Stanford has a track record of training many physician investigators and thought leaders in Rheumatology. Highlights of our ACGME accredited Rheumatology Fellowship Program training program include:

- An entirely new Core Curriculum that includes competencies and evaluations required by ACGME, and recommended by The American College of Rheumatology (ACR)
- Training at 3 large, outstanding hospitals in the San Francisco Bay Area
- New clinical electives in disciplines such as pediatric rheumatology; radiology; Derm/Rheum clinic; sports medicine; ophthalmology; renal; pulmonary; physical medicine and rehabilitation, and private Rheumatology practice
- Dedicated “Specialty Teaching Clinics” with clinical and research experts – Rheum/Derm, Vasculitis
- Opportunities for formal ultrasound training that enables fellows to later seek certification
- World-class research in health outcomes, clinical trials, basic immunology, engineering, education, and translational medicine
- Superb clinicians, a vibrant patient base, and excellent facilities
- An active Chronic Immunologic Diseases Registry and Repository composed of over 1,600 subjects
- A medical school (completed in 2010) and medical center (a $1B new hospital is under construction) that are located on a spectacular, >8,000 acre, university campus
- Two different training tracks designed to provide personalized education for fellows interested in “wet lab” research; “dry lab” research; translational research; or education and patient care
• Superb quality of life, with year-round sun, and easy access to Lake Tahoe, San Francisco, Yosemite National Park, Napa Valley, the Monterey Peninsula, and the Pacific Coast

The goal of our program is to train the next generation of leaders in the field of Rheumatology. We are excited about the many changes in our program, nearly all of which involved input from our fellows themselves.
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Neha Shah, MD
Office: (650) 498-5630, Cell: (954) 324-5927, Pager #23491

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Lorinda Chung, MD - PAVAH
Jennifer Burkham, MD - SCVMC

Key Clinical Faculty (KCF)
Veronika Sharp, MD, Lorinda Chung, MD, Mark Genovese, MD, Jison Hong, MD and Stanford Shoor, MD

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Yashaar Chaichian, MD
Lorinda Chung, MD
C. Garrison Fathman, MD
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Lupe Ibanez, SCVMC (lupe.ibanez@hhs.sccgov.org)

Current Fellows

<table>
<thead>
<tr>
<th>Name</th>
<th>Stanford Email</th>
<th>Pager #</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Wilson Kuswanto</td>
<td><a href="mailto:wkuswanto@stanford.edu">wkuswanto@stanford.edu</a></td>
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<td>24296</td>
<td>(805) 698-6121</td>
</tr>
</tbody>
</table>
IMPORTANT FELLOWSHIP INFORMATION FOR NEW FELLOWS

Stanford Clinic Main line: (650) 723-6961, Fax (650) 723-3059

Scheduling New Stanford Patients: send email to:
DL-ImmunologyEndocrinology@stanfordhealthcare.org, or send an EPIC staff message to your medical assistant

Stanford ED (650) 723-7208
Stanford GME (650) 723-5948
Johanna Alm (650) 497-3894

SUH Dictation number: call 233 from within the hospital (outside # 1-800-242-9770), then enter your 6-digit doctor number, then 68 for the location then 36 for letter type. Press 2 to stop/start the dictation, 3 to reverse and 8 to end the dictation.

Stanford Page Operator 650-723-6661 (dial 288 inside the hospital)

Stanford Direct Paging Line: (650) 723-8222 (dial 222 inside the hospital), use this number if you know the person’s pager ID OR to change your covering status (automated system to have your pager covered by someone else or made unavailable—refer to the little paging book you received with your pager for instructions); when in doubt, just call the page operator directly.

Stanford Paging

Returning pages: most extensions are 721, 723, 736 or 498. From inside the hospital just dial the 5 digit extension. From outside the hospital, dial (650) 72xxxx, 73xxxx or 49xxxx. If it is a 6-xxxx, and it is not working, it is probably a VA number. If any issues, just call the page operator. Paging someone else: easiest to text page using SmartPage (www.smartpage.stanford.edu), use your SuNet ID to login remotely). Can call page operator and ask them to page to your cell or callback #. Also can dial direct paging line and enter a call back # (if you know their pager id). SmartPage can also be added to your EPIC menubar.
Can arrange to have your pages forwarded to an iPhone, also can arrange for the page operator to call you when you have a page (would only do this if you accidentally forget your pager or if it is a weekend, etc. and you don’t expect to get paged much).

**VA**

Mario Martinezruiz (650) 493-5000, ext. 64288

Dr. Lorinda Chung: (650) 493-5000, ext. 62042, Lori.Chung@va.gov, shauwei@stanford.edu

VA scheduling patients (new or follow-ups): email Waage, David C. [David.Waage@va.gov](mailto:David.Waage@va.gov), as well as [V21PALCLINICPROFILEREQUEST@va.gov](mailto:V21PALCLINICPROFILEREQUEST@va.gov) and cc “Chung, Lorinda” shauwei@stanford.edu OR call Mario Martinezruiz @ above #

Master Scheduler: David Waage – for canceling clinics for vacation/in-service/etc., please email David Waage, and also copy Lori Chung, Neha Shah and Johanna Alm

VA Page Operator: (650) 493-5000 (dial 0 from inside the hospital); VA page operators are generally *unhelpful*. Would suggest calling the Stanford page operator if you need to page someone at the VA (most of the pagers are the same for Stanford/VA attendings/residents).

**VA paging**

Returning pages: start with a 6-xxxx; (although this can be 736 ext. at Stanford—ideally they page you with the entire callback #). To return the page, call into the VA: (650) 493-5000 press 1, 1, then the 5-digit extension.

Paging someone else: as above, use Smartpage or Stanford page operator. If you know the person’s page ID number, you may call VA extension 65970 and dial in the page ID and your call back number.
**Santa Clara Valley**

Valley Clinic: (408) 885-5976

Valley Page Operator: (408) 885-5000.

**Valley Paging**

Returning pages: All #’s (408) 885-xxxx or 793-xxxx. Paging someone else: SCV residents/attendings have 7 digit pager #s, preceded by 408. Dial the 10 digit number directly and enter your callback ID.

Can also textpage through archwireless.com if you know the pager ID. Look up pager IDs for the resident covering your patient through www.amion.com, can also text page directly by clicking on the pager ID link on amion.

**Stanford Clinic and Specialty Clinics**

This is your own continuity clinic. Patients can be reviewed in advance by accessing Epic remotely.

Rheumatology Clinic is located on the 2nd floor Blake Wilbur. Monday morning clinic starts at 8:30am and Monday/Tuesday/Wednesday afternoon clinics start at 1pm.

For new patients that are internal referrals, records can be reviewed in their EPIC charts. For outside referrals, scanned records can be reviewed under their referral in the Media tab of EPIC and in Care Everywhere. There may also be a packet of FAXed records for the patient that would be available in the clinic.

Notes are either typed or dictated into EPIC for consults and follow-ups and must be completed within 24 hours of the visit.

All new patient visits are considered “consults” and not referrals, new patients, or second opinions (billing issue) and should be sent as a letter to the referring doctor. A template for this is available in EPIC Communications tab. Follow up notes can also be routed to the patients other providers or sent as letters.

New patients can be presented to any attending unless the consult asks for someone specific.
Follow-up patients should be presented ideally to the attending that most often sees the patient.

Notes are dictated as letters into Epic for new patients and sent to the referring physician. The letter should state it is a “consult” not a “referral” (billing issue) and should start as a letter to the referring doctor (Ex. “Dear, Dr, X- thank you for requesting this consult for evaluation of xxxx”. OK to type letter in Epic, if you prefer.

**Results** of labs and studies you order for patients will be sent to you- be sure to follow up on them. You can ask your attendings or 2nd year fellows if you have any questions about them. All results should be communicated to your patients by you through MyHealth or via telephone call if they do not have MyHealth.

Fellows are expected to handle med refills, emails, and telephone calls personally for all of their clinic patients as opposed to routing things back to their patient care coordinators and nurses.

The **clinic number** for patients to call is (650) 723-6961 and the fax is (650) 723-3059. DO NOT give out your personal cell number. Patients can reach you through your patient care coordinator. We also discourage giving out your personal email—use MyHealth instead. On the weekends or after hours, if patients call the clinic line, they will be directed to the page operator who can page the on-call fellow.

**Rheum/Derm Clinic**

This is a Stanford clinic located in the outpatient building in Redwood City, off Woodside Rd, near 101.

Drs. Lorinda Chung (Rheum) and Dave Fiorentino (Derm) are the attendings
Clinic is every Monday from 1:00 pm – 5:00 pm

Drs. Janice Lin (Rheum) and Matt Lewis (Derm) are the attendings
Clinic is every Tuesday from 8:00 am – 12:00 pm

You are expected to split the patients up with the other fellows/residents in clinic, but do not have responsibility for follow-up (Dr. Chung will do this). Every patient is seen by a Derm resident AND a rheum fellow/resident.
VA Clinic

**Wednesday** morning starts at 9 am and is located in **Building 5, 2nd Floor**. You see new patients as they come in, and then acquire them into your continuity clinic if they are going to be seen in follow-up. Present to any attending.

**Thursday** morning is your own continuity clinic. It starts at 8:30 am and is located in the main hospital in **Clinic Area B on the 1st Floor**. Ideally you should present to the same attending who has seen the patient before.

Patients can be reviewed in advance by accessing **CPRS remotely**. – Email Mario to get remote access set up (it can take several weeks).

You are in charge of **follow-up of labs/studies**—you can arrange your CPRS alerts so that any abnormal tests come to your inbox.

If patients have questions or need to call the clinic the number to call is. They can call (650) 493-5000 ext. 60188 and leave a message. The Rheumatology Care Coordinator, Irina Gorodetskaya, checks the machine and will let you know if your patient has an issue.

You will need to contact Renee Kawahara to arrange for training on the VA Secure Message System. VA patients often communicate with us via this system. See Dr. Chung for contact information on Ms. Kawahara.

For scheduling issues- email David Waage, and cc Lorinda Chung or Mario Martinezruiz.

Valley Clinic

This is located in the building adjacent to the hospital (**Valley Subspecialty Clinics**) on the **5th floor**. Morning clinics start at 8:45 am (except Friday starts at 9:30 (10:00 on the first Friday of the month)) and afternoon clinics start at 1:30pm.

The first day you get there, you will just be getting your badge, learning the EMR, and getting an orientation from Dr. Sharp be sure to ask her for the syllabus- it has a lot of useful information in it.

Patients you see are the attending’s patients so there is not continuity; however, this is where you get a lot of your injection experience. You must record all outpatients you see in the clinic notebook by adding their ID sticker and all inpatients by writing in their name, DOB and MRN in the clinic notebook.
There are 4 attending doctors – Jen Burkham, Veronika Sharp, Umaima Marvi and Barkha Amlani. It will vary when they have clinics. You will be oriented how the clinic works during your first week. You will be on call the 1st, 3rd and if a long month, 5th weekends of the month covering all 3 hospitals, Stanford, the VA and Valley. Weekend rounds need to be coordinated with both the Stanford/VA and Valley attendings.

You are not in charge of follow-up of labs/studies of these patients.
If you are attending a morning clinic prior to a noon conference, plan to leave no later than 11:15 to make it back to Stanford in time. All the attendings know this and expect it. You should not miss/be late for conference.

If you need to switch weekends or change consult coverage, the attendings on service, Angie Aberia, Lupe Ibanez, Veronika Sharp need to be informed so that the call schedule can be updated in MedHub and Amion.

**Stanford/VA Consult**

When on Stanford/VA consult you cover consults for both hospitals. Your pager should be on 24/7 except for the 4 days you have off during that month. You can have your pages sent to your cell phone as texts- we can tell you how to do that.

The Valley Fellow will cover your service (and theirs) on the 2nd and 4th weekend of the month. (The weekend starts at 5pm on Friday and ends 8am Monday) If you need to switch weekends- you need to ask Veronika Sharp far in advance so that the Valley schedule can be switched.

Angie Aberia will email you a few days before asking for “the consult schedule”. All she needs to know from you is when the Valley fellow will be covering you. She will give the times to the page operator.

