Department of Medicine
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Syracuse, NY 13210
www.upstate.edu

RHEUMATOLOGY FELLOWSHIP CURRICULUM

State University of New York Upstate Medical University

750 East Adams Street

Syracuse, New York 13210

Revised: June 2018

FACULTY

Andras Perl, M.D., Ph.D., Chief of Rheumatology, Distinguish Professor of Medicine

Paul E. Phillips, M.D., F.A.C.P., F.A.C.R., Professor Emeritus,Division Chief 1981-2001

Lorne Runge, M.D., Professor Emeritus

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Sheetal Rayancha, M.D., Assistant Professor of Medicine

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MISSION

The mission of the SUNY HSC Syracuse Rheumatology Fellowship Training Program is to train physicians to:

1) Be clinically competent in Rheumatology and related fields of interests.

2) Be capable of working in a variety of ways, including as an expert consultant, clinician, teacher, and, with additional training, as a clinical or a basic science investigator.

3) Develop and maintain habits of lifelong learning to further enhance their knowledge, skills and professionalism.

SPECIFIC GOALS

CLINICAL COMPETENCY is essential for all physicians. By graduation the training rheumatologist must be competent in the following 6 Core Competencies:

PATIENT CARE

PC1 : Gathers and synthesizes essential and accurate information to define each patient's clinical problems.

- Proficient in taking a complete history, performing a physical examination (particularly of the joints and musculoskeletal structures) and the use laboratory and imaging studies
- Demonstrates expertise in the performance and interpretation of the musculoskeletal examination

PC2: Develops and achieves a comprehensive management plans for each patient.

- Possesses the ability and to analyze critically the clinical and laboratory data, integrate this with their basic foundation of medical knowledge, and formulate appropriate differential diagnoses and therapeutic plans.
- Prescribes and manages immunomodulatory therapy
- Provides patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

PC3: Manages patients with progressive responsibility and independence

- Manages the care of patients with acute and chronic, common and complex rheumatologic diseases across multiple care settings
- Advocates for individual patients

PC4a/b: Demonstrates skills in performing and interpreting invasive & non-invasive procedures

- Performs procedures including arthrocentesis and injections, compensated polarized microscopy, and interpretation of synovial fluid analysis
- Demonstrates expertise in the performance and interpretation of the musculoskeletal examination

PC5: Requests and provides consultative care

- Provides consultation services for patients with very complex clinical problems requiring extensive risk assessment.

- Models management of discordant recommendations from multiple consultants
- Proficient in performing as a rheumatology consultant or health care team leader for patients with primary rheumatologic diagnoses.
- Provides rheumatology consultation to other specialties and providers

MEDICAL KNOWLEDGE

MK1: Possesses Clinical Knowledge

- Possesses a basic core of knowledge of the clinical features and presentations, pathophysiology, laboratory and imaging manifestations and comprehensive management of rheumatologic and musculoskeletal diseases. This includes arthritis in all its forms, both acute and chronic, as well as metabolic diseases of bone, osteoporosis and musculoskeletal pain syndrome and systemic diseases with rheumatic manifestations, particularly including the connective tissue diseases.
- Possesses a knowledge base that includes an appropriate content of anatomy, genetics, biochemistry, immunology, genetic basis, cell biology, physiology, pharmacology, epidemiology, statistics, ethics, and human/social behavior as needed for the Clinical practice of Rheumatology and evidence-based decision making
- Possesses a core knowledge of treatment for both common and uncommon diseases found in Rheumatology. This includes understanding the principles, indications and contraindications, risks, complications (including adverse events interactions), techniques and interpretation of results of diagnostics, screening test/procedures, pharmacokinetics, metabolism, cost and utility of the various treatments. It also includes recognition of the need for appropriate consultation, and of reasonable expectations from such a consultant.

MK2: Knowledge of diagnostic testing and procedures

- Demonstrates expertise in the performance and/or interpretation of diagnostic, imaging studies and therapeutic procedures common to the practice of Rheumatology, particularly arthrocentesis and relevant to the evaluation of patients with suspected or established rheumatic and musculoskeletal disease. This includes understanding the principles, indications and contraindications, risks, cost, and utility of the procedures.

MK3: Scholarship

- Possess a level of skill and expertise in clinical and/or basic research defined as competence in understanding the quality of experimental and clinical trial design, implementation, data analysis and interpretation of research studies. This includes research methodology, critical interpretation of data and of published research, and responsible use of informed consent.

SYSTEMS BASED PRACTICE

SBP 1: Works effectively within an interprofessional team

- Facilitates the learning of patients, families and members of the interprofessional team

SBP 2: Recognize system error and advocates for system improvement

- Demonstrates competence in the practice of health promotion, disease prevention, diagnosis, care, and treatment of patients of each gender, from adolescence to old age, during health and all stages of illness including their cost effectiveness
- Demonstrates an awareness of the larger content and system on health care delivery and the ability to effectively call on system resources to provide safe and quality care
- Enhance and promote patient safety and the quality of health care at both the individual and systems level

SBP 3: Identifies the forces that impact the cost of health care, and advocates for and practices cost-effective care

- Shows increasing appreciation and understanding of cost effectiveness in patient care and resource utilization.
- Demonstrates an understanding of managed care, federal versus private insurers and the social consequences of the uninsured.
- Contributes to the fiscally sound and ethical management of a practice

SBP 4: Transitions patients effectively within and across health delivery systems

- Effectively communicates and manages the transition of care with other healthcare providers

PRACTICE – BASED LEARNING AND IMPROVEMENT OBJECTIVES

PBLI 1: Monitors practice with a goal for improvement

- Systematically analyzes their practice using quality improvement methods, and implement changes with the goals for improvement
- Initiates their own self review in the quality of the work that they do, including evaluating patient care experiences as well as the progressive acquisition of specialty knowledge.
- Engages in lifelong learning

PBLI 2: Learns and Improves via performance audit

- Understands the limits of their knowledge and experience and asks for help when needed. Self-improvement comes from: regular assessments of all competencies; setting learning and improvement goals; identifying and performing appropriate learning activities; and receiving balanced and honest feedback from the fellowship program.

PBLI 3: Learns and improves via feedback

- Continues to improve in their ability to receive feedback in identifying strengths and deficiencies. They use this knowledge to translate into better patient care

PBLI 4: Learns and improves at the point of care

- Demonstrates competence in information technology and the ability to find answers to clinical questions that are asked. As fellow progresses through their training, there should be increasing evidence that the scientific literature is being used to guide clinical decision-making.
- Participate in the education of patients, families, students, fellows and other health professionals.

