient or outpatient rotations, or educational opportunities, the program director is the first contact. The PD will hold monthly confidential meetings with the fellows collectively (CAPD meeting – see under didactics). The associate program director (APD) assists the program director with the operational aspects of the training program.

The program coordinator is responsible for enforcing that fellows are in compliance with program requirements including duty hours, vacations, credentialing, as well as managing orientation / graduation / interviews. The coordinator also functions as liaison between fellows, departments, attending physicians, administration, and affiliated training institutions.

The section chief is responsible for setting the vision of the Nephrology section including changes to sites of health care (new clinics, hospitals, etc.) as well as supervision of the individual faculty members.

The chief fellow is a 2nd or 3rd year fellow and this individual is selected annually by the faculty and peers based on excellence. This individual is responsible for making the schedules and communicating pertinent issues to the internal medicine chief residents. There is a stipend for this position. We identify one fellow as the Wellness Chair to coordinate picnics, outings, dinners, and other events for both faculty / fellows.

Clinical Training: Fellows present cases during inpatient teaching rounds or outpatient clinic, and receive one-on-one instruction and feedback in the following aspects of patient care: history taking, physical examination, documentation, and case management. All patient care encounters are supervised by a faculty member. During after-hours care, the fellow must call the on-call supervising faculty with questions and faculty must be available in-person to supervise any procedures or complicated cases.

Clinical Training: Procedures such as kidney biopsy, manual urinalysis, placement of temporary vascular access catheters and hemodialysis / peritoneal dialysis procedures are directly supervised by the attending physician.

Research Training: Throughout the course of any project, fellows meet regularly with their faculty mentor to report their progress and discuss the design and content of their projects.

Commonly Asked Questions

What is my exposure to dialysis?

The BT-2 (ESRD) inpatient rotation is designed to maximize knowledge of hemodialysis and conditions that require admission. During this rotation, the trainee is encouraged to set up a dialysis machine and cannulate a fistula. Fellows are each assigned a panel of patients to follow for one year, these include 12-months of home dialysis and 12-months of in-center hemodialysis. Finally, the fellow will attend medical director meetings Quality Improvement meetings at both inpatient and outpatient dialysis units.

What is my exposure to transplantation?

Our fellows see patients at three different pavilions that perform kidney and/or combined organ transplantation: Houston Methodist Hospital (HMH), CHI Baylor St. Luke's Medical Center (BSLMC), and the Veteran's Hospital. Fellows also see pre-transplant evaluations as well as manage patients with existing or new transplants in the outpatient setting.

There are three dedicated transplant clinics at each of the above pavilions. We believe that exposure to patients and protocols at three different pavilions is a major strength of our program. Several of our faculty completed additional training in kidney transplantation. Fellows are scheduled to participate in Medical Review Board (MRB) meetings.

What is my exposure to research?

Our faculty includes some of the most respected basic science and clinical researchers in the field of Nephrology, and BCM has other excellent research mentors in parallel fields.

Each week, the Seminars in Evidence Based Nephrology (SEBN) conference includes review of landmark or current journals, led by faculty or fellows. An online curriculum accompanies this series. Each fellow is required to submit one abstract to the American Society of Nephrology meeting prior to attending as a 2nd year fellow. The abstract can be research or patient care (case report). Each fellow will select a mentor within the first few months of training and work on his/her project throughout the two-year program. Each fellow presents at our city-wide renal grand rounds, typically at the conclusion of their training. The VA-3 rotation is fully dedicated for research, with the exception of fellows' weekly continuity outpatient and VA transplant clinics. Most fellows' research projects are designed to answer a clinical question using existing databases, educational research, or quality improvement.

2. Your Week at a Glance: Conference Schedule

Monday

- 12:15pm: Michael E. Debakey VA Hospital Medicine Grand Rounds (4th Floor near elevators).
- 12:15pm: St. Luke's Internal Medicine Grand Rounds (C070 – basement Cooley building). Lunch Provided.
- 12:00pm: Kidney Biopsy Conference at Methodist (10th Floor *Outpatient Center*). Lunch Provided.

Tuesday

- 12 – 1:00pm: Seminars in Evidence Based Nephrology. BCM Research Building, 7th floor conference room.
- 3-4:00pm: Weekly Nephrology Section Research Meeting.

Wednesday

- 12:15pm to 1:15pm (2nd Wednesday): Kidney biopsy conference with UT-Houston. UT-Health Science Center, Dr. Glass office
- 1:30 – 2:30pm: EVERY Wednesday September to June, Renal Grand Rounds, attended by ALL fellows
LOCATION: Methodist Hospital, Bluebird Auditorium (part of Jones Building)
- 2:30 – 4:00pm: Fellows' didactic lectures following grand rounds.
- 4:00 pm: Texas Children's Pediatric Nephrology Biopsy Conference at basement St. Luke's

Thursday

- 12:15pm: Baylor College of Medicine Internal Medicine Grand Rounds (Medical School, M112)
- 12:00pm: THIRD Thursday: Board Review Session with Associate Program Director
- 5:00pm: Every 1-2 weeks CAPD Meeting (Confidential meeting Chapter Assessment and Program Director)

Friday

- 12:00pm: Journal Club at MDACC; Bayou Beans Journal Club at Third Coast

*Starting in 2020, several educational conferences will be online via zoom and may be scheduled for evening

The Chief Fellow and Associate Program Director will provide a schedule online (medhub) and laminated paper copy to each fellow.

Fellows per Week	Clinic Day	Outpatient Clinic (location)
ALL (once per month)	ANY	Continuity Clinic (Home or In-Center Dialysis)
2	Monday	VA General Nephrology (VA hospital)
1	Friday	VA Nephrology (VA hospital)
1	Monday	VA Transplant (VA hospital)
2	Friday	General Nephrology (Smith Clinic)
1	Wednesday	Vascular Access (Orbis)
1	Tuesday (2 nd)	Outpatient Kidney Biopsy (Ben Taub)
1	Monday	Pediatric Nephrology (TCH)
1	Monday	Medical Review Board (BSLMC)
2	Tuesday	Methodist Transplant (Methodist OPC)
1	Variable	Faculty Group Practice or Kidney Stone Clinic (McNair Campus)

Several inpatient rotations have a component of 1- or 2- weeks night float. This will necessitate adjustments to the clinic schedule, coordination with faculty, and cross-coverage.

The schedule is constructed to allow one fellow to be physically at the hospital or nearby hospital for cross-coverage and urgent afternoon consults. If this is not feasible due to vacation or clinic switches, then the attending or resident will be available to cover urgent consults.

3. Overview of Hospital / Tips for Rounds

THE METHODIST HOSPITAL: 6565 Fannin St

Places to know

- Start your rounds on Dunn 4 West Transplant Unit Physician Dictation Room – **be ready by 8:00 AM**. All units have work-rooms, but we usually work from Dunn 4W (transplant floor). Okay to leave purse/bag there, but I do not advise to leave valuables
- Hemodialysis Unit is on Fondren 4th Floor
- Pre-Transplant Clinic is in Outpatient Tower 26th Floor
- Biopsy conference is in Outpatient (OPC) 26th Floor in front of the clinic
- Physician Services Lounge is on 1st Floor Main Building near the main elevators (has quiet place to work/computers)

Veteran Affairs Medical Center (VAMC) 2002 Holcombe Blvd, Houston, TX 77030

Places to Know

- Hemodialysis Unit 3rd Floor (near 3A, blue section) Ext 24907
- Fellows Room in dialysis suite Code 4570
- MICU/CCU: 3rd Floor (red section). SICU: 5th Floor (red section). Human resources/badging: 4th floor (red section)

CHI Baylor St. Luke's Episcopal Hospital

Places to know

- Orient yourself to the elevators first
 - Yellow = "Towers" (i.e. Floors 7 Tower – 25 Tower)
 - Purple = "ICU/CCU" (i.e. 7 South 1-6, 6 S 1-2)
 - Green = CV Recovery/Cooley Building (2nd Floor CVR, 7 Cooley A/B)
- Hemodialysis Unit (purple) 7 South 6
- CV Recovery (green): where the sickest patients in the hospital are (ECMO, open chest)
- Interventional Radiology: 1st floor near the ER (purple elevators)
- 7 South 1-5 (purple): Medical ICUs

Ben Taub General Hospital

Places to Know

- 6th Floor (6C) Hemodialysis Unit
- Renal Office in the HD Unit. Medical ICU (6E). Surgical ICU (4E).
- Emergency Center: 1st floor behind the main elevators
- Interventional Radiology: 1st floor near the ER
- Biopsy Clinic: Outpatient building (between NPC and BTGH), 5th Floor, Plastic Surgery Clinic

4. OUTPATIENT CLINIC OVERVIEW

Smith Clinic 2525-A Holly Hall St, Houston, TX 77054

- Arrive promptly at 1pm, clinic is VERY busy
- Find the two rooms assigned to you, look for your “patient box” and start seeing patients
- Find any attending to check out the patient

VA Clinic (1st floor Specialty Clinics at VA Hospital 2002 Holcombe)

- Arrive promptly at 1pm
- Find the ONE room assigned to you, the nurses will start putting the patient’s check-in sheet in your box outside your room once the patient is ready to be seen by you
- You will assigned to a teaching attending

Methodist transplant clinic 10th floor of TMH Outpatient Tower

- When you arrive, ask the kind transplant coordinators who is first to be seen
- Find any attending and check the patient out to them, AND let the coordinator know what your plan is

Davita Peritoneal Dialysis Clinic 7505 Main St, Houston, TX 77030

- Prosperity Bank Building. Park in the parking garage. Parking is validated.

