PEDiatric RHEUMATOLOGY TRAINING PROGRAM
2014-2015

Program Director: Tzielan Lee, MD
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**Mission:**
The mission of the pediatric rheumatology fellowship training program is to develop physicians that are clinically competent in the diagnosis and management of children and adolescents with rheumatic diseases and related conditions, have acquired skills and knowledge to succeed in an academic health care setting, and possess habits of life-long learning to build upon their knowledge, skills and professionalism.

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**Core Pediatric Rheumatology Fellowship Goals**

The specific goals of the training program are derived from the mission statement and are integrated with the ACGME core competencies. The following detailed curriculum is based on the six core competencies and include description of the essential components, methods of acquisition and performance markers.

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**GOAL 1: Medical Knowledge**

The specialty of pediatric rheumatology requires a knowledge of a wide array of autoimmune, inflammatory and musculoskeletal diseases that affect a multiplicity of tissues and organ systems. A working knowledge of the basic and clinical sciences that relate to musculoskeletal and rheumatic diseases is fundamental to the practice of pediatric rheumatology. Trainees require an understanding normal and pathogenic immune process that form the basis of the current understanding of autoimmune and inflammatory diseases as well as development of new approaches to treatment. Similarly, knowledge of the basis for and use of laboratory and diagnostic tests, therapeutic modalities, both pharmacologic and non-pharmacologic, are essential to the practice of pediatric rheumatology.

**Essential components of Medical Knowledge**

1. Basic Sciences
   a. Anatomy and biology of musculoskeletal tissues, including the embryology, development, biochemistry and metabolism, structure, and function.
   b. Immunology including anatomy and cellular elements of the immune system, immune and inflammatory mechanisms, cellular interactions and immunoregulation.
   c. Biomechanics of bones joints and muscles, understand the kinesiology of peripheral and axial joints and gait, and related pathologies.
   d. Neurobiology of pain including peripheral and central mechanisms of nociceptive pathways and processing, mechanisms of action of drugs used for pain, biopsychosocial model of pain.
2. Clinical Sciences
   a. Pediatric rheumatic diseases including juvenile idiopathic arthritis/ juvenile rheumatoid arthritis, spondyloarthropathies, psoriasis and other HLA B27 related disorders, Kawasaki disease, lupus erythematosus, mixed connective tissue disease, antiphospholipid syndrome, scleroderma, dermatomyositis/polymyositis, sarcoidosis, Behcet’s disease, Takayasu’s arteritis, Henoch-Schönlein Purpura, Wegener’s granulomatosis, polyarteritis nodosum and other vasculitic disorders.
   b. Infectious/post-infectious arthritis including acute rheumatic fever, Lyme disease, reactive arthritis, and infection triggered autoimmune diseases (Hepatitis C).
   c. Non-articular rheumatic syndromes including reflex neurovascular/sympathetic dystrophy, myofacial pain syndromes, fibromyalgia and chronic fatigue syndrome.
   d. Mechanical and acquired musculoskeletal syndromes including osteochondroses, benign tumors, overuse syndromes, infections of bone and joints, osteoporosis, Vitamin deficiencies and secondary osteoarthritis.
   e. Heritable syndromes associated with musculoskeletal syndromes including skeletal dysplasias, storage diseases, disorders of collagen and connective tissue.
   f. Autoinflammatory syndromes including familial Mediterranean fever, PFAPA, TRAPS, and CIAIS1 related diseases.
   g. Malignancies including leukemia, lymphoma, neuroblastoma and other primary or metastatic malignancies of bone and muscle.
   h. Rheumatic aspects in a child who is immunocompromised/ immunodeficient (congenital or acquired).
   i. Neonates with consequences of maternal rheumatic disease or medications for rheumatic disease.
   j. Rheumatic aspects of systemic disease, including endocrine, metabolic and gastrointestinal diseases.

3. Therapeutic modalities and strategies
   a. Pharmacology for each medication below understanding the dosing, pharmacokinetics, metabolism, mechanism of action, side effects, drug interactions, adherence issues, cost, and use in specific patient populations such as liver or renal dysfunction. Medications include nonsteroidal anti-inflammatory drugs, glucocorticoids (local and systemic), systemic anti-rheumatic drugs (antimalarials, sulfasalazine, methotrexate, leflunomide, gold compounds, D-penicillamine), cytotoxic agents (cyclophosphamide, chlorambucil, azathioprine), immunomodulatory agents (calcineurin inhibitors, mycophenolate), biologics (TNF inhibitors, IL-1 inhibitors), gastric protective agents, antihypertensive agents, bisphosphonates, intravenous immunoglobulin.
   b. Therapeutic procedures including the indications for and potential complications of apheresis.
   c. Physiotherapy and rehabilitation including the indications for exercise therapy, splinting, joint protection, footwear, orthotics.
   d. Pharmacologic and non-pharmacologic approaches to pain management.
   e. Complementary and alternative therapies including basic principles of acupuncture, massage, herbal remedies.

4. Surgical management
   a. Bone and joint surgery, understanding the indications for, complications of, pre and postoperative management of total joint replacements, arthroscopy, synovectomies, osteomies, bone biopsies, tendon and soft tissue procedures.

5. Diagnostic testing
   a. Laboratory testing, understanding the biologic rationale, methods for performing, and utility/limitations of each test including markers of inflammation, atuoantibodies, immunoglobulins, complement factors, microbial detection (culture, serology and direct viral detection including PCR), HLA typing, flow cytometry for analysis of leukocytes, functional cellular tests, specific genetic tests, relevant hematologic and chemistry testing, urine analysis and urine chemistries.
   b. Diagnostic imaging understanding the basic underlying principles and technical considerations in the use of radiography, computed tomography, magnetic resonance imaging, ultrasonography, angiography, electromyography, radionuclide scanning, and specialized metabolic and functional imaging.
   c. Pathologic evaluations including indications for, complications of, and principles of interpretation of renal, muscle, skin and vascular tissues.
   d. Synovial fluid analysis including interpretation of cell counts, chemistries.
6. Research Principles
   a. Principles and methods of epidemiologic and health services research including population statistics, basic biostatistics, outcomes measures (including functional status, quality of life, cost analysis, disease activity and severity).
   b. Principles of clinical research understanding the limitations and biases in study designs and clinical trials and evidence-based medicine.
   c. Laboratory research techniques including understanding the general methodology of serologic techniques, cellular biology, histochemistry, molecular methods, high-throughput techniques, monoclonal antibody production and use and development of animal models.

7. Bioethics of clinical and basic research
   a. Principles of informed consent, research integrity, conflict of interest, ethical conduct of research

Methods of Acquisition

This fund of knowledge will form the basis for the foundation of understanding the pathogenesis, diagnosis, and management of childhood rheumatic diseases. The methods and resources for acquiring this knowledge will include, but is not limited to, didactic teaching, case-based teaching, problem-based learning, self-assessment, independent learning from literature and other resources, research experience, attendance at regional and national meetings.

Performance Markers

a. Basic Science—The fellow should be able to demonstrate understanding of the anatomy, basic immunology, cell biology and metabolism pertaining to the pediatric rheumatic diseases in both didactic and clinical settings.

b. Clinical Science—The fellow demonstrates understanding of pathogenesis, epidemiology, clinical expression, treatments and prognosis of the full range of rheumatic and musculoskeletal disease in both didactic and clinical settings.

c. Diagnostic Testing—The fellow displays an understanding of the biological and physical basis of the range of diagnostic testing in pediatric rheumatology and the clinical test characteristics of these procedures.

d. Research Principles—The fellow should be able to:
   i. Demonstrate an understanding of the essential components of clinical study design, patient assessment and data analysis
   ii. Exhibit familiarity with the common experimental approaches used in laboratory, clinical and epidemiology research
   iii. Exhibit familiarity with the principles of the ethical conduct of research and the ability to apply these principles in the conduct of their own research during fellowship.

GOAL 2: Patient Care

The ability to provide quality patient care is the ultimate goal of clinical training in pediatric rheumatology. The fellowship program must require its residents to obtain competence in patient care to the level expected of a new practitioner in this subspecialty. The following defines the specific knowledge, skills, behaviors, and attitudes required, and provide educational specific knowledge, skills, behaviors and attitudes required.

Essential Components

The essence of being a pediatric rheumatologist is the ability to use information derived about a patient (history, physical, laboratory and diagnostic testing) along with medical knowledge to synthesize a differential diagnosis, plan of further evaluation and comprehensive management of the patient. The specific components include:

Information Gathering

- Obtaining the history
- Performing a careful physical examination
- Obtaining appropriate tests, including laboratory tests, imaging studies, and others

**Synthesis of Treatment Plan**

Informed medical decision making based on up-to-date scientific information and clinical judgment that also accounts for patient preferences and circumstances.

**Implementation of Treatment**

- Prescribing medications and rehabilitation
- Patient/family education and counseling
- Preventive medicine and proactive care
- Therapeutic aspiration and injection
- Utilization of allied health care professionals, including those from other disciplines

**Reassessment and patient follow up**

- Assessment of treatment response
- Recognition of treatment related adverse events

**Methods for Acquisition**

Learning the essentials of patient care is primarily acquired by caring for patients and their families in the outpatient clinic as well as the inpatient (hospitalized) settings. These supervised experiences are the focus of clinical training where the trainee observes skilled clinician role models, and participates with the patient and family in the management of their rheumatologic problem. Situations in which facets of patient care are taught and learned include:

- Didactic teaching - conferences, lectures, or discussions
- Clinical experience in a supervised, mentored clinical setting
- Interactive case-based discussions
- Independent reading - recommended textbooks, journal articles and internet based research and study
- Attendance at regional and national clinical meetings and conferences
- Preparation of patient care portfolios

**Performance Markers**

**Information Gathering** - The fellow should be able to:

A. Understand principles and demonstrate competency in obtaining a clinical history, relevant review of systems, and assessing functional status of patients with rheumatic disease symptoms.

B. Understand principles and demonstrate competency in performing and interpreting the examination of the structure and function of all axial and peripheral joints, periarticular structures, peripheral nerves and muscles. Additionally, the fellow should be able to identify extraarticular findings that are associated with specific rheumatic diseases.

C. Understand the indications for and costs of ordering laboratory tests, procedures to establish a diagnosis of rheumatologic disease and of different therapies used in the management of these diseases.

D. Understand the principles and interpretation of results of synovial fluid analysis and become proficient in the examination and interpretation of synovial fluid.
### E. Demonstrate understanding and competency in the assessment and interpretation of:

1. Radiographs of normal and diseased joints, bones, periarticular structures and prosthetic joints
2. Bone densitometry

### F. Apply the principles of clinical epidemiology to day-to-day clinical decision making, demonstrating understanding and competency in the indications for and the interpretation of results from laboratory tests and procedures to establish a diagnosis of a rheumatologic disease, including:

1. Arthrography, ultrasonography, computed tomography, magnetic resonance imaging of joints, bones and periarticular structures
2. Radionuclide scans of bones and joints
3. Arteriograms (conventional and MRI/MRA) for patients with suspected or confirmed vasculitis
4. Computed tomography of lungs and paranasal sinuses
5. Magnetic resonance imaging of the central nervous system (brain and spinal cord)
6. Electromyograms and nerve conduction studies
7. Biopsy specimens including histochemistry and immunofluorescence of tissues relevant to the diagnosis of rheumatic diseases: skin, synovium, muscle, nerve, bone (e.g. metabolic bone disease), minor salivary gland, artery, kidney and lung
8. Specific laboratory tests (including, but not limited to) erythrocyte sedimentation rate, C-reactive protein, other acute phase response proteins (e.g. ferritin), rheumatoid factor, anti-cyclic citrullinated peptides, antinuclear antibodies, anti dsDNA, anti SSA (anti-Ro), anti SSB (anti-La), anti-U1RNP, anti-Sm, anti-topoisomerase I (Scl-70), anti-Jo-1, anti-PM-Scl, antihistone antibodies, antineutrophil cytoplasmic antibodies (including anti-myeloperoxidase and anti-proteinase-3), cryoglobulins, complement component levels, CH50, serum protein electrophoresis, serum immunoglobulin levels, LE preparation, RPR, lupus anticoagulant assays, anticardiolipin and other antiphospholipid antibodies, HLA typing (e.g. HLA-B27), ASO and other streptococcal antibody tests, Lyme serologies, serum and urine uric acid levels, circulating immune complexes, lymphocyte subset and function data, anticyclic antibodies (e.g. Coombs’ test, neutrophil antibodies and anti-platelet antibodies), genetic testing for autoinflammatory diseases
9. Arthroscopy
10. Schirmer’s and rose Bengal tests; parotid scans and salivary flow studies

### Synthesis of Treatment Plan - The fellow should be able to:

A. Demonstrate the ability to construct a differential diagnosis in patients presenting with signs and symptoms related to rheumatologic diseases and to outline further testing necessary to establish the correct diagnosis.