INTERPERSONAL COMMUNICATION SKILLS

ICS 1: Communicates effectively with patients and caregivers

- Development of excellent oral, written, and electronic communication skills with patients, peers and paramedical personnel across a broad range of socioeconomic and cultural backgrounds.
- Obtain procedure specific informed consent by competently educating patients about rationale, technique and complications of procedures.

ICS 2: Communicates effectively in interprofessional teams

- Consistently and actively engages in collaborative communications with all team members and leaders

ICS 3: Appropriate utilization and completion of health records

- Maintains comprehensive, timely and legible medical records and communicates clinical reasoning

PROFESSIONALISM

Prof 1: Has professional and respectful interactions with patients, caregivers, and members of interprofessional team

- Develops qualities of professionalism and humanistic skills, including integrity, compassion and respect for patients, peers and paramedical personnel.

Prof 2: Accepts responsibility and follows thru on tasks

- Are responsive to patient needs that supersedes self-interest, respect patient privacy and autonomy, accountable to patients, society and the profession.

Prof 3: Responds to each patient's unique characteristics and needs

- Sensitive and responsive to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation

Prof 4: Exhibits integrity and ethical behavior in professional conduct.

Fellows will develop the **ABILITY TO WORK IN A VARIETY OF SETTINGS:**

- As a primary health care provider for acutely ill in-patients, including in the Emergency Department and Intensive Care Unit, and ambulatory out-patients.

- As a rheumatology consultant to other internists and other physicians in these settings.

- As the leader of a multi-disciplinary health care team, including other medical and surgical specialists, rehabilitation therapists, home health care providers, etc.

- As a teacher of their clinical skills, professionalism and humanistic skills to trainees at more junior levels, so as to serve as a model for trainees.

LIFE-LONG LEARNING

The program enables the trainee with the skill set to acquire, critically analyze, synthesize and reassess their knowledge, skills and professionalism. This is achieved through the development of independent study habits for acquiring clinical and research knowledge and skills; and attendance, presentation and participation in the organization of local, regional and national educational and scientific conferences.

CONTINUING MEDICAL EDUCATION AND SOCIETY MEMBERSHIPS:

Fellows are strongly encouraged to become members of the American College of Rheumatology and the American College of Physicians. Their participation in the CME activities of these organizations is important to promote their standards of professionalism and the process of life-long learning. The department of medicine will pay for one membership in a major subspecialty society per fellow.

TEACHING METHODS

The following experiences have been established to achieve the education goals for trainees at the SUNY Upstate Medical University Rheumatology Fellowship Program:

The inpatient and outpatient experience is the main training ground of the fellowship program. All trainees acquire experience in treating a wide range of rheumatologic problems because our 3 hospitals (UH, VA, and Crouse) have different types of patients, which together encompass the whole range of rheumatologic diseases. Overall, each fellow receives approximately 80 hours per month of faculty supervision and teaching in the outpatient setting, and approximately 30 hours per month for inpatients. The combination of both patient settings provides an environment and resources for the fellow to gain in-depth experience in the diagnosis and treatment of patients with a mix of diseases such as: systemic connective tissue diseases(including rheumatoid arthritis, systemic lupus erythematosus, scleroderma, polymyositis); various vasculitis syndromes with/without spondyloarthropathies; crystal-induced synovitis, osteoarthritis; non-articular rheumatic diseases (including fibromyalgia, nonsurgical exercise-related (sports) injuries); other systemic diseases with rheumatic manifestations; metabolic bone disease (including osteoporosis, infection of joints, joint surgery, and rheumatologic problems requiring rehabilitation therapy).

In-depth experience is provided in the specific examination of all joints structures and functions, both axial and peripheral, as well as periarticular structures and muscles. Fellows become very skillful in constructing differential diagnoses for complex symptoms and signs related to rheumatologic diseases, also in the diagnostic aspiration and analysis by light and polarized light microscopy of synovial fluid, and in the therapeutic injection of diarthrodial joints, bursa, tenosynovial structures and entheses. The fellows also acquire in-depth experience and skill in the use of non-steroidal anti-inflammatory and disease-modifying drugs, also biologic response modifiers, glucocorticoids, cytotoxic and hypouricemic drugs, and antibiotic therapy for septic joints.

THE INPATIENT RHEUMATOLOGY EXPERIENCE

The fellow assigned to Consult Service will be responsible for organizing its activities. This primarily includes the supervised evaluation of inpatient consults and patients admitted to Rheumatology attending as well as the continued follow-up of these patients for as long as indicated during their hospitalization. Fellows will perform inpatient consultation on the Internal Medicine service, other specialty services, special care units and the Emergency Room. The consult service provides coverage for **THREE** hospitals including; SUNY Upstate Medical University, Crouse Irving Memorial Hospital, and the Veterans Administration Hospital.

Each fellow will be responsible for the Consult Service for a total of 23 weeks during their two years of fellowship training, and will personally see approximately 300 patients. On average, the fellow will have direct patient care responsibility for 2 cases and serve as a consultant on 8 at any given time. The fellow responsible for running the Consult Service will distribute patients to any rotating Medicine residents and medical students. All initial patient consults must be seen by the fellow on-service an/or reported directly to the fellow by the resident or medical students before they are discussed with the attending.

Regarding patient assignment, inpatients admitted for primary rheumatologic diseases are assigned to the Rheumatology attending. In patients with secondary rheumatology problems are assigned to other attending and their services, and so will be seen primarily by Medicine residents on that service, with Rheumatology consulting. Most patients will follow-up as outpatients after discharge in the Rheumatology ambulatory care facility providing further continuity in learning.

Under the supervision of the Consult Attending, the fellow will develop and refine their clinical evaluation skills of patients with rheumatic diseases, including appropriate differential diagnosis, diagnostic evaluation, treatment, and the need for continued hospitalization. Their exposure on the inpatient service will hone their understanding of indications and contraindications, techniques and possible complications of arthrocentesis and interpretation of results. Fellows will acquire skills in performing synovial fluid crystal analysis by polarized light microscopy as well as other non-invasive and invasive procedures.

The fellows will develop and refine their skills in providing credible consultation services, including communicating with referring physicians and house staff, and organizing appropriate follow-up for continuing outpatient care. They will also educate patients and obtain informed consent for procedures. They are highly encouraged to perform literature searches when needed for evaluation or management, and participate actively in teaching more junior trainees on the consultation team. The fellow will have close faculty supervision for all activities with a strong emphasis on developing logical analysis and independent decision-making skills.