Riverside Hemodialysis Clinic 3420 Delano St , 713-566-3900

Baylor Faculty Group Practice and McNair Urology-Nephrology Stone Clinics 7200 Cambridge St

- Fellows may be seeing new patients or follow-ups
- Fellows are expected to learn how a private clinic works (support from MA & RN, billing / coding, managing the inbasket, referrals to other providers)

Pediatric Nephrology Clinic (Texas Children’s Hospital)

- Staffed by TCH pediatric nephrology attending (Dr. Wenderfer).

St. Luke’s Transplant Clinic Baylor Clinic 6620 Main St 14th floor

- Ask the coordinators who you need to start seeing first

Smith Glomerulonephritis Clinic 2525-A Holly Hall St, Houston, TX 77054

- One attending, one fellow, 2-3 students/residents

VA Transplant Clinic (3rd Floor Hemodialysis Center VA Hospital 2002 Holcombe)

Other Outpatient Clinical Experience

CQI – QAPI meetings VARIABLE TIMES

- Our clinical faculty round at other dialysis units around Houston and hold medical directorships at 8 units
- You will be assigned to Continuous Quality Improvement (CQI), sometimes called Quality Assessment Process Improvement (QAPI) meetings at least 4 per year

5. Overnight (Night Float) and Weekend Call

Night Float: There will be ONE fellow designated to take call during the weekdays from Sunday – Friday. This fellow will be covering up to 5 hospitals: BSLMC, Methodist, VAMC, and BTGH. Our fellow will also cover MDACC every 4 nights (split with the UT-Houston Training Program).

Weekends (Saturday day/night & Sunday day)

- We will post one fellow at VAMC, one at BTGH, and one at the privates (BSLMC and Methodist).
 - The fellow covering the private is principally responsible for Methodist, BSLMC ICU and new consults. There is a cap of 25 patients. The on-call attending will be familiar with the BSLMC patients and there is often a resident at BSLMC.
- We provide coverage for MDACC every 3 weekends, the remaining weekends are covered by UT-Houston Training Program
- Sign-outs are mandatory. Please call attending or fellow from that week if there are any questions about patient care. Remember, we do not want patients' to feel as though you *are just covering*.

Excerpt from “Death Takes a Weekend”. Klass PE, N Engl J Med 2015; 372:402-405

“...From the physician's perspective, weekends in the hospital are all about coverage. I remember, during residency, feeling that the attendings brought in doughnuts for weekend rounds because the world owed us something for being there, holding the fort. I came to take it for granted that hospital life slows on the weekend. And I remember a moment in my early years of doing primary care when it suddenly seemed vital to get an MRI and a neurology consult and a psych evaluation for a child as the clock ticked down to Memorial Day weekend. I called in favors, begged and borrowed, boasted about having managed it, as if I had personally evaluated, treated, and cured the problem, against impossible odds. I guess I assumed that patients and families must understand the hurdles: weekends are harder and slower, things don't necessarily get done.

But when you're sick and scared, or when your parent or child is sick and scared, it can be shocking to hear, over and over, about the ways that weekends are slower and things don't get done. The sick person's calendar is marked out in difficult days and sleepless nights, or in agonizing hours, but it takes no notice of days of the week, makes no distinction between time and overtime. Yet you find yourself being told, as a matter of course, that there's no physical therapy on weekends because there's no one here to do it or, on a Friday, that the psychiatry service — or the pain service, or the surgical subspecialty attending — will be in on Monday.

...My mother was just as sick on Saturday as on Thursday; physical therapy or wound care or pain management was not some frivolous extra. Why should we have to hear over and over again that it was the weekend, that there was only one person here to do whatever for the whole hospital or that someone was just cross-covering, didn't want to make any changes to the plan, the attending would be in next week? It seemed callous on the hospital's part — expecting very sick patients and very worried family members to understand that the doctors' convenience had to come first. They need the weekend off, so you'll have to wait till Monday. Even in good hospitals, weekends had a decidedly makeshift feel, with a constant refrain of “I'm just cross-covering, we're short-staffed, the person you need will be here Monday.”

Well, it doesn't feel that way from the patient's side. From over there, it feels like every time the weekend comes around, you relearn that the hospital is not actually about patients. It's about doctors and nurses, physical therapists and nutritionists — people who are busily living their normal lives, when from the patient's side, nothing is normal.”

Which patients need to be seen overnight?

Our service may be called to see overnight consults that require specific question to be answered or a procedure (e.g. dialysis) performed. **All ICU consults or patients requiring dialysis must be seen by the on-call fellow and discussed with the on-call attending for that pavilion.**

During the night float week, you will be taking call from home but expected to come to the medical center once you are called and it is recommended to stay in an assigned call room at BSLMC or MDACC. The overnight call involves covering multiple pavilions and fellows often receive 1-4 consults per night. The fellows do NOT have clinical duties during the day, while on night float week. Hence, treat this rotation as a 'typical 8-10' hour work-day, *just at night*.

If you do not see the patient due to non-urgent request, politely accept the information, place a brief note in the EMR: "Consult received, discussed with primary team, full note and recommendations to follow." Most importantly, add the patient to the EMR list and pass details to the appropriate team the next business day. If a hospital or individual repeatedly calls for non-urgent consults, please inform the program director.

There is not a single faculty that will object to being called to discuss a patient. If you cannot reach the on-call faculty for that hospital, please call through the answering service to document that you called and for them to continue calling the faculty. Additionally, call the site director and/of hospital section chief for each site. Finally, you can reach any other faculty (e.g. program director) for urgent questions.

All consults seen MUST have a note. In ANY instance where you are giving an order or recommendation, a note must be placed. If there are any reports of a fellow not following these protocols, then the violation will be discussed at the Competency Committee and repeated offenses be reported to BCM Office of Ombudsman or Professionalism office.

Hand-offs and Cross-Coverage

Patient hand-off's must be done in a secure, appropriate manner. The Clinical Learning and Environmental Review (CLER) accrediting committee mandates that this happens across all GME institutions. The six domains covered by CLER include professionalism, health care quality, care transitions, supervision, duty hours / fatigue, and patient safety. Morning 6AM sign-outs are **by telephone** from the on-call fellow to the fellow on call at that specific hospital. Any new consults or overnight events should be communicated. Weeknight sign-outs to the on-call fellow occur by the following methods: **secure email** (Methodist, VA), **verbally at 5pm** on any unstable patients, and electronically via EPIC EMR (Ben Taub, BSLMC). Sign-outs between fellows at the same hospital for weekend call must occur on Friday evening **in person at 5PM** to the fellow on call that weekend. The sign-outs are typically carried out in the dialysis unit of each hospital.

ROTATION(S)	PARTICIPANTS	HAND - OFF PROCEDURE
BT1, BT2, BT3	Consult fellow, On-call fellow (weekend coverage only)	Sign-out within EPIC via IPASS format BT3 fellow must do in-person rounds or verbal check-out at 5PM with BT1 or BT2 fellow prior to weekend Phone call for overnight events
BSLMC / TCH, SL-Transplant, Methodist, MDACC	Consult fellow, On-call fellow (weekend coverage only)	E-mail sign-out in IPASS format or secure sign-out within EPIC EMR SL-Transplant must do in-person rounds or verbal check-out at 5PM with SL fellow prior to weekend Phone call for overnight events
VA1, VA2, VA3	Consult fellow, On-call fellow (weekend coverage only)	E-mail sign-out list in IPASS format; Copy faculty on email VA3 fellow must do in-person rounds or verbal check-out at 5PM with VA1 or VA2 fellow prior to weekend Phone call for overnight events

Daily

If a fellow is off-site for clinic or other educational opportunity, patients must be securely handed-off verbally to the covering fellow. Any consult received via phone while off-site must be verbally (via telephone) communicated to the covering fellow. On Sunday, the weekend fellow must update the sign-out document at the respective hospital and verbally discuss unstable patients with the weekday team.

Text messaging or WhatsApp are NOT an appropriate method for hand-offs and is not HIPPA compliant.

Vacation Coverage

No fellow will be required to provide cross-coverage for more than one week per month. Vacation during the SL-1, BT-3 or VA-3 rotation do not require cross coverage. The fellows' schedule will aim to prioritize advance notice vacation during these months.

Vacation during Methodist rotation will be cross-covered by the BT-3 or SL-1 rotation. Vacation during VA-1 or VA-2 will not need VA3 cross-coverage UNLESS the patient care demands are not manageable by a single fellow / attending team. Vacation during BT-1 or BT-2 rotation will be provided by BT-3 rotation. Vacation during SL-2 (BCM) rotation will be cross covered by SL-1 (Transplant). Vacation during SL-Transplant does not usually require cross-coverage but the SL-BCM will be asked to follow on new transplants or 'educationally important' cases, with a soft cap of 5 patients.