**Rounding time** is attending & fellow dependent. All will work with you to meet at a time you are not in clinic.

**In Patients**: You should be familiar with all the patients on service, even if a resident is following them. Add all patients to EPIC under Patient list- Shared patients-Rheumatology (we can show you how to do this)

**Grand Rounds**: You are in charge of putting together a power point case presentation for Grand Rounds each week during your consult month. Generally, interesting cases, cases with a diagnostic or treatment dilemma etc. are good choices. Sometimes handing out some literature or putting up a couple slides reviewing some literature relevant to the case is
useful but not always. Write down the names of any interesting cases that you don’t get to present in case you need a case in the future. If you have no inpatients to present you can present a clinic patient with diagnostic or treatment dilemma or ask around to see if someone else has a case they could present (just don’t wait until the day before to ask—they can take a while to prepare)

If you receive a page from “the ATIC” this is the infusion center at Stanford. Things they page you for are potential drug reactions, abnormal vital signs, and incomplete/incorrect orders. If you have any questions- ask someone (the attending on with you or one of us). Also- FYI- Infusions are done 7 days a week. A separate AITC policy was instituted in 2013 and can be found later in this handbook.

If you receive a call for Allergy (i.e. how to desensitize someone from aspirin or a question about a hypersensitivity reaction, etc.), direct them (and preferably the page operator) to the peds allergy fellow on-call—they take all allergy calls, since we do not have an adult allergy fellowship program.

If you receive a consult from a PAMF primary care or rheumatology patient, or a Menlo Clinic rheumatology patient, please direct the requesting team to contact the appropriate PAMF or Menlo Clinic rheumatology attending on call.

**Valley Consult**

The Rheumatology Fellow covers the consult calls for the whole month. You will be given a separate Valley pager (calls will not come to your Stanford pager).

You have 4 (rather than 1) clinics at the Valley when on consult month. The days and times will vary based on each fellows Stanford continuity clinic times.

When you get a new consult you should immediately call the attending on-call with you to tell him/her about it. If it is a day you happen to be at the Valley, you may be asked to see the consult. If it is not a day you are going to be at the Valley, the attending and resident see the consult on their own.

The valley consult schedule is available on [www.amion.com](http://www.amion.com).
**EPIC Inbox**

The inbox contains urgent patient calls who have new symptoms or need to talk to their doctor, staff communication and med refills. The burden is significantly less now, as all symptom calls are triaged first through an RN or NP before being forwarded to you. Every Fellow should be logging into Epic at least 4-5x/week. As the box continues to fill during the day, deal with urgent issues 1st, which should be flagged in red (usually patient calls).

Fellows should not cover Faculty patients in the inbox. As a courtesy, let the faculty know by email and in EPIC. For urgent or emergent issues, contact the Faculty member by phone or page, and if the Faculty is not responding discuss with the On Call Consult Attending. If the On Call Attending is not responding, this is inappropriate behavior and must be reported immediately to the PD who will assist with the emergency.

**Rheumatology Conferences**

**Fellows Friday Conference** – 10:45 am -11:45pm, given by faculty members. 1000 Welch Road, Suite 315. Conference coordinator: Johanna Alm, (650) 497-3894.

**Monthly Radiology Conference** – given by Michelle Nguyen or Kate Stevens once a month on Tuesday at Stanford by Kate Stevens, 12:00 pm – 12:45 pm at Stanford Hospital, MSK Reading Room. At the VA on Wednesday by Michelle Nguyen, 12:00 pm – 1:00 pm at VA DRC Conference Room, Building 102.

**Ultrasound Hands-On Sessions** – given by Robert Fairchild 1st and 3rd Friday of the month. 1st Friday of the month at 8:30 am – 9:30 am and 3rd Friday of the month at 10:45 am – 11:45 am at Blake Wilbur, 2nd Floor

**Thursday Grand Rounds** – 5:00 pm - 6:00pm, Blake Wilbur 1st Floor conference room. Case presentations given by fellow on Stanford/VA consult. Conference coordinator: Angie Aberia, (650) 498-5630.

**Friday AM pre-Clinic Conference and Board Review** — 8:30 am – 9:00 am, Blake Wilbur Immunology-Rheumatology Clinic. Dr. Shoor will inform fellows or dates for Board Review.

**Friday Journal Club** – 12:00 pm -1:00pm, 1000 Welch Road, Basement conference room or in CCSR, conference room 2226. Lunch is provided. Coordinators: Angie Aberia, (650) 498-5630 and Johanna Alm (650) 497-3894.
Parking

**Stanford:** you can get a permit for lots A or C. There is no longer a huge difference in price between A and C parking. Walking from either parking lot takes about 10 minutes. Budget for additional walking time in your schedule. If you buy the annual 12-month permit, you can get automatic payroll deduction (tax-free). Parking passes can be picked up at the transportation/parking office, or you can purchase online (takes about a week to mail).

**VA:** Parking at the VA is free. There are two large parking structures. Structure #2 is closest to the Wednesday Clinic in Building 5. To access Structure 2, turn right AFTER you turn into the main entry driveway. Structure #1 is closest to the Thursday Clinic in Building 100. To access Structure 1, turn LEFT after you turn into the main entry driveway. Do NOT drive more than 15 mph in the parking lot or the cops will ticket you for speeding. They will also nab you for talking on your phone.

**Valley:** free, in the C lot, you will get a permit on your first day (ok to park in visitor parking on your first day). Parking structure is a 5 min walk from the clinic.

Miscellaneous

**Requesting time-off** – make sure all of your clinics are cancelled in advance (needs to be at least one month in advance). Notify the Program Coordinator of your vacation days so she can enter into MedHub. Except in cases of health or family illness/emergency the one month advance notice for clinic cancellations is STRICTLY ENFORCED.

Time off should preferably be taken during your Jeopardy or Research/Elective months. Fellows are allotted a total of 3 weeks of time off per academic year which do not need to be taken consecutively. However, time off needs to be taken in at least 1 week blocks.

**VA** - Contact David Waage and send an email to V21PALCLINICPROFILEREQUEST@va.gov and cc Dr. Chung to cancel VA clinics (for Thursdays). If you are going to miss a Wed clinic, let Dr. Chung know as well, since she may schedule fewer new patients

**Stanford** – Email and get approval from Dr. Genovese

**Valley** – Email and get approval from Dr. Sharp
MAKE SURE TO WORK WITH SPECIALTY CLINIC ATTENDINGS (Rheumatology/Dermatology, Vasculitis) TO INSURE THAT FACULTY SCHEDULES ARE ALSO ALTERED FOR YOUR VACATIONS! This is the responsibility of the Fellow to notify the clinical scheduler and the Specialty Clinic attending. CC the PD on all time off emails, so s/he is aware as well.

Mail
You have a mailbox at 1000 Welch, Suite 203

Business Cards; White Coats; Pagers (Spok Mobile)
Johanna Alm will have business cards made and a white coat with your name. GME also gives you a white coat which can be swapped out with a clean one at any time, Stanford Hospital Linen Services, Basement Hospital. You will also receive a personal pager.

STRUCTURE AND CLINICAL SITES

Structure

- Two year Clinical Fellowship with Board Eligibility
- Eligible for additional 1-2 year NIH Research Training Grant for Investigators in Clinical or Basic Science in Rheumatic Diseases

Clinical Sites

Santa Clara Valley Medical Center (SCVMC)
Palo Alto Veterans Hospital and Medical Center (PAVAH)
Stanford University Hospital and Clinics (SUH)
Lucille Packard Children’s Hospital (LPCH)
TIME OFF, EDUCATIONAL LEAVE AND SICK LEAVE POLICY

Time off, Sick, Maternity and Paternity leave for Year 1 and 2 Fellows are governed by the Stanford GME policy handbook, page 47.  [http://med.stanford.edu/gme.html](http://med.stanford.edu/gme.html)

Fellows do not accrue vacation. Fellows are permitted to take up to three (3) weeks of personal time off with pay during each one-year period (July 1 through June 30). Personal time off needs to be agreed upon at least 30 days in advance. Fellows are not allowed to take personal time off during Stanford Consult time and time off needs to be taken in at least 1 week blocks.

Fellows will be granted up to 20 days of sick leave (4 weeks) per year, if needed. Fellows do not accumulate sick leave credit, and no additional compensation will be paid for unused sick leave.

Each Fellow has 5 days of Educational Leave per year to attend Director-approved educational and/or scientific meetings. In addition to these 5 days, Senior Fellows are allotted 2 days to attend the UCSF Boards Review Course, and expenses are covered by the fellowship program.

All vacation days and educational leave must be approved in advance by the PD and Director of Clinical Service at the VA, SCVMC and Stanford.

1. Fellows will first submit a request to Drs. Genovese, Chung and Sharp
2. If approved the request will be reviewed by the Program Director
3. If s/he approves the request, it will be forwarded to Johanna Alm who will check whether the Fellow has vacation or Education leave remaining. If they do, she will send out a confirmation to the PD and all three clinic chiefs.
4. Confirm with program coordinator your leave as she needs to enter your specific leave times in MedHub.

The Fellow is responsible for any scheduled patient visits or anticipated patient visits.

First year Fellows are expected to cover a 12-hour shift for the Internal Medicine Residents during their annual retreat in April. Vacation cannot be taken at this time. The Medicine Residency Department will announce the date in sufficient time for the 1st Year Fellows to plan vacation or leave.
Planned Absence from Clinical duties for other than sick leave or approved vacation may include: time for job interviews, attendance and/or presentation at educational conferences. All such absences must be approved in advance by the PD and if they exceed allotted vacation time and clinic holidays, they must be taken without pay.

If a research meeting interferes with clinical duties, the Fellow will be excused from clinic only if:

- a. The research meeting involves the Fellow’s own original research project.
- b. The Fellow has made every effort possible to re-schedule the meeting and there are no alternatives.
- c. The Fellow receives approval from the PD and informs the relevant clinic at least four weeks in advance so that patients can be re-scheduled.
- d. Requests that do not meet these guidelines are unlikely to be approved but may be discussed with the PD if extenuating circumstances exist.

Any absence from clinical responsibilities must not interfere with the quality or safety of patient care of patients in the Rheumatology clinics or hospitals. Failure to adhere to this standard will result in probation.

Unapproved absence from clinical responsibilities will result in probation.
All fellows are eligible for funding for travel as follows:

**UCSF Rheumatology Boards Review Course**

Senior Fellows are required to attend this course each fall, which does not count toward the 5 days of educational leave allotted to individual fellows each year. The Fellowship Program will pay for registration and parking fees. Because the course is in SF (less than 60 miles from campus), Stanford University rules do not permit payment for meals. Coverage for the consult service will be provided by Junior Fellows on service and the Rheumatology Attending who is on service during the course.

**ACR Meeting**

Both senior fellows and one first year fellow may attend the ACR meeting, which this year is in Atlanta, Georgia. Fellows are **required** to apply for ACR-FIT travel awards and should share housing with another fellow unless this is not feasible. For the 2019 meeting, a maximum of an additional $1,000 will be provided by the Division to support travel (RT coach fare purchased >30 days before travel, local transportation, meals without alcohol, registration, and hotel). Costs exceeding $1,000 plus ACR travel awards are to be paid by the fellow, who can petition the PD for additional funding.

**Other Meetings**

The one fellow who does not attend ACR meeting in order to cover the inpatient consult service will be allowed 1 of 2 options: Attend the UCSF Board review course OR attend another national or international Rheumatology conference of his/her choice with up to **$1500** travel reimbursement available from the Division. Fellows attending MUST be presenting an abstract, poster, oral presentation at the meeting he/she attends, except in the case of the UCSF Board Review Course.
Clinics

Fellows are required to do 1-8 clinics per week depending on their year, the clinical pathway which they have chosen and documented level of ACGME Competency. (see Appendix I-B “Clinics”).

At the conclusion of Year 1, Fellows will choose whether they will enter one of two pathways: Clinician Investigator or Clinician Educator. The former emphasizes acquisition of skills for an investigative career and anticipates that the Fellow will continue their training in a 3rd and probably 4th year in the NIH T32 Training Program. The latter, emphasizes skills for clinical practice and teaching and anticipates the Fellow will complete their training by Year 2 and enter a career in clinical care and teaching.