All patients are seen and discussed with the attending. All new patients (initial consults) are required to be seen directly by the fellow on consult or have the residents report to them directly, and the fellow in turn will directly report to the attending. For each patient the fellow writes the report into EPIC and it is read-over and signed by the attending. Technical procedures are initially demonstrated by an attending, and subsequently supervised by them. Work Rounds are generally conducted by the fellows, medical residents, and medical students separately from the attending. Teaching Rounds are conducted with the attending present throughout. Teaching sessions are very frequent ensuring a meaningful and continuous teaching relationship between the attending and the fellow. As the fellow's clinical judgment improves, they require less teaching or correction regarding management decisions, and so become more independent.

Formal Rounds are on Monday Wednesday and Friday. Rounds start at 9 am, so the fellows are expected to pre-round before that. Rounding on Tuesday and Thursday is attending dependent based on attending preferences and patient needs. The fellow should contact the attending 8:30 – 8:45 to discuss where to start rounds.

The fellows on in-patient also cover the answering service for UHCC after hours, the service will page the fellow when patients call. They are also expected to take over the baskets for attending and fellows that are on vacation.

The On-Call Schedule is generally divided on a weekly basis between the five fellows. The call week is from Monday to Sunday. The number of fellows and faculty in the program allows for all faculty members to work with each of the fellows. Call hours are adjusted accordingly in order to comply with ACGME Duty Hour Requirements. The Fellow will always have (averaged over the course of 4 weeks) 24-hour period "off-call" per every 7 days.

Fellows cover Monday through Sunday. For fellows whom are **NOT** on call on Saturdays and Sundays, they are entirely free from hospital duties. Call is taken from home via beepers and telephone.

While on In-patient consult service, fellows are excused from all their clinic duties except for their continuity clinic.

Backup consult

A fellow will be assigned as back-up consult to the primary consult fellow during the consult week from Monday to Friday. The main responsibilities of the back-up consult is to cover the primary fellow on consult during their assigned continuity clinic. The start and stop time for the back-up will be from 11:30 pm – 5:00 pm. The backup consult will be available for assistance when there is no back-up resident and a need for at least 1 new consult. Each fellow will be assigned another fellow to be their back-up consult throughout the academic year.

SAMPLE CALL SCHEDULE

Jun 2 15:12 2017

Call Schedule, 7/1 to 7/31, 2017

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
							1 July 2017
Consult							yu
Day Consult							Pasniciuc
Night Consult							Pasniciuc
Weekend Consult							
	2 July 2017	*3*	*4 July 4th*	*5*	*6*	*7*	*8*
Consult	yu	yu	yu	yu	yu	yu	yu
Day Consult	Pasniciuc	Shahnawaz	Shahnawaz	Shahnawaz	Shahnawaz	Shahnawaz	Shahnawaz
Night Consult	Pasniciuc	Shahnawaz	Shahnawaz	[1] Pasniciuc	Shahnawaz	Shahnawaz	Shahnawaz
Weekend Consult		—		~~Shahnawaz~~	—		
	9	*10*	*11*	*12*	*13*	*14*	*15*
Consult	yu	Kato	Kato	Kato	Kato	Kato	Kato
Day Consult	Shahnawaz	Pasniciuc	Pasniciuc	Pasniciuc	Pasniciuc	Pasniciuc	Pasniciuc
Night Consult	Shahnawaz	Pasniciuc	Pasniciuc	Pasniciuc	Pasniciuc	[2] Shahnawaz	Pasniciuc
Weekend Consult		—	—	—	—	Pasniciuc	
	16	*17*	*18*	*19*	*20*	*21*	*22*
Consult	Kato	Kato	Kato	Kato	Kato	Kato	Kato
Day Consult	Pasniciuc	Jaffari	Jaffari	Jaffari	Jaffari	Jaffari	Jaffari
Night Consult	Pasniciuc	Jaffari	Jaffari	[3] Dziamski	Jaffari	Jaffari	Jaffari
Weekend Consult		—	—	~~Jaffari~~	—		
	23	*24*	*25*	*26*	*27*	*28*	*29*
Consult	Kato	Neupane	Neupane	Neupane	Neupane	Neupane	Neupane
Day Consult	Jaffari	Sharmeen	Sharmeen	Sharmeen	Sharmeen	Sharmeen	Sharmeen
Night Consult	Jaffari	Sharmeen	Sharmeen	[4] Shahnawaz	Sharmeen	Sharmeen	Sharmeen
Weekend Consult		—	—	~~Sharmeen~~	—		
	30	*31*					
Consult	Neupane	Neupane					
Day Consult	Sharmeen	Dziamski					
Night Consult	Sharmeen	Dziamski					
Weekend Consult		—					

[1] Dr. Pasniciuc will only be on call from 11:30 - 5:00
[2] Dr. Shahnawaz will only be on call from 11:30 - 5:00
[3] Dr. Dziamski will only be on call from 11:30 - 5:00
[4] Dr. Shahnawaz will only be on call from 11:30 - 5:00

THE OUTPATIENT RHEUMATOLOGY EXPERIENCE

Fellows will attend approximately 450 half-day outpatient sessions during their two-year fellowship training. On average, the fellow will see 1.5 new and 5 follow-up patients per session, a total of more than 600 new and 2,000 follow-up patients during the course of their two-year fellowship. Continuity of follow-up with the same fellow is emphasized. Fellows have their own continuum of care half-day clinics per week that is precepted by an attending and participate in 3 other half-day clinics per week that can vary in location from our **FOUR** outpatient clinic settings: Adult - University Health Care Center (UHCC), Adult - Veterans Administration arthritis clinic (VA), Adult - The Hill Medical Center, Pediatric Rheumatology Outpatient Center – Physicians Office Building,

Fellows perform outpatient consultations with the attending present and work with the attending to develop an independent clinical assessment and care plan for each patient. As the fellow develops their skills they are progressively given increased responsibility with appropriate supervision by the faculty. The end-goal is to have the fellow ready for unsupervised practice by becoming expert in the evaluation and management of outpatient rheumatic disease problems while understanding of patient's natural history over several years. Additional experience with arthrocentesis, as well as steroid injections for bursitis and tendinitis, occurs in the outpatient setting.

Pediatric Rheumatology

The pediatric rheumatology experience is integral in the fellow's learning. Each fellow attends approximately 50 half-day pediatric outpatient sessions during the course of their 2 years training. Pediatric inpatient consults are also seen when the fellow is on consult service. This experience enables each fellow to become expert in the diagnosis and management of pediatric rheumatic diseases.