6. Educational Enrichment

Reading / Textbooks

- Journal club articles and faculty presentation slidesets will be placed on a shared drive
- All fellows will receive multiple textbooks at the start of the program.
- All fellows will receive an electronic copy of the Primer on Kidney Disease, and core curriculum articles/reading material will be placed on a shared drive

Formal Didactics - Required

- Foundations of Clinical Investigation (FCI): One month course in August with evening lectures at 5:30pm <https://www.bcm.edu/education/programs/clinical-scientist-training/courses/fundamentals-of-clinical-investigation>
- Seminars in Evidence Based Medicine: EVERY Tuesday at 12:00 pm at ABBR 7th Floor
- Renal Grand Rounds (RGR): Wednesdays at 1:30pm at Methodist Bluebird
- Biopsy Conferences: 1st Wednesday of RGR **AND** 2nd Wednesday at 12:15pm at UT-Houston Medical School
- Fellow didactic lectures: Wednesdays at 2:30pm. Organized into 2-week blocks and all ABIM Nephrology topics are covered each year, key lectures are repeated. Some lectures will be held after hours.
- There is a boot camp in July for all new fellows. This includes core lecture topics.
- Participation in workshops is required
 - Ultrasound Workshop, CRRT Workshop, Communications Workshop, Quizzes
- Board Review: 3rd Thursday of each month
- CAPD Meeting – This is a confidential meeting every 2 weeks with program leadership. It typically occurs at 5PM on Thursdays, in person or remotely. Fellows will have Chapter Assignments (CA) and our textbook, Primer of Kidney Disease will be covered over the 2-year fellowship. The text can be electronically accessed via HAM-TMC library at this clinical key link. <https://www.clinicalkey.com/#!/browse/book/3-s2.0-C20110041030>

Other Didactic Opportunities – Not Required

- Educational development courses offered by Department of Faculty Education (free). Many are open to residents / fellows. Topics include: Incorporating technology to education, Improve your power point skills
- Clinical Scientist Training Program (CSTP). 1- or 2-year course geared towards fellows and junior faculty interested in an academic career. Includes coursework at the graduate schools (such as biostatistics)

Formal Teaching Opportunities

- Physician Assistant (PA) Renal Pathophysiology Course. Each fellow is assigned one lecture per year
- Each fellow gives one renal grand rounds (June) prior to graduation as well as presents at select didactic sessions including biopsy conference and all journal clubs (above)
- Active formal teaching of residents and students via noon-lectures or course participation is encouraged.
- Other opportunities may be offered to fellows within the Clinician Educator Pathway.

Rotation Goals and Objectives Document (diagram below is available in MedHub). Each inpatient and outpatient rotation is mapped to the 6 core competencies. These competencies include patient care, medical knowledge, systems based practice, practice based learning / improvement, professionalism, and intercommunication skills. Each rotation has specific goals and objectives document as well as a curriculum (references, quiz). This is electronically available through MedHub.

#	Inpatient	Content Description of Rotation	Rotation Site Director	PC1	PC2	PC3	PC4	PC5	PC6	MK1	MK2	MK3	MK4	MK5	MK6	SBP1	SBP2	SBP3	SBP4	PBL1	PBL2	PROF1	PROF2	PROF3	PROF4	PROF5	ICS1	ICS2	ICS3
1	BT1	Fluids, Electrolytes, and Acid-Base Disturbances	Dr. David Sheikh Hamad, Dr. George Dolson	x			x	x		x								x			x					x	x		x
2	BT2	Dialysis	Dr. Sai Saridhey		x				x	x						x					x	x				x	x		
3	BT3	Interventional Nephrology / Glomerular Disease / Renal Pathology	Dr. Rajeesh Raghavan				x		x			x								x	x					x	x		
4	VA1	AKI and Critical Care Nephrology	Dr. Chandan Vangala			x			x	x						x				x	x					x	x		
5	VA2	CKD and Progression / Hypertension	Dr. Maulin Shah		x		x				x					x				x						x	x		x
6	VA3	Kidney Transplantation, Research Methodology	Dr. Sankar Navaneethan												x		x			x									
7	SL 1	AKI and Critical Care Neph / Transplant Nephrology	Dr. Katherine Timmins, Dr. BV Murthy	x										x	x					x					x	x	x		
8	SL 2	Acute Kidney Injury / Pregnancy & CKD	Dr. Medha Airy	x					x	x			x			x					x	x				x	x		x
9	METHODIST	Transplant Nephrology	Dr. Horacio Adroque	x											x	x				x					x	x	x		
#	Outpatient	Content Description of Rotation	Rotation Site Director	PC1	PC2	PC3	PC4	PC5	PC6	MK1	MK2	MK3	MK4	MK5	MK6	SBP1	SBP2	SBP3	SBP4	PBL1	PBL2	PROF1	PROF2	PROF3	PROF4	PROF5	ICS1	ICS2	ICS3
10	SC & MLK Neph	CKD and Progression / Cystic Kidney Disease	Dr. Garabed Eknoyan				x			x									x							x			x
11	Davita Peritoneal Dialysis	Dialysis	Dr. Samaya Anumudu							x	x					x						x	x			x			x
12	Riverside Hemodialysis	Dialysis	Dr. Jose Perez						x		x					x						x	x			x			x
13	SC Glomerulo-nephritis (GN)	Primary and Secondary Glomerular Disease	Dr. Carl Walther				x	x				x							x						x				x
14	VA Neph	CKD and Progression / Hypertension / Geriatric Nephrology	Dr. Natasha Dave				x				x									x						x			x
15	VA Transplant	Transplantation	Dr. Nidhi Agarwal			x									x					x					x			x	
16	HMH Transplant	Transplantation	Dr. Venkat Ramanathan			x									x	x								x		x			x
17	TCH Pedi Neph	Pediatric Nephrology / Genetic Disease of Kidney	Dr. Scott Wenderfer	x												x									x	x	x		
18	McNair FGP Kidney Stone	CKD Mineral Bone Disorder, Nephrolithiasis	Dr. Jingyin Yan				x			x						x										x			x
19	Orbis Vascular Access	Interventional Nephrology	Dr. Rupal Patel			x																				x			x

MILESTONES - BCM NEPHROLOGY. These will link or correspond to the ACGME reporting milestones for Nephrology

Patient Care (PC)

1. PC1: Gathers and synthesizes essential and accurate information to define each patient's clinical problem(s).
2. PC2: Requests and provides consultative care.
3. PC3: Manages patients with progressive responsibility and independence.
4. PC4: Develops and achieves comprehensive management plan for patients with kidney disease including acute kidney injury, chronic kidney disease, glomerulonephritis, electrolyte abnormalities, nephrolithiasis, and hypertension.
5. PC5: Demonstrates skill in performing and interpreting urinalysis and urinary sediment.
6. PC6: Demonstrates skill in performing procedures including hemodialysis, peritoneal dialysis, prolonged-intermittent renal replacement therapies, continuous renal replacement therapies, kidney biopsy, and central line placement.

Medical Knowledge (MK)

7. MK1: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Acute Kidney Injury and/or Electrolyte abnormalities
8. MK2: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Chronic Kidney Disease
9. MK3: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Glomerulonephritis
10. MK4: Demonstrates ability to evaluate a patient (including patients with a kidney transplant) with Nephrolithiasis
11. MK5: Demonstrates ability to perform an initial evaluation of a recipient or donor for kidney transplantation.
12. MK6: Ability to review, critically appraise literature, and apply evidence-based medicine to clinical practice

Systems Based Practice (SBP)

13. SBP1: Works effectively within an interprofessional team
14. SBP2: Recognizes system error and advocates for system improvement.
15. SBP3: Identifies forces that impact the cost of health care, and advocates for and practices cost-effective care.
16. SBP4: Transitions patients effectively within and across health delivery systems.

Practice Based Learning Improvement (PBLI)

17. PBLI1: Monitors practice with a goal for improvement including self-performance audits.
18. PBLI2: Learns and improves via feedback.

Professionalism (PROF)

19. PROF1: Has professional and respectful interactions with patients, caregivers, and members of the interprofessional team (e.g., peers, nursing, ancillary professionals).
20. PROF2: Accepts responsibility and follows through on tasks.
21. PROF3: Responds to each patient's unique characteristics and needs.
22. PROF4: Exhibits integrity and ethical behavior in professional conduct.
23. PROF5: Exhibits dedication to timeliness for clinic, rounding, and conferences.

Inter-Communication Skills

24. ICS1: Communicates effectively with patients and caregivers including management plans, counseling for necessary procedures, delivering bad news, and eliciting goals of care.
25. ICS2: Communicates effectively in interprofessional teams (e.g., with peers, consultants, nursing, ancillary professionals, and other support personnel).
26. ICS3: Appropriate utilization and completion of health records and orders.

Quality Improvement Project

Fellow are assigned a QI project and mentor each year. This is typically accomplished between January and June.

CLINICAL COMPETENCY PATHWAYS (CCP)

All graduating fellows in a 2-year Nephrology Training Program will have the option to complete one of the Clinical Concentration Pathways listed below. Participation is not mandatory.

The objectives of the CCP are: 1) develop a structured mentor-mentee relationship, 2) identify a mentor to enable and design a scholarly activity project, 3) demonstrate expertise in a topic, not otherwise covered during the Nephrology fellowship.