B. Demonstrate the ability to construct and implement an appropriate treatment plan for the care of a patient with a rheumatologic problem integrating the prescribing of medications (oral, injectable or infused), counseling, rehabilitative medicine, and, when necessary, surgical or other consultation. The fellow should be able to explain the rationale and the risks/benefits for the treatment plan.

### Implementation of Treatment - The fellow should be able to:

A. Demonstrate a working knowledge of clinical pharmacology: for each medication, understand the dosing, pharmacokinetics, metabolism, mechanisms of action, side effects, drug interactions, compliance issues, costs, and use in patients including fertile, lactating, and pregnant women.

1. Nonsteroidal anti-inflammatory drugs, COX-2 inhibitors and adequate gastroprotection
2. Glucocorticoids: topical, intraarticular, systemic
3. Disease modifying antirheumatic drugs:
   i. historical agents such as gold compounds and penicillamine
   ii. oral agents: methotrexate, antimalarials, sulfasalazine, leflunomide, tetracyclines, auranofin
   iii. parenteral biological response modifiers including inhibitors of TNF, IL-1, IL-6, and other cytokines and immune based therapies such as CTLA4Ig, anti-CD20, and others developed during their fellowship years
4. Cytotoxic drugs: azathioprine, cyclophosphamide, chlorambucil
5. Immuno modulators: cyclosporine, FK-506, mycophenolate mofetil, IVIG
6. Antibiotic therapy for septic arthritis, Lyme disease

| B. | Experimental therapies: plasmapheresis, intravenous immunoglobulin, myeloablative therapy and immune reconstitution including stem cell transplantation |
| C. | Understand the indications for and demonstrate competence in arthrocentesis. The fellow should understand the anatomy, precautions (including OSHA requirements) and potential sequelae of arthrocentesis and demonstrate competency in obtaining synovial fluid from diarthrodial joints with adequate informed consent |
| D. | Understand the indications for and potential problems with regular childhood and other (e.g., influenza) immunizations in a child with different types of rheumatic diseases, including the risks of live vaccines, the risks of poor immune response to vaccinations. |
| E. | Understand the indications and use of therapies aimed at minimizing potential side effects of medications, such as Vitamin D, calcium, bisphosphonates and corticosteroids; mesna, GNRH agonists and cyclophosphamide; folic acid and methotrexate. |
| F. | Understand pain assessment and pain management: |
|   | 1. Methods of pain assessment including visual analog scale scores, pain questionnaires |
|   | 2. Non-pharmacological modalities of pain management including exercise, cognitive behavioral therapy, biofeedback, acupuncture |
|   | 3. Pharmacological therapy including: |
|     | i. Immunosuppressive and anti-inflammatory management of underlying rheumatic disorder. |
|     | ii. Analgesic agents including acetaminophen, nonsteroidal anti-inflammatory agents and narcotic analgesics. |
|     | iii. Antidepressants |
|     | iv. Investigational uses of approved drugs such as gabapentin |
| G. | Understand changes required in patient management should the rheumatology patient become pregnant; this should include pre-pregnancy counseling about ramifications of becoming pregnant on the disease process, the use of medications before and during pregnancy and in the postpartum period. |
| H. | Demonstrate the ability to identify physical impairment; relate the impairment to the observed functional deficits; prescribe appropriate rehabilitation (physical therapy, occupational therapy) to achieve goals to improve the defined impairment |
| I. | Understand indications for surgical and orthopedic consultation in acute and chronic rheumatic diseases. |
| J. | Pre- and Post-operative Management of the Surgical Patient: |
|   | 1. Understand indications for surgical and orthopedic consultation in acute and chronic rheumatic diseases. |
|   | 2. Understand perioperative evaluation, appropriate referral and medication adjustments. |
|   | 3. Rehabilitation of the rheumatic disease patient after a surgical or orthopedic procedure, as well as aspects of postoperative medical management pertaining to the rheumatologic condition. |
K. Understand complementary and unconventional medical practices: diet, nutritional supplements, antimicrobials, acupuncture, topical therapeutic agents, homeopathic remedies, and others.

Reassessment and patient follow up - The fellow should be able to demonstrate the ability to reassess the patient over time, including recognition of treatment related adverse events, and alter the treatment plan accordingly.

Evaluation Methods
- Faculty performance rating – with regard to patient care
- Evaluation committee
- Chart review – for patient care, drug prescribing, or outcomes
- Objective structured clinical examination (OSCE)
- 360 evaluations
- Portfolio review

GOAL 3: Practice-based Learning and Improvement

The practice of rheumatology entails the assessment and treatment of patients with clinical disorders that are often complex with regard to the variable organ systems involved, variations in musculoskeletal and immune system biology, and impact upon the physical, cognitive and emotional development of the child and adolescent patient. This complexity and the rapid advances in understanding of both disease pathogenesis and treatment of the rheumatic diseases demands that the pediatric rheumatologist continually evaluate and improve the quality of their care in the context of their own clinical practice. The development of skills in self-directed, reflective learning and practice improvement will facilitate the delivery of state-of-the-art, evidence-based patient care that maximizes the likelihood for successful clinical outcomes.

Definition
Practice-based learning and improvement involves the evaluation of care provided to both individual patients as well as to groups of patients in a given practice, the appraisal and assimilation of scientific evidence relevant to clinical problems encountered, evaluations of the care provided in the context of this evidence, and effecting improvements in patient care based upon these evaluations.

Essential Components
In addition to structured learning of the basic components of medical knowledge and patient care, the rheumatologist must evaluate their knowledge base and care delivery on an ongoing basis with the goal of continually improving that care. This process includes the following components:

Independent learning
The ability to access and critically appraise appropriate information systems and sources to improve understanding of underlying pathology, assess the accuracy of diagnoses, and gauge appropriateness of therapeutic interventions for the patient population they encounter.

Self-evaluation of performance
The effective rheumatologist must engage in ongoing self-assessment activities. This includes the ability to continuously self-evaluate learning needs and to monitor practice behaviors and outcomes to ascertain whether clinical decisions and therapeutic interventions are effective, and adhere to accepted standards of care.

Incorporation of feedback into improvement of clinical activity
The ability to appropriately interpret results of clinical outcome studies, practice data, quality improvement measures, and faculty/peer feedback and evaluations and apply them to patient care and practice behavior.

Methods for Acquisition
Clinical experience in a supervised, mentored clinical setting
Independent reading - recommended textbooks, journal articles and internet based research and study
Faculty-facilitated group discussions and tutorials
Faculty role modeling
Interactive case-based discussions
Systematic chart review of their own patients
Preparation of patient care portfolios
Presentations to peers and lay audiences
Participation in individual or group quality improvement projects

**Performance Markers**

**Independent learning - the fellow should be able to:**

A. Utilize information technology to search, retrieve, and interpret medical information relevant to the care of patients with rheumatic disease from sources such as:

1. Peer-reviewed clinical journal articles
2. Clinical case reports
3. Internet-based resources such as Up-To-Date, PubMed, Google
4. Clinical performance guidelines published by the ACR and other groups
5. Conversations with colleagues and peers
6. CME activities including attendance at national and regional meetings

B. Critically evaluate and interpret the medical literature using knowledge of clinical study methodology, statistics and methods of health services research.

C. Apply learned concepts and conclusions from studies and case reports to the care of individual patients

D. Facilitate the learning of students and other health care professionals.

**Self-evaluation of performance -** the fellow should be able to use a systematic approach, such as a chart review, to analyze own practice and identify learning or practice improvement needs.

**Incorporation of feedback into improvement of clinical activity - the fellow should be able to:**

A. Demonstrate the ability to improve own practice based upon specific feedback and learned concepts.

B. Assess the impact of practice improvements on the care of own patients.

C. Implement global quality improvement measures in own practice

**Evaluation Methods**

Faculty performance rating - with regard to demonstration of reflective learning in clinical venues.

Evaluation committee - review of trainee presentations, portfolio-based presentations, and journal article reviews related to practice-based learning and improvement.

- Portfolio review - with respect to residents' narratives of critical incidences or other experiences (usually accompanied by reflection on the event), and practice improvement

**GOAL 4: Systems-based Practice**

The increasing complexity and diversity of health care delivery systems presents both challenges and opportunities for the practice of pediatric rheumatology. Knowledge of the nature and variety of the external and internal systems that can impact clinical practice and the effective utilization of that knowledge to positively impact patient care is an essential skill. Trainee competence in such systems-based practice “…includes an understanding of how their own practices affect others, and knowing how to partner with others to improve health care”.

The knowledge base of systems-based practice comprises the advantages and disadvantages of different health care
systems that impact on children with rheumatic disease. Some of these include the academic system in which rheumatology fellows are training, the various private and public health care delivery systems, the governmental agencies and programs that regulate these systems, the volunteer, private and governmental agencies that are available to educate and assist patients, the public education system, the bureaucracy faced by disabled patients negotiating these systems and the social and economic burden of chronic rheumatic diseases on families. The goal of the systems-based practice curriculum is to enhance the ability of pediatric rheumatology trainees to positively influence patient care by effectively utilizing these internal and external resources, to serve as effective advocates for their patients, and to provide cost-effective patient care. In some cases this may also mean identifying and organizing change in the local systematic problems that lead to inferior patient care.

These two major aspects of systems-based practice (systems knowledge acquisition and systems utilization) are already incorporated in pediatric rheumatology training programs. The purpose of the systems-based practice curriculum is to clarify the components of systems-based practice, describe how and where the knowledge is acquired, set benchmarks of performance expected of the trainees, and describe the tools used to measure that performance.

**Definition**

Systems-based practice reflects an understanding of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

**Essential Components**

**Systems: a concept of “systems thinking” in health care delivery**

This includes an understanding of the limitations and opportunities of various types of rheumatology practices and delivery systems, practice management strategies, managed care and health insurance issues. It also comprises an ongoing analysis of the strengths and weaknesses of the local academic system, in both the inpatient and outpatient settings, and its impact on the health care delivery to rheumatic patients. In particular, efforts should be made to identify potentially correctable systematic weaknesses and medical errors due to systems failure and to develop strategies to rectify the problems (i.e. Quality Improvement projects).

**Partners in health care delivery: the various providers and resources available to deliver optimal care.**

The principal partners in delivering health care to rheumatic patients include providers such as nurses, physiatrists, orthopedists and allied health professionals available within the local healthcare system. Partners also include outside volunteer agencies, both locally and nationally, such as the American College of Rheumatology, the Arthritis Foundation, the American Academy of Pediatrics, the disease-specific foundations (Lupus, Scleroderma, Ankylosing Spondylitis, etc), the National Institute of Arthritis, Musculoskeletal and Skin Diseases (NIAMS) and pharmaceutical companies that have specific patient-related initiatives. Other agencies that impact on the practice of rheumatology include the American Medical Association (AMA), the Food and Drug Administration (FDA), the Center for Medicare and Medicaid Services (CMS), and the state California Children’s Services.

**Advocacy for the patient: the importance, opportunities and limits of patient advocacy**

This advocacy might consist of assisting patients with applications for California Children’s Services, Medicaid disability, completing preauthorization documents for the use of certain medications and appealing to HMOs with respect to denial of certain treatments, benefits and claims.

**Cost-effective health care: the principles of cost allocation and resource management within the external (state, national) and local systems**

This includes a knowledge of the cost and availability of certain drugs (and unavailability of others) on the trainee’s hospital formulary, the mechanisms by which compensation (by CMS and other carriers) is dependent upon the delivery of various levels of service to patients and the methods in place for Quality Review of inpatient and outpatient practice patterns. The utilization of evidence-based cost-conscious strategies for the diagnosis and treatment of patients with rheumatic diseases is important where available.
### Methods for Acquisition

Clinical experience in a supervised, mentored clinical setting

Didactic teaching - conferences, lectures, or discussions that highlight particular systems-based practice issues, including multidisciplinary conferences related to individual patients

Faculty-facilitated group discussions and tutorials used to identify systematic problems in patient care delivery

Independent reading specifically related to systems-based practice issues

Preparation of patient care portfolios. Appropriate portfolio entries might include:

- Documentation of instances of leadership in the multidisciplinary management of complicated patients, of utilization of outside resources for patient care, of patient advocacy.
- Participation in a project to improve the new patient triage system to insure efficient appointment setting.
- Participation in a program to improve tracking system for standard medication toxicity monitoring.
- Developing an outpatient system that would allow patients with acute rheumatic complaints appointments within 24 hrs.
- Outpatient records survey for compliance with evidence-based diagnostic or therapeutic guidelines and development of strategies to correct deficiencies, e.g. laboratory monitoring of patients on DMARDs, PPD testing before TNF antagonists.