Fellows are expected to be present from the start of a scheduled clinic until the scheduled end of the clinic.

Fellows are expected be groomed and dressed in a professional manner, following existing clinic and hospital policies.

Fellows should review their schedule at the beginning of year and if they feel there should be changes, they must be discussed with the PD. Fellow schedules may be changed by the PD to facilitate clinical skills development or to accommodate research training activities for Fellows in good standing.

Fellows are responsible for all patients on their continuity clinic schedule including new consultations, regular clinic patients who are new to them, and their patients scheduled for return visits.¹

¹This applies to patients who cancel or “do not show” for an appointment OR to patients who the Fellow or an Attending thinks should be seen earlier than regularly scheduled. If a patient “does not show” the Fellow and Attending are jointly responsible for determining whether the patient needs to be re-scheduled and in what time frame.

-In the event of an emergency or when a patient must be seen urgently and a Fellow is unable to see the scheduled patient in an appropriate time frame, they are responsible for finding one of their colleagues who can see the patient (in the following order)

  -On call Fellow
  -Fellows not on call
  -On call Consult Attending
If the Fellow is unable to find an alternative as outlined above they are required to care for the patient—either by email, telephone contact or office visit.

Once a patient is assigned to a Fellow, it is the Fellow’s responsibility under all circumstances to care for that patient. If another Fellow or a Faculty member sees the patient, the Fellow to whom the patient was originally assigned is responsible for resuming their care thereafter.

Residents and medical students will be assigned patients scheduled for Faculty rather than Fellows. However, if a Fellow wishes a resident or medical student to see a new consult on the Fellow’s schedule, it is the Fellow’s responsibility to assume patient care responsibilities for the patient thereafter.

The above applies to patients who cancel or “do not show” for an appointment OR to patients who an attending physician requests be seen earlier than regularly scheduled.

If a patient checks in at the reception desk more than 30 minutes after their scheduled appointment time but before 5pm, the Fellow must care for the patient in a manner that is medically appropriate and meets the patient’s needs. They must communicate with the patient and offer them one of several alternatives:

1. Offer to see the patient at the end of the clinical schedule, if possible.

2. If the patient does not wish this option then the Fellow must either re-schedule the patient in an appropriate time frame or contact the patient by telephone or email for care.

   a. The Fellow is responsible for determining what is an “appropriate time frame” by considering safety, quality of care and patient satisfaction.
   b. The Fellow must discuss her/his assessment and decision with an attending at the end of clinic or on clinic days when Grand Rounds is held.
   c. For example, if no Faculty are able to staff a non-urgent late patient with a Fellow, then the Faculty may determine when the patient should be rescheduled.
   d. Patients who are repeat no-shows or late offenders should be discussed with Faculty and the Clinic Director to determine whether continued care is appropriate. Decisions regarding termination of care must be made with the guidance of a Faculty member.
Fellows will typically have their Continuity Clinic at Stanford on Monday AM or PM, Tuesday PM or Wednesday PM. First year fellows will have 2 Continuity Clinics per week except on months they are covering Valley consults – there will be no Tuesday PM continuity clinic.

Specialty Clinics

Rheum Derm /Scleroderma/Myositis – Drs. Chung and Fiorentino. Takes place Mon pm at the Redwood City campus. Fellows will see patients on Dr. Chung’s schedule. There will be a pre-clinic conference in which Fellows will be assigned cases and they will be discussed.

Stanford Continuity Clinics/EPIC Inbox

Fellows are expected to review their own EPIC “inbox” daily and to respond to nonurgent messages, refill and lab requests, questions and problems within 72 hour during the working week. Seventy two hours is the maximum time period, but it should be noted that effective patient care and patient satisfaction are better served with more rapid completion of EPIC requests. Should a Fellow be unable to do so for any reason, it is her/his responsibility to arrange to have one of her/his Fellow colleagues to do so for them. Fellows are expected to make every effort to work with their colleagues in a fashion that fosters cooperation, encourages support, and above all keeps patient safety and care as a first principle.

Faculty are responsible for reviewing the “inbox” on their own patients at least every 72 hours. Clinic staff will be instructed to send all “inbox” items on Faculty patients to the appropriate Faculty’s “inbox”. If a Fellow finds in reviewing his/her own “inbox” that they have an item regarding a Faculty patient, they will forward the item to the appropriate Faculty member. If the appropriate Faculty member is unable to respond in a timely fashion the Faculty member is responsible for assigning his/her inbox to a Faculty colleague. In emergencies or in the event that the Faculty member or his/her assigned colleague is not responding in a timely manner, the on call Faculty member should be paged and take care of the patient. All such events must be reported to the PD, preferably by cc’ing the PD on the EPIC encounter. The PD will then discuss the problem with the responsible Faculty member(s).

Please review the following documents which relate to clinic services:
Fellows are assigned to the Stanford/VAH or SCVMC Consult service according to the Schedule in Appendix I. They are required to be available by pager after hours and weekends during the assigned month and are expected to round on patients daily. They are expected to pre-round on patients prior to Faculty attending rounds and need to be available to round after clinic if necessary. Consults that are called during a scheduled clinic must be seen after clinic. If a consult is deferred until the following day, this must be approved by the Consult Attending. Just as in the Clinics, Fellows need to see all patients even if they assign a resident to see them first. Please review the following documents which relate to consult services:

- Faculty Supervision Policy
- Transfer of Care (Handoff) Policy
- Duty Hours
- Moonlighting Policy
- Fellows Cross Coverage Policy
Overall fellow trainee supervision is the responsibility of the Rheumatology Program Director. Supervision of clinical activities is the responsibility of rheumatology clinic and consult attending physicians at each site (Stanford, PAVAMC, PAMF, SOAR, SCVMC, and Lucille Packard Children’s Hospital).

1. Definitions

a. Direct Supervision

The supervising physician is physically present with the trainee and patient.

b. Indirect Supervision

- With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

- With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.

c. Oversight

The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
2. Supervision of Fellows

a. All patient care must be supervised by qualified faculty. Faculty schedules will be structured to provide residents and fellows with continuous supervision and consultation.

b. Supervising faculty will be physically present in all outpatient rheumatology clinics at a ratio not to exceed one faculty per 3 fellows and residents for direct and indirect supervision, and for oversight of procedures.

c. A supervising attending physician will be assigned each month at each site (Stanford/PAVAMC or SCVMC) as the consult attending. This faculty member will be available to staff new inpatient rheumatology consults within 24 hours of the consultation (direct supervision) and available for indirect consultation and oversight of the fellow 24 hours a day.

Example of a patient experiences that require direct supervision include the following:

• Outpatient clinics in which fellows are scheduled to see patients together with an attending physician

Examples of patient experiences that require indirect supervision with indirect supervision immediately available include the following:

• Outpatient clinic visits in which fellows care for unscheduled patients who will be seen later during the visit, together with an attending physician

• Complex procedures such as arthrocentesis or joint injection of uncommon joints

• Prescription of biologic agents, infusible drugs, and chemotherapy. All chemotherapy infusions must be cosigned by the attending physician prior to infusion

• Inpatient consults

• Emergency room encounters

• Ultrasound of joints

Examples of patient experiences that require oversight include the following:

• Review of laboratory data, radiographs, or other patient data

• Patient phone calls or electronic encounters
• Identification of crystals in joint fluid
• Routine joint injections or aspirations (e.g., the knee).

Additional Faculty Supervision, Education and Mentoring Policies include the following:

• Faculty will provide the house staff with syllabus, policies and procedures.

• Faculty will insure that all house staff complete the core curriculum and learn the ‘basics’ that are set out in the materials they receive – e.g., approach to a patient with arthritis, joint exam, injection techniques, crystal exam, and other basic rheumatology topics.

• Faculty will round every workday with team.

• Faculty will round on weekends with the fellow or resident on call.

• If a fellow asks to see a patient with them, under no circumstances can this request be denied. Moreover, the attending will never tell a fellow that they should not have been called.

• Faculty will plan "rough" rounding times (i.e. am vs. pm) with the fellow in advance (ideally for the whole 2 week block, if possible), to accommodate both the fellow's clinic schedule and attending commitments, as much as possible.

• Faculty will moderate or deliver 1 presentation on a selected rheumatology topic per day.

• Faculty will moderate and lead Thursday evening Grand Rounds, including actively involving all 4 fellows in the discussion. The attending’s role should be focused more on the “big picture” rather than on the fine details of presenting the case.

• Faculty will go over the presentation by the fellow or resident prior to GR.

• Faculty must be at grand rounds on time, unless extenuating circumstances such as provision of emergency patient care, exist. When on service, they should consider blocking their 4:30 slot if necessary.

• Faculty or community physicians who have cases to present may contact the fellow or attending and should be able to use some or all of grand rounds for interesting patients or patients who they want help in managing. This may substitute for a fellow or faculty presentation.

• Faculty must be available by cell phone or pager 24/7 while on service.

• Faculty must see all new consults in a timely manner. This includes PAVAMC (days, nights, and weekends).
• Faculty must be available if needed to assist fellows with procedures.

• As described elsewhere in the Procedure and Policies Manual, it is the responsibility of the attending who is starting on service to get patient sign-outs in writing, AND either by phone or face-to-face, from the previous attending. The full policy can be found in the “Transitions in Care” portion of the handbook. Although the fellow provides continuity, in some cases the transition occurs when the fellows switch over a "covering weekend" and it is required that both attending and fellow receive sign out. The current requirement for fellow and faculty to cc the PD on all TOC emails will remain in effect.

• Faculty must assist, where possible, with first call for urgent walk-ins or for cross-coverage of faculty patients when those faculty are not in clinic or are traveling.

Evaluation

• MedHub evaluations must be filled out promptly by faculty, ideally at the time of completion of the consult block (last day).

• The evaluations must be candid, constructive, and accurate.

• All faculty must meet with fellows and house staff face to face at the conclusion of the rotation to discuss their performance and areas of improvement that are needed. This FTF meeting must then be documented in MedHub.

• Problems must be reported immediately to the Program Director, preferably including in an email marked “Privileged and Confidential – Fellow XXX.” Suggestions for how the fellow can improve or areas of weakness must be passed on directly to the Program Director and the next consult attending.

• The attending on service (especially if it is a 2 week or month block) will give feedback early, e.g. mid-rotation, so the fellow has an opportunity to improve while still under observation of the current attending.

• Faculty who are not meeting ACGME standards for mentoring and teaching will be given concrete ways they must improve by the Program Director. Faculty who fail to remediate may no longer be allowed to serve on the consult service, after discussions with the Division Chief.
3. Supervision of Care, Cross Cover Policy

It is important that we recognize that the Consult attending on call needs to be available for calls, 24/7 when on the consult service. Because of the multiple locations involved in the care of patients in the program, it may be possible that the consult attending is off-site or in a clinic at the time a consult is called. In virtually all the situations the consult will be seen by the fellows and the consult team and can initially be discussed on the phone with the consult attending until which time the consult attending can reach the location and staff the consult in person. There may be times when the consult attending cannot reach the location in the expected time frame to staff an emergency consult. In those situations the consult attending should personally call or if necessary the consult fellow should:

1) Call the Clinic Chief of the respective institution, SUH or PAVAMC.
2) If the clinic chief is unavailable the call should go to a clinician actively working in the clinic at the respective institution, SUH or PAVAMC.
3) In the unlikely event that the Clinic Chief, or practicing clinicians are all unavailable, the call should then go to the Division Chief.
4) Finally, if the Division Chief is also unavailable the call should go the Fellowship Program Director and/or Associate Director.

4. Supervision of Care, Infusion Center Policy

Infusion Center orders and calls:

1) Attendings write their own orders and renewals. Attendings must list their name, cell phone and/or pager noting them as first call on the orders.
2) First call from Infusion Center = physician who wrote the orders
3) Second call = fellow on call; the consult attending should discuss infusion management with the fellow at any time should the fellow request input/direction
4) Third call = Clinic Chief
5) Fourth call = any physician who is in clinic
Additional specific policies relating to fellow supervision at training sites are specified in the Supervision Policy established by the Office of Graduate Medical Education.