SAMPLEE OUTPATIENT SCHEDULE

July - June 2017 - 2018 Rheumatology Clinic Schedule										
Fellow	Mon AM	Mon PM	Tue AM	TuePM	Wed AM	Wed PM	Thurs AM	Thurs PM	Fri AM	Fri PM
Sr. Fellow I				VA Clinic (Phillips/Neupane) Gout		UHCC (Neupane) Continuity Clinic		UHCC (Perl)		
Sr. Fellow II			VA Clinic (Allam)			UHCC (YU) Continuity Clinic		UHCC (Perl)		
Sr. Fellow III								UHCC (PERL)		VA (Allam) Continuity Clinic
Jr. Fellow I			VA Clinic (Phillips/Neupane)					UHCC (PERL) Continuity Clinic		Peds Clinic
Jr. Fellow II				VA PM Clinic (Phillips/Neupane				UHCC (Perl)		UHCC (Kato/Bonilla) Continuity

Backup Consult
Sr Fellow I & Sr Fellow III
Sr. Fellow II - Jr. Fellow II
Rotate Sr Fellow I & II when needed for Jr Fellow I

FACULTY MENTORSHIP

All fellows will be assigned a faculty mentor who will support them in their clinical and scholarly activity. The mentor will work with the fellow in helping to guide them in their research and case study reports by helping them identify cases, collect data, and point out significant findings. At the beginning of the academic year, the fellow is assigned to the preceptor of their continuity clinic as their mentor. The assignment can change based upon the availability of the faculty member.

NOTE WRITING/MONTHLY CASE STUDY

Note writing is essential in the comprehension and the development of critical thinking skills for the fellows. The fellows' notes will be monitored closely by the attending and encouraged to use note writer in practice and or develop their own style of which does not include copy and pasting. All fellows will be required to sign an attestation stating that they have read and understood the institution's policy on copy and pasting EMR notes.

Each fellow will perform a **MONTHLY** clinical case study. The fellows can choose the topic and patient for the study and the attending that they will present to. The presentation will occur either at the Friday Didactic sessions or independently with the attending and the fellow can use write it in EPIC. The clinical case study will include differential diagnosis, diagnostics, and clinical research. The fellows will be required to track their cases and/or report them to the fellowship coordinator.

EXPERIENCE IN DEVELOPING TEACHING SKILLS:

The program provides an environment for promoting active teaching of medical students, residents, and other allied health personnel, as well as education of patients by the fellows. Fellows receive instruction and feedback in counseling and communication techniques. This includes cultural, social, behavioral, and economic issues such as confidentiality of information and indications for life-support systems. Fellows learn about cultural, social, and other issues by their clinical inpatients and outpatient experience under the close supervision and teaching of the Attending. These topics are also discussed during clinical management of the patients by the Attending and in conferences.

Fellows are responsible for teaching and supervising medical students and internal medicine residents and PM&R residents while on the Inpatient Consult Rotation, in conjunction with the attending. They have a lesser role in outpatient teaching, as this is handled almost exclusively by the attending. The fellows have a major role in teaching and supervising the other trainees to prepare topics for the various conferences, particularly the weekly Rheumatology Grand Rounds. Fellows are strongly encouraged by the attending to develop effective teaching and communication skills.

INTERDISCIPLINARY INTERACTIONS

Electives

The fellowship program includes a required elective experience with other disciplines. The goal of the elective experiences is for the fellow to learn, under the direction of experienced faculty from the related discipline, approaches to diagnoses and management used for patients with rheumatic diseases. It is preferred that the elective requirements are frontloaded in the first year as to give more time for research during the second year. Fellows should use the learning portfolio function in MedHub to login their Elective/QI/Research and Scholarly activities each week.

RHEUMATOLOGY FELLOW ELECTIVE GRID

TOPIC	FACULTY, PHONE & SITE	LEARNING OBJECTIVES OR KEY COMPETENCES
EMG/NCS/Neuromuscular Disease Clinic	**Dr. Deborah Bradshaw, Neurology 464-4243/464-2480** **Best Contact is via email** or call EMG department with dates aprox. 2 weeks notice **UH(Ground Floor)** If you page Dr. Bradshaw try to do it during lunchtime Neuromuscular disease clinic only happens on Mon and Fridays, but pts with real diagnoses are there on Friday's all day	Know how to order and interpret reports for entrapment neuropathy, radialopathy and myopathy Learn about hereditary and metabolic muscle disease
Dermatology	Dr. Ramsey Farah/Dr. Joyce Farah **Contact assistant Karen Falise 4-3843** Clinics Mon/Thurs AM **Working on (VA) Dr. Alkhouri Hani.Alkhouri@va.gov** Any unique fellow can rotate with him **every other Monday AM** session. Fellows should be encouraged to have a set schedule so he knows when and who is coming. They may use both slots every month , one ,or none. Contact: Zina Jenkins (Zina.Jenkins@va.gov) or Jordan Alexander (Jordan.alexander@va.gov)	
Immunopathology	**Immunopathology Lab ,464-4463, 4th floor UH** **Best Contact via email** Slyva Bem and Theresa Haven, supervisor, with the dates about 1-2 weeks prior. She will let you know the schedule and with whom you will be working with	Learn how ANA, ANCA, C3, C4, anti ENA are done. Pitfalls of techniques. Interpretation of immunofluorescence studies or biopsies. RF and ESR done in core lab
Infusions Center	**Dr. Hom Neupane, Hill Medical Center** **Dr. Jianghong Yu, Upstate Rheumatology- Homer** **Dr. Fatme Allam VA** (Part of VA elective schedule)	Learn about infusion techniques.
Metabolic Bone Disease	Dr. Jennifer Kelly, 464-8668, Best way to reach via email at **Joslin Diabetes Center** Dr. Arnold Moses, 464-9001, **Institute for Human Performance** (sometimes is available)	Osteoporosis, Paget
Orthopedics – Foot/Podiatry	[1]**Dr. Alan Zonno, , 464-4472 6620 Fly Road** Best Contact via email Sarah Bianco **(VA) Dr. Robin Johnson (chief)** robin.johnson4@va.gov **Dr. Hill** mark.hill2@va.gov **And Dr. Aiken** eugene.akins@va.gov Clinic everyday AM & PM. Emphasis on diabetic foot ulcers on Tuesdays and Thursdays	Ankle tendonitis, metatarsalgia, heel pain; learn how to prescribe orthtics, splints
Orthopedics – Hand Clinic	**(VA) Dr. Walter Short Walter.Short10@va.gov Thursday AM, Friday AM clinic** Contact via email or cell (315) 345-4026	