Participation in individual or group quality improvement projects

### Performance Markers

#### Systems: The fellow should be able to:

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<th>A.</th>
<th>Demonstrate knowledge about how different health care delivery systems affect the management of patients with pediatric rheumatic diseases.</th>
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<td>B.</td>
<td>Practice management: be familiar with types of practice, equipment, insurance, economics, personnel, ethical aspects, quality assurance, and managed care issues relating to the practice of pediatric rheumatology.</td>
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<td>C.</td>
<td>Identify the strengths and weaknesses of the system in which they are training and practicing. They should also demonstrate the ability to develop strategies to overcome systematic problems they have identified, and/or QI projects to improve it.</td>
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<tr>
<td>D.</td>
<td>Be familiar with the history of rheumatology, and national organizations such as the American College of Rheumatology, the Arthritis Foundation, and the Association of Rheumatology Health Professionals.</td>
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<td>E.</td>
<td>Understand the influence on rheumatology of the American Medical Association, Food and Drug Administration, California Children’s Services, CMS and other governmental agencies involved in health care legislation, and peer review organizations.</td>
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#### Partners – The fellow should be able to utilize multiple providers and resources as needed for optimal patient care.

| A. | Understand the pediatric rheumatologist’s role as well as when to consult other health professionals (physiatrist, nurse practitioner, visiting nurse, physical therapist, occupational therapist, podiatrist, social worker, vocational rehabilitation counselor, educational specialist, psychologist, others) in the outpatient and inpatient rehabilitation of patients with pediatric rheumatic diseases. |
| B. | Demonstrate the ability to educate patients and families about outside resources which might be of assistance to their physical, emotional and financial well being. Examples of these external resources include the Arthritis Foundation juvenile arthritis programs, Lupus Foundation support groups, public education programs, and pharmaceutical company initiated financial aid programs. |

#### Advocacy

| A. | The rheumatology fellow should demonstrate the ability to act as effective advocates for quality care for their patients in a variety of needs, such as dealing with insurance companies and HMO’s, for preauthorizations for |
medications, filing disability claims, etc.

B. The fellow should demonstrate the ability to assist patients in dealing with health system complexities.

**Cost effective care**

A. The fellow should know the local costs of medications they prescribe, rheumatologic lab tests they order and commonly used diagnostic tests and procedures.

B. The fellow should demonstrate a commitment to the practice of appropriate evidence-based cost-conscious patient care

**Evaluation Methods**

Faculty performance rating - with regard to demonstration of effective systems-based performance markers.

An example would be an assessment of the trainee's performance in assembling and leading multidisciplinary health care teams in the management of inpatients (e.g. a complicated SLE patient) and outpatients (e.g. a severe juvenile arthritis patient). This might involve directing patient management with social work, physical and occupational therapists, nephrology, rehabilitation medicine specialists, orthopedics, and/or pediatrics.

Patient survey - with components that specifically address advocacy issues and cost effective health care delivery.

360 evaluations

Portfolio review - for documentation of systems-based practice performance markers, including QI projects.

Formal written or oral exam – testing for knowledge about system-based practice issues

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**GOAL 5: Interpersonal and Communications Skills**

Interpersonal and communication skills are essential for the formation of a desirable and effective physician-patient relationship. The complexity of most of the rheumatic diseases, as well as the increasingly complicated treatment regimens, require a working partnership between patient and physician, and often between physician and the patient's family. In addition to improved patient satisfaction, confidence and understanding, such working partnerships promote medical compliance. Effective physician collegial relationships are also dependent upon these skills.

**Definition**

Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

**Essential Components**

**Gathering information**

Reliable and effective communication depends upon the availability of accurate and complete information obtained from patients, their family and the complete medical record. This requires the use of effective listening and communication skills.

**Understanding and incorporating patient's and family's perspective**

Such understanding impacts the ability of the physician to appreciate the functional impact of disease and the desire and ability of the patient and their family to be an active partner in the physician's treatment efforts.

**Providing Information**

Communication regarding disease causation, diagnosis and treatment is only as effective as the ability of the recipient to understand the information. Effective explanation therefore requires that the physician communicate in a manner that is understandable to the listener.
## Trust

Establishment of trust with patient and patient's family.

### Methods of Acquisition

- Clinical experience in a supervised, mentored clinical setting
- Faculty role modeling
- Independent reading
- Faculty-facilitated group discussions and tutorials
- Interactive case-based discussions
- Systematic chart review of their own patients
- Presentations to peers and lay audiences
- Participation in quality assurance/improvement initiatives

### Performance Markers

#### Gathering information - the fellow should be able to:

A. Use effective verbal, nonverbal, listening, questioning and explanatory skills to obtain a complete and accurate history.

B. Obtain properly informed consent.

#### Understanding and incorporating patient's and family's perspective - the fellow should be able to:

A. Reliably and accurately communicate the patient's and their family's views and concerns to others.

B. Interact with patients in an empathic and understandable manner

#### Providing information - the fellow should be able to:

A. Write clear and effective consultations in the medical record and in letters to referring physicians.

B. Work effectively with colleagues and peers as a member or leader of a health care team.

C. Clearly explain benefits and risks of treatment.

D. Display effective teaching skills to colleagues and patients.

#### Trust - the fellow should be able to create and maintain an effective therapeutic and ethically sound relationship with patients over time.

### Evaluation Methods

- Faculty performance rating – with respect to communication skills and interpersonal relations
- Patient/family survey - with components that specifically address trainee's interpersonal skills
- Clinical evaluation exercise (CEX)

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### GOAL 6: Professionalism

Professionalism is one of the foundations of the practice of medicine and is frequently an inherent character trait in a well-rounded physician. By virtue of their prior medical school and pediatrics training, rheumatology fellows have already attained a substantial level of professionalism, which can be refined during the fellowship training period. The range of current therapies, including biologic agents, and the complexity of many severe or life threatening rheumatic diseases that require potentially toxic chemotherapeutic agents, place rheumatology trainees in close contact with
referring providers, subspecialty consultants, allied health care providers, and hospital and health insurance administrators during the care of their patients. Trainees in many programs also interact with patients from a wide range of cultural and socioeconomic backgrounds. In addition, fellows are increasingly targeted by the pharmaceutical industry in an attempt to influence prescribing habits at an early phase of their careers. A substantial level of professionalism is thus required to maintain the balance required be an effective rheumatologist.

**Definition**

Professionalism is manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.

**Essential Components**

<table>
<thead>
<tr>
<th>Primacy of patient interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placing the interest of the patient before all other external interests is the most fundamental aspect of the medical profession and forms part of the unwritten contract in the patient-physician relationship. This primacy also implies patient autonomy in the determination of treatment.</td>
</tr>
</tbody>
</table>

**Physician autonomy in medical decision making**

While an increasing array of bureaucratic, administrative and economic forces continue to limit physician autonomy, some degree of autonomy at the level of medical decision making must be preserved by the physician in order to maintain the primacy of interest.

**Physician responsibility and accountability**

The practice of medicine incurs responsibility and accountability to:

A. Patients/families  
B. Colleagues  
C. Society  
D. Self

**Humanistic qualities and altruism**

Physicians should provide compassionate care and serve all patients and families with respect to their cultural, emotional, spiritual and social needs.

**Ethical behavior**

This includes being trustworthy and cognizant of conflicts of interest. Integrity as a physician and consultant rheumatologist must pervade all of the components of professionalism.

**Methods for Acquisition**

Professionalism can be fostered throughout the fellowship training period beginning with an emphasis on the essential components of professionalism and the specific performance goals at the beginning of the fellowship.

Faculty role modeling. A culture of professionalism in the training environment is created by mentors, role model clinicians, and a resident culture that demonstrate the values of professionalism and a spirit of collegiality in placing the needs of patients first, maintaining a commitment to scholarship, helping colleagues meet their responsibilities, establishing a commitment to continuous quality improvement, and being responsive to society's healthcare needs. A commitment to professional ethics is demonstrated by establishing and maintaining a high standard of moral and ethical behavior within the clinical setting in the care of patients, in the education of residents, in conducting research, and in interacting with medical device and pharmaceutical companies and funding organizations.

Participation in professional activities. Trainees should be given the opportunity to participate in community service, professional organizations, and institutional committee activities.
Clinical experience in a supervised, mentored clinical setting - to provide experiential learning opportunities to observe and practice the key components of professionalism. Faculty can be encouraged to highlight pertinent professional issues with their fellows at the bedside, at weekly conferences, and in the outpatient clinic setting.

Didactic teaching - conferences, lectures, or discussions devoted to topics of professionalism. These might also include instructive case conferences using case scenarios to highlight professionalism and ethical issues.

Faculty-facilitated group discussions. Case vignettes or journal club discussions of issues of professionalism that provide the opportunity for frank discussions between faculty and trainees about these issues.

Independent reading. Reading assignments of peer reviewed publications and specialty organization publications from the AMA, ABP, AAP, ACGME and web-based discussions on professionalism.

**Performance Markers**

By the end of their training, fellows should be able to demonstrate competency in the following areas:

**Patient Primacy - the fellow should be able to:**

A. Demonstrate responsiveness to the needs of patients that supercedes self-interest.

B. Demonstrate sensitivity and attention to the interests of own patients in formulation of treatment plans.

C. Demonstrate the ability to provide autonomy to their patients to decide upon treatment once all treatment options and risks have been outlined for them.

D. Provide and obtain key elements of informed consent in an understandable manner for therapeutic interventions and clinical research endeavors.

**Physician Autonomy - the fellow should be able to demonstrate independent medical decision-making skill.**

**Physician accountability and responsibility including:**

A. Demonstrates timeliness and reliability in clinical care of patients, including completion of medical records and in responding to patient/family calls and requests.

B. Reliably follows through on duties and clinical tasks, including timely response to calls from colleagues. Exhibits regular attendance and active participation in divisional and departmental training activities and scholarly endeavors.

C. Strives for excellence in care and scholarly activities as a pediatric rheumatologist.

D. Works to maintain personal physical and emotional health and demonstrates an understanding of and ability to recognize physician impairment in self and colleagues.

**Humanistic qualities and altruism**

A. Exhibits empathy and compassion in physician-patient/family interactions and is sensitive to patient needs for comfort and encouragement.

B. Is courteous and respectful in interactions with patients/families, staff and colleagues.

C. Treats all patients with respect regardless of race, gender, ethnic, religious or socioeconomic background.

D. Provides equitable care to all patients.

E. Demonstrates culturally competent care, which is defined here as the ability to deliver effective medical care to patients, regardless of cultural or language differences between the patient/family and the physician.

**Ethical behavior**

A. Demonstrates a commitment to ethical principles relating to provision and withholding of clinical care,
confidentiality of patient information and business practices.

| B. | Is trustworthy in following through on clinical questions, laboratory results, and other patient care responsibilities. |
| C. | Recognizes and addresses actual and potential conflicts of interest including pharmaceutical industry involvement in their medical education and program funding and guarding against this influencing their current and future prescribing habits. |
| D. | Demonstrates integrity in reporting clinical and research findings to supervisors and colleagues. |

**Evaluation Methods**

It is very important to utilize measures that accurately evaluate professionalism. Providing feedback to the fellows will allow constructive or corrective action to be taken in the final phase of their medical education prior to embarking on their career when, although frequently proceeding without any specific supervision, they remain accountable to their patients, society, their peers and themselves.

- **Faculty performance rating** - with regard to demonstration of professional behavior
- **360 evaluations** - regarding professional attitudes and behavior. Fellows may also fill out self-evaluations in the sphere of professionalism and compare it to responses from others for self-reflection and self-improvement.
- **Portfolio review** - which should include a section to include reflective entries on issues of professionalism such as difficult patient and peer encounters, conflicts of interest, and barriers to providing equitable care.
- **Patient/family survey** - with components that specifically address trainee’s professionalism

Adapted from the **Core Curriculum Outline for Rheumatology Fellowship Programs: A Competency-Based Guide to Curriculum Development, March 2006. Subcommittee on Training Guidelines of the ACR Committee on Workforce and Training Issues, American College of Rheumatology.**

André Barkhuizen, MD, Richard Brasington, Jr., MD, Winn Chatham, MD, David I. Daikh, MD, PhD, Howard Fuchs, MD, Gloria Higgins, MD, Neal Roberts, MD, Arthur Weinstein, MD, Ernesto Zatarain, MD
I. CLINICAL RESPONSIBILITIES (SEE APPENDIX C)

The fellow will participate in all outpatient clinics, limited inpatient rounding and consults except where elective or coverage responsibilities conflict with these activities. When on inpatient service, subspecialty fellows will direct inpatient rounds, supervising and interfacing with the pediatric residents involved in the care of inpatients.

a. Outpatient Clinics: (SEE APPENDIX D)

- Evaluate selected new and follow-up patients, perform history, physical exam, present to attending, participate in attending evaluation of patient and review plan with families
- New Patient Screening: First-year fellows who will be in outpatient pediatric rheumatology clinic should look ahead at the schedule (at least one week ahead) to screen individual new patients scheduled on attending schedules (but not on 2nd or 3rd year fellows’ schedules, which will be screened by that particular fellow themselves).
  - Write/dictate report of visit
  - Follow-up on diagnostic tests ordered
  - Develop a cohort of chronic patients (approximately 30) with a diversity of conditions, to follow over the second and third year for continuity clinic

b. Rotations:

- **First Year Fellow general requirements:**
  13 four-week blocks for the calendar year
  - 1 three week block of vacation + 1 week of educational conference/meeting (typically ACR/CARRA/FOCIS etc)
  - 1 2-3 week block UCSF pediatric rheumatology- immunology (w/outpatient duty)
  - 5-1/2 four-week (or 11 two-week) blocks on-service (w/inpatient and outpatient duties)
  - 2 four-week blocks of strictly out-patient rheumatology clinic
  - 3 four-week blocks of electives, which can consist of the following choices in 2-4 week blocks (4 required* plus any 2 more; remember that electives can overlap to fit your schedule and optimize your elective opportunities):
    - During electives, attend at least one rheumatology clinic per week, two if you have time and elective clinic is scattered. Because most electives have infrequent clinics, combining electives may be useful and more time-efficient.