Portions of this document were provided by the UCSF Adult Rheumatology Program, with permission from Dr. David Daikh.

TRANSFER OF CARE (HANDOFF) POLICY AND HANDOFF TEMPLATE

Best medical practice and the multiple opportunities for fragmentation of care in modern healthcare systems require that systems for efficient and accurate transitions of care be in place to ensure quality care and patient safety. Care transitions in rheumatology regularly occur in the following settings:

1. On Monday morning at the end of a weekend call
2. At the end of the calendar month, at the end of an inpatient consult rotation
3. At the end of a trainee or attending vacation or other absence.

Formal handoffs of individual patients will occur at each of these transitions, as well as at any other juncture at which a fellow and/or an attending transfer care responsibility to another person. These will occur in-person whenever possible, and must include a written summary of illness severity; active issues; current management and treatment plan; and active contingencies (see below).

Handoffs must include at least:

• Patient summary (exam findings, laboratory data, any clinical changes);
• Assessment of illness severity;
• Active issues (including pending studies);
• The current management and treatment plan and active contingencies (“If/then” statements);
• Synthesis of information (e.g. “read-back” by receiver to verify);
• Family contacts;
• Contact information for other responsible healthcare providers;

• Any changes in responsible attending physician; and

• An opportunity to ask questions and review historical information.

Supervision of fellow contacts in general will be indirect. However, any discussion of critically ill or unstable patients must include direct involvement and supervision by the transitioning attendings as well.

**Documentation of the Transition of Care Policy**

1. Fellows will demonstrate competency in performance of this task. There are numerous mechanisms through which a program might elect to determine the competency of trainees in handoff skills and communication. These will include each of the following:
   • Direct observation of a handoff session by a licensed independent practitioner (LIP)-level clinician familiar with the patient(s)
   • Evaluation of written handoff materials by an LIP-level clinician familiar with the patient(s)
   • Evaluation of written handoff materials by an LIP-level clinician unfamiliar with the patient(s)
   • Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment

2. The Rheumatology Program will utilize the following monitoring checklist for the transition of care process and update. Monitoring of handoffs by the program will ensure that the following checklist is followed:
   • There is a standardized process in place that is routinely followed, based on the items outlined above
   • There are consistent opportunities for questions. This will be facilitated by face to face handoffs wherever possible
   • The necessary materials are available to support the handoff (including, for instance, written sign-out materials, access to electronic clinical information)
   • A quiet setting free of interruptions is consistently available, for handoff processes that include face-to-face communication. This is easily facilitated using our rheumatology workrooms
   • Patient confidentiality and privacy are ensured in accordance with HIPAA guidelines
# Stanford Rheumatology Handoff Template

## Date of Transition

<table>
<thead>
<tr>
<th>Transferring Attending</th>
<th>→</th>
<th>Accepting Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transferring Fellow</td>
<td>→</td>
<td>Accepting Fellow</td>
</tr>
</tbody>
</table>

Patient

MRN

Service

Primary Attending

Contact phone number or pager

Family contact

Location at time of transfer

Illness severity

Relevant exam, labs, clinical changes:

Active issues/problem list:

Current management and treatment plan:

Active contingencies (if X, then Y):

Did verbal or FTF transition occur by Faculty?   Y   N

Did verbal or FTF transition occur by Fellow?   Y   N

Transitions in Patient Care – Handover Evaluation can be found in MedHub.
I. Purpose

To optimize the training environment for patient care, fellow learning, and fellow well-being. To accomplish this, the program director will ensure that stress and fatigue among fellows are minimized and that continuity of and quality/safety of patient care and fellow education are optimized. Compliance with fellow duty hour requirements is an essential part of meeting these goals but is not the complete answer. The program director and supervising staff will ensure that fellow education and patient and fellow safety are assured at all times above and beyond focusing on the number of hours worked.

II. Work Hours Policy

A. Definitions

Work hours are defined as all clinical and academic activities related to the fellowship program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care such as completing medical records, ordering and reviewing lab tests, and signing verbal orders.

Hours spent on activities that are required by the accreditation standards, such as membership on a hospital committee, or that are accepted practice in fellowship programs, such as fellows’ participation in interviewing fellow candidates, must be included in the count of duty hours. It is not acceptable to expect fellows to participate in these activities on their own hours; nor should fellows be prohibited from taking part in them.

Work hours do not include reading, studying, and academic preparation time, such as time spent away from the patient care unit preparing for presentations or journal club. Work Hours are to be recorded in MedHub each week by the Fellow.

B. General Requirements

The Rheumatology Fellowship Program strictly adheres to all Stanford Hospital & Clinics House Staff Policies and Procedures, ACGME common program requirements, and RRC requirements concerning duty hours.
Institutional policies and procedures are provided to fellows with their contract and are available on the GME website: http://med.stanford.edu/gme/policy/

The ACGME common program requirements can be found on the following website: http://www.acgme.org/acWebsite/dutyHours/dh_dutyhoursCommonPR07012007.pdf

The RRC requirements can be found on the following website: http://www.acgme.org/acWebsite/dutyHours/Specialty-specific_DH_Definitions.pdf

C. Specific Work Hour Limitations

1. Work Hours, further definitions

a. Work hours are defined as all clinical and academic activities related to the fellowship program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, at-home time involved directly in patient care while on call, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site. These standards apply to all Stanford training sites including, but not limited to, the PAVAMC, PAMF, SCVMC, SOAR, and Lucille Packard hospitals.

b. Work hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all activities, including moonlighting.

c. Fellows will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. A minimum of 10 hour time period for rest and personal activities will be provided between all daily duty periods.

2. On-Call Activities

The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24 hour period. In-house call is defined as those duty hours beyond the normal workday when fellows are required to be immediately available in the assigned institution.
a. Fellows will not take in-house call.

b. At-home call (pager call) is defined as call taken from outside the assigned institution.

c. The frequency of at-home call is not subject to the every third night limitation. However, at-home call will not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

d. When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.

e. The program director and the faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

3. **Moonlighting – see separate moonlighting policy, summarized below.**

   a. The Program complies with the sponsoring institutions written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements

   b. Moonlighting that occurs within the fellowship program and/or the sponsoring institution or the non-hospital sponsor’s primary clinical site(s), i.e., internal moonlighting, will be counted toward the 80-hour weekly limit on duty hours.

4. **Methodology for data verification**

   The Fellow is expected to be at the hospital by 8 AM daily Monday-Friday except for those days when clinics or conferences which they are expected to attend begin at specified times, e.g. 8:30 or 7:30 AM. The workday ends between 5:00 PM and 6:00 PM Monday-Friday. Therefore the work consists of a maximum of ~50 hours per week. Assignments are reviewed by the Program Director monthly. Colleagues, staff and other house officers are expected to evaluate the fellows on attendance, punctuality and adherence to the duty hours on an ongoing basis. Fellows are queried about their workdays on a quarterly to bi-annual basis during a meeting with the Program Director.
5. Stress and Fatigue

a. Education:

Fellows have access to many resources offered by the Stanford GME office including the following support modules: http://med.stanford.edu/gme/duke_life.html

b. Monitoring Methodology:

The Program Director meets with fellows quarterly in the first year, and semi-annually in the second year. The PD reviews all MedHub records on at least a monthly basis. These procedures provide the opportunity to review the fellow's activities including work level and fatigue. If the workload is unusually demanding, adjustments are made in the schedule to reduce fatigue.

c. Backup systems for Fatigue:

If a fellow is found to be fatigued, the attendings provide supportive coverage to cover the clinical responsibility.

D. Protocol for Remaining Beyond Scheduled Duty Period

It is recognized that in unusual circumstances, fellows may on their own initiative, choose to remain beyond schedule duty periods to provide care to a single patient.

These should only occur if:

a. continuity of care is required for a severely ill or unstable patient;

b. there is extreme academic importance to continuing involvement; or

c. humanistic attention to the needs of a patient or family can only be achieved through continuing on duty

The fellow must document the reasons for remaining to care for the patient in question and submit that documentation through MedHub in EVERY circumstance using the “drop down” menu under “detailed description” which allows the fellow to select the pertinent reason:
- Emergency Patient Care
- Patient/Family Needs
- Continuity of an Unstable Patient
- Clinical Educational Value (of remaining to participate)
- Academic Importance of the Event

Fellows must use the text box to provide details and identify the patient.

The Program Director and the DIO will review each event of “additional service” to monitor individual fellow, program wide, and institution wide episodes of additional duty as part of ongoing adherence to ACGME requirements.

**E. Ensuring Compliance with Work Hours Policy**

a. Fellow Reporting: Fellows are required to report their work hours weekly in MedHub, and they are highly encouraged to do so more frequently (daily, if possible). If fellows become concerned that they are approaching the limits of the duty hour policy and are at risk for a violation, they are required to report this information immediately to their supervising faculty members and the residency program chain of command (chief fellows, associate program directors, and/or program director). The same reporting expectations apply to fellows who are experiencing fatigue to a degree that may compromise patient care.

b. Monitoring: The program coordinator will review weekly the work hour reports of all Fellows. If there are incomplete work hours, then the program coordinator will promptly send reminder(s). Any violations will be investigated and addressed individually by the program director. The GMEC will also monitor programs by asking fellows to report any problems to the DIO, the Associate Dean for GME, or the Ombudsmen.

d. Program Reporting: The program director will report all information related to work hour violations and concerns during: (1) annual program review meetings; (2) internal reviews of the program by the institution; and (3) as required by the GMEC, ACGME, and RRC.
Internal moonlighting (within SHC/LPCH) by an ACGME trainee is not allowed per institutional policy (http://med.stanford.edu/gme/policy/).

External moonlighting (outside of SHC/LPCH) by an ACGME trainee is permitted with the following restrictions and requirements:

1. The Program Director must approve the moonlighting schedule of the trainee. In general, such activity cannot take place:
   - Monday through Friday between the hours of 8:00 am and 6:00 pm.
   - On weekends or evenings when the resident is on call.
   Violations will immediately be reported to the GME Office.

2. Moonlighting must not interfere with the health, clinical responsibilities, or research endeavors of the trainee.

3. In the 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 trainee and remedied.

4. The trainee should be aware that any moonlighting activity is beyond the scope of the Residency Program. The trainee is, therefore, not covered by the institution’s medical malpractice insurance for such activities.

5. Moonlighting must be logged in MedHub per institutional policy. Hours worked while moonlighting are included when determining trainees’ compliance with the 80 hour work week limit and requirements for time off.
Coverage Policy for Emergencies/Illness; Jeopardy Schedule

A Jeopardy Schedule including first and second-year trainees is generated at the beginning of each academic year. This schedule is created so that fellows on research or elective months may provide coverage for fellows on Stanford/VA consults in the event of an unexpected illness or family emergency. Jeopardy coverage will primarily be used to cover for indisposed fellows who are on inpatient or consult rotations.

Fellows assigned to jeopardy must be available and accessible to provide coverage at any time in the event of an emergency. Once the jeopardy schedule is established, fellows may swap jeopardy periods with other fellows, but changes must be made among fellows; please update the Fellowship Coordinator at least thirty (30) days in advance. These changes must also not interfere with jeopardy coverage during ACR and UCSF Board Review (fellows attending ACR are ineligible for jeopardy coverage during ACR and UCSF Board Review conferences).

If a fellow wishes to go to a conference or go on vacation during his/her scheduled jeopardy time, that fellow must find another fellow to cover jeopardy while s/he is away. This includes weekend days within the jeopardy period.

What a Fellow Should Do in the Case of a Personal Emergency or Illness

Fellows unable to work or fulfill their duties due to minor illness or emergency are required to follow this procedure:

Email or leave a voice message as soon as possible with the Fellowship Coordinator with the following information:

- The approximate amount of workdays that will be missed
- Any services/rotations that will be impacted by the absence
- Any attending(s) and/or nurse coordinator(s) who should be notified of the absence
For weekend/ in the absence of the Fellowship Coordinator:

· Contact attending(s) and/or nurse coordinator(s) directly and notify them of the absence.

· With the attending, determine if the Jeopardy Fellow will be needed and contact the Jeopardy Fellow

· Email or leave a voice message with the Fellowship Coordinator so that the absence can be recorded.