As of June 2020, the four pathways include:

1. Clinician Educator
2. Health Policy
3. Business of Nephrology
4. Transition Care in Nephrology

The respective mentors for each pathway and other details will be provided upon request.

7. Important Phone Numbers

SWITCHING CALLS?

- Methodist/St. Luke's: call 346-444-9567 to switch (You will get paged on your pager and will get a detailed message on your cellphone. You will need to download "StartelSecure+" application on your cell phone and will get username and password in a separate email. Once you get the message on the app, you will need to mark it as filed. If you don't mark it as filed, you will get a repeat page every ten minutes.
- Ben Taub: call 713-873-2010 to switch
- VA: call 713-791-1414 to switch

METHODIST HOSPITAL

- Ms. Nila Alvaro (administrative secretary) 713-798-8350
- TMH Operator: 713-790-2201
- Hemodialysis Unit: 713-441-3042
- Renal Transplant Clinic: 713-441-6367
- Transplant Surgeon PA: Laura Lessard (c) 281-777-0399
- Kathryn with US-guided renal biopsies (c) 832-215-7864
- Transplant Coordinators: The main TP number is 713-441-5451.

VA HOSPITAL

- Main VA Number: 713-791-1414 (Then can enter 5 digit extension)
- To Page a VA pager within the VA: Hit *5, wait for prompt, then hit the number
- HD Unit x24866, 24867 or 24869. Fellows room x24857
- Renal Resident Pagers *5-2129, *5-1403
- Renal Social Worker: Juanita Ibarra x24834, (p) 713-841-0927
- Fellows' IT / Support contact: [open]

BEN TAUB HOSPITAL

- BTGH Operator: 713-873-2010. HD Nurse On Call: ask page operator
- Dialysis: 713-873-2381. Fellows Room: 713-873-2384. Pathology: 713-873-3257
- Ultrasound: 713-873-2423. Social Worker: Virginia Manuel (p) 713-607-3119 (o) 713-873-3502

ST. LUKE'S HOSPITAL

- Hemodialysis Unit: 832-355-6760

8. Miscellaneous Forms/ Policies

The college has multiple approved policies that are available at: <https://www.bcm.edu/education/academic-faculty-affairs/academic-policies>. Fellows are required to review these policies annually.

A. INCIDENT REPORTS – AN AVENUE BY WHICH ANY EMPLOYEE CAN REPORT INCIDENTS THAT HAVE OR COULD HAVE ADVERSE EFFECTS ON PATIENT’S AND THEIR CARE, EMPLOYEES, VOLUNTEERS, OR VISITORS. THESE INCLUDE:

1. REPORT PROCESS OR SYSTEM ISSUES, NOT ISSUES WITH INTERPERSONAL RELATIONSHIPS/INTERACTIONS.
2. REPORT CLOSE CALLS/NEAR MISSES. ISSUE CAUGHT EARLY ENOUGH THAT IT DIDN’T RESULT IN BAD OUTCOME.
3. REPORT EVENTS THAT REACHED THE END USER
4. ALL ARE ACCESSIBLE THROUGH THE INDIVIDUAL HOSPITAL WEBSITE AND FELLOWS ARE ENCOURAGED TO SUBMIT AT LEAST ONE REPORT DURING THEIR FELLOWSHIP

B. BCM Department of Medicine Housestaff Loan Fund (E. Lillo Crain, Jr.)

Established in 1974 by Mr. and Mrs. Gordon West to recognize publicly their respect and appreciation for their personal physician, Dr. E. Lillo Crain. The fund was established to assist the House Staff and Fellows of the Department of Medicine to obtain the training they require, despite mounting financial obligations.

The loans are restricted to interns, residents or fellows in training programs of the Department of Medicine. Throughout the years, funds provided by the Crain Foundation have allowed house staff to cover expenses they otherwise could not. There are two types of loans available:

1) Short Term loan:

Not to exceed \$500.00, this loan will bear no interest, but must be repaid within one year or prior to termination with Baylor College of Medicine (whichever comes first).

2) Long Term loan:

Not to exceed \$2500.00, this loan will bear an interest of 2% per annum until one year after completion of training and thereafter, at a rate not to exceed 11% per annum until paid, or, if lesser, the prime interest rate at the time of completion of training. The entire loan and interest must be repaid within two years after completion of training.

Loans can be made at any time that funds are available.

Application forms for either loan are available in the Education Office, A10.197, McNair Campus. Please see Dr. Hamill’s assistant, Monica Bagos, for application forms to be filled out and signed to initiate the process

C. Vacation Policy | Sick Days | PTO

Time: Fellows have 15 weekdays vacation per year (21 total days including weekends), 9 days Paid Time Off (PTO), and 14 sick days. The PTO days should be used for conferences, interviews, or other ‘personal’ work-related reason. Fellows may also take FMLA (up to 12 weeks) unpaid leave for birth of child, care for family or other approved circumstance. Time taken off for FMLA will require extending the fellowship time.

1. Vacation can be taken anytime, but fellows’ should not take more than one week of vacation during a specific rotation without special permission from the program director.

2. No more than 2 fellows can take vacation at any given time. Priority is given by the order the request is received.

3. Fellows will not be responsible for finding coverage for clinics, provided request is submitted > 90 days in advance and provided that no other fellow has submitted a request for the particular clinic. This will allow the clinic chief to adjust patient census for that date or bring additional physicians to help. If a request is < 90 days from clinic, then the fellow will need to find a colleague to cover that clinic.

In the instance that two fellows submit and receive vacation for the same week, and both fellows require the same clinic to be adjusted in census, the fellow who submitted request second will need to find cross-coverage. This is in order to minimize the wait time and overbooking for the clinic and avoid overloading the panel for that day.

4. If there is a research fellow, he/she may be able to cross-cover during vacation for up to 4-6 weeks per year.

5. Fellows should not request off more than 2 clinic days per 5 days of vacation.

6. Requests for vacation longer than 1 week can be made during procedure/research months or on back-to-back rotations.

7. **All time off MUST be entered into MedHub by the Program Coordinator**, hence he/she must be notified well in advance. Failure to obtain advance approval may result in non-approval of time off.

Sick days (14): Please contact the chief fellow, program director, and program coordinator if you are sick. **Please do NOT come to work.** The chief fellow and your attending will arrange coverage. A treating physician's statement, from a non-house staff physician, is necessary if the illness or injury extends beyond three (3) consecutive calendar days. In addition, to return to work, a statement is required from the treating physician that stipulates the involved house staff physician is fit to return to duty. Further, if a house-staff physician is absent from work for more than four (4) non-consecutive days in a calendar month, a statement may be required from the treating physician. Please refer to BCM website for FMLA/Short term disability information.

Paid Time Off (PTO) days (9): PTO includes personal days, holiday, and educational leave. Nephrology fellowship divides the PTO time into two categories 1) Educational/Academic Leave and 2) Non-educational Leave. ASN and NKF conferences count as educational leave and cross-coverage will be arranged by the program / chief fellow since a large number of fellows attend this conference. Any additional conference time is also considered PTO / educational leave. The program / chief fellow will arrange for cross-coverage provided that the covering fellow does not exceed >5 days of coverage for a given month. If the covering fellow already has > 5 days, then the requesting fellow may still attend provided he/she is able to find hospital coverage with any colleague. Non-educational leave should be utilized for work related personal time (i.e interviews) and is also PTO; however in all cases, the fellow will need to arrange hospital coverage with a colleague and notify the chief fellow and program director. The faculty on service must approve non-educational leave. Total PTO leave cannot exceed 9 days as the program is not permitted to provide any additional leave without the written approval of the Office of Graduate Medical Education.

How to do a Request for PTO / Vacation / Sick Day

Vacation or Paid Time Off (educational and non-educational) leave is per academic year and does not roll over. Requests need to be turned into the chief fellow, fellowship coordinator, and associate program director. You may notify the chief fellow your intention to take leave early to help accommodate scheduling however the request is not final until the request form is submitted. The chief fellow will attempt to complete the schedule before the start of the academic year.

Please do not make non-refundable travel arrangements until approval from chief fellow (by reply all) is given for any request as the program will not be responsible if your request is not approved. Monthly call schedule requests will be

honored ONLY when submitted by e-mail to the chief fellow. Second year fellows will get priority on requests. 2nd year fellows may only request a maximum of two weekends off per month while 1st years may only request a maximum of one weekend off each month.

- Weekends off next to vacation (e.g. weekend prior if you are taking off Monday and weekend after if you are taking off Friday) will be given without any request; however, if you have any of these with your vacation then you will get one less weekend request during the month. You may alternatively ask to not have the weekend next to vacation if you want to make the other request instead.
- All fellows will be limited to 2 weekday call free or back-up free requests.
- Additional requests can be made but will only be considered after all fellow requests have been honored.

D. Conferences – Fellows have \$1200 stipend per year to use for conferences

2nd year fellows typically attend American Society of Nephrology Annual Meeting in November. The 1st year fellows usually attend the National Kidney Foundation Annual meeting in April. We require that 2nd year fellows submit one abstract to ASN in order to receive the stipend to attend. All fellows' clinics are blocked during these two conferences to facilitate attendance and cross-coverage of inpatient service. If a fellow chooses to attend another conference, instead of ASN or NKF, he/she may elect to do so and utilize the stipend towards this conference.