- **Second and Third Year Fellows general clinical requirements:**
  1-2 half day continuity clinics per week depending on basic(1) vs. clinical research(2)

c. Inpatient Rounds and Consults:

- Round with attending (Mon-Fri)
- Supervise pediatric residents on the pediatric rheumatology elective rotation
- Comprehensive initial note on selected inpatients and consults
- Daily follow-up and notes on selected inpatients and consults
- Coordinate care of selected inpatients and consults with attending and ward team

d. Didactic lectures:

- Prepare a minimum of 2 lectures for the weekly Core Lecture Series per year
- Organize, select articles and present journal clubs (2/year)
- Impromptu On service lectures to red team residents at least once a week
- Lecture at the noon residents’ lecture or morning report on general topics in pediatric rheumatology twice yearly.
II. FIRST YEAR ELECTIVES

PEDIATRIC RHEUMATOLOGY TRAINING PROGRAM
TEACHING GOALS AND OBJECTIVES FOR ELECTIVE MONTHS
4 week elective composed of multiple clinics (see calendar)
(can be split into two 2 week electives)
* Required Elective

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Training Objective</th>
</tr>
</thead>
</table>
| *Pediatric Orthopedics/Pediatric Physical Medicine and Rehabilitation [Goal: 2 PT/2OT clinics] | Understand the indications for pediatric rehabilitation  
Gain experience in evaluation of patients,  
Understand development of treatment plans,  
Gain experience in supervision and collaboration with physical and occupational therapists and other providers for different rehab modalities,  
Understand the indications for durable medical equipment and bracing/splinting.  
Recognize common pediatric orthopedic problems including sports injuries,  
Understand treatment modalities and options for common orthopedic problems.  
Understand the indications, risks and pre and post operative and long term management of total joint replacement in children. |
| *Pediatric Pain [Goal: 2 Clinics] | Gain experience in evaluation of pediatric pain patients, Understand the indications, contraindications, and side-effects of pharmacologic agents for treatment of pain, Understand the role of nonpharmacologic treatments for pain in this age group |
| *Pediatric Ophthalmology [Goal: 2 Clinics] | Gain expertise in the evaluation and differential diagnosis of autoimmune diseases of the eye and systemic diseases with eye manifestations  
Understand treatment modalities to treat autoimmune diseases of the eye |
| *Research | Begin to organize and plan for research or scholarly activity. Will form and designate a scholarship oversight committee (SOC). |
| *Radiology | Understand the indications for different imaging modalities.  
Understand the use and interpretation of plain radiographs, ultrasounds, MRIs, and CTs in pediatric musculoskeletal and collagen vascular disease in children  
Understand the uses of interventional radiology in pediatric rheumatic diseases |
| Laboratory Medicine | Understand the indications, methodology and interpretation of immunologic and serologic tests used in the diagnosis and management of pediatric rheumatic diseases,  
Understand the indications, methodology and interpretation of immune competency laboratory evaluations  
Understand the indications, methodology and interpretation of hematologic and coagulation laboratory evaluations |
| *Immunodeficiency [Goal: 2 clinics] | Gain experience in the diagnosis and evaluation of congenital and acquired immune deficiencies in childhood  
Understand options for management of immune deficiencies in childhood |
| Pathology | Gain expertise in evaluation of the pathology of rheumatic diseases in childhood with special emphasis will be placed on renal, vascular and skin pathology. |
Understand the evaluation and treatment of adults with autoimmune diseases. |
| *Sports Medicine [Goal: 2 clinics] | Gain exposure to pediatric and adolescent sports medicine issues  
Gain expertise in the musculoskeletal exam focusing on non-rheumatologic causes of musculoskeletal pain. |
| *Dermatology | Recognize cutaneous manifestations of auto-immune diseases.  
Recognize primary cutaneous auto-immune diseases.  
Understand treatment modalities for skin diseases.  
Attending Rheumatology Dermatology Clinic |
### III. SCHEDULE AND ON-CALL RESPONSIBILITIES

The schedule will differ year to year depending on the number of fellows. Consecutive days of call will not exceed 7 days. All call responsibilities are from home. With this schedule, the resident has a significant amount of time away from program duties, especially on most of the off weekends. This will ensure complying with the regulation of one day in seven away from program duties. The 80-hour work week is monitored in the electronic residency tool MedHub and reviewed for compliance by the Program Director.

- Service call for 2nd and 3rd year+ fellows depends on research type (basic research taking 3 weeks and clinic research taking 6 weeks per year).
- Total call for clinical research fellows averaged over 3 year fellowship: **Minimum** 36 weeks service/48 weeks weeknight call/42 weekend call).
- Total call for basic research fellows averaged over 3 year fellowship: **Minimum** 30 weeks service/48 weeks weeknight call/42 weekend calls)
- On-call = nights and weekend coverage

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**SAMPLE ELECTIVE MONTH SCHEDULE**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM: Pain Clinic</td>
<td>PM: Adult Rheumatology</td>
<td>PM: UCSF</td>
<td>PM: Rheum Continuity clinic</td>
<td>PM: Weekly signout</td>
</tr>
<tr>
<td>AM: Occupational Therapy</td>
<td>AM: Weekly Clinic Meeting</td>
<td>AM: UCSF</td>
<td>AM: Immunodeficiency</td>
<td>AM: Pediatric Orthopedics</td>
</tr>
<tr>
<td>PM: Occupational Therapy</td>
<td>PM: Adult Rheumatology</td>
<td>PM: UCSF</td>
<td>PM: Rheum Continuity clinic</td>
<td>PM: Weekly signout</td>
</tr>
<tr>
<td>PM: Pain Clinic</td>
<td>PM: Radiology Rounds</td>
<td>PM: UCSF</td>
<td>PM: Rheum Continuity clinic</td>
<td>PM: Weekly signout</td>
</tr>
</tbody>
</table>

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- 20 -
There should be on call coverage by the fellows on weekends throughout the entire year.

First year fellow:
- 2 weeks per four week block when on-service (can do 2 weeks in a row if not taking weeknight call for one of the weeks)
- 1 week per four week block when not on-service
- 1 major holiday (Thanksgiving, X-mas, or New Year’s)
- 1 minor holiday (Fourth of July, Labor Day, President’s Day, MLK day, and Memorial Day)

24 weeks Service weeks/ 24 weeks weeknight call/ 18 weekend calls
-1 week per four week block and 1 weekend per four week block (Call)
-3-5 weeks of service per year
- split 1 major and 3 minor holidays among the 4 fellows
3-6 weeks Service weeks /12 weeknight week call/12 weekend call

2nd and 3rd year:
-1 week per four week block and 1 weekend per four week block (Call)
-3-5 weeks of service per year
- split 1 major and 3 minor holidays among the 4 fellows

Fellows are responsible of organizing their call schedule at least 4 months on advance. Please give schedule to Julia to have inputted into the online, hospital call schedule. Please be sure that you do not violate the RRC/ACGME guidelines about duty hours.

Please feel free to call the program director if you have any questions.

See Tables below for schedule/year of training:

**SERVICE AND CALL BREAKDOWN BY FELLOWSHIP YEAR (on average)**

<table>
<thead>
<tr>
<th></th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Clinical training</strong></td>
<td>Inpatient Service = 24 wks/yr Full-time Outpatient Service= 8 weeks Specialty rotations=12 Weeks</td>
<td>Inpatient Service = 3-6 wks/yr Outpatient = ½ clinic day/week</td>
<td>Inpatient Service= 3-6 wks/yr Outpatient = ½ clinic day/week</td>
</tr>
<tr>
<td>Frequency of night Call</td>
<td>14 nights/month 1.5 weekends/month</td>
<td>See below under 2.</td>
<td>See below under 2.</td>
</tr>
<tr>
<td>Number of clinical rounds</td>
<td>Outpatient:1/week Inpatient:5 /week (while on Inpatient service) plus on-call weekends</td>
<td>Outpatient: 1/wk Inpatient:5/week (while on Inpatient service) plus on-call weekends</td>
<td>Outpatient: 1/wk Inpatient:5/week (while on Inpatient service) plus on-call weekends</td>
</tr>
<tr>
<td><strong>2. Research training and experience</strong></td>
<td>4 weeks (planning and SOC forming)</td>
<td>46 weeks</td>
<td>46 weeks</td>
</tr>
<tr>
<td>Frequency of night Call</td>
<td>See above under 1.</td>
<td>1 week/month</td>
<td>1 week/month</td>
</tr>
</tbody>
</table>
FELLOWSHIP SERVICE SCHEDULE 2014-2015

<table>
<thead>
<tr>
<th>2014-2015 (year)</th>
<th>Service weeks</th>
<th>Service week nights</th>
<th>Service weekends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Oliver (1)</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Jamie Lai (1)</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Rebecca Kunder (2)</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Emily Fox (2)</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Joy Mombourquette (3)</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
<td><strong>52</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

III. RESEARCH

All fellows are required to participate in research and scholarly activities and 2 years of the fellowship are primarily focused on this area. The research experience should be a focused mentored research project, and the research mentor and general outline of the project are designated in the first year or the year prior to starting their research years (if in a combined fellowship). Approval of the research project and mentor by the Program Director is required. During the first year of fellowship, the fellow should start to plan research and form their Scholarly Oversight Committee during their research elective. The Scholarly Oversight Committee for each fellow during their research years will convene twice yearly, including the research mentor, Program Director, and faculty outside the Division of Rheumatology. In those cases where the mentor and the Program Director are the same person, another faculty from the Division of Rheumatology or other Pediatric faculty will be identified. Competence in this area will be assessed based on the following: acceptance for publication of a peer-reviewed manuscript with the subspecialty resident as the primary author, or submission of a peer-reviewed grant proposal and progress report of the project, or final project report of the project. All subspecialty residents will attend and complete the Stanford course, Responsible Conduct of Research course (MED 255, [http://postdocs.stanford.edu/education/ethics.html](http://postdocs.stanford.edu/education/ethics.html)). This course is designed to engage participants in productive discussions about ethical issues that are commonly encountered during their research careers.

PEDiatric Rheumatology Fellows Educational Documentation

I. DOCUMENTATION (SEE APPENDIX B)

See official fellowship rules and regulations for all elements of documentation including fellow self-assessments. Note that quarterly assessment will be done for each fellow. The program director will also arrange for twice yearly evaluations to go over progress.

Among items that you need to maintain include (but are NOT limited to):
- call log
- procedure log (for joint injections) in medhub
- comprehensive patient list (of all patients seen by you)
- continuity patient list
  - Especially, keep careful records of continuity patients- you need to gather a variety of continuity patients during fellowship (JRA, SLE, dermatomyositis, scleroderma, vasculitis, etc) to demonstrate you have achieved exposure and competence in the management of these diseases.
  - You should be following up on all labs and outstanding studies for those patients that you have seen, even if they were not done at Packard.
- List of all lectures or talks that you give: (Document date, time, topic, and setting)
  - 2 journal clubs per year
  - 1 resident noon lecture per year (for pediatric board review)
  - Informal lectures to the resident inpatient teams while on service
  - Informal lectures to the rotating residents
  - 1 Musculoskeletal teaching exam

All of the above items should be placed in your portfolio.

II. EVALUATIONS (SEE APPENDIX E)

Written clinical evaluations of the subspecialty resident’s performance are submitted quarterly by the clinical pediatric rheumatology faculty. Evaluations of the subspecialty residents during elective rotations should be submitted following the rotation. Evaluations by the rheumatology faculty are done via MedHub. The 360° evaluation is done with paper evaluations on an annual basis. The Program Director will meet with the resident twice yearly to go over the evaluations, individual learning plans, and the resident’s progress in the program. The resident has the opportunity to respond verbally or in writing to evaluations and to discuss evaluations with the evaluator. See www.stanford.medhub.com and attached forms for content of evaluations.