Orthopedics – Sports Medicine	**Dr. Cannizzaro, Dr. Scuderi 464-4472 6620 Fly Road** Best by contacting the administrator for either Dr's	Strains, sprains, knee injury
Orthopedics – Upper extremity	**Dr. Jon Loftus 472-2015, Fly Road** Call number and ask for his schedule, then just go and tell him you are a rheum fellow and want to start a rotation	Non traumatic disease (rotator cuff, epicondylitis, ganglions, trigger finger, Dupuytren's)
Pain Medicine	**Dr. Sebastian Thomas, 464-4259, Fly Road** **Dr. Brian McGinn** Best to email Jo Yancey with the dates and she will email you back with confirmation **60 Day Advance Notification** (VA) Dr. Hwang - Dorothy.Hwang@va.gov , Kris White assistant 425-2638 Mon AM and/or PM, Thurs AM and/or PM nerve block clinic Please book a few months in advanced, for hands-on schedule that work directly with Dr. Hwang	Principles of prescribing narcotic analgesics, epidural/nerve blocks
Physical Medicine and Rehabilitation	**Dr. Margaret Turk , 464-5820** **Dr. Hamam, Dr. Ko, Dr. Ward** **Best contact via email** and cc Mary baker (prog coord) send dates at least 2-3 months before. Tell them what the fellows wants to learning during the rotation, inpt consults, acute rehab, prosthesis, VA inpatient, rehab clinic in **UH or fly road** **60 Day Advance Notification (VA) Dr. Lebduska** inpatient rounds Wed PM and Thursday PM ortho/prosthetics/amputee clinic, possibly back pain and EMG aleternating Stephen.Lebduska2@va.gov Available Clinic Times: Mon AM (8-12) SCI ward rounds and EMG clinics at VA 4&5S Tues AM (8-12) EMG clinic 5 south Wed PM (1-4) Amputee and Orthotics clinic 5 south Wed 10am rehab inpatient team conference Thursday PM (1-4) amputee clinic 4south (*Perl clinic) Friday AM/PM (10-4) SCI clinic with Dr. Casella Upstate 2N	How to prescribe physical therapy
PT/OT	**Lynn Wiegand, PT and/or Tim Stayer, PT/Karen Kemmiss, PT** 464-6312 Contact via email with possible dates, can be Fly rd, IHP or UH **30-60 Day Advance Notification (VA) Karen Hughes** contact (PT) Karen.Hughes@va.gov Let her know what time and dates would like to do the rotation and will work around the available schedule	What and how therapy is done
Quality Improvement	**(VA) Dr. Fatme Allam, Dr. Joni Mitchell and The QI chief Resident** – Dr. Walia (UH) Dr. Andras Perl, fellow(s) Dr.'s Farheen Jaffari, Maria Isabella Pasniciuc, Sheetal Rayancha, Zainab Shahnawaz	Work on QI projects including Osteoprosis prevention with long-term steroid treatment, antibiotic prophylaxis in immunosuppressed patients and other projects

Radiology	**Dr. Hal Cohen, 464-7439 Fly Road** AM Clinics Fly Road and 500 Harrison. Contact the Dept of Radiology	Learn about reading basic musculoskeletal radiology films
Renal Pathology	**Dr. Paul Shanley** Contact Admin Karen Kelly 4-7117 to schedule a time	
Research – Basic and Clinical	**Dr. Andras Perl, 464-4194**	Required in the 2nd year
Spine Orthopedic	**(VA) Dr. Marawar** Satyajit.Marawar@va.gov **Friday AM** Clinic (8 – 2:30) (UH) Dr. Mike Sun sunm@upstate.edu, Dr. Richard Tallarico tallarir@upstate.edu	
Telemedicine	**(VA) Dr. Fatme Allam**	
Ultrasound	**Assistant Melissa Neary 464-7439, 550 Harrison** Contact about 2 months before your start Dr. Yegarav – needs advanced notification can schedule for one day a week as he is taking time out of his schedule to train **Dr. Yu** – (Homer site) Please set this up in advance as Dr. Yu will need to take it out of her patient schedule to train with the Ultrasound machine (1/2 day Thursday and Friday)	
* Some of the electives can be combined (i.e.: PT & PMR, Ortho-foot & Podiatry, EMG and Neuromuscular clinic) * Fellow must notify the "elective" attending of the date which he/she plans to start the rotation		

CONFERENCES

The regularly scheduled conferences are complemented by the clinical teaching program, and provide the fellow with an appropriate understanding in the following content areas:

- Anatomy, genetics, immunology, biochemistry and physiology of connective tissue, bone, muscle and joints, including purine metabolism;
- pathologic aspects of rheumatic disease and metabolic bone disease including osteoporosis;
- Non-articular manifestations of rheumatic disease;
- Emotional factors that influence or result from rheumatic disease;
- The scientific basis, methodology, indications and interpretation of laboratory tests and imaging procedures used in diagnosis and follow-up of patients with rheumatic disease;
- Indications for an interpretation of electromyogram, nerve conduction studies and nerve/muscle biopsy;
- Pharmacology, pharmacokinetics, drug metabolism, side effects and interactions, and costs of agents used in treatment of rheumatic disease;
- Principles of rehabilitation, including physical and occupational therapy, for patients with rheumatic disease and exercise-related (sports) illnesses;
- Indications for surgical and orthopedic consultation in acute and chronic rheumatic disease; basic principles of decision analysis regarding diagnostic tests to define illness and recommended treatments;
- Principles of clinical epidemiology and health services research, including biostatistics, medical information systems, information science, critical literature review, administration of controlled clinical trials, and experimental protocol research design;
- Rheumatic problems in the geriatric population;
- Ethical and socio-economic issues relating to the practice of rheumatology.

Fellows learn about the above topics by their attendance and participation in Didactics, Lab conferences/Journal club, Rheumatology Grand Rounds, Department of Medicine Grand Rounds, Morning Medicine Resident Conference, and Other Departmental conferences. They also participate in clinical research projects, quality improvement projects, attend graduate Immunology course as auditors, read rheumatological textbooks and online literature and test their medical decision-making and comparing that to their attending in the clinical setting.