What a Fellow Should Do in the Case of a Jury Duty Summons

Fellows summoned to Jury Duty are required to follow this procedure:

1. As soon as the summons has been received, the fellow must notify the Fellowship Coordinator, and any mentors, attendings and/or nurse coordinators who may be impacted by the absence. At that time, the fellow must also provide the dates and times when s/he is likely to be summoned.

2. Fellows must provide the original summons to the Fellowship Coordinator. A copy of this summons will be kept in the fellow’s file.

3. The fellow must be sure to reschedule any conferences or clinics s/he was scheduled to present at or attend during their Jury Duty term.

PROFESSIONALISM AND COLLEGIAL BEHAVIOR

Fellows are expected to adhere to the highest standards of quality, providing documentation and communication that allows for continuity of care, assuming responsibility for their own patients, providing the highest level of care when covering for other Fellow’s patients and willingness to assume another Fellow’s duties when appropriate - such as a result of emergency, illness, presentation at a conference, or conflicting professional duties. Behavior that deviates from these standards should be reported to the PD and may result in disciplinary action.
FEEDBACK AND EVALUATION OF FACULTY AND COLLEAGUE FELLOWS

The program adheres to all policies and procedures as governed by the Stanford GME Department regarding feedback and evaluation of both Faculty and Fellow trainees. All such feedback and evaluation is strictly confidential and reprisal is forbidden. In the event of feedback between Fellows, Fellows are encouraged if appropriate to first discuss with their colleague Fellow. If they feel uncomfortable doing so or feel that their observations will be of value to the overall evaluation of that Fellow, they should discuss them with the Program Director. The Program Director is available by email, cell phone and/or pager. Fellows should feel comfortable calling at any time to discuss any issue regarding the Fellowship. If Fellows feel uncomfortable discussing issues with the Fellowship Director, they can speak with the Chief of Rheumatology or the GME Office or both. Feedback and criticism are encouraged and there is a strict open door policy regarding access to the Program Director. However, such information should be constructive, professional and designed to improve performance of Faculty, Fellows or the overall Fellowship program.

In the event that a Fellow does not wish to provide feedback to their colleague Fellow or has done so and continues to be concerned, the Program Director will generally enact the following protocol:

1. Review the case or concern.
2. If confidentiality permits, talk with the Fellow on whom the concern is based, so as to hear his/her side of the story.
3. Find out whether the concern expressed pertains to other Fellows as well – i.e., whether this is a systemic or common issue and discuss with others as appropriate.
4. If appropriate make recommendations for improvement to the Fellow(s) on whom the concern was raised
5. If applicable, modify the Policies & Procedures Manual to reflect the recommendation(s).
6. Ask all Fellows and Faculty to monitor adoption of the recommendation(s).
7. Should the recommendation(s) not be uniformly adopted by all Fellows, return to the second step with those who do not adopt it.
Fellows are required to attend all mandatory conferences (outlined below) and must maintain an 85% annual attendance rate. A sign in sheet will be present at each conference so that attendance can be monitored. Failure to adhere to this standard will result in disciplinary action and will be cited in the Fellow’s review, which typically occurs every 4 months. Fellows are required to sign in for each of these activities and cannot have others sign in for them.

Fellows are excused for illness, physician visits, vacation or educational leave or medical or family emergencies.

If a Fellow is caring for a critically ill patient or a rheumatologic emergency, they should contact the Program Director or the on call Faculty member and inform them. This will be noted on the attendance sheet.

If a Fellow is unable to attend because of planned vacation, attendance at a rheumatology educational program or because of a scheduled job interview, they must obtain approval from the PD in advance. This will be noted on the attendance sheet.

**Required Educational Conference Schedule**

**Grand Rounds** - Every Thurs, 5:00pm-6:00pm, 900 Blake Wilbur Road, 1st Floor Conference Room. Presentations will alternate between Fellows and Faculty. Community physicians may request to present a case to obtain feedback from the larger group, and in this case, accommodations to the schedule will be made. All decisions related to presentations must be discussed with the Consult Attending. Fellows should be prepared to discuss the case before the start of Grand Rounds. Please see the Faculty Supervision Policy for details of Faculty expectations.

**Journal Club** – Every Friday, Noon-1pm, 1000 Welch Road, Basement Conference Room or CCSR Building, Conference Room 2226. One Fellow and one Faculty member will present a paper of interest. Approximately one JC per month will have at least one of the presentations address the topic of ACR, EULAR or other governing body “Guidelines.” This will insure fellows and faculty practice evidence-based medicine.

**Friday Conference Core Curriculum Series** - Every Friday, 10:45-11:45pm, 1000 Welch Road, Suite 315. Fellows’ attendance is tracked.
Monthly Radiology Conference – given by Drs. Michelle Nguyen or Kate Stevens once a month on Tuesday at Stanford by Dr. Stevens at Musculoskeletal Radiology Reading Room, first floor SUH, 12:00pm – 12:45pm. At the VA on Wednesday by Dr. Nguyen, 12:00pm – 1:00pm at VA DRC Conference Room, Building 102.

Ultrasound Hands-On Sessions – given by Robert Fairchild 1st and 3rd Friday of the month. 1st Friday of the month at 8:30am – 9:30am and 3rd Friday of the month at 10:45am – 11:45am at Blake Wilbur, 2nd Floor.

Annual ACR Meeting (except the On-Call Fellow, see Travel Policy), usually held in October/November.

Division Retreat (1-2 days every 2 years).

Annual post ACR and EULAR Review Conferences – 6:30- 8pm, one month following conclusion of the conference, typically hosted by Dr. Vibeke Strand.

UCSF Board Review Session – Fellowship pays for 2nd year Fellows, held in August

Annual Knowles’s Lecture – Fellows attendance required, held in April/ May

Board Review Sessions – Once a month with Dr. Stanford Shoor

Other: For 2nd year fellows interested in getting USSONAR certification, there may be other conference/training sessions that are required. Expenses will be covered by the Division.

In-Service Exam

The ACR in Service Exam takes place in March of each year.

Fellows are required to take the annual in service exam. Exceptions: illness, medical emergency.

Fellows will not be permitted to take vacation or educational leave on the day of the exam.
SCHOLARLY ACTIVITIES

Year One

- Presenting articles at Journal Club when assigned
- Organizing and Leading Grand Rounds while on Consult Service & presenting a case alternating with Faculty.
- Choosing a Career Mentor by October 1st, and meeting at least quarterly with the Career Mentor to help facilitate choosing a scholarly project and mentorship for said project.
- Presenting a formal plan for scholarly activity in Year Two. If a Fellow chooses the Clinician Investigator Path, he/she will be expected to present a plan that would include hypothesis, aims, research design, expected results and timeline. If a Fellow chooses the Clinician Educator Path he/she will be expected to present a plan that includes aims and a timeline. Fellows in the Clinician Educator Path will have a customized clinic schedule composed of required and elective clinics. They will still be required to have a Scholarly Project and a Faculty Mentor. Fellows in either path will be required to present their proposals at a Friday noon conference in a 30-minute format in the spring of the 1st year.
- Participating in a Faculty–Fellow quality improvement project.

Year Two

In addition to the requirements for Year 1, Year 2 Fellows are expected to engage in scholarly activity. The proportion of time Fellows will spend in each of these activities will depend on which of two pathways they choose. Year 2 Fellows in either path will be required to present their proposals at a Friday Noon Conference in a 60-minute format in the spring of the 2nd year.
Clinician Investigator Path (Path 1)

Stanford University has a rich history of innovation and discovery in the basic sciences, clinical sciences, and in translational medicine. A major goal of our Fellowship program is to recruit, educate and where possible retain talented Fellows who will enter careers as long-term clinician investigators. This path is designed for Fellows who plan a career as physician scientists in either basic lab investigation or clinical investigation. They will be expected to continue their research training in a 3rd and probably 4th year as part of the T32 Training grant. Details of the T32 Program, and its educational pathways and objectives, can be found in the funded grant proposal.

Fellows in Path 1 will:

- Identify a mentor in Year 1.
- Meet regularly with the mentor during year 1 to design a proposal that is feasible to complete during the training period
- Present quarterly updates on their scholarly project(s) to their Scholarly Mentor who will report their progress at Faculty Division meetings.
- Give semi-annual presentations at the weekly Journal Club.

Fellows who fail to progress will meet with the PD and Faculty members to ensure that they succeed. It is expected that their project(s) will lead, in a timely manner, to presentations at national meetings; publications; creation of novel data sets, reagents, repositories or educational materials; and ultimately to independent fellowship and grant applications. Typical clinical responsibilities in Year 2 will include one or two ½ day continuity clinics on Tuesday afternoons (the second would be “Selectives”, and reduced requirements for consult service. Additional clinical activities must be approved by the Mentor and may be assigned by the PD if clinical deficiencies are found to exist.

Clinician Educator Path (Path 2)

This pathway is designed for Fellows preparing for a career as clinicians and teachers in which they will spend the majority of their time caring for patients with rheumatic diseases and/or teaching medical students, residents, Fellows, support staff and colleagues to do the same. They will complete their training at the end of two years. Fellows in Path 2 will be expected to participate in significantly more clinical activity than fellows in Path 1. This will include required clinics, elective specialty clinics, potential for educational coursework and training in ultrasound diagnostics, and additional experiences on the consult service. Path 2 Fellows will be required to pursue scholarly activities. Their project(s) are expected to be less rigorous than those pursued by Path 1 Fellows given the larger amount of time devoted to
clinical training. Projects are expected to be developed in Year 1 and to start no later than July 1 of year 2. Projects must be approved by their Scholarly Mentor and the PD.

Fellows in Path 2 are expected to present monthly (at a minimum) updates on their scholarly project(s) to their Scholarly Mentor who will report their progress at Faculty Division meetings. They will be asked to give semi-annual presentations at the weekly Journal Club. Fellows who fail to progress will meet with the PD and Faculty members to ensure that they succeed. Their projects might include as examples: review articles, case reports, data base studies or descriptive analyses, quality outcomes or quality improvement studies, or patient education or community based interventions. Their project(s) must be approved by their Scholarly Mentor and the PD.

Mentoring Program

Several of the faculty have volunteered to serve as mentors for fellows. Mentoring profiles for each of those faculty will be sent to the new fellows in the first two months of fellowship.

By October 1, all 1st year Fellows will choose or be assigned a Career Mentor. The goal of the Mentor is to guide, direct and assist the Fellow throughout the training period. Fellows may change mentors at any time, pursuant to approval by the Program Director. Faculty mentors are expected to meet with their fellow mentees at regular (minimum quarterly) intervals throughout the two years of the training program.

PD – Fellows Review

Each 1st year Fellow will undergo a formal quarterly (4 months) review with the PD in October, February, June. Each 2nd year Fellow will undergo a formal semi-annual (6 months) review with the PD in December and June. The review will include a verbal and written summary of all summative evaluations of the Fellow that will describe:
- their strengths and weaknesses;
- deficiencies an any of the Core Competencies;
- specific behaviors requiring improvement;
- a means to remediate deficiencies
- and a schedule to do so

Using the curriculum, competencies and milestones (see document “Goals, Objectives, Structure and Curriculum”), Fellows will be advised of whether they are “on schedule” for their clinical performance. Each Fellow will have a “portfolio” of examples of their clinical work such as clinic and consult notes, presentations and results from their direct observation. The Fellow is required to review his/her evaluations prior to the visit with the PD and must list his/her strengths and weaknesses, goals and objectives for the next six months and methods for achieving them. Progress towards meeting Scholarly requirement will be included in the review.

Fellows with extensive deficiencies may receive a letter of reprimand, or may be placed on probation. In these events, more frequent formal evaluations will be required until the deficiencies have been documented to be corrected. Fellows with extensive deficiencies will meet with the PD and GME representatives.

Direct Observation-MiniCEX

The PD and/or Key Clinical Faculty will observe each Fellow performing two complete consultations per year. This will include direct observation of the taking of the history, physical exam, orders and patient instructions. The PD will review his/her observations and suggestions to the Fellow immediately following the observation. Included in this session will be specific behaviors that the PD feels needs improvement. The first CEX will occur during the first quarter of the academic year. The second CEX will occur during the last quarter of the academic year.