The resident will evaluate each faculty at least yearly for effectiveness in clinical teaching, case-based and didactic, supervision, clarity and organization, attendance, ability to transmit medical knowledge, conduct of clinical and basic research, knowledge of current medical literature, and psychosocial aspects of rheumatology. The resident is given the opportunity to express his/her assessment of each faculty member’s participation in the training program, and to recommend if faculty members should continue to participate in this program. The faculty evaluations by the residents are reviewed by the Program Director and are confidentially forwarded to the Vice Chair of the Academic Affairs for the Department of Pediatrics. Resident evaluations of the faculty remain anonymous to the faculty. Faculty evaluations which identify an area of weakness are discussed confidentially with the Division Chief, who later meets confidentially to counsel the specific faculty member. See www.stanford.medhub.com and attached forms for content of evaluations.

The resident has the opportunity to evaluate the program’s effectiveness yearly including evaluation of curriculum, educational goals, schedule and responsibilities of the resident, clinical and research responsibilities of the faculty. The quality of the curriculum and whether the educational goals of the program have been met will be reviewed. In addition, an exit interview is performed at the time of finishing the fellowship.

The fellows are required to take the yearly pediatric rheumatology in-training exam to evaluate their learning progression.
EVALUATION SCHEDULES

Global Evaluations quarterly (all faculty)
Self assessments semi annually
Journal club 2/year
Direct Observation of comprehensive H&P 2/yr
Lectures minimum 3/yr
Program Evaluation 2/year
Annual Retreat for clinical training program
Annual Retreat for Research
Faculty Evaluations every 6 months
360° evaluations 2/year
Patient/Family evaluations yearly
Counseling and review of evaluations twice yearly
  Portfolio Review
  Review of Patient Log
  Review of Procedures
  Review of Cohort List

III. PORTFOLIOS (SEE APPENDIX F)

Evaluation of fellow work products, such as reports of research studies, practice improvement, or systems-based improvement needs to be documented in a fellow’s portfolio. This also includes evaluations of performance based on residents’ narratives of critical incidences or other experiences, usually accompanied by reflection on the event. The Individual Education Plan should also be included in the portfolio.

1. Medical Knowledge
   a. Copies of teaching presentations
   b. Copies of journal club articles and dates

2. Patient Care
   a. Procedure log (joint injections) – need to be entered into MedHub
   b. Case Reports
   c. Oral presentation of Cases (M&M, morning report)

3. Practice-Based
   a. Documentation of work on specific patients and clinical problems—such as a complex patient problem requiring researching current state of knowledge or treatment, to use this information to formulate approaches to the diagnosis and/or management of this problem for this patient and in general. This documentation could include literature searches and papers, copies of emails, and general summary of issue and reflection on changes in practice.
   b. Documentation of QI assessments and plans to implement changes.

4. Systems-Based
   a. Documentation of work regarding dealing with various aspects of the health care system. This could include evidence of working on cost effective treatment protocols, safety and quality improvement, advocacy efforts, access to care, multidisciplinary patient care, leadership in related organizations or teams.

5. Interpersonal Communications
   a. Personal feedback from faculty
b. Letters of commendation from patients, parents, other individuals  
6. Research  
a. Research proposals/grants  
b. Abstracts/manuscripts/publications  
Reports from Scientific Oversight Committee meetings

PEDiatric RHEUMATOLOGY Fellows Policies

I. MOONLIGHTING POLICY

Moonlighting for residents is permitted with the following restrictions and requirements. Moonlighting is closely monitored to insure that it does not interfere with the health, clinical responsibilities, or research endeavors of the fellows. All GME fellows cannot do moonlighting at Stanford. The Program Director must approve the moonlighting schedule of the subspecialty resident. All moonlighting hours need to be incorporated into the duty hours log. In the rare event that moonlighting is determined to be compromising patient care or interfering with the goals of the training program, this fact is immediately brought to the attention of the involved fellow and remedied.

II. PAID TIME OFF (PTO) AND SICK DAYS POLICY (Updated)

According to the GME office rules, personal time off (PTO) is permitted up to 3 weeks during each one year period. Unused personal time off does not accumulate from year to year and there is no provision to pay in lieu of time off. Sick leave is granted for 20 days per year. Residents cannot accumulate sick leave credit and there is not additional compensation of unused sick leave. In addition, we will accommodate 7 working days for conference and educational meetings in addition to the 3 weeks PTO. Please update your PTO on the shared division calendar. Also be sure to cancel clinics during your time off using the online clinic cancellation form through EPIC.

III. SUPERVISORY LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS POLICY

The residents will be supervised by attending physicians and teaching staff in accordance with recommendations of ACGME, Association of American Medical Colleges and the Department of Graduate Medical Education at Stanford University. Subspecialty residents will be expected to act as the primary rheumatology physician for a designated population of patients with supervision by an attending physician at each encounter. Residents will be supervised in performing procedures in accordance with their skill levels, following designated proctoring requirements.
<table>
<thead>
<tr>
<th>Essential Element of Competency</th>
<th>Month 1-6</th>
<th>Month 6-12</th>
<th>Month 12-18</th>
<th>Month 18-24</th>
<th>Month 24-36</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Sciences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didactic conferences in basic and clinical immunology</td>
<td></td>
<td></td>
<td>Didactic conferences in musculoskeletal anatomy. Gives third journal club related to research project including basic, clinical, health policy research.</td>
<td>Gives fourth journal club related to research project. Didactic conferences in cell biology related to autoimmunity and inflammation</td>
<td>Demonstrates understanding anatomy, basic immunology, cell biology and metabolism pertaining to the pediatric rheumatic diseases.</td>
</tr>
<tr>
<td>Introductory lectures on key clinical and diagnostic features of common pediatric diseases. Disease related modules begin. Gives first journal club on clinical controversy</td>
<td></td>
<td></td>
<td>Continue didactic disease modules. Case-based conferences with emphasis on diagnosis and management. Gives second Journal Club on clinical controversy</td>
<td>Continue didactic disease modules. Case-based conferences with emphasis on diagnosis and management. Demonstrates understanding of epidemiology, pathogenesis, clinical expression, treatments and prognosis of the common pediatric rheumatic diseases</td>
<td>Continue didactic and case-based conferences. Gives 2 journal clubs related to research project and clinical controversy related to research project</td>
</tr>
<tr>
<td>Uses appropriate laboratory testing for evaluation and management of common pediatric diseases. Demonstrates an understanding of the role of CT and MRI in evaluation of bone, muscle and joint pathology related to common rheumatic diseases</td>
<td></td>
<td>Displays an understanding of the biologic and physical basis of the full range of diagnostic testing including laboratory, MRI, angiography, nuclear medicine, chest CT, electromyography, nerve conduction velocities). and the clinical test characteristics of these procedures.</td>
<td>Demonstrates an understanding of the role and limitations of using evidence-based medicine in understanding results of diagnostic testing</td>
<td></td>
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<tr>
<td><strong>Diagnostic Testing</strong></td>
<td>Understands the biologic rationale for basic serologic tests for autoimmune diseases, genetic testing for pediatric rheumatic diseases, and markers of inflammatory disease. Demonstrates an understanding of the role of plain radiographs in juvenile arthritis.</td>
<td>Uses appropriate laboratory testing for evaluation and management of common pediatric diseases. Demonstrates an understanding of the role of CT and MRI in evaluation of bone, muscle and joint pathology related to common rheumatic diseases</td>
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<tr>
<td><strong>Research Principles</strong></td>
<td>Didactic conferences in principles of clinical epidemiologic research</td>
<td>Demonstrates an understanding of the essential components of clinical study design, patient assessment and data analysis in journal club and case conferences</td>
<td>Exhibits familiarity with the common experimental approaches used in laboratory, clinical and epidemiology research.</td>
<td>Exhibits familiarity with the principles of the ethical conduct of research and the ability to apply these principles in the conduct of their own research during fellowship.</td>
<td></td>
</tr>
<tr>
<td>Essential Element of Competency</td>
<td>Month 1-6</td>
<td>Month 6-12</td>
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<tr>
<td><strong>History taking</strong></td>
<td>Obtain detailed history for joint disorders and specific joints. Obtain detailed history for systemic inflammatory diseases</td>
<td>Organize scenario into rational progression of events emphasizing more important points</td>
<td>Develop/learn lines of questioning allowing more precise history and promoting patient comfort and interaction.</td>
<td>Continue to refine skill in history taking to yield concise accurate review of current problems in the context of entire medical history</td>
<td>Able to teach obtaining history to others, emphasizing important nuances (e.g. severity of stiffness as important as time for JA patients).</td>
</tr>
<tr>
<td><strong>Physical examination</strong></td>
<td>Perform/document peripheral joint exam for range of motion, swelling, tenderness; spinal exam for motion and radicular abnormalities. Describe gait overall appearance. Describe nature of skin rashes.</td>
<td>Identify effusions, synovial proliferation, specific patterns of joint involvement, vasculitis signs/symptoms and extraarticular findings of rheumatologic disorders Perform quantitative peripheral and axial joint assessment, skill in muscle testing and ophthalmoscopic exam</td>
<td>Able to teach physical examination skills to others. Able to grade improvement or worsening of musculoskeletal examination</td>
<td>Elicits subtle findings with confidence</td>
<td></td>
</tr>
<tr>
<td><strong>Laboratory investigation</strong></td>
<td>Have specific reasons for ordering any laboratory test, understanding the cost of tests ordered Understand principles of laboratory monitoring. Review all studies ordered.</td>
<td>Understand nature of RF, anti-CCP, ANCA, acute phase reactants. Understand nature of ANA subsets, immune testing, complement assays and other tests ordered.</td>
<td>Understand predictive values of tests as ordered. Understand rheumatologic indications for renal, brain, lung, skin, nerve, artery, synovium, bone, parotid and liver biopsy</td>
<td>Review testing to assure validity (e.g. be able to reasonably review findings with pathologist). Able to teach others salient histologic features of rheumatologic disorders.</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic imaging</strong></td>
<td>Orders must include adequate useful clinical information. Understand cost of study ordered</td>
<td>Review available studies, identify features of repair, inflammation or infection. Understand indications for angiography</td>
<td>Develop differential diagnosis of imaging findings. Distinguish inflammatory vs non-inflammatory findings</td>
<td>Able to teach others salient features of differential diagnosis of imaging findings.</td>
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<tr>
<td><strong>Medical record review</strong></td>
<td>Compile complete and orderly reviews with pertinent history, previous testing and medical opinions compliant with CMS billing requirements</td>
<td>Attempt to receive complete information from previous providers. Assign relative quality to information and assemble in a meaningful manner</td>
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</tr>
<tr>
<td><strong>Differential diagnosis</strong></td>
<td>Determine if a focal or systemic problem; inflammatory vs noninflammatory. Learn meaning of classification criteria for JIA, SLE, JDM and other conditions.</td>
<td>Be able to diagnose JIA, SLE, JDM, and noninflammatory musculoskeletal pain syndromes. Develop organized, prioritized differential diagnoses in the context of the history, testing, and physical examination.</td>
<td>Develop differential diagnosis of specific joint findings (e.g. discern spondyloarthropathy from oligoarticular JIA; different types of vasculitis)</td>
<td>Be able to discern non-rheumatologic problems in patients with rheumatologic diseases. Be able to run patient care conference discussions of differential diagnosis</td>
<td></td>
</tr>
<tr>
<td><strong>Treatment plan and documentation</strong></td>
<td>Understand toxicities of therapies chosen. Appropriate use of immunotherapy, NSAIDs, osteoporosis agents, steroids, physical medicine. Referral letters should detail the above. Document elements necessary to fulfill CMS guidelines for billing purposes</td>
<td>Adequately discuss risk/benefit of treatment options to patients and families and document in records. Understand current treatment guidelines for major pediatric rheumatic diseases.</td>
<td>Discuss in more depth the management options with patients and families. QA/QI to assess if benchmarks accomplished (e.g. osteoporosis prevention/management for patients on steroids)</td>
<td>Provides referral letter that is concise, instructive (educational) and outline treatment options and rationale for option chosen. Demonstrate understanding of the evidence-base medicine for the treatment of pediatric rheumatic diseases</td>
<td></td>
</tr>
<tr>
<td><strong>Joint</strong></td>
<td>Demonstrate</td>
<td>Able to</td>
<td>Able to aspirate/inject</td>
<td>Able to</td>
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</table>

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### Aspiration and Injection

- Competence in sterile technique and universal precautions.
- Understand indications for joint aspiration and/or injection.
- Write a procedure note.
- Aspirate/inject knees, wrists and ankles independently.
- Understand differences in intraarticular medications.
- Appropriate post-injection care (splinting, etc).
- Demonstrate joint aspiration techniques and synovial fluid analysis.