RHEUMATOLOGY GRAND ROUNDS

Conferences are held on a regularly scheduled basis, and are attended by fellows as well as faculty, other trainees, residents, medical students, practicing rheumatologists and other interested individuals. The weekly Rheumatology Grand Rounds includes a once monthly session with a specialized musculoskeletal radiology attending, and a once a month session with an anatomic pathology and clinical immunology attending. The fellows are assigned to work with faculty members in arranging cases for these presentations. The balance of the sessions are devoted to clinical patient based, bedside teaching, discussion of pathophysiology and research topics in diagnostic and therapeutic decisions. Presentations are prepared by the fellows, rheumatology faculty members, and by speakers from other related disciplines located in different departments and institutions. We have visiting rheumatologists from outside the institution present for the rheumatology grand round conference twice a year. As a part of their learning experience, fellows are expected to present 2-3 times/year at the rheumatology grand rounds. They are encourage to have a faculty member review over their case lecture before their presentation to ensure proper format setting, quality control and its content subject to its intended audience education level.

DEPARTMENT OF MEDICINE GRAND ROUNDS AND NOON CONFERENCE

Fellows are encouraged to attend the weekly Department of Medicine Grand Rounds, where clinical and research topics in internal medicine are presented including monthly quality conferences. Fellows are encouraged to attend the weekly Morning Medicine Resident Conference that lectures on a wide variety of internal medicine topics.

Department of Rheumatology Scientific Lab Conference/Journal Club

Fellows are **REQUIRED** to attend and present at the weekly Scientific Lab Conference Sessions/Journal Clubs held every Wednesday. This conference focuses on current rheumatic disease research both internally and externally. Fellows are expected to present basic science or hybrid clinic and basic science papers for their presentation. It is encouraged that they get aid from post-doc's, lab personnel and the course director to prepare for their presentations to get a complete understanding of the expected format.

Didactic Sessions

Fellows are **REQUIRED** to attend and present at weekly didactic conferences focusing on the scientific basis of Rheumatic Diseases. The fellow on consult will determine the didactic topic at the start of the week for the presentation on Friday. It is emphasized that the fellows will be the one to present on the topics, but can assign rotating students and residents a portion of the presentation(s) to prepare and present on. The schedule of sessions will follow along the topics listed for the ACR In-Training exam [1]. For each Rheumatologic disease there will be a presentation and discussion of the ACR guidelines of its pathophysiology, manifestations, treatments, and updates. Additional case-study presentations can be added to the Friday didactic presentations. All presentations should be sent to the program coordinator to be uploaded to MedHub where all faculty and fellows can access the presentation/or educational materials.

Core Rheumatology Lectures

At the beginning of the academic year, the faculty will be presenting core rheumatology lectures to the fellows. This will occur during the didactic session or other available times. Fellows are **REQUIRED** to attend. These lectures will be an overview of the field of rheumatology that is orientated towards a fellow's level of education. The goal of these lectures is help incoming and returning fellows gather critical thinking skills specific to rheumatology.

Other Conferences

Fellows are also encouraged to attend the many other didactic teaching exercises available at SUNY UMU, such as the weekly Nephorology Conference, the weekly Orthopedic Surgery Grand Rounds on a wide variety of orthopedic topics, Department of Microbiology and Immunology Research Conferences, etc. The combination of interdisciplinary interactions and didactic conferences, along with extensive inpatient and outpatient clinical experience, provides each fellow with a high level of skill in the indications and interpretation of biopsies of tissues relevant to diagnosis of rheumatic disease; of bone and joint imaging techniques including bone density measurement and of electromyogram; nerve conduction studies; and in the indications for orthopedic procedures and arthroscopy.

VISITING PROFESSORS CONFERENCES

We at the department of Rheumatology are very dedicated to continuing our commitment to education in the field of rheumatology by opening our department to various speakers from outside the institution. Every year we have approximately 2-6 professors from other institutions come to present on their latest original research, case studies, discoveries in rheumatic disease pathogenesis, updates on biomarkers in the diagnostics of rheumatic disease, and/or updates on biomarkers predication for positive and negative treatment outcome for Rheumatic Diseases. Dr. Paul Phillips Visiting professor fund and the Department of Medicine is a proud sponsor of this conference series:

2012- Betty Diamond, MD – "Antibodies and the Brain: Lessons from Lupus" - Head Center for Autoimmune and Musculoskeletal Disorders at Feinstein Institute of Medical Research
2012- George C. Tsokos, MD – "Aberrant Control of Cytokine Production in Lupus Nephritis" - Chief, Division of Rheumatology - Harvard Medical School
2013- Brad Rovin, MD –"Biomarkers in Lupus Nephritis" - Vice Chair Research Department of Medicine – Ohio State University

[1] Please see Page 30-31 in the APPENDIX for listing of the ACR In-training Exam Topics for Didactics

2014 - Joel Kremer, MD – "What Different Data Sources Can be Relied Upon to Show Us: The Devil is in the Details" - Director of Research Center for Rheumatology – Albany Medical College
2014- Nancy Olsen, MD – "Early Lupus and Preventive Strategies" -Chief, Division of Rheumatology – Penn State Hershey Medical Center
2015 – Joan Bathon, MD – "Myocardial Dysfunction in Rheumatoid Arthritis" -Director of the Division of Rheumatology – Columbia University
2015 – Paul Anderson, MD, Ph.D – "Post-transcriptional Control of Inflammation" -Vice Chair, Division of Rheumatology – Brigham and Women's
2016 – Karen Costenbader MD, MPH – "Health and Healthcare Disparities in SLE" - Director Lupus Program – Harvard Medical School
2016 – Shu Man Fu, MD, Ph.D, MACR – "Treatments of RA: How Much Should We Push Conventional Disease Modifying Agents?" -Professor of Internal Medicine and Microbiology - University of Virginia Health System
2016 – John Harley, MD, Ph.D – "Lupus Etiology: Genes and the Environment"- Director, Center for Autoimmune Genomics and Etiology – University of Cincinnati
2016 – Vasileios C. Kyttaris, MD – "The role of IL-23 in SLE"- Assistant Professor Department of Medicine – Harvard Medical School
2017 – Amr Sawalha, MD – "Epigenetics and Autoimmunity: Insights into Lupus and Scleroderma"-Marvin and Betty Danto Research Professor of Connective Tissue Research – University of Michigan
2017- Dr. William Rigby – "From Prognosis to Pathogenesis: Role of Autoantibodies in RA – Professor of Medicine and Microbiology -Darthmouth University
2017 – Richard Bucala, MD, Ph.D – Professor of Medicine – Yale School of Medicine
2017 – Matthew Vander Heiden, MD, Ph.D – Associate Professor of Biology – Koch Institute for Integrative Cancer Resarch at MIT
2018 – Iwona a. Buskiewicz, PhD, assistant Professor, Dept. of Pathology & Laboratory Medicine The University of Vermont Larner College of Medicine- " Activation of Innate Immunity by Oxidative Stress in Systemic Lupus Erythematosus"
2018 – Matthew Stohl, MD, PhD, Associate Professor of Pediatrics Division of Pediatric Rheumatology University of Alabama School of Medicine- "Microbota, Immunity and Juvenile Idiopathic Arthritis"
2018 – Jill P. Buyon, Director, Division of Rheumatology, Director Lupus Center NYU Langone Health – " Integrating Science and Medicine to Manage the Heartbreak of Fetal Exposure to Anti-Ro Antibodies"
2018 – Nancy E. Lane, MD Director, Center for Musculoskeletal Health, Endowed Professor of Medicine, Rheumatology and Aging University of California at Davis, School of Medicine Sacramento, CA – "Real-World Experience and Emerging Insights into DMARD Monotherapy"
Upcoming:
2019 – Richard Furie, MD, Professor of Medicine, Division of Rheumatology, Department of Medicine Northwell Health " Antiphospholipid Syndrome: it's Far More Than You Think"
2019 – Daniel Wallace, MD, FACP, MACR, Associate Director, Rheumatology Fellowship Program, Board of Governors, Cedars-Sinai Medical Center, Professor of Medicine, Cedars-Sinai Medical Center, Davie Geffen School of Medicine Center at UCLA in Affiliation with Attune Health