Priority for ASN is given to 2nd year fellows' and then to 1st year fellows that have an accepted abstract. For NKF and ASN conferences, at least 4 fellows should remain at BCM to cover the clinical services (1 per hospital site).

Fellows may also attend other conferences and use PTO (or vacation) time and his/her own finances to attend. Several other conferences provide stipends and our trainees have taken advantage of these in the past.

2nd year fellows are encouraged to attend the Baxter sponsored Home Dialysis University conference, open to all graduating fellows; registration and lodging are nearly 100% covered by the sponsor.

The fellow should ask the faculty on the abstract to pay associated fees for both poster and submission.

Additional funds not used for travel may be used to purchase text.

E. BCM Policy for Duty Hours (27.4.03): Graduate Medical Education: Responsibilities of House Staff Physicians. Baylor College of Medicine (BCM) requires all residency programs to be in compliance with the Accreditation Council for Graduate Medical Education (ACGME) duty hours requirements, as stipulated in the Institutional, Common and Specific Program Requirements. Each program must have its own duty hours policy. Program compliance with duty hours requirements and policies will be monitored through E*Value and the internal review process. All residents/fellows are expected to limit their program and program-related moonlighting activities to the maximum number of hours allowed by ACGME policy. Any disputes or other issues related to compliance should be referred to the Senior Associate Dean for Graduate Medical Education. Any resident/fellow may use the online Graduate Medical Education email form to report concerns about duty hours noncompliance in an anonymous manner, or may report such concerns to the GME Committee Ombudsman.

The BCM GME Committee does not permit programs to request an expansion or extension of duty hours beyond the standards currently set by the ACGME. Every BCM resident/fellow must log his/her duty hours on E*Value in a regular and timely manner. Failure to log duty hours as expected is viewed as a professionalism failure and will result in the resident or fellow not being considered "in good standing" by the Office of Graduate Medical Education.

- The first offense will result in suspension of moonlighting privileges for 90 days.
- The second offense will result in suspension of moonlighting privileges for the remainder of the academic year, or six months, whichever time period is longer; trainee will be referred to office of professionalism
- The third offense will result in permanent suspension of moonlighting privileges.

Subsequent offenses will result in additional disciplinary measures, including adverse actions per GME policy.

F. Integrity Hotline, Sexual Misconduct, and Office of the Ombudsman:

We take professionalisms and security issues seriously. If you do not feel comfortable bringing any occurrences to the program leadership, BCM has a dedicated Ombudsman Office. This is a confidential, informal, independent, and neutral place to discuss concerns, resolve disputes, manage conflicts, and increase skills regarding communication, negotiation and problem solving.

Integrity hotline (855-764-7292):

<https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html>

Code of Conduct link is: <https://media.bcm.edu/documents/2015/94/bcm-code-of-conduct-final-june-2015.pdf>

Center for Professionalism: 713-798-4553, Email: ProfessionalismMatters@bcm.edu, seeks to create, support and sustain a culture of heightened professionalism and integrity among all members of the College's community, resulting in the best possible quality of education, medical care, patient satisfaction, and scientific advances. <https://www.bcm.edu/education/academic-faculty-affairs/center-professionalism>

Reporting a concern: <https://www.bcm.edu/education/academic-faculty-affairs/center-professionalism/report-concerns>

Melanie Jagneaux, J.D., M.B.A., Ombudsman Director. Confidential phone number: 713-798-5039; Email: ombudsoffice@bcm.edu.

Reporting Sexual Misconduct: Senate Bill 212 was passed in the last state legislative session and went into effect as state law on Jan. 1, 2020. This law requires any employee of a college or university in Texas to report to the Title IX Coordinator any information regarding an alleged incident of sexual harassment, sexual assault, dating violence, or stalking, committed by or against a person enrolled at or employed by the institution at the time of the incident. The law requires colleges to terminate employment for employees who fail to report such matters, or knowingly makes a false report with intent to harm or deceive, and imposes criminal penalties of up to a year in jail.

In simple terms, this means that if you hear of an alleged incident of sexual misconduct that occurred in the course and scope of your work at and for Baylor College of Medicine, you must report it.

Reports can be made online through the [Integrity Hotline](#). Reports can also be made by contacting Interim Title IX Coordinator Elizabeth Hatfield at (713) 798-5305 or title-IX@bcm.edu. Confidential options also are available for reporting alleged incidents of sexual misconduct. See section IV of the [Sexual Misconduct and Other Prohibited Conduct Policy](#) for a list of confidential reporting options. Employees making a mandatory report under Senate Bill 212 are highly encouraged to identify themselves in their report so there is a record they have complied with this law. This new state law augments our [existing policy](#) on Sexual Misconduct and Other Prohibited Conduct that defines sexual misconduct and outlines procedures for reporting, investigation and more.

Learn more about this new law by reading the following resources, which can also be found on the [Title IX website](#):

- [New Title IX Mandatory Reporting Requirements for Employees](#)
- [FAQ](#) and [Hypothetical Scenarios](#)
- [Full text of SB 212](#)

To request further training on this matter for your department, contact the Title IX Office at title-IX@bcm.edu. All employees will be expected to complete online training when it is available to learn more about these changes and acknowledge their duties as a responsible employee under this new legislation.

As you know, at Baylor College of Medicine, we believe that all individuals have the right to be free from all forms of sex and gender-based discrimination, which includes sexual harassment, acts of sexual violence, domestic violence, dating violence and stalking.

G. BCM Policy for Moonlighting (27.3.6): Moonlighting is defined as additional professional duties for extra pay or benefits, beyond those required to successfully complete one's training program. It is prohibited for any individual on a visa. Employment not related to the training program is permitted only with the written approval of the Associate Dean for Graduate Medical Education "upon recommendation of the subspecialty program director and the Chairman of the Department of Medicine."

Regular duty hours plus extracurricular employment must not total more than 80 hours per week. The maximum allowable amount of time for extracurricular employment is 48 hours per month. Subspecialty residents cannot work more than 24 hours continuously with 4 additional hours for transitions of care. This includes time spent moonlighting.

H. Wellness

Our program has a wellness faculty and fellow pair who is tasked with organizing social events for the division. The target is at least 3 wellness events per year. These are outside of the three, very well attended formal events: Graduation, Holiday party, and Garabed Eknayan Lectureship. The goal of the informal events is to develop strong supportive relationships among the faculty and trainees. Every July, the program director hosts all fellows for an introductory dinner. The program director discusses work life balance at 6- and 12- month meetings. Every journal club meeting includes food, and healthy snacks are promoted over 'junk.' Fellows are encouraged to participate in the Wellness activities sponsored by the college (BeWell program).

I. Quality Improvement and Patient Safety

Fellows will be exposed to Patient Safety and Quality Improvement during the Seminars in Evidence Based Medicine (SEBM) weekly conferences. At least 1 conference per month will be focused on these two important topics.

Fellows are encouraged to seek additional individual QI projects, and all fellows should complete CITI training prior to research endeavors. The Cool Beans Guidebook was a quality improvement project created by all fellows in 2019. Fellows will receive patient safety conferences throughout the year, sponsored by the college or department, and fellows will be trained in completing incident reports at each hospital. At each CAPD meeting, the program director will provide metrics from the affiliate hospitals/clinics that review QI or PS topics.

I. Disaster Policy

In the event of a natural disaster or unforeseen emergency, the program director will create a schedule to ensure that each pavilion has adequate fellow coverage. In most cases, one fellow per pavilion will be required to remain at the VA, BSLMC, and Ben Taub with the provision of a back-up. The schedule will be circulated ahead of time and a telephone tree will be created to ensure that all trainees are contactable.

9. Evaluations and Awards

Med-Hub Monthly Evaluation

Fellows and faculty will evaluate one another. The program coordinator will provide you with further instructions on how to do this on a monthly and timely manner. Please begin by selecting all faculty that you spent at least two weeks with from the drop down menu. The more evaluations you have, the more data we will have to advise you on your progress through the fellowship.

Semi-Annual 1:1 Meeting with PD

Every 6 months, the fellow meets one-on-one with the program director to discuss evaluations, progress, research projects, and future plans. Progress is tracked in the milestones format to ensure that competencies are met in a logical, longitudinal trajectory.

Practice Habits

Fellows will be provided with data on their efficiency in clinic and adherence to well established guidelines. This will be done via self-evaluation (chart audit) and data capture from the EMR/Administrators.

Semi-Annual Evaluation of the Program + Faculty

Every 6 months, fellows will complete anonymous evaluations of the program and select faculty. This information will be provided to the section chief who will discuss the report with individual faculty. You will be asked to evaluate items like: relationship with trainees, teaching skills, expectations, enthusiasm, clinical judgment, collegial responsibility, and role modeling.

Clinical Competency Committee

A committee of faculty (excluding the program director) meets on a semi-annual basis to assess your progress in the following six domains: patient care, medical knowledge, problem based learning, Interpersonal skills, professionalism, and systems-based practice. The report will be transmitted to the ACGME and will 'map' to your progress over a two-year period.