<p>| Reassessment and Follow Up | Demonstrate due diligence. Determine when patient will need to return for follow up (for toxicity monitoring and/or disease monitoring). Appropriate toxicity monitoring. | Ability to discern change in status from previous. Continue applying differential diagnosis to patient situation to assure correct course being taken. Use information previously obtained to refine encounter (to correct data or promote more efficient encounter). | Understand the evolving nature of the disease including physical findings, morbidity, comorbidity. Incorporate assessment tools into practice as appropriate. | Be able to develop possible alternative treatment plans for one or two encounters in future. | Be able to develop comprehensive treatment plans for patients with serious disease that have failed standard therapies. |</p>
<table>
<thead>
<tr>
<th>Essential Element of Competency</th>
<th>Month 1-6</th>
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<th>Month 19-24</th>
<th>Month 25-36</th>
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<tbody>
<tr>
<td>Self-evaluation of performance</td>
<td>Maintain clinical portfolio of instructive cases</td>
<td>Evaluate QI data.</td>
<td>Evaluate QI data, assess improvements and/or ongoing deficiencies.</td>
<td>Evaluate QI data, assess improvements and/or ongoing deficiencies.</td>
<td>Evaluate QI data, assess improvements and/or ongoing deficiencies.</td>
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<td>Maintain clinical portfolio of instructive cases</td>
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<tr>
<td><strong>Systems Thinking</strong></td>
<td>Learns of national and local systems through introductory didactic sessions, self-directed learning and supervised clinical experience</td>
<td>Analyses strengths and weaknesses of local health system and presents these at divisional meetings</td>
<td>Able to identify one problem area potentially amenable to improvement and design a QI project</td>
<td>Conducts QI project, including obtaining IRB approval if needed</td>
<td>Presents results of QI project, documents systems issues in portfolio</td>
</tr>
<tr>
<td><strong>Partners in Health Care Delivery</strong></td>
<td>Learns of national and local resources through introductory didactic sessions, self-directed learning and supervised clinical experience</td>
<td>Interacts with local partners (subspecialists, residents, hospitalists, physical and occupational therapy, social work)</td>
<td>Able to coordinate multidisciplinary approach to care of patients</td>
<td>Identify and utilize disease-specific partners (AF, ACR, AAP, CARRA), interacts with local foundations</td>
<td>Team leadership in provision of multidisciplinary care documented in portfolio, 360 evaluation</td>
</tr>
<tr>
<td><strong>Advocacy for the Patient</strong></td>
<td>Learns of the systems issues facing the child and adolescent with rheumatic disease in local institution through supervised clinical experience</td>
<td>Able to obtain preauthorizations for medications and procedures.</td>
<td>Able to assist patient’s families in understanding and utilizing medical insurance, both private and state/federal</td>
<td>Assists patients and families in obtaining financial aid for medications, orthotics when needed and possible</td>
<td>Advocacy documented in portfolio, patient surveys, 360 evaluation</td>
</tr>
<tr>
<td><strong>Cost-Effective Health Care</strong></td>
<td>Understands the various health care financing options for children.</td>
<td>Learns of methodology of cost effective analysis through didactic sessions and self directed learning, can discuss journal articles on this topic</td>
<td>Understands the local costs of diagnostic services and rheumatic medications</td>
<td>Practices cost-conscious patient care based on evidence</td>
<td>Cost-conscious patient care documented in global assessment, patient surveys</td>
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<tr>
<td><strong>Gathers Information</strong> from patients, family and colleagues</td>
<td>Provides patient and family information for informed consent for common medications and DMARDs</td>
<td>Seeks and incorporates feedback from evaluations by faculty</td>
<td>Seeks and incorporates feedback from faculty, patient/family and 360 evaluations</td>
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</tr>
<tr>
<td><strong>Understands and incorporates the patient's perspective</strong></td>
<td>Demonstrates diversity sensitivity according to University guidelines</td>
<td>Demonstrates understanding and sensitivity to patient/family issues with adherence, denial, anxiety</td>
<td>Faculty, family and social services feedback of trainee’s interaction with patient and family</td>
<td>Faculty, family and social services feedback of family conference led by trainee</td>
<td>Faculty, family and social services feedback of family conference led by trainee</td>
</tr>
<tr>
<td><strong>Provides Information to patients, family and colleagues</strong></td>
<td>Able to discuss costs and benefit of all JIA DMARDs. Provides accurate sign-outs. Writes effective consultations, letters and referrals</td>
<td>Able to discuss cost-benefit of all lupus nephritis treatments. Resident lectures (2). Takes leadership role with attending support on inpatient rounding</td>
<td>Faculty and social services feedback of family conference led by trainee. One observed death and dying family meeting</td>
<td>Faculty and social services feedback of family conference led by trainee. One observed death and dying family meeting</td>
<td>Faculty and social services feedback of family conference led by trainee</td>
</tr>
<tr>
<td><strong>Trust. Establish trust with patient and patient's family.</strong></td>
<td>Clearly describes risks and benefits of therapeutic interventions and procedures.</td>
<td>Demonstrates commitment to ongoing care for patient cohort</td>
<td>Favorable letters or other unsolicited feedback</td>
<td>Favorable rating in Patient Surveys</td>
<td>Able to maintain a sound relationship with patients over time</td>
</tr>
<tr>
<td><strong>Functions as a Team Member</strong> Serves as both a member and leader of a health care team</td>
<td>Uses interpreters and allied health professionals appropriately</td>
<td>Effectively interacts and communicates with colleagues, peers, and team members. Demonstrates commitment to being team member 360 evaluation</td>
<td>Demonstrate the ability to effectively teach patients and colleagues. Participates in divisional retreats. Incorporates feedback from 360 evaluation</td>
<td>Identifies and implements QI/QA initiatives to enhance team functioning.</td>
<td>Participates in committee work outside the division. Effectively interacts and communicates with colleagues and peers—Incorporates feedback from 360 degree evaluation</td>
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<tr>
<td>Essential Element of Competency</td>
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<tr>
<td><strong>Primacy of patient interest</strong></td>
<td>Demonstrate sensitivity and attention to the interest of patients in formulating treatment plans</td>
<td>Demonstrate ability to obtain informed consent for procedures and treatment regimens</td>
<td>Demonstrate ability to provide autonomy to patients and families in complex treatment decisions</td>
<td>Demonstrate ability to resolve conflicts between patient/family interests and interests of the trainee or health care team</td>
<td></td>
</tr>
<tr>
<td><strong>Physician autonomy in medical decision making</strong></td>
<td>Recognize bureaucratic, administrative and economic forces affecting physician autonomy</td>
<td>Demonstrate ability to work within the clinical training environment to make treatment decision for patients</td>
<td>Demonstrate ability to effectively advocate for patients to receive effective care despite expense and other administrative barriers</td>
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<tr>
<td><strong>Physician responsibility and accountability</strong></td>
<td>Demonstrate timeliness and reliability in clinical care of patients</td>
<td>Reliably follow through on duties and clinical tasks. Attend and participate in divisional and institutional training and scholarly activities</td>
<td>Demonstrate willingness to strive for excellence in care and scholarly activities</td>
<td>Maintain personal physical and emotional health. Recognize and act upon physician impairment in self and others</td>
<td>Demonstrate understanding of the depth of physician responsibility and accountability as an attending physician</td>
</tr>
<tr>
<td><strong>Humanistic qualities and altruism</strong></td>
<td>Exhibits empathy and compassion in physician-patient interactions. Demonstrate respect for all patients regardless of race, gender and socio-economic background</td>
<td>Demonstrate courtesy and respect in interactions with patients and staff. Provides equitable care to all patients</td>
<td>Demonstrate willingness to work with patients and families with difficult psychosocial challenges</td>
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<tr>
<td><strong>Ethical behavior</strong></td>
<td>Demonstrate trustworthiness in following through on patient care responsibilities</td>
<td>Demonstrate integrity in reporting clinical and research findings to supervisors</td>
<td>Recognize actual and potential conflicts of interest in pharmaceutical funding of medical education</td>
<td>Address actual and potential conflicts of interest in pharmaceutical funding of medical education</td>
<td>Demonstrate understanding of biomedical ethics, and apply to resolving ethical conflicts</td>
</tr>
</tbody>
</table>
APPENDIX B: GENERAL OFFICE, GME, & OPA LOGISTICS

GENERAL OFFICE LOGISTICS
Office Address: 700 Welch Road Stanford Suite 301, CA 94304, mail code 5896

IMPORTANT PHONE NUMBERS AND WEBSITES:
To dial within campus, use the last 5 digits of the number/extension

- Prefixes
  - 72- (if extension starts with 1,3-5)
  - 73- (if extension starts with 6)
  - 49- (if extension starts with 7 or 8)
  - *82 to unblock your number (don’t give out personal extension, find a main line to reveal)
- Main office line (give this number out!) 650-723-8295
- Office fax 650-736-4344

You’ll get a revised Rheumatology important number sheets that has other important numbers you’ll need. Tell Susan your different numbers once you know them (e.g. pager, email, home #, etc.)

ITEMS TO OBTAIN:
- SUNET ID – access for the Stanford computing system, including email.
- MedHub Access - online fellowship duty hours log and evaluations
- Stanford student ID card (allows you discounts and access to gym, etc.)
- ACR Fellows In Training membership: http://www.rheumatology.org/membership/ (you will be reimbursed for this)

**Remember that if you are on stipend here at Stanford, you need to pay quarterly estimated taxes - it’s unclear if you will also need to pay extra for social security and you may need to consult a tax guy or accountant for any assistance. This will apply to you more during your research years.**

CERTIFICATIONS:
- CITI - Human subjects certification (for research)
  http://humansubjects.stanford.edu/ and look up CITI required tutorial on left hand toolbar
- ETHICS - Responsible Conduct of Research course (MED 255)
  http://postdocs.stanford.edu/education/ethics.html

TEACHING/CONFERENCES:

| 2nd/4th Tuesdays | 1:15 pm- 2:00 pm | Radiology Conference+ |
| Tuesday mornings | 10:00am-12:00pm | Patient Clinical Conference+ |
| Tuesday afternoons | 12:00pm-1:00pm | Core Lecture Series*+ |
| 4th Tuesday monthly | 12:00pm-1:00pm | Journal Club+ |
| 2nd Tuesday monthly | 4:00pm-5:00pm | AIR Division Lecture Series |
| Fridays | 12:00pm-1:00pm | Renal Pathology Conference |
| Friday afternoons | 3:00pm- 5:00pm | Day Hospital Clinical Conference and Weekend sign out rounds |

*Note that all lectures given need to have a formal evaluation that will need to be filled out in MedHub
+Note that these conferences have a required sign in sheet
GRADUATE MEDICAL EDUCATION:
As a first year fellow, you will still be under the Graduate Medical Education (GME) office

Ann Dohn, MA
Director, Graduate Medical Education
Designated Institutional Official (DIO)

Department of Graduate Medical Education
Stanford University Medical Center
300 Pasteur Drive - Room HC435
Stanford, CA 94305-5207
Phone: (650) 723-5948
Fax: (650) 723-3045
Email: gme@med.stanford.edu
Web: http://gme.stanford.edu

Business Hours: Monday - Friday, 8am - 5pm

The Department of Graduate Medical Education is located on the fourth floor of Stanford Hospital & Clinics. Access is via the stairwell located adjacent to the hospital's Gift Shop.

OFFICE OF POSTDOCTORAL AFFAIRS:
As a second and third year, you will be under the OPA-Office of Postdoctoral Affairs

General Inquiries: Please use HelpSU to submit your inquiry online by selecting "Request Category: Student Services" and "Request Type: Postdoctoral Affairs"

Assistance for Postdocs (24-hours/7-days):
Guidance Resources for Postdocs 1-855-666-0519 (toll free number)
Verification Requests: http://postdocs.stanford.edu/about/verifications.html
Phone: (650) 498-POST (7678)
Fax: (650) 725-6106
Mail Code: 5402
Web: http://postdocs.stanford.edu/

Postdoc Benefits Office Location:
3160 Porter Drive
Suite 250
Palo Alto, CA 94304
Mail Code: 8443
Phone: (650) 724-9490
Email: postdocbenefits@stanford.edu

**Remember that if you are on stipend here at Stanford, you need to pay quarterly estimated taxes- it's unclear if you will also need to pay extra for social security and you may need to consult a tax guy or accountant for any assistance. This will apply to you more during your research years.**
APPENDIX C: CLINICAL LOGISTICS

CLINICS:
- **Palo Alto**: 730 Welch, Medicine Specialties 2nd floor Palo Alto, CA 94304
  Phone 650-736-7642  Fax 650-723-9541
- **Los Gatos**: 14777 Los Gatos Blvd Los Gatos, CA 95043
  Phone 408-356-0911   Fax 408-356-7140
- **Walnut Creek**: 1220 Rossmoor Pkwy, Walnut Creek, CA 94595
  Phone (925) 939-1220

**IMPORTANT PHONE NUMBERS AND WEBSITES:**
To dial within campus, use the last 5 digits of the number/ extension
- Prefixes **72**- (if extension starts with 1,3-5)  
  **73**- (if extension starts with 6)  
  **49**- (if extension starts with 7 or 8)  
  *82 to unblock your number (don’t give out personal extension, find a main line to reveal)
- Office fax (for clinic too!)   650-736-4344
- Clinic appointment line   650-736-7642 OR 800-381-2155
- Physician Referral Center   800-995-5724 FAX 650-721-2884
- Main hospital operator/ paging   650-723-6661 OR 650-497-8000 (288 if in hospital)
- Paging (using 5 digit pager number)   650-723-8222 (222 if in hospital)
- Textpaging site [http://peds.stanford.edu](http://peds.stanford.edu)
- EPIC website (hospital computer website) [http://portal.stanfordchildrens.org/](http://portal.stanfordchildrens.org/)

You can have your textpages routed to your cell phone. Remember you will get charged as a text message on your phone plan unless you have unlimited texting.