During the second CEX, the PD or Key Faculty will again observe the Fellow performing a consultation and note areas that have improved, and those that need further improvement. The observation will focus on meeting the six competencies with special attention on information gathering, synthesis of treatment plan, knowledge, professionalism, practice and systems based learning, interpersonal skills, and especially communication with the patient. Consequences of unsatisfactory performance and resolution of disputes are outlined below. Additional evaluations may be required, at the discretion of the PD.
Evaluation of Fellows

The PD, all SD, and all KCF Faculty will complete standard written semi-annual (every 6 months) reviews of each Fellow.

Each Faculty attending on the rheumatology consult service will complete an evaluation of the Fellow on the consult service. Midpoint evaluations (typically at the 2 week point) should be performed to encourage “course corrections” during the consult block. Faculty must have a face to face meeting with Fellows and Trainees at the conclusion of the rotation, preferably on the final day of the rotation in preparation for transfer of Care.

If a Faculty member determines that a Fellow is performing below expectations, they must inform the PD immediately.

Fellows and Faculty must review the Transfer of Care Policy and the Supervision Policy by the beginning of each rotation.

A list of Core Competencies for each level of training may be found in the Appendix and must be reviewed by the Fellow and PD every 3 months.

Consequences of Satisfactory or Unsatisfactory Evaluation

Upon receipt of satisfactory evaluations and compliance with all other terms of the Stanford University Hospital House Staff manual http://med.stanford.edu/content/dam/sm/gme/policy/PP2017-2018_v9.pdf Policies and Procedures, each Fellow should expect to continue to the level of training agreed upon when the Fellow was recruited, unless given 4 months notice (if possible) from the department that advancement to the next level of training is not to take place at the anticipated time. Reasons for lack of advancement must be given to the Fellow both verbally and by written notification. While advance written notice is preferable, an unsatisfactory evaluation may result in a decision adversely affecting the Fellow at any time and without advance notice, such as probation, non-advancement, non-renewal or immediate termination. In such instance, the Fellow shall be informed of the reasons for that decision both verbally and by written notification by the PD.

The PD of any service to which the Fellow may consult may be notified of the existence of any current probation or other performance-related issue of which the Fellow has been
apprised. Unless circumstances warrant immediate termination, Fellows will typically have an opportunity to remediate unsatisfactory performance. Corrective actions can include:

(1) repeating one or more rotations;
(2) participation in a special remedial program;
(3) academic probation;
(4) termination.

With respect to academic probation, the program will determine the length of the probationary period, and what the resident must accomplish to be removed from the probation. In general, the probationary period will not extend past the end of the current agreement year, unless the agreement ends within three months, in which case the program has the option of extending the probationary period into the next agreement year, but the extension shall not exceed three months. Any house officer agreement that has been issued by a program for a subsequent training year will be considered invalid and withdrawn until the resident has fulfilled the probationary requirements imposed in the current training year and successfully been removed for probation. At the time the house officer completes a period of probation, the program has the following options to:

(1) allow the Fellow to complete the remainder of the training year;
(2) reappoint the Fellow for the next year, where applicable;
(3) not reappoint for the next year
(4) immediately terminate the Fellow's contract for the current training year.

If a Fellow disagrees with an evaluation or an adverse decision based on the evaluation, the Fellow shall have a right to meet with the cognizant program director or committee making the decision, to hear the reasons for the decision, and to respond to them verbally or in writing. If after such meeting the Fellow wishes to appeal the adverse decision, the Fellow may do so through the mechanism for resolution of disputes outlined below. Fellows may not appeal a negative performance evaluation, beyond discussions with the cognizant program director or committee, unless the negative evaluation also results in some adverse action such as academic probation or the imposition of a remediation program which may be appealed to Level 2 only.

Except in cases involving termination, the Fellow may (in the discretion of the program director in consultation with the Medical Director, Education) be permitted to continue in the
fellowship program pending such appeal. If the Fellow is permitted to continue in the program, the Fellow may be assigned to a non-patient care rotation, unpaid leave or observation status.

Resolution of Disputes


Anonymously Report a Concern

You may use this form to anonymously report concerns specific to your residency training program (such as duty hour violations). http://med.stanford.edu/gme/housestaff.html. To report concerns that relate to broader hospital compliance issues such as illegal actions, financial reporting, internal accounting controls, audit, fraud, waste, and abuse, please call the compliance hotline for SHC (anonymity maintained): 1-800-216-1784.

All form submissions are anonymously delivered directly to the Department of Graduate Medical Education. GME takes all concerns very seriously.
Evaluation of the Faculty and Program Director (PD)

MedHub evaluations will be sent to Faculty quarterly for First Year Fellows; semi-annually for 2nd Year Fellows.

It is essential that Fellows give Faculty honest and thorough evaluation.

Because of the size of the program, anonymity becomes difficult and Fellows may be reticent to give constructive criticism, despite the strict policy of non-reprisal. Thus, written evaluations will be summarized by the GME office, and specific comments or suggestions will be de-identified.

Faculty performance reviews will be discussed semi-annually with the PD and each Faculty member. Specific areas for improvement will be identified and Faculty are expected to progress towards meeting them at the next review. If a Faculty member fails to achieve at least a 3.5 score (0-5), they will be counseled and required to attend a Faculty development course. Faculty who consistently receive poor evaluations or who refuse to remediate may no longer be allowed to serve as clinical mentors to Rheumatology Fellows.
HOW THE FACULTY, KEY CLINICAL FACULTY AND FACULTY FOCUS GROUP SUPPORT/CONTRIBUTE TO THE FELLOWSHIP

Key Clinical Faculty and Faculty Focus Group

- Attend in the Clinics and Consult Service
- Give constructive criticism and feedback to Fellows privately
- Discuss observations and evaluations of Fellows with the PD
- Attend PEC meetings for the Fellowship, 1x year
- Attend CCC meetings the annual Fellowship program, 2x year.
- Give the Fellows a 30-45min synopsis of their research work, with emphasis on ongoing translational research and/or clinical studies at a time specified by the PD
- Host the incoming Fellows for a brief visit in the lab or research center if asked
- If asked by the Fellow or if assigned, serve as a Scholarly Mentor
  - assist them in the preparation of an original research study
  - meet with them monthly to monitor progress.
  - assist them in prep of their required scholarly activities for the year
  - meet with the PD and Fellow quarterly to update scholarly progress
- Give a minimum of at least 1 lecture per year at the Tuesday Core Curriculum series
- Attend one of three weekly educational conferences (Friday Core Conference, Grand Rounds, Journal Club on a regular basis (80% attendance rate unless excused)
- Attend an annual Faculty development session led by Medical educational experts twice a year
- Interview Fellowship candidates and participate in social events related to recruitment
- Maintain a minimum standard of competency and meet the evaluation requirements for excellence in teaching
PROGRAM DIRECTOR (PD) RESPONSIBILITIES

Sign off on all resident/fellow evaluations in MedHub

Letters of recommendation for Fellows

Verify procedure logs

Supervise QI projects

Semi-annual face to face meetings and end of fellowship meetings for 2nd years

Quarterly evals face to face meetings for 1st year fellows

Vacation requests

Monitor electives

Manage correspondence for ACR PD list serve

Monitor duty hour violations

CLER site visits

Develop Fellows Clinics and Consult schedules

Develop and arrange Noon Conference curriculum and speakers, attend each week

Organize radiology conferences at Stanford and VA

PEC meeting and action plan

CCC meeting and reporting, 2x per year

Fellow recruitment: application review, interviews, overview and close-out presentations, rank list submission

Mentoring program supervision

Organize graduation/welcome for Fellows

Program specific orientation for new Fellows
Weekly PD/Coordinator/APD meetings
Monthly GME PD meetings
Semi-annual Rheum PD national meetings
Teach and observe Fellows mini-CEX, 2x per year
Yearly cross-program evaluations with assigned fellowship program
Residency fellowship information sessions for Internal Med
Meetings with IM PD, 2x per year
Proctor In-service training exam
Sign off on new Fellows contracts
Complete ACGME surveys, GME –FasTrack surveys, CME Census surveys
Revise Fellows' Policy Handbook
Lead and organize Faculty Development Topics at Faculty Division meeting(s)
Organize Annual Program Review with self-study SWOT analysis
DURATION OF FELLOWSHIP TRAINING

All Fellows are required to complete a minimum of two years of training and demonstrate all ACGME mandated competencies.

As Stanford is a leading research institution, Fellows are given the opportunity to pursue an additional 1-2 years of research training to complement their two initial clinical years and prepare them for a career in investigation. To encourage this path, an application is available for all fellows in the NIH Sponsored T 32 Training Program will be held for all Fellows who (i.) meet NIH qualifications for funding; (ii.) complete the initial two clinical years of Fellowship training; (iii.) meet all competencies; and (iv.) enter the Clinician Investigator Pathway with a defined project and mentor. Funding for a second year of T32 training will be dependent on progress and availability of grant slots.

Changing from the Clinical Educator or Clinician Investigator Path to Another Path

By December 1 of Year 1, Fellows must declare their intention to either complete the program in two years (Clinician Educator Path) or extend their Fellowship experience & accept a position for an additional 1-2 years in the Research Training Program. (Clinician Investigator Path). Those who choose the Clinician Educator Path continue and expand their second year clinic schedule to gain crucial experience in the ongoing care of patients with chronic autoimmune diseases. Those who choose the Clinician Investigator Path will spend the bulk of their time pursuing advanced research training in either basic lab or clinical science. In order to qualify for the Investigator Path, a Fellow must demonstrate sufficient progress towards a research project by March of their First Year at their quarterly Research Review with the Program Director and their Scholarly Mentor. The PD and Mentor must be assured that the Fellow will spend at least 85% of their time in Year 2 engaged in supervised, productive, research activity. Should this not be the case, the Fellow will enter the Clinical Educator Track and will not be eligible for funding for additional years of training at Stanford.
Stanford rheumatology fellows are educated through a mixture of didactic lectures, outpatient clinical experiences, and inpatient consult services. Fellow typically attend weekly outpatient clinics at 3 sites: Stanford University Medical Center; Santa Clara Valley Medical Center (SCVMC), and Palo Alto VA Hospital (PAVAMC). Fellows also rotate through 2 inpatient consult services: SCVMC and a combined consult service covering Stanford University hospital and PAVAMC. Vacation time is used in 1-10 working day increments, typically when a trainee is not scheduled for inpatient consult months. Second year fellows choose between 2 different career tracks that each meet ACGME Guideline: Clinician Investigator and Clinician Educator Tracks. Because these 2 tracks offer unique educational and research offerings, we have included the typical schedule for each of these 2 tracks below.