In-Training Examination & Highest Score Award

Each fellow at our institution takes the in-training exam in April. This is a mock board examination administered to fellows' nationally at the same time. Results are tallied such that our institution's scores are compared to the nation. The highest scoring fellow each year receive an award

Outstanding Educator Award

Teaching is not easy; it is a skill we want you to develop during your fellowship. The fellows and faculty select one fellow annually for this award. This individual makes the extra effort to teach students / residents during clinics and inpatient rotations, gives high quality presentations at journal club or grand rounds, and stimulates peers to learn Nephrology.

Department of Medicine – Nephrology Section Program Evaluation Committee Description and Responsibilities

The Program Evaluation Committee (PEC) must be composed of at least two program faculty members and should include at least one fellow or resident. The Chief fellow(s), Program Director, Associate Program Director, Section Chief, and Program Coordinator form the core members of the PEC. Any faculty or trainees who are on national committees to address program or workforce evaluation may be invited members.

Written description of its responsibilities and, should participate actively in: planning, developing, implementing, and evaluating educational activities of the program; reviewing and making recommendations for revision of competency-based curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; and, reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation.

The program must monitor and track each of the following areas:

1. Trainee performance;
2. Faculty development;
3. Graduate performance, including performance of program graduates on the certification examination;
4. Program quality;
5. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and the program must use the results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program, progress on the previous year's action plan(s).

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas as well as delineate how they will be measured and monitored at least annually. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Department of Medicine – Nephrology Section Recruitment Committee Description and Responsibilities

The Recruitment Committee will be composed of at least 5 faculty members including the Program Director and Associate Program Director. This committee will be tasked with interviewing candidates during interview season and helping to prepare the rank list, and working with internal residents and students who are interested in Nephrology.

10. MedHub

Medhub is the central repository for Baylor College of Medicine and for our Nephrology Fellowship Program. All goals and objectives will be posted, as well as curriculum documents.

Resident and Fellow Quick Start Guide

MedHub is a web-based application designed to house, document, track and monitor residency/fellowship requirements and educational experiences. This system will allow you to review your rotation, clinic and call schedule, submit work hours, complete evaluations, log procedures, review your conference schedule and set up your learning portfolio.

Getting Started

To log-in, navigate to your MedHub URL (bcm.medhub.com). Log-in information is sent through an automated message from MedHub. The e-mail will contain a username and a temporary password. Upon log-in, you will be asked to change your password. Residents and fellows all have a user type of RESIDENT to indicate that the user is a trainee. Residents and fellows are identified as either a resident or fellow from their “review records” link on the portal page as part of their training history.

Home

The Home page is the central or portal page for each user. This page is essentially a communication channel where the GME Office or the residency or fellowship program may post pertinent information. This page is also where you can navigate between functionality components (i.e. schedules, evaluations, etc.) or view particular tasks that may need to be completed. The portal page is also a location where specific resources or documents are provided for your viewing.

Tasks

Under the Tasks section, this is where you’ll have the ability to log the current week’s work hours, review your own records, and update your contact information, among other potential tasks pertinent for your training program. Reviewing your records allows you to see your basic demographic information as well as see any files that have been shared with you by the GME Office or your training program. You may have the ability to update your contact information as needed as well as record your work hours.

Tasks

This week's duty hours (0.0 hrs logged)

Review Records

Learning Modules


Tests

Program Accreditation Review

Trainee Onboarding

Urgent Tasks

Adjacent to the Tasks section are urgent tasks. This box will appear in red if you have any particular items that need to be completed (i.e. evaluations, incomplete work hours, etc).

 **Urgent Tasks**

Incomplete Evaluations **(35) (35 late)**

Incomplete Tests **(4)**

Trainee Onboarding - Documents due

Incomplete Learning Modules **(4)**

Personal Calendar

You have the ability to keep a personal calendar in MedHub and sync it to either an Outlook or Google e-mail account or through an iPhone or Android. By selecting the "View myCalendar" button, it will allow you to add any appointments, meetings, etc for each day within each month. If your training program has created a conference schedule, these conferences will also appear on your personal calendar automatically.

Rotation Schedule

The rotation schedule lists the rotations you are scheduled for the academic year.

Curriculum Objectives

The Curriculum Objectives provides you the ability to review the list of objectives specific to rotations or services for which you are scheduled. These objectives will only appear IF your training program has uploaded them to the system.

Messaging

Messaging allows you to send and receive messages through the MedHub system. When sending a message through MedHub, this does not go to the recipient's e-mail unless you designate that the message you are sending should go to their e-mail as well. If you have been sent a message, it will appear in this Messaging section where you can select the message to review the content.

Residents/fellows also have the capability to send anonymous messages to their DIO or Program Director.

Announcements

Any announcements posted by either the GME Office or your training program may be visible here.

Resources/Documents

There are various directory links that are available to you in case you need to find a particular individual's contact information. The GME Office or your training program may also add other information to this section that you will have access and can review.

Add New Channel

You have the ability to customize your home page when it comes to various news feeds you may want to appear automatically when you log-in. The "Add New Channel" button allows you to add various feeds from a variety of news sources.

Functionality

Work Hours

To add each week's work hours, select the "This week's work hours" link located in the Tasks section from your home page. This will take you directly to the timesheet where you can begin to enter your hours.

The screenshot displays the work hours interface. At the top, there is a date selector set to 9/4/10/2016 and a Graphical Interface dropdown. Below this is a Weekly Compliance Checklist with fields for Maximum of 80 total hours (0.0 hrs), Days off (1 required) (7 days), Single work period - 24 hours duty/28 hours total maximum, 8 hour breaks between work periods (must), and 10 hour breaks between work periods (should). A calendar shows August and September 2016 with a legend for Incomplete Duty Hours, Compliant Duty Hours, and Non-compliant Duty Hours. The timesheet for Sunday, September 4, 2016, shows 0 hrs total with a grid from 12am to 12am.

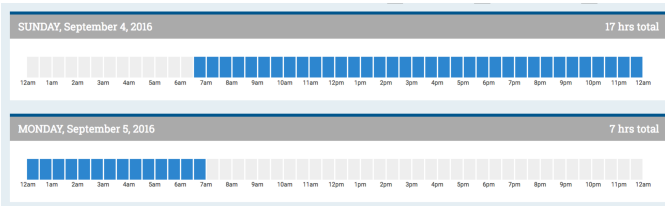
To add your hours for each day, select the start time you begin your day...

The screenshot shows the timesheet for Sunday, September 4, 2016, with 0 hrs total. A red arrow points to the 6am slot on the grid.

And select the end time of either that same day,

The screenshot shows the timesheet for Sunday, September 4, 2016, with 12.5 hrs total. A blue bar is filled from 7am to 7pm on the grid.

or the next day.



A bar will appear that totals the amount of time you worked based on your start and end times. This is called the graphical interface view. At the bottom of the timesheet you will have an ability to save and/or submit your hours. Saving your hours simply saves your hours; it does not submit your hours for reporting purposes. You also have the ability to switch to another view of the work hour timesheet. This is called the pull-down interface view.

The screenshot shows a date dropdown menu set to "9/4-9/10/2016". To its right is a view dropdown menu currently set to "Graphical Interface". A secondary menu is open below it, showing two options: "Graphical Interface" (with a checkmark) and "Pull-Down Interface" (highlighted in blue).

The pull-down interface allows you to log hours using a drop-down format vs. a graphical representation of hours. In this format, you would also log your start and end times. The “more entries” link below the designated drop-downs provides additional drop-downs, in case you have multiple in and out times throughout the day. The term “standard” in the drop down refers to your daily schedule which encompasses all activities (rotations, clinics, etc.) that occur within a given day.

The screenshot shows the pull-down interface for logging hours. It is divided into two sections: Sunday, September 4, 2016, and Monday, September 5, 2016. Each section has three columns: "In:", "Out:", and "Type:". Under "In:" and "Out:", there are two dropdown menus each, currently showing "--". Under "Type:", there are two dropdown menus, each showing "(standard)". Below each section is a "more entries" link.

Once you have submitted your hours, and all associated work hour rules have met compliance, the compliance checklist identified at the top of the timesheet will indicate the rules where you have met compliance.

Weekly Compliance Checklist		
Maximum of 80 total hours	96.5 hr(s)	✘
Days off (1 required)	0 day(s)	✘
Single work period - 24 hours duty/28 hours total maximum	--	✔
8 hour breaks between work periods (must)	--	✘
10 hour breaks between work periods (should)	--	✘

Note: you must submit your duty hours to check for compliance issues

The compliant week you have submitted will show up in green on the monthly calendar located adjacent to your timesheet.

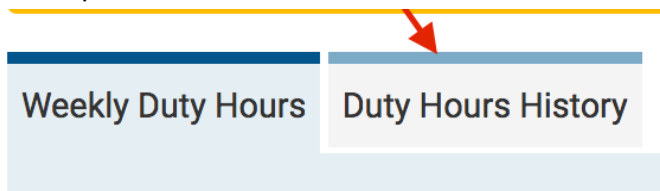
August 2016							September 2016						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6					1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28	29	30	

If you submit a non-compliant work hour timesheet, the compliance checklist will indicate what rules are not in compliance by appearing in red.

Weekly Compliance Checklist		
Maximum of 80 total hours	96.5 hr(s)	✘
Days off (1 required)	0 day(s)	✘
Single work period - 24 hours duty/28 hours total maximum	--	✔

You may be required to submit rationale regarding the potentially non-compliant submission (i.e. patient volume).