**ITEMS TO OBTAIN:**
- **Dictation** code
- **EPIC** access – for LPCH & Stanford Hospital computer system
- **Hospital ID** - make sure it’s coded for access in all areas we work in - GME office can give clearance

**CERTIFICATIONS:**
- **Sedation module**-via Healthstream
- **HIPAA**

Give Francine, Jeanette, Susan, and Quoc a copy of your California medical license, DEA number, and NPI number.
WEEKLY SCHEDULE:

<table>
<thead>
<tr>
<th>CLINICS</th>
<th>TIMES</th>
<th>Providers</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>afternoons 1:00pm-5:00pm</td>
<td>Joyce, Tzielan, Michal, Quoc</td>
</tr>
<tr>
<td>Tuesday</td>
<td>afternoons (1st) 1:00pm-5:00pm</td>
<td>Tzielan, Joyce (Rheum Derm)</td>
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<tr>
<td>Wednesday</td>
<td>afternoons 1:00pm-5:00pm</td>
<td>Tzielan, Joyce, Mel, Quoc (South Bay)</td>
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<td></td>
<td>afternoons 12:30pm-4:30pm</td>
<td>Mel and Dana (Walnut Creek)</td>
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<tr>
<td>Thursday</td>
<td>mornings 9:00am-1:00pm</td>
<td>Jenny, Michal, Mel, Dana, and Quoc</td>
</tr>
<tr>
<td>Thursday</td>
<td>afternoons 1:00pm-5:00pm</td>
<td>Christy, Tzielan, Joyce, and Jenny (Fellows Clinic)</td>
</tr>
<tr>
<td>Friday</td>
<td>mornings 9:00am-1:00pm</td>
<td>Joyce, Michal, Jenny</td>
</tr>
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TELEPHONE CALLS:

(see attached Patient Care flow of data and task and template for handling phone calls)

Calls are distributed to primary rheumatologists. Any other calls are split between on-call fellow, CNS, and PNP.

Try to answer all phone calls within 24-48 hours, even if it is just leaving a message for a doctor or family.

Try to document any telephone conversations (telephone documentation form in Cerner). If the plan is complicated, then you can always document these changes as a dictation as a clinic note (dictation code #10).

Bring up any major changes during the patient wrap-up meeting on Tuesdays or Fridays.

OUTPATIENT INTAKES OF NEW PATIENTS:

A. Urgency:
   Examples for highest priority appointments:
   1. Pts under 2 years of age, who are more vulnerable, need especially to be assessed quickly for more immediate medical intervention.
   2. Pts. who have systemic sx's and/or alarming lab values.
   3. Special requests by colleagues at LPCH.
   4. Super Urgent New pts. can be placed in Red Zone New Office slot after approval by attending but be prepared to see them yourself since the schedule is on 'overbook'.

B. Appropriateness:
   1. All patients who are referred or are self-referral have a “right” to be seen.
   2. At times, patients are inappropriately referred to us. Initial screening can aid in referring the patient to the right medical intervention.
   e.g. pts with genetic connective tissue disorders, pts. whose intent by the PMD was to be seen by another specialist, pts who are 20-21 years old and will benefit more by an adult rheumatologist.

Intake Process:
1. As a rule, we NEVER contact the patient’s family prior to initial appointment. If we need clarification and info from family, we can ask Francine to reach family.
2. **Direct Referrals:** Sometimes we have dialogue with the referring doctor about the medical issues they want us to address. After speaking with an attending, we advise interim management until the visit as well as assess level of appropriateness and urgency of the referral itself.

**On-service duties:**
Inpatient and outpatient responsibilities
Day hospital service rounding
Coordinate admissions/transfers
While on-service, you will only need to attend 2 afternoon clinics
Direct referrals from referral center and outside physicians

**Inpatient responsibilities**
Resident team/service: RED team (on pull down menu for Rheum)
Rounding time 8:45 am-9:30am
Family Centered Rounding
As the 1st year/on-service fellow, you will have the most contact with patients and families. You should learn how to discuss new diagnoses and treatments effectively and accurately, but also in a way that patients and their families will understand.

The on-service fellow also should be making sure that the Red residents are informed about all medical plans and changes.

To admit a patient-
- Call bed control during regular business hours 5-8877
- If no answer or after hours, then call nursing supervisor 78430 or page 18672
- Ask for bed on 3 North or 3 West and give rheum attending name, reason for admission (accept any bed if necessary; check with attending if PEC- Packard at El Camino Hospital is okay)
- Once bed is ready, then page RRC/Red team resident to give plan
  - If PEC, then need to call hospitalist there to accept admission

**For primary patients (on Rheumatology service)**
Rounds on patients.
Write a concise note discussing current issues and plans (problem-based, does not have to include all aspects of an intern/resident note) only if medical student is following. Otherwise the red team resident will write the daily note.
Oversee rheumatology elective/selective rotating residents following inpatients.
Help to organize follow-up and discharge planning (outpatient).

**For inpatient consults**
Round on patients
Dictate initial consult and write follow-up notes as needed based on recommendations.

**Outpatient responsibilities**
Ideally, see at least 1 new patient per clinic (especially in the beginning)- this will vary depending on rotating residents and business of clinic. Dictate letter (13)
If new patient does have a rheumatic illness, then call PMD to discuss diagnosis and plan.

Follow-up patients: 1st choice is seeing own primary patients, then other patients in rheumatology pool. Dictate note (10) and remember to cc: PMD, consultants, and CCS, if applicable.

For any patients- you should follow-up on outstanding labs or information that was not available during the visit. If there are major changes with the care of the patient, often it is helpful to call PMDs especially if patients live far from LPCH to keep them informed of the plans and ensure that procedure get done.

Dictation Guidelines
Dictation number 78278 (650-497-8278)
Follow the prompts
Enter your user dictation number/code
1 to dictate, 3 to listen
Clinic code “80” for rheumatology
Report types: “3” inpatient consult
“12” procedure (for all joint injections, always remember to mention that attending was present and available for assistance during entire procedure)
“13” letter (for new patient letter/consultation)
“10” clinic visit (for follow-ups and New patients we are assuming care for)
Enter date of clinic visit (if follow up)
Hit 2 to record, and to pause and start up again. 3 is to reverse.
5 is to end the dictation and write down the dictation number
6 is for STAT dictation, also call 78611 to ensure they know that it’s STAT.

Outpatient Consultation:
-Please dictate as an outpatient consult letter (13).
-Address it to the primary MD/ referring MD. “Dear Dr. X,”
-External CC (if applicable):
  • other interested specialties (renal, ophtho, ortho, etc.)
  • the patient’s family
-Please include the “3 R’s”:
  • Request from another physician for your profession opinion/ Reason for evaluation: “Patient was seen in consultation at your request for evaluation of…”
  • Render recommendations, opinion, advice: “Our impression is that your patient has…,” “I recommend…,” “My opinion is that…”
  • Report back to requesting physician: “Thank you for the opportunity to consult on your patient…Please let me know if you have any further questions regarding my recommendations…”
-The letter is very complete (basically a full H & P) and includes:
  • Chief Complaint/ Identification
  • HPI

- 39 -
• Medications
• PMHx with birth hx
• SHx (Acceptable to state- “Social history was reviewed and is noncontributory…”)
• FHx (Acceptable to state- “Family history was reviewed and is noncontributory…”)
• ROS (“A complete 14 point review of systems was conducted and was negative…”)
• PE
• Diagnostics (labs and radiology)
• Impression and Plan

New Patients - Referral
-These patients have a known rheumatic diagnosis and are transferring their care to us in LPCH rheumatology. Referrals can be new or established patients (that have not been seen in ≥ 3 years). These can also be the patients who self-refer themselves.
-Please also dictate it as an outpatient consult letter (13) and use same letter format as above (don’t need the 3 R’s though).

Follow-up Patients:
-Please dictate as a follow-up note (10).
-External CC
  • To primary MD
  • CCS if applicable (on sticker or facesheet)
    o For CCS patients, please state: “We will discuss this patient at our weekly CCS meeting.”
  • other interested specialties (renal, ophtho, ortho, etc.)
  • patient’s family if needed.
-The note should include: CC/ Identification, Current Medications (please state that you reviewed the medications with the family), interval history, SHx ("reviewed, noncontributory"), ROS ("complete 14 point..."), PE, Diagnostics, Impression and Plan.

* If there are any outside labs or radiology, please dictate them all into the medical record (with date of service and location of lab/ imaging). Include them in your packet so that they will go to scanned docs (each page needs a patient sticker on it). When you are finished dictating, return the packet to the attending physician’s mailbox.

At the end of the note, please provide our contact information: “Thank you for allowing us to participate in the consultation of your patient. If you have further questions, please contact our office number at (650) 723-8295.”

Outpatient labs and xrays
Ordering labs and x-rays; scheduling follow-ups, referrals, and other diagnostic studies; and other outpatient logistics.

There is an outside patient records workflow that has been developed. Please refer to the below flowchart:
Learning Goals and Objectives
Outpatient Rheumatology Clinic

Overall goal and objective
To learn the diagnosis, management and treatment of children with rheumatologic disorders seen in the ambulatory setting.

Rotation
The first year pediatric rheumatology fellow will attend 4 clinics per week. Second and third year fellows attend 1-2 clinics per week.

First Year Fellows
The first year fellow will demonstrate medical knowledge and understanding of the pathophysiology of common rheumatic diseases of children. They will develop differential diagnoses and management plans under the guidance of the more senior fellows and attendings.

Second Year Fellows
During the second year of training fellows are expected to consolidate the clinical training and education obtained during the first year. These skills are honed in their weekly continuity clinic where they care for patients that by this time they know well, as well as additional new patients. Areas of medical knowledge and patient care in which they wish to obtain additional education are addressed via ongoing attendance at didactic conferences and via self-directed learning. During this year fellows are expected to develop competence in the clinical supervision of the rheumatology clinic staff and junior trainees.

Third Year Fellows
During the third year of training fellows are expected to continue consolidating the clinical training obtained during the previous two years and to achieve competence in patient care at the level expected of a new practitioner by the end of the year. These patient care skills continue to be honed in the continuity clinic and additional educational needs are addressed by ongoing attendance at didactic conferences and via self-directed learning as the fellow prepares for subspecialty board examination in pediatric rheumatology.

GOAL 1: Patient Care. Provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, and treatment of rheumatic diseases.

1. Understand principles and demonstrate competency in obtaining a clinical history and relevant review of systems for patients presenting to a rheumatology clinic.
2. Understand principles and demonstrate competency in performing and interpreting the examination of the structure and function of all axial and peripheral joints, periarticular structures, peripheral nerves and muscles.
3. Understand the indications for arthrocentesis. The fellow should understand the anatomy, precautions, and potential sequelae of arthrocentesis and demonstrate competency in obtaining synovial fluid from large diarthrodial joints and bursae, with adequate informed consent.
4. Develop a system for evaluating and interpreting radiographs of normal joints and bones and begin to read and interpret abnormal radiographs of these structures.
5. Using the basic principles of decision analysis, demonstrate understanding and begin to develop competency in the indications for and the interpretation of results from laboratory tests and procedures to establish a diagnosis of a rheumatologic disease.
6. Demonstrate the ability to construct a differential diagnosis in patients presenting with signs and symptoms related to rheumatologic diseases that includes the most common and probable possibilities and to outline further testing necessary to establish the correct diagnosis.

7. Apply knowledge of clinical pharmacology to selection and use of anti-inflammatory and anti-rheumatic medications.

8. Demonstrate the ability to construct and implement an appropriate treatment plan for the care of a patient with common rheumatologic problems, including juvenile arthritis, lupus, dermatomyositis, and the spondyloarthropathies, integrating the prescribing of medications, counseling, rehabilitative medicine, and, when necessary, surgical or other consultation. The fellow should be able to explain the rationale and the risks/benefits for the treatment plan.