READING AND EDUCATIONAL RESOURCES

There are several rheumatology textbooks that the fellow can learn from. Traditionally, we recommended "Koopman's: Arthritis and Allied Conditions".

The Rheumatology Department library (WSK 8310B) carries the 15th Edition (2005) of the above textbook and the 10th Edition of "Kelley's Textbook of Rheumatology" (2016).

The textbooks can serve as a starting point, however the fellows are encouraged to, consult peer-reviewed journals (such as Arthritis and Rheumatism, The Journal of Rheumatology, Clinical and Experimental Rheumatology, Lupus etc) for original articles. For literature searches the fellows can use medline, UMU library and the New York State Library

Reading List and ACR Resources

The American College of Rheumatology (ACR) compiled a list of updated publications and news on their website. http://www.rheumatology.org/Learning-Center/Publications-News

Up-to-Date

Is an evidence-based, peer-reviewed medical information resource designed to provide clinic decision support from your computer, Smartphone or tablet. It is also available via EPIC

Rheum2Learn

Web-based educational module for Self-study

CARE (ACR)

Preparatory question bank for the Rheumatology Boards

High Impact Rheumatology

Educate Primary care physicians about Rheumatology Basics

Rheumatology Image Bank

Image library of rheumatology conditions and diagnosis
Recorded Sessions from the ACR conference (start Nov 2017)
Access to recorded sessions from the Annual ACR conference
ACR Webinar
Webinars delivered by experts in Rheumatology
Primer of Rheumatic Disease, 13th Edition Comprehensive guide to rheumatic disease
Rheumatology, 6th Edition, Hochberg Textbook of rheumatology

All fellows in the program will have access to the NYS library and its broad range of available medical journals.

PROCEDURES

Procedural skills and diagnoses, as show below, are monitored through a procedure log maintained by the MedHub system. The fellow will log-in their procedures and have the supervising physician verify it. After the numbers of requirements are met, the program director will certify the procedure. Please note the term "procedure" is used to describe both a physical performance of procedures and can also be case-based experiences with Rheumatologic diseases.

Title	Number of Requirements
Crystal Identification	3
Joint Aspiration	3
Soft Tissue/Tendon/Bursa Injection	3
Systemic Lupus Erythematosus	3
Infection of Joints and Soft Tissues *	3
Joint Injection	3
Metabolic Diseases of Bones	3
Nonarticular Rheumatic Diseases, Including Fibromyalgia	3
Nonsurgical, Exercise-Related (Sports) Injury	3
Osteoarthritis	3
Osteoporosis	3
Juvenile Inflammatory Arthritis	3
Polymyositis *	3
Regional Musculoskeletal Pain Syndromes, Acute and Chronic Musculoskeletal Pain Syndromes, and Exercise-Related Syndromes	3
Rheumatoid Arthritis	3
Scleroderma/Systemic Sclerosis	3
Sjögren's Syndrome	3
Spondyloarthropathies	3
Vasculitis	3
Psoriatic Arthritis	3
Gout	3
Pseudogout	3
Dermatomyositis *	3
Septic Arthritis *	3

* This diagnosis has been identified as a rare rheumatological disorder. The fellow on consult or in clinic will be responsible for notifying other fellows when these cases appear

Research Experience/Scholarly Activities:

An active research component is included in the program with appropriate protected time, particularly during the second year. An optional third year of fellowship is available for those who wish to pursue their research interests intensively. All fellows participate in clinical or basic research, and specific projects can be tailored to their interests. Typically, the fellow are exposed to divisional research programs early in the first year, from there they decide from current projects what they are interested in participating in for several months or longer during their second year. During their first year, fellows participate in acquiring and entering patients in various studies, and may elect to spend up to a month on a specific project. Fellows also research interesting cases, and are encouraged to present and publish these. The immediate goal of this research experience is for the fellow to learn sound methodology in designing and performing research studies, and the correct interpretation and synthesis of research data and applied to patient care. Fellows work closely under their chosen faculty research mentor.

Fellows are expected to prepare their research activities for presentation and publication. They are also expected to publish at least one scientific paper, book chapter, abstract, case reports in a peer-reviewed journal, peer-reviewed performance improvement and/or present peer-reviewed funding, peer-reviewed abstract presented at regional, state, or a national specialty meeting during the course of their fellowship

Fellows also acquire knowledge of the design and interpretation of research studies, the responsible use of informed consent, and of research methodology and the interpretation of data by their involvement in actual projects with frequent supervision and discussion with the responsible faculty member. During their first year, they receive CITI research of ethics and Conflict of interest training for human research subjects. They also acquire knowledge of these aspects of research studies by their participation in both clinical and research journal clubs, as well as in the other conferences. Fellows also are required to complete the IHI online course which is arranged by the Department of Medicine.

A third year of fellowship training is offered for intensive research, particularly if the fellow is interested in an academic career. A specific project will be tailored to the fellow's interest, usually depending upon their experience and progress with a related or the same project during their first two years. They select from projects and mentor within the institution, but are encouraged to do a project within the section if possible. Eighty-five percent time is protected for research; 15% time is devoted to clinical duties, including a continuity ambulatory care experience of ½-day clinic per week, one month of inpatient consult year, and attendance at the Laboratory Conference/Journal clubs and weekly Rheumatology Conference. Application for outside funding of the third year of fellowship to organizations such as the Arthritis Foundation, is encouraged.