To review past work hour submissions, select the link called, “Work Hour History Report” located adjacent to the monthly calendars.



This report provides you a listing of each week that has been submitted along with the total number of hours for that week, days off, and any compliance rationale based on a non-compliant week.

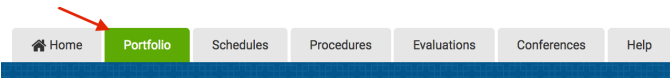
Mobile App

Work hours may also be logged via the MedHub mobile app. Please see the Mobile App section below for details.

Portfolios

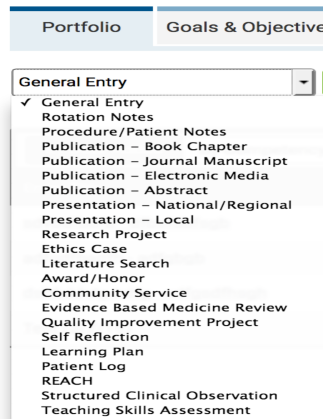
You have the ability to manage and track your own portfolio information. Faculty who are identified as mentors or the Program Director can also view your portfolio, along with your program coordinator.

There are several portfolio entry options which you can choose. Each portfolio entry option has its own specific fields related to that entry. To access the portfolio functionality, you will select the Portfolio tab located at the top right hand side of the home page, also known as the navigation bar.



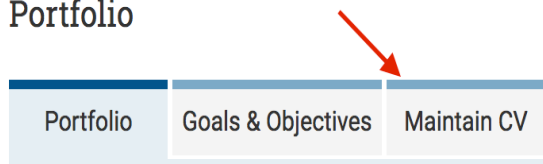
You can select a portfolio entry type by choosing an option from the drop down list that describes the type of entry you would like to include in your portfolio.

Portfolio



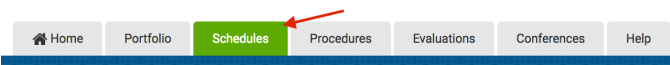
When adding a portfolio entry, you also have the ability to share this entry with the faculty members who have been added as your mentor. Some of these portfolio entry types also allow you to create a CV that will display these entries which you can manage.

Portfolio



Schedules

The schedule allows you to view the services or rotations that you have been assigned as well as clinics and specific calls. To access the schedule, select the Schedules tab located at the top right hand side of the home page.



You can review the schedule for all rotations you are assigned. You can view the schedule by resident (residents or fellows listed on the left hand side of the schedule) or by service (rotations/services listed on the left hand side of the schedule).

Schedule View Type

IM-Primary ChildAdultPsych-ChildAdultPsych_PGY1 Resident Resident (Details) Service Services (All)

1	2	3	4
7/1-7/31	8/1-8/31	9/1-9/30	10/1-10/31
AMB-1 OccMed-E-Y (7/29-7/31)	OccMed-E-Y (8/1-8/11) AMB-OPT	Chief-Elec AMB-VA-Spel AMB-AL-E AMB	ResTeach-E-Y ²
VAC 7/22-7/28			

The dates at the top of the rotation schedule indicate the dates of that specific rotation block as identified by your training program.

Academic Year	Schedule
July 1, 2015 - June 30, 2016	IM-Primary ChildAdultPsych-...
Rotation:	1
Resident:	7/1-7/31
Allen, Cyndi (2)	AMB-1 OccMed-E-Y (7/29-7/31) <hr/> VAC 7/22-7/28

The name of the service or rotation you are scheduled will appear in the rotation block in the by resident view. In the by service view, your name will appear in the block of that particular service.

Rotation:	1	2
Service:	7/1-7/31	8/1-8/31
AMB-OPT	Wong, S. Faulk, S.	Allen, C.

You may also see other residents, fellows and faculty members scheduled to that same service or rotation so you'll know who is rotating with you.

To see your clinic schedule, select the Clinics tab located at the top of the rotation schedule.

Rotations	Calls/Shifts	Clinics	Weekly Activity	Individuals
-----------	--------------	---------	-----------------	-------------

You can filter the information based on the clinic to see who is or has been assigned to a specific clinic.

Clinic/Activity	Display	Mode	Dates
Chase Clinic	All Users Residents Faculty	View Modify	September 2016
SEPTEMBER 2016			
Sunday	Monday	Tuesday	Wednesday
			1
4ICU W AM (12:00am-10:00am): Apoletis, Aileen	5	6	7 8

To see your call schedule, select the Calls/Shifts tab located at the top of the rotation schedule.

Call/Shift Schedules

Rotations	Calls/Shifts	Clinics	Weekly Activity	Individuals
-----------	--------------	---------	-----------------	-------------

This will show you the view of the current call schedule for the day, week or month.

Call/Shift Schedules

Rotations Call/Shifts Clinics Weekly Activity Individuals

Academic Year: July 1, 2016 - June 30, 2017

Call/Shift Schedule: ON CALL

View: Daily Weekly Monthly 09/04-09/10/2016

September 4-10, 2016

Call/Shift	Sunday (9/4)	Monday (9/5)	Tuesday (9/6)	Wednesday (9/7)	Thursday (9/8)	Friday (9/9)	Saturday (9/10)
Night Call - IM Primary Care	--	--	--	Allen, C.	--	--	--
Test Shift	--	Allen, C.	Allen, C.	--	--	--	--

You can also filter the call schedule by selecting the “Call/Shift Schedule” drop down to select a specific rotation or service to view the call assigned for that particular rotation block.

Shift/Call Schedule

Service: AMB-S

Residence: Allen, C. (3)

Faculty: (none)

Shifts/Calls: Night Call - IM Primary Care (NCMPC) [BA]

SEPTMBER 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
4	5	6	7	8	9
TS 8:00am-5:00pm Allen, C. (3)	TS 8:00am-5:00pm Allen, C. (3)	TS 8:00am-5:00pm Allen, C. (3)	TS 8:00am-5:00pm (none)	TS 8:00am-5:00pm (none)	TS 8:00am-5:00pm (none)
NCMPC 8:00am-5:00pm (none)	NCMPC 8:00am-5:00pm (none)	NCMPC 8:00am-5:00pm Allen, C. (3)	NCMPC 8:00am-5:00pm (none)	NCMPC 8:00am-5:00pm (none)	NCMPC 8:00am-5:00pm (none)

Procedures

Procedures allows you to log procedures or case encounters within MedHub as well as review various reports of your submitted logs. To access procedures, select the Procedures tab located at the top right hand side of the home page.

Home Portfolio Schedules **Procedures** Evaluations Conferences Help

There are four links that you will have access. They include:

1. Log New Procedure/Case
2. View Recorded Procedures/Cases
3. Procedure/Case Summary Report
4. Procedure/Case Demographic Breakdown

Procedures/Cases

Log New Procedure/Case

Use this form to record new procedure/case logs. You can later review all of your logs by selecting the option below.

View Recorded Procedures/Cases

Review all of your recorded procedures. This page also provides access for modifying and deleting procedure logs.

Procedure/Case Summary Reports

Overview of procedure requirements, diagnosis requirements, procedure certifications, continuity of care and visit types.

Procedure/Case Demographic Breakdown

Charts of procedures according to patient demographics.

Log New Procedures/Case – This link provides you the ability to log your procedures/cases or diagnoses. You will have the ability to:

1. Identify the date of the procedure, case, or diagnosis.
2. Choose the location you performed, assisted, observed, simulated, etc. the procedure, case or diagnosis.
3. Identify the supervisor that observed you if necessary or required by your training program.
4. Choose the patient ID, gender and age if needed or as you wish in case you want to have an idea of the demographic breakdown of your patients.
5. Select the procedure, case or diagnosis from a list (defined by your training program) and classify your role or level of responsibility associated with that procedure, case or diagnosis.
6. Log Procedure.
7. Based on your training program’s settings, you may be prompted to send an evaluation for a particular procedure that you performed.

Background Information

Procedure Date* 09/08/2016

Location* Waterbury Hospital Floors | other

Supervisor* List Search Other
(none)

Patient Information

Patient ID: (new patient) Note: do not use patient name.

Patient Gender: (unavailable) Patient Age: (unavailable)

Additional Information

Viewed video: (select)

Procedures

CPT®: Procedure:

(no procedures – at least one is required)

Add Standard Procedure

Add	CPT®	Procedure
+	12345	Abdominal Paracentesis
+	--	Amputation
+	--	appendectomy
+	--	Arterial Line

View Recorded Procedures/Case – After each submission of procedures, cases or diagnoses, you have the ability to view what has been recorded. You will view:

1. **By Procedure/Case Logs** allows you to view all of your logs that you have submitted. You will also be able to view the detail of the log as well as modify if needed. You can delete the log if there is an error within that particular log and you need to re-submit.

View Procedures/Cases

By Procedure/Case Log | By Procedure Type | By Diagnosis

Log New Procedure

Patient ID	Procedure Date	Procedures	Diagnosis	Supervisor	Actions
...	08/29/2016	Arterial Line	lsh wound	Armstrong, Mark	View Log Modify Log
...	05/03/2016	Abdominal Paracentesis	Anxiety state unspecified	Adison, Al	View Log Modify Log

2. **By Procedure Type** allows you to view the procedures or cases you have submitted along with the chosen level of responsibility (i.e. role) of each procedure or case. You can also view, modify and delete the log as needed. You will also be able to view if the supervisor has verified your procedure as well.