**Consult Services**

<table>
<thead>
<tr>
<th>Month</th>
<th>SUH/VAH</th>
<th>SCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>Second yr fellow #1</td>
<td>Second yr fellow #2</td>
</tr>
<tr>
<td>August</td>
<td>Second yr fellow #2</td>
<td>First yr fellow #2</td>
</tr>
<tr>
<td>Sept</td>
<td>First yr fellow #1</td>
<td>Second yr fellow #2</td>
</tr>
<tr>
<td>Oct</td>
<td>Second yr fellow #1</td>
<td>First yr fellow #1</td>
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<tr>
<td>Nov</td>
<td>First yr fellow #2</td>
<td>First yr fellow #1</td>
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<tr>
<td>Dec</td>
<td>First yr fellow #1</td>
<td>First yr fellow #2</td>
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<tr>
<td>Jan</td>
<td>First yr fellow #2</td>
<td>First yr fellow #1</td>
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<tr>
<td>Feb</td>
<td>Second yr fellow #1</td>
<td>First yr fellow #2</td>
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<tr>
<td>March</td>
<td>First yr fellow #2</td>
<td>First yr fellow #1</td>
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<tr>
<td>April</td>
<td>First yr fellow #1</td>
<td>First yr fellow #2</td>
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<tr>
<td>May</td>
<td>First yr fellow #2</td>
<td>First yr fellow #1</td>
</tr>
<tr>
<td>June</td>
<td>First yr fellow #1</td>
<td>First yr fellow #2</td>
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</tbody>
</table>
Total Service per Fellow

SUH = Stanford University Hospital
SCV = Santa Clara Valley Medical Center
VAH = Veteran’s Administration Hospital

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<thead>
<tr>
<th>Yr. 2019-2020</th>
<th>SUH/VAH</th>
<th>SCV</th>
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<tbody>
<tr>
<td>1st Year: First yr fellow #1</td>
<td>4 months</td>
<td>5 months</td>
</tr>
<tr>
<td>1st Year: First yr fellow #2</td>
<td>5 months</td>
<td>4 months</td>
</tr>
<tr>
<td>2nd Year: Second yr fellow #2</td>
<td>1 month</td>
<td>2 months</td>
</tr>
<tr>
<td>2nd Year: Second yr fellow #1</td>
<td>2 months</td>
<td>1 month</td>
</tr>
</tbody>
</table>

Clinical Services

Note: Electives vs. Required Clinics

1 **Required Clinics**
   a. Continuity Clinics @ SUH & VAH
   b. Rheum-Derm (Scleroderma and Myositis) Drs. Chung & Fiorentino—x ~2-3 mos.
   c. Dr. Weyand (Vaculitidies)
   d. VMC Clinics with Drs. Amlani, Burkham, Marvi and Sharp

2 **Elective Clinics = lengths TBD**
   a. Medical Dermatology
   b. Women’s Clinic VAH
   c. Stanford Orthopedics
   d. Sports Med/Medical Orthopedics
   e. PM& R
   f. Pedi Rheum
   g. Private Rheum. Practice
   h. Podiatry
   i. Ophthalmology
   j. Ultrasound and/or Musculoskeletal Radiology
Clinic Schedule – SUH

<table>
<thead>
<tr>
<th>Mon AM</th>
<th>Mon PM Continuity Clinic</th>
<th>Tues PM Continuity Clinic</th>
<th>Wed PM Continuity Clinic</th>
<th>Thurs PM Specialty Clinic [Vasculitis]</th>
</tr>
</thead>
<tbody>
<tr>
<td>First yr Fellow #1</td>
<td>First yr Fellows #1 and 2</td>
<td>First yr Fellow #2</td>
<td>Jeopardy fellow</td>
<td></td>
</tr>
</tbody>
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Derm/Rheum Clinic, RWC Campus

July 1st – June 30th

Mon PM/Tues AM Redwood City Campus

Jeopardy Fellow
## PAVAMC Clinic Schedule

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<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed AM</th>
<th>Thurs AM</th>
<th>Fri</th>
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</thead>
</table>
| **AM** |     |      | First yr Fellow #2  
|        |     |      | First yr Fellow #1  
|        |     |      |         | Second yr Fellow #2  
|        |     |      |         | OR Second yr Fellow  
|        |     |      |         | #1 (alternate weeks July – mid September)  
|        |     |      |         | Then Second yr Fellow #1  
|        |     |      |         | weekly  
|        |     |      |         | First yr Fellow #2  
|        |     |      |         | First yr Fellow #1 |
| **PM** |     |      |        |          |     |
|        |     |      |        |          |     |
SCVMC Clinic Schedule

Clinic Schedule SCVMC – Fellow on call for SCV

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<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
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<td>AM</td>
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<tr>
<td>PM</td>
<td>Fellow</td>
<td>Fellow</td>
<td>Fellow</td>
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<td>Fellow</td>
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Clinic Schedule SCVMC – Fellow not on call for SCVMC or SUH*

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<th>Mon</th>
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<tbody>
<tr>
<td>AM</td>
<td></td>
<td>Jeopardy Fellow</td>
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<tr>
<td>PM</td>
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Note: When a Fellow is on the On Call Consult Service for SUH/VAH, they do not attend clinic at SCVMC

*One Fellow covers one clinic/wk when not On Call for SCVMC
<table>
<thead>
<tr>
<th></th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri 8:30-9 Board Review every other week</th>
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<tbody>
<tr>
<td>July</td>
<td>AM Consults</td>
<td>VA Clinic</td>
<td>VA Clinic</td>
<td>Core Curriculum 10:45-11:45</td>
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<tr>
<td></td>
<td>noon</td>
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<tr>
<td>Valley</td>
<td>PM Continuity Clinic</td>
<td>PM Consults</td>
<td>PM Consults</td>
<td>PM Consults</td>
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<td>5-6pm</td>
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<td></td>
<td>Grand Rounds</td>
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<tr>
<td>August</td>
<td>AM Valley Clinic</td>
<td>Rheum/ Derm</td>
<td>VA-Women's</td>
<td>Core Curriculum 10:45-11:45</td>
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<td>noon</td>
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<td>Journal Club</td>
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<tr>
<td>Jeopardy</td>
<td>PM Continuity Clinic</td>
<td>Continuity Clinic</td>
<td>Vasculitis/MSK</td>
<td>Grand Rounds</td>
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<td>September</td>
<td>AM Valley Consults</td>
<td>VA Clinic</td>
<td>VA Clinic</td>
<td>Core Curriculum 10:45-11:45</td>
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<td>PM Consults</td>
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<td>Grand Rounds</td>
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<td>5-6pm</td>
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<tr>
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</tbody>
</table>
Faculty: Matthew Baker, MD

Title: Clinical Assistant Professor

Contact: 1000 Welch Road, Suite XXX
MC 5755
Palo Alto, CA 94304
Office: (650) 498-5630
Fax: (650) 723-9656
Email: mbake13@stanford.edu


Current Research and Scholarly Interests
Faculty:  Yashaar Chaichian, MD

Title:  Clinical Assistant Professor

Contact:  1000 Welch Road, Suite 203
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CAP Profile:  https://profiles.stanford.edu/intranet/yashaar-chaichian

Current Research and Scholarly Interests

My main clinical and research interests lie in autoimmune pulmonary diseases. These conditions, which include interstitial lung disease and pulmonary hypertension in the context of systemic rheumatic disease, are increasingly recognized as important contributors to morbidity and mortality in our patient population. I am interested in helping develop ways to better coordinate the multidisciplinary management that is required to optimally take care of these patients. I am also interested in participating in collaborative clinical and translational research with other rheumatologists as well as pulmonologists that will seek to improve our understanding of the pathogenesis, diagnosis, and treatment of these conditions. Lastly, I am passionate about teaching and look forward to working with rheumatology fellows and other trainees here at Stanford.
Research Interests

My research interests focus on all aspects of systemic sclerosis and dermatomyositis. I am currently involved in clinical, translational, and epidemiologic research in these areas, and dedicate a substantial portion of my research time to investigator-initiated and multi-center clinical trials of novel therapeutics for the treatment of systemic sclerosis and dermatomyositis. I co-attend the Rheumatologic Dermatology Clinic with David Fiorentino from Dermatology and we collect clinical data, blood and skin biopsies from our patients during clinical visits. We also collaborate closely with multiple divisions in the Department of Medicine (Pulmonary, Cardiology, Gastroenterology) in the ongoing study of molecular and clinical responses to novel therapeutics for the treatment of these diseases, with the goal of identifying useful biomarkers from skin and blood samples. We are especially interested in the vascular disease related to systemic sclerosis, including investigating the pathogenesis, biomarkers, and potential treatments for pulmonary arterial hypertension and digital ulceration. In addition, we are currently characterizing unique clinical phenotypes associated with dermatomyositis-specific autoantibodies.
Faculty: Robert Fairchild, MD, PhD
Title: Assistant Clinical Professor
Contact: 1000 Welch Road, Suite 203
          MC 5755
          Palo Alto, CA 94304
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          Email: rfairchi@stanford.edu

CAP Profile: https://profiles.stanford.edu/intranet/robert-fairchild

Research Interests
Dr. Fairchild specializes in the diagnosis, evaluation and management of rheumatologic diseases. He has a particular interest in musculoskeletal ultrasound and heads the Division of Immunology and Rheumatology's Diagnostic and Interventional Musculoskeletal Ultrasound Clinic. Dr. Fairchild, received his Ph.D. from Georgetown University, and his M.D. from Columbia University College of Physicians and Surgeons. He completed internship and residency in the Department of Medicine at Stanford University. He continued on at Stanford, completing his fellowship in rheumatology and subsequently joined the faculty of the Division of Immunology and Rheumatology. He trained in rheumatologic musculoskeletal ultrasound through the USSONAR program and is certified in this technique through the American College of Rheumatology (RhMSUS certification).
Faculty: C. Garrison Fathman, MD
Title: Professor of Medicine, Emeritus - Active
Contact: CCSR Building, Room 2215B
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Email: cfathman@stanford.edu

CAP Profile: http://med.stanford.edu/profiles/C_Fathman;/jsessionid=9C03DA22C2353516D237BC18EE818E94.tc-cap-07

Website: http://fathmanlab.stanford.edu/

Research Interests
Dr. C. Garrison (Garry) Fathman is Founder and Past President of the Federation of Clinical Immunology Societies (FOCIS), Professor of Medicine and Chief of the Division of Immunology and Rheumatology at Stanford University School of Medicine, serves as Co-Director of the Institute for Immunity, Transplantation and Infection at Stanford. His contributions in the cellular and molecular immunology of responsiveness and unresponsiveness of CD4 T cells, and in developing novel models of immunotherapy, have brought him international recognition. In particular, he is acclaimed for his establishment and exploitation of the technologies of antigen-specific T-cell cloning and antigen specific therapy as well as adoptive cellular gene therapy, accomplishments that have facilitated a remarkable series of subsequent advances in understanding conventional immune response and provided insights into future therapy of autoimmune diseases.
Faculty: Mark C. Genovese, MD
Title: Professor of Medicine
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        Palo Alto, CA 94304
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        Cell: (408) 480-7318
        Fax: (650) 723-9656
        Email: genovese@stanford.edu

CAP Profile: http://med.stanford.edu/profiles/Mark_Genovese/

Research Interests

Our research group is located in the 1000 Welch RD building, however, we utilize several locations for the conduct of clinical studies including the Clinical Translational Research Unit (CTRU), the former General Clinical Research Center (GCRC). We are interested in patient oriented clinical research focus in and the development of novel therapeutics for the treatment autoimmune diseases and arthritis. Ongoing studies currently focus on therapeutic interventions in Rheumatoid Arthritis (RA), Psoriatic Arthritis (PSA), and Osteoarthritis (OA). As well there are ongoing collaborations with internal and external investigators looking at biomarkers, and surrogates to better understand, diagnosis, prognosis, prediction of response, and use of imaging in these diseases.
Faculty: Jorg J. Goronzy, MD, PhD
Title: Professor of Medicine
Website: http://goronzylab.stanford.edu
Contact: 3801 Miranda Ave.
Palo Alto VA Health Care System
Palo Alto, CA 94304
Office: (650) 723-9027
Email: jgoronzy@stanford.edu

CAP Profile: https://med.stanford.edu/profiles/stanford/Jorg_Goronzy/

Research Interests

The Goronzy lab is interested in understanding how a functional immune system is maintained with age, despite failing regenerative capacity and accumulating impacts by challenges from exogenous and latent infections. We study mechanisms, at the system as well as the single cell level, that contribute to declining immunity and to the higher frequency of some autoimmune diseases with age. We primarily work with human blood specimens or cell lines. Ultimately, we are trying to identify molecular pathways that can be targeted to improve immune function.
Research Interests

In recent years, I have been engaged in action research involving design, installation and evaluation of better ways to care for patients with chronic disease. The underlying assumption is that effective and efficient care of chronic disease, which differs substantially from that for acute disease, is essential to solving the health care crisis. The primary models are the Chronic Care Model of health care practice and the Patient Centered Medical Home. The work has occurred in various community and academic settings. It entails changing medical practice patterns and developing new health care programs. It also involves aiding physicians, patients and health professional trainees to understand the reasons for such changes and the ways to achieve them.
Faculty: Jison Hong, MD

Title: Clinical Assistant Professor

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CAP Profile: https://med.stanford.edu/profiles/jison-hong