GOAL 2: Medical Knowledge. *Demonstrate knowledge of established and evolving biomedical, clinical, and social sciences as they apply to the rheumatic diseases, and to apply their knowledge to patient care and the education of others.*

1. Describe the clinical features and appropriate initial evaluation of patients with juvenile arthritis, post-infectious arthritis, juvenile dermatomyositis, systemic lupus erythematosus, and the spondyloarthropathies.

2. Demonstrate a basic understanding of rheumatologic tests.

3. Recognize rheumatologic emergencies: including infection in the immunocomprised host, septic arthritis, active connective tissue disease and vasculitis with impending organ system damage, and ischemic necrosis of digits.

4. Understand the pharmacology of corticosteroids, nonsteroidal anti-inflammatory drugs, methotrexate, hydroxychloroquine, biologic, and cytotoxic medications.

5. Demonstrate a working knowledge of the systemic connective tissue diseases, spondyloarthropathies, vasculitidies, infectious arthropathies, inflammatory myopathies, bone and cartilage disorders, the metabolic, endocrine, and hematologic disease associated rheumatic disorders, the hereditary rheumatic syndromes, and the common nonarticular and regional musculoskeletal disorders, as well as a wide range of miscellaneous rheumatic disorders delineated in the ACR Core Curriculum.

6. Demonstrate a working knowledge of basic immunology, including the anatomy and cellular elements of the immune system, immune and inflammatory mechanisms, and mechanisms of cellular interactions, immunomodulation and immunoregulation.

7. Demonstrate a working knowledge of the anatomy and biology of musculoskeletal tissues.

8. Demonstrate a working knowledge of the biologic rationale, methods for performing, and utility/limitations of specific laboratory tests used in rheumatology.

9. Demonstrate a working knowledge of the pharmacology of the entire range medications used in rheumatology practice.

GOAL 3: Interpersonal and Communication Skills. *Demonstrate interpersonal and communications skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams.*

1. Provide effective and professional consultation to other physicians and health care professionals and sustain therapeutic and sound professional relationships with patients, their families, and colleagues.

2. Use effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families.
3. Interact with consultants in a respectful, appropriate manner.
4. Maintain comprehensive, timely, and legible medical records.
5. Create and deliver concise, up to date, and effective discussions of basic and clinical science, bioethics, and the medical literature including the use of appropriate written and electronic teaching aids.
6. Teach the diagnostic skills and therapeutic techniques of rheumatology to trainees at a junior level, including other rheumatology fellows, pediatric (or other specialty) residents, and medical students.

GOAL 4: Practice Based Learning and Improvement. **Demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, and understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession and society.**

1. Demonstrate respect, compassion, integrity, and altruism in relationships with patient, families, and colleagues.
2. Demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual preference, socioeconomic status, beliefs, behaviors, and disabilities of patients and professional colleagues.
3. Adhere to principles of confidentiality, scientific and academic integrity, and informed consent.
4. Recognize and identify deficiencies in self and peer performance.
5. Demonstrating timeliness in required activities, in completing medical records and in responding in patient and colleague calls.

GOAL 5: Professionalism. **Use scientific evidence and methods to investigate, evaluate, and improve patient care practices. It is anticipated that fellows already have an understanding of these practices through their completion of a pediatric residency.**

1. Identify areas for improvement and implement strategies to enhance knowledge, skills, attitudes, and processes of care as part of a commitment to lifelong learning and self-instruction.
2. Analyze and evaluate practice experiences and implement strategies to continually improve the quality of patient practice.
3. Develop and maintain a willingness to learn from errors to improve the system or processes of care.
4. Use information technology or other available methodologies to access and manage information, support patient care decisions, and enhance both patient and physician education.
5. Demonstrate the ability to organize learning opportunities including the selection of conference topics, coordinating speakers, and scheduling conferences.

GOAL 6: Systems Based Practice. **Demonstrate both an understanding of the contexts and systems in which health care is provided and the ability to apply this knowledge to improve and optimize health care.**

1. Understand, access, and utilize the resources, providers, and systems necessary to provide optimal rheumatologic care. These include, but are not limited to consultation with other medical specialties, use of physical and occupational therapy, rehabilitation services, pharmacy, social services, and community groups.
2. Understand the limitations and opportunities inherent in various practice types and delivery systems, and develop strategies to optimize care for the individual patient.
3. Apply evidence-based, cost-conscious strategies to prevention, diagnosis, and rheumatic disease management.
4. Collaborate with other members of the health care team to assist patient in dealing effectively with complex system and to improve systematic processes of care.
STANFORD UNIVERSITY SCHOOL OF MEDICINE
PATIENT QUESTIONNAIRE

Resident Doctor Name_________________________________     Date___________________________
Clinic/Service___Pediatric Rheumatology______________________________________________________________________

Using the scale below, please circle the number that best gives your opinion of your doctor.

Excellent        Very Good       Good     Fair       Poor Unable To Evaluate

HOW IS YOUR DOCTOR AT:
1. Greeting you warmly; being friendly; calling you by your name
2. Showing respect and courtesy
3. Listening very carefully to what you said; not interrupting
4. Explaining things so that you could understand them
5. Letting you ask questions
6. Making it easy for you to talk with him/her
7. Making your child feel comfortable during exam
8. Clearly explained treatment plans
9. Answering your questions well
10. Explaining what she/he was going to do for your child’s care
11. Telling you what he/she found on the exam, lab, x-ray or procedure
12. Explaining what you needed to know about your situation and what to expect next
13. Being thoughtful of your privacy
14. Helping you deal with your fears and worries
15. Communicating well with your family and friends

What did you like most about your doctor? __________________________________________
________________________________________________________________________

Is there anything your doctor could do better?_________________________________________________
Faculty evaluation by Fellow

Evaluator: 
Evaluation of: 
Date: 

Didactic teaching sessions:

<table>
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<tr>
<th>1. Clarity and organization*</th>
<th>Poor</th>
<th>Fair</th>
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<th>Very Good</th>
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<th>Insufficient contact/ Not observed</th>
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<th>Poor</th>
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<th>Very Good</th>
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Case-based teaching:

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<th>5. Knowledge of relevant literature*</th>
<th>Poor</th>
<th>Fair</th>
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<th>Very Good</th>
<th>Excellent</th>
<th>Insufficient contact/ Not observed</th>
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<th>6. Ability to transmit medical knowledge*</th>
<th>Poor</th>
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<th>7. Ability to provide mentoring/guidance*</th>
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<th>8. Approach to psychosocial issues*</th>
<th>Poor</th>
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Research:

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<th>9. Ability to provide mentoring/guidance*</th>
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<td>11. Knowledge of field*</td>
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<td>12. Ability to transmit knowledge regarding ethical conduct of research, grant-writing, career development*</td>
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<td><strong>Miscellaneous:</strong></td>
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<td>13. Involvement in training program*</td>
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<td>16. Promptness and attendance*</td>
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**FINAL Fellow Evaluation by PD**

Evaluator: ____________________________

Evaluation of: ____________________________

Date: ____________________________

In accordance with ACGME common program requirements (V.A.2.a.b) the program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become a part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with the institutional policy. This evaluation must:

a) document the resident's performance during the final period of education, and  

b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.

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<tr>
<th>Performance Review of Training</th>
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<tr>
<td>1. Review of Resident's Performance During the Final Period of Education/Training. *</td>
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<th>2. Career Planning/Goals</th>
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**Resident Feedback**

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<th>4. Feedback/Suggestions Regarding Program</th>
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### Verification of Training Statement

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<th>Yes</th>
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<td>5. The faculty of the division conclude that the resident has met all the goals and objectives of our program in addition to successfully completing all ACGME &amp; ABP training requirements. Furthermore, this fellow has sufficient professional ability to practice competently and independently.*</td>
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6. PostDoc is taking the following position *

7. At (name of Institution): *

8. Program Director Signature:

9. Resident Signature:
# Fellow Self assessment

## Professionalism

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<th>Competent</th>
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1. Recognize and manage cultural attributes and biases they bring to any clinical encounter*

2. Demonstrates sensitivity and responsiveness to a diverse patient population including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation*

## Patient Care

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3. Acknowledge the diversity of family composition, structure, and dynamics by providing care in cooperation with family members and other community members when patients and families so desire*

4. From therapeutic alliances with children and families from a variety of socioeconomic and cultural background*

## Medical Knowledge

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5. Recognize, value, and respect families' cultural backgrounds including beliefs, rituals, and customs by interacting and understanding of their cultural beliefs and practices into diagnostic approaches and treatment plans of illness and diseases*

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### Interpersonal and Communication Skills

6. Ask open-ended question about patients' and families' views of illness, disease, causation, preferred treatment options, and expected duration of illness; responding in a non-judgmental manner that avoids stereotyping.*

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7. Use professional interpreters and written materials in the family's primary language to maximize communication when children or families have limited English proficiency.*

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### Practice Based Learning and Improvement

8. Integrate "best practice" knowledge with the patient, family, and community perspectives*.

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### Systems-based Practice

9. Contrast health status for the children and families in their care to population data.

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10. Identify, analyze, and address organizational assets and barriers to delivering culturally competent services*.

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<th>Competent</th>
<th>Developing Competency</th>
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11. Plans for improvement:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
# Teaching Session Evaluation

**Evaluator:**

**Evaluation of:**

**Date:**

1. Title of Journal Article: (if applicable)

2. Title of Lecture Presentation: (if applicable)

## INTERPERSONAL AND COMMUNICATION SKILLS

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3. Organizes lecture with learning objectives and provides framework and relevant context in the introduction

4. Manages time appropriately

5. Uses media effectively including selection of slide format and fonts, images, handouts, and reference list

6. Presents lecture with enthusiasm, engagement and clarity

7. Involves experts appropriately to enhance teaching session

8. Summarizes major teaching points

## MEDICAL KNOWLEDGE

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9. Demonstrates broad knowledge of topic including being able to answer questions from participants

- 52 -
| 10. Chooses topic relevant to general pediatric knowledge                                      | ☐ | ☐ | ☐ |
| 11. Incorporates current medical information and scientific evidence into lecture           | ☐ | ☐ | ☐ |

**STRENGTH**

- 
- 
- 
- 

**AREA OF IMPROVEMENT**

- 
- 
- 
- 

**ADDITIONAL COMMENTS**

- 
- 
- 
-
**Pediatric Rheumatology Semi Annual Program Evaluation**

Evaluator: ________________________________
Evaluation of: ________________________________
Date: ________________________________

What was your opinion of the program's effectiveness in each of the following areas:

1. Quality of care-based direct clinical teaching *

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2. Quality of didactic clinical teaching *

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

3. Frequency of night call *

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. Amount of inpatient services *

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

5. Amount of outpatient clinics *

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

- 54 -
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<td>6. Number of clinical conferences *</td>
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<td>7. Length of clinical conferences *</td>
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<tr>
<td>8. Number of basic and clinical science conferences *</td>
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<td>9. Supervision *</td>
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<td>10. Independence *</td>
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<td>11. Availability of Didactic Courses *</td>
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<td>12. Research Mentoring *</td>
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**Pediatric Rheumatology Rotation Evaluation**

Evaluator:  
Evaluation of:  
Date:  

### Teaching:

<table>
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<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
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1. Effectiveness of teaching*  

2. Supervision During Rotation*  

### Clinical Service:

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3. Overall Effectiveness of Service*  

### Program-wide Conferences

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4. Didactic Lecture Series*  

5. Research Conference*  

6. Journal Club*  

7. Comments  

_______________________________________________________________________________  

_______________________________________________________________________________  

_______________________________________________________________________________
Individual Learning Plan
Semi-annual Inventory
Fellow:

Date:

- Review Curriculum Activity and Evaluation Grid for respective months
- Review Evaluations
- Review Procedure Logs

Clinical Practice Activities (items done in the last 6 months)

- 
- 
- 
- GOALS (for next 6 months)
  -

Didactic Activities (items done in the last 6 months)

- 
- 
- 
- 
- GOALS (for next 6 months)
  -

Research Activities (items done in the last 6 months)

- 
- 
- 
- 
- GOALS (for next 6 months)
  -

Presentations/ Teaching Activities (items done in the last 6 months)

- 
- 
- 
- 
- GOALS (for next 6 months)
  -
Individual Learning Activities (items done in the last 6 months)

- 
- 
- 

GOALS (for next 6 months)

- 

Professional Activities

- 
- 
- 

GOALS (for next 6 months)

- 

Divisional Administrative Activities

- 
- 

GOALS (for next 6 months)

- 

Quality Improvement activities

- 
- 
- 

GOALS (for next 6 months)

- 

Overarching Goals for Next Quarter

- 
- 
- 
- 
- 
- 

PD Comments:

- 
- 
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