View Procedures/Cases

By Procedure/Case Log | By Procedure Type | By Diagnosis

Log New Procedure

Patient ID	Procedure Date	Procedure	Role	Supervisor	Verification	Actions
...	08/29/2016	Arterial Line (1)	Performed	Armstrong, Mark	(pending)	View Log Modify Log
...	05/03/2016	Abdominal Paracentesis (1)	Simulated	Adison, Al	...	View Log Modify Log

3. **By Diagnosis** allows you to view the diagnoses you have submitted as well as view, modify or delete the log associated with the diagnosis. You may see this particular tab or log diagnoses IF your program has enabled this information.

View Procedures/Cases

By Procedure/Case Log | By Procedure Type | By Diagnosis

Log New Procedure

Patient ID	Procedure Date	Diagnosis	ICD-10	Supervisor	Actions
...	08/29/2016	lsh wound (1)	...	Armstrong, Mark	View Log Modify Log
...	08/29/2016	Anxiety state unspecified (1)	...	Adison, Al	View Log Modify Log

Procedure/Case Summary Reports – This provides you the ability to review the requirements assigned to each procedure/case or diagnosis as well as audit your own performance regarding the requirements. You have the ability to review:

1. **Procedure Requirements** provides you an outline of the requirements you have completed at that time.
2. **Diagnosis Requirements** provides you an outline of the requirements (if any are defined) you have completed at that time.
3. **Procedure Certifications** provides you a list of all of the procedures for which you have been certified.
4. **Continuity of Care** statistics on each patient if a patient ID has been designated. The patient ID field may or may not be listed in the log as this is dependent on a setting determined by your program. If you do not see the ability to log a patient ID, you will not see any data on this particular tab. The patient ID field allows you to see the number of visits by patient as well as the specific procedures/cases or diagnoses completed on that patient.
5. **Visits Summary** provides you the ability to review the number of visits that were recorded for each rotation or clinic.
6. **Counts by Type** provides you an ability to review the total counts of procedures or cases and your level or role of responsibility. The Diagnosis count provides a total that you may have performed, observed, etc, but does not designate the count by level of responsibility.

Procedure Requirements Diagnosis Requirements Procedure Certifications Continuity of Care Visits Summary **Counts by Type**

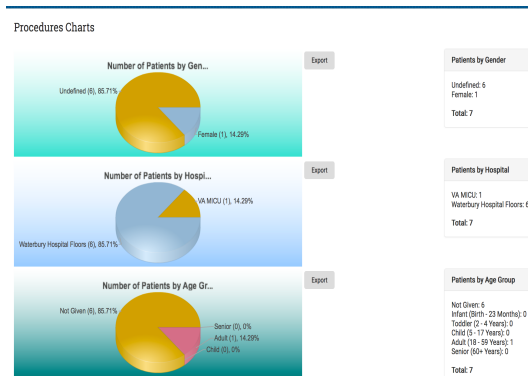
Counts

Procedure	Total	Performed	Assisted	Observed	Supervised	Read & Interpreted	Simulated	Verified	Certified Date
Abdominal Paracentesis	5	4	0	0	0	0	1	4	3/30/2016
Amputation	1	1	0	0	0	0	0	0	...
Arterial Line	2	2	0	0	0	0	0	0	...

Diagnosis/Indication	Total
Anxiety state unspecified	5
Soft wound	1
Problems with the incision	1

NOTE: Custom procedure types and diagnoses will not reflect in the numbers above.

Procedure Demographic Breakdown - This provides you the ability to see particular demographic breakdowns of your patients based on the information submitted in your procedure/case log. Any gender, age, or location information entered in the log, will appear in a pie graph based on the entries submitted by you.



Mobile App

Procedures may also be logged via the MedHub mobile app. Please see the Mobile App section below for details.

Evaluations

To access evaluations, select the Evaluations tab located at the top right hand side of the home page.



This section will allow you to:

1. Complete evaluations that you have been requested to complete as well as review all evaluations you have completed in the past.
2. Review your individual performance evaluations that have been completed of you.
3. See an aggregate or summary information of evaluations that have been completed of you.

4. Review competency summary or milestone summary data.
5. Assess trend data compared with peers by overall average or across the various competencies.

Mobile App

Evaluations may be completed via the MedHub mobile app. Please see the Mobile App section below for details.

Conferences

If conferences have been set up by your training program, you will be able to view a conference schedule under the Conferences tab. To access conferences, select the Conferences tab located at the top right hand side of the home page.



This allows you to see an upcoming conference schedule, as well as review the complete conference schedule for the academic year and view your own conference attendance (if conference attendance was taken). Scheduled conferences may also appear on the personal calendar found on your portal or home page.

You can also run your own conference attendance report that identifies how many conferences you've attended based on the requirements set up by your program. This is found at the bottom of the list of scheduled conferences.

[Conference Attendance Report](#)

Mobile App

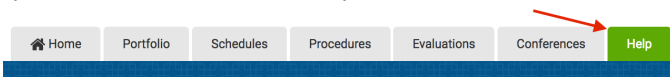
The MedHub Mobile App is available for iPhone users and may be accessed via the App Store.

Users may search for the App by typing 'MedHub' into the search field and the MedHub Mobile App will be displayed. When the App is initially opened the user will be asked if they would like to receive notifications from MedHub (i.e. "Late Work Hours," "Pending evaluations"). When the App is opened the user will select their home institution from the drop-down menu, enter their username and their password/passkey (for users who use single-sign on credentials to access MedHub).

For Android users, the mobile app may be accessed by entering the user's institution's MedHub URL into the browser on the device. The user will be asked if they wish to access the 'Full Site' or the 'Evaluations App.'

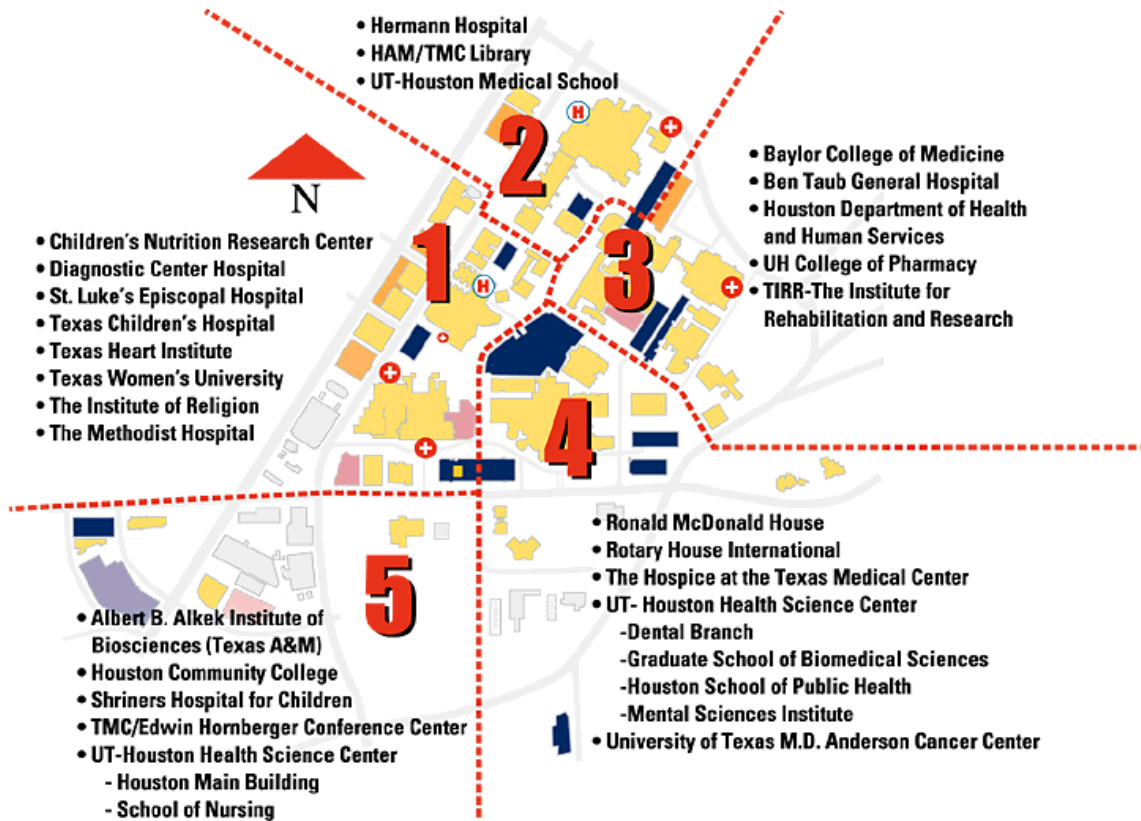
Help

The Help tab, located in the navigation bar provides you the ability to search for specific topics in case you have questions about functionality.



Aside from searching for help topics, you may also send a support ticket either to your program coordinator/administrator or the MedHub support team if you should have a question regarding the functionality.

11. Maps





Baylor College of Medicine – ABBR 7th floor houses the bench research laboratories, conference rooms