Research Interests

My research interests include studying the association between cardiovascular disease and rheumatologic conditions. I am collaborating with preventive cardiology to identify patients with rheumatic diseases at increased risk for cardiovascular outcomes. We will be using a multidisciplinary approach in order to try to modify their cardiovascular risk. I am also involved in translational clinical trials in lupus that bring the innovations from our research labs to the patients in clinic allowing for use of new therapies for disease otherwise refractory to conventional treatment. Another area of interest is musculoskeletal ultrasound in clinical practice. I hope to be able to use ultrasound in the diagnosis and monitoring of response to therapy for our patients with various types of arthritis conditions.
Faculty:  Tamiko Katsumoto, MD
Title: Clinical Assistant Professor
Contact: 1000 Welch Road, Suite 203
         Palo Alto, CA  94304
         Office: (650) 723-6003
         Fax: (650) 723-9656
         Email: tkatsum@stanford.edu

CAP Profile: https://profiles.stanford.edu/intranet/tamiko-katsumoto

Research Interests
Tamiko Katsumoto, MD, is a Clinical Assistant Professor in the Division of Immunology and Rheumatology at Stanford University. She earned her MD from the University of California, San Francisco. She completed her internal medicine residency and rheumatology fellowship at UCSF, including a postdoc in the immunology lab of Dr. Arthur Weiss. Dr. Katsumoto's research interests include the discovery of novel biomarkers to predict the development of immune-related adverse events in cancer patients on immune checkpoint inhibitor therapies, and optimizing the management of such complications. She is fascinated by the relationship between cancer and autoimmune diseases such as scleroderma and dermatomyositis, the paraneoplastic manifestations of various cancers, and the rheumatic complications of graft vs. host disease. She has spent time at Genentech, where she led several clinical trials in immunology. She also serves as a grant reviewer for the American College of Rheumatology Translational/Clinical Study Section and serves on the Medical and Scientific Board of the Northern California Chapter of the Arthritis Foundation.
Faculty: Janice Lin, MD
Title: Clinical Assistant Professor
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Palo Alto, CA 94304
Office: (650) 498-5630
Fax: (650) 723-9656
Email: jlin24@stanford.edu

CAP Profile: https://profiles.stanford.edu/janice-lin

Current Research and Scholarly Interests
My areas of clinical and research interest involve cutaneous manifestations of rheumatic diseases, including but not limited to psoriasis, dermatomyositis, and cutaneous lupus. I would like to study and learn how the skin lesions offer an insight into systemic disease, and the evolution of skin lesions such as psoriasis into inflammatory arthritis. I am also interested in utilizing musculoskeletal ultrasound as a diagnostic and interventional tool for our patients in rheumatology, particularly for joints that are difficult to evaluate by conventional clinical exams. I really look forward to working with trainees in the combined dermatology-rheumatology clinic, and the opportunities to interact with them in all the teaching settings.
Research Interests

The Robinson Laboratory investigates the molecular mechanisms underlying rheumatic diseases, with a focus on rheumatoid arthritis (RA) and osteoarthritis (OA). The major objective of his laboratory is translational bench-to-bedside research, with the goal of rapidly converting discoveries at the bench into practical patient care tools and therapies. Candidate pathogenic molecules and pathways, identified through proteomic and genomic analyses of human patient samples, are investigated using in vitro assays and mouse models of disease. Based on technologies and approaches developed or co-developed by the Robinson laboratory, clinical development programs have arisen in three areas: (i) human trials to test tolerizing DNA vaccines for the treatment of multiple sclerosis and autoimmune diabetes, (ii) human trials to test imatinib and other tyrosine kinase inhibitors for the treatment of systemic sclerosis, (iii) human studies to test proteomic diagnostic tests for RA, and (iv) a human pilot trial to test an anti-inflammatory intervention in OA.
Research Interests

My clinical and research interests lie in Integrative Rheumatology, healing-oriented medicine that takes account of the whole patient, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies, including those outside the realm of allopathic medicine. Specifically, I am interested in exploring the impact of diet/nutrition on inflammation as it pertains to rheumatic diseases such as rheumatoid arthritis, lupus, and psoriatic arthritis, as well as studying the impact of other lifestyle approaches on disease burden and quality of life of patients with rheumatic diseases. I am pursuing collaboration with translational researchers to look at the scientific basis for control of inflammation by adjusting the gut microbiome, herbals-botanicals (rooted in Traditional Chinese Medicine and Ayurveda), nutritional approaches, and lifestyle interventions.
Research Interests

I am establishing a Performance Improvement System for the Division and expanding our clinical presence. This involves several features:

1. I am constructing a registry for the principal rheumatic disease and inserting validated outcome measures for each into the electronic medical record. At present a CDAI and RAPID 3 are now part of the medical record for all patients with RA and work is starting with the STRIDE informatics group to create a registry of all patients with RA. Within the next year it is anticipated that a similar registry and outcome measure will be created for SLE.

2. I am piloting a novel approach to the management of chronic rheumatic diseases. This involves substituting medical assistant, RNP and pharmacist phone and email communications for routine follow up visits for RA. Working with the Chronic Disease Self -Management Program, we will enhance patient self -care skills. Using RAPID 3, CDAI and patient satisfaction as outcome measures we will aim to reduce redundant follow-up visits and utilize the appointments to improve our access to new consultations while simultaneously increasing patient satisfaction and improving outcome.

3. I have met with Internal Medicine and Orthopedics to establish a Multidisciplinary Clinic for management of osteoarthritis and musculotendinous in older patients in which outcome will be assessed in OA with a WOMAC. Working with the STRIDE
group we will establish a registry which will not only define quality of care but also serve as fertile ground for investigation.

4. A clinical collaboration will be established between Internal Medicine/Primary Care and Rheumatology to improve the care of patients with rheumatic diseases. This will include cell phone access to a rheumatologist will be available during working hours and piloting a weekly ½ day clinic in the Hoover annex.
Faculty:  Samuel Strober, MD

Title:  Professor of Medicine, Emeritus Chief

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          Room 2215C
          269 Campus Drive
          Stanford, CA 94305
          Office: (650) 723-6500
          Cell: (650) 575-1510
          Lab: (650) 723-5544
          Fax: (650) 725-6104
          Email: sstrober@stanford.edu

CAP Profile:  https://med.stanford.edu/profiles/stanford/samuel_strober

Research Interests

Our interests are in the area of cellular immunology, and the regulatory interactions between subpopulations of immune cells. In particular, we are interested in the identification, function, and molecular mechanisms by which some subpopulations of lymphocytes amplify the immune response and some such as natural killer T cells (NKT cells) and regulatory T cells (Treg cells) suppress it. Investigation into interactions of the cells during the immune response to organ and bone marrow transplants and in systemic lupus is a major focus of the laboratory research. Developing therapeutic strategies for clinical organ transplantation and lupus in humans based on these principles is a major goal. Specific areas of research are as follows: (i) immune tolerance to organ and bone marrow transplants: Immune tolerance is recognized to be the paralysis of the immune system in its response to a given antigen, the development of anergy, or antigen-specific suppressor cells. Our research programs are studying these mechanisms at the cellular and molecular levels in laboratory animals and humans that are made tolerant to foreign organ or bone marrow transplants. In the case of bone marrow transplants, the goal is to prevent graft vs. host disease while maintaining graft anti-tumor activity. (ii) Mechanisms of autoimmunity in systemic lupus: Many autoimmune diseases represent a breakdown of immune tolerance to self-antigens. The mechanisms by which 1) animals develop tolerance to self during ontogeny, 2) tolerance is broken in adult life resulting in systemic autoimmune diseases such as lupus, and 3) tolerance
can be reestablished after the development of autoimmune disease are the subjects of investigation. Our laboratory is involved in identifying those cells (NKT cells, Treg cells, myeloid derived suppressor cells) involved in the induction and maintenance of immune tolerance with regard to their surface receptors, effector functions, and the nature of secreted molecules which mediate their function. We have shown that these cells are important suppressors of tumor immunity as well as autoimmunity, and genetic abnormalities in these cells can promote systemic lupus.
Research Interests

Our lab is located in the CCSR building. We are interested in autoimmune diseases, including systemic lupus erythematosus (SLE), rheumatoid arthritis (RA), scleroderma, myositis, primary biliary chiroisis (PBC), Sjögren's disease, insulin dependent diabetes (type I diabetes or IDDM), multiple sclerosis (MS) and mixed connective tissue disease (MCTD). The Utz lab is comprised of approximately 12 scientists, including Postdoctoral Fellows, Research Assistants, Undergraduate Students and Graduate Students. The focus of our research centers on serum autoantibodies produced in a variety of autoimmune diseases. In addition to trying to better understand the pathogenic mechanisms involved in autoimmunity, we are interested in developing bench-to-bedside technologies, including diagnostics and therapeutics, for human autoimmune diseases.
Research Interests

The Weyand lab is interested in tissue-damaging immune responses in rheumatoid arthritis, atherosclerosis and large vessel vasculitis. We use several preclinical models, including a chimera model in which human synovial tissue and human blood vessels are engrafted into immunodeficient mice. Over the last decade, we devoted special emphasis to the remodeling of the immune system with aging, how chronic disease ages the immune system, and how aged immune cells cause inflammation. We are interested in molecular defects underlying the premature aging process in patients with rheumatoid arthritis, including deficiencies in telomerase and the DNA damage sensor Ataxia Telangiectasia Mutated (ATM). In atherosclerosis or in GCA, we study immune cells that mediate medium vessel vasculitis and define the molecular underpinnings of the immuno-stromal interactions that cause arterial inflammation.
Stanford Hospital and Clinics Spheris Dictation Instructions

To enter the dictation system from a touch tone phone:

1. Press **233** or **1-800-242-9770**.

2. Enter your physician ID number followed by the # key. Do not enter leading 0’s. If your number is 0012, enter 12.

3. Enter valid clinical area code followed by the # key:

**Enter Code:**

1 (Inpatient)

2 (ED)

3 (Outpatient Surgery)

4 (Inpatient Psychiatry)

**Enter Clinical Area Code** *

Enter your clinical area code here for reference.

If you are not sure what your clinic code is, call **3-5588**
4. Enter valid work type followed by the # key:

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<td>1= Pre-op History &amp; Physical</td>
<td>30= Neurodiagnostics</td>
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<tr>
<td>2= Admit History &amp; Physical</td>
<td>31= Radiation Tmt Summary</td>
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<tr>
<td>3= Inpatient Progress Note</td>
<td>33= Clinic Visit</td>
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<td>5= Operative Report</td>
<td>36= Outpatient Letter</td>
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<td>6= Inpatient Letter</td>
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<td>7= Discharge Summary</td>
<td>57= Other Patient Specific Note</td>
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<tr>
<td>8= Transfer Off Service</td>
<td>58= Outpatient Psychiatry Note</td>
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<td>10= ED Note</td>
<td>35= Outpatient Procedure</td>
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5. Enter 8-digit medical record number followed by the # key

6. Press 6 at any time during dictation to assign a high priority

7. Please speak the following:
   - Your first and last name (please spell last name)
   - Patient’s first and last name (please spell first and last name)
   - Medical Record Number (MRN)
   - Attending physician’s first and last name
   - Type of report
   - Date of service
   - ****Last 4 digits of CNS number****

**NOTE:** You must press 2 to pause. Failure to press 2 will result in long blank spaces in your dictation.
2 Dictate/Stop/Pause
3 Short rewind and play
4 Fast forward
5 Disconnect (#)
6 High Priority (STAT)
7 Short rewind and pause

77 Rewind to beginning w/auto playback
8 New report, same worktype
44 End job
0 Repeat job confirmation number (Job #)

TO LISTEN TO DICTATION BEFORE DISCONNECTING:
If you would like to switch to listen mode before disconnecting, complete your dictation by pressing 8. When you are prompted for Work Type, enter *1 and then press 3 to enter listen mode.

STANFORD HOSPITAL AND CLINICS DOCUMENTATION REQUIREMENTS:

- HISTORY & PHYSICALS must be completed within 24hrs of admission or prior to an invasive procedure.
- OPERATIVE REPORTS must be completed within 24hrs of surgery.
- DISCHARGE SUMMARIES must be completed within 7 days of discharge.
- SIGNATURES: Title 22 requires medical records to be completed within 14 days of the patient's discharge.

Call Transcription at (650) 723-5588 with questions.
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<td>PJ Utz</td>
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