Publications from Former Fellows

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Fernandez, D., **Bonilla, E**., Mirza, N, Niland, B. and Perl, A. (2006) Rapamycin reduces disease activity and normalizes T-cell activation-induced calcium fluxing in patients with systemic lupus erythematosus. **Arth. Rheum.** 54: 2983-2988**.**

Fernandez, D., **Bonilla, E**., Phillips, P.E. and Perl, A. (2006) Signaling abnormalities in systemic lupus erythematosus as potential drug targets. **Endocrin, Metabolic & Immune Disorders - Drug Targets.** 6:305-311

Bonilla, E., Francis, L., Allam, F., Ogrinc, M., Neupane, H., Phillips, P.E., and Perl, A. (2007) Immunofluorescence microscopy is superior to fluorescent beads for detection of antinuclear antibody reactivity in systemic lupus erythematosus patients. **Clin. Immunol**. 124:18-21

Bonilla, E., Lee, Y.Y., Phillips, P.E., and Perl, A. (2007) Hypoglycaemia after initiation of etanercept treatment in a patient with type 2 diabetes mellitus. **Ann. Rheum. Dis.** 66:1688.

Pullmann, R. Jr., **Bonilla, E**., Phillips, P.E., Middleton, F.A. and Perl, A. (2008) Haplotypes of the HRES-1 endogenous retrovirus are associated with development and disease manifestations of systemic lupus erythematosus. **Arth. Rheum.** 58: 532-540.

Francis L, Bonilla E, Soforo E, Neupane H, Nakhla H, Fuller C, and Perl A. (2008) Fatal toxic myopathy attributed to propofol, methylprednisolone, and cyclosporine after prior exposure to colchicine and simvastatin. **Clin. Rheumatol**. 27:129-31.

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Francis, L. and Perl. A. (2009) Pharmacotherapy of SLE. **Expert. Opin. Pharmacother.** 10: 1481-1494.

Perl, A., Fernandez, D., Telarico, T., **Francis, L**. and Phillips, P.E. (2009) T- and B-cell signaling biomarkers and treatment targets in lupus. **Curr. Opin. Rheumatol.** 21: 454-464.

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EVALUATION METHODS

The fellowship program is evaluated by both the faculty and fellows through the MedHub program. The MedHub system is a secure web-based Residency Management platform utilized for the administration of the fellowship program at Upstate. As a fellow, you will use medhub for evolutions, logging in duty hours, logging in procedures, accessing presentations, scheduling activities, etc.

As of July 1, 2014 we have adapted the ACGME required Next Accreditation System (NAS) and reporting milestones to evaluate the progress of our fellows semi-annually by the Clinical Competency Committee.

EVALUATION OF FELLOWS:

The evaluations provide an objective assessment of the 6 core competences (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and system-based practice skills).

The NAS from the ACGME measures the fellow's progress thru 23 Internal Medicine Subspecialty Reporting Milestones. The milestones are a measurement of the fellow's progress in the 6 core competencies. This is determined by various forms of evaluations including: faculty MedHub evaluations, elective MedHub evaluations, patient evaluations, direct observations, procedural logs, conference presentations and attendance, in-training exam scores, QI participation, research participation, mandatory compliance participation, etc. The various forms of evaluations are then compiled for the Clinical Competency Committee's semi-annually where the fellow's progress in each of the 23 Internal Medicine Subspecialty Reporting Milestones is determined by the committee. This provides the basis for promoting or graduating the fellows. The Clinical Competency Committee [2]is composed of the Program Director, Associate Program Director, Rheumatology faculty members and the program administrator.

The program director evaluates each fellows' progress which is guided by the Clinical Competency Committee assessment of the fellow. The results are communicated and discussed fully to each fellow by the Program Director. The IM Subspecialty Reporting Milestones are communicated to the ACGME, GME, Departmental Chairman and the Core Program Director.

One of the core components of measuring the fellow's progression is the direct observation, daily training, and correction as needed that occurs in the clinical setting under the close supervision of, and interaction with the attending that is characteristic of this program. This ongoing daily training and corrective process is important in achieving the goals for graduation.

The daily ongoing training and evaluation process encourages a free two-way communication between faculty and fellows so that areas for improvement can be identified quickly and corrective action taken. Fellows are

[2] See Page 32-33 for description of Clinical Competency Committee

encouraged to discuss any disagreement directly with the faculty involved, and then if necessary, the program director, the core program director, and the department chairman, in that order. If this process does not result in resolution of the fellow's grievance, the grievance can be further addressed according to established institutional guidelines.

In addition, annual formal evaluations are completed by the program director for each fellow for the GME, ABIM, and other organizations.

EVALUATION OF FACULTY AND PROGRAM:

Fellows evaluate faculty on a semi-annual basis using MedHub. Evaluations are collected in a fashion to assure the anonymity of the fellow as much as possible thru MedHub. The level of confidentiality on the site is set to its' highest degree of 10. The program director and the program coordinator hold a monthly fellowship meeting to discuss any topics, address any concerns and notify fellows of changes in the program. Fellowship topics are also addressed at the monthly faculty section meeting, and also on an as needed basis. Bulletins and mandated program changes from the ACR, ABIM, RRC, etc., are discussed notified and implemented in a timely fashion during the monthly faculty and fellowship meetings.

The ACMGE, the GME, and the program annually collect evaluations from the faculty and the fellows. The results of these evaluations are discussed by the Program Evaluation Committee (PEC)[3]. The PEC committee is composed of the Program Director, Faculty, Program Coordinator and fellows. The PEC works on planning, developing, implementing and evaluating educational activities of the program; addressing areas of non-compliance with ACGME standards and reviewing and making recommendations for revision of competency based curriculum goals and objectives. The PEC then prepares a written plan of action to improve performance and follows-up on the previous academic year action plan. The plan is documented for the GME Annual Program Review of Effectiveness and reviewed by the GME office.

Fellows are encouraged to maintain a high level of communication with the program director, faculty and coordinator on an ongoing basis. The information and feedback received during informal and formal meetings, and annual forms are used to make improvements within the program.

The program director reports to the department chairman on a monthly basis at regularly scheduled Division Chief Meetings, and approximately every month regarding fellowship program development and other issues. Informal evaluation of the program occurs at these meetings. Annual formal summaries of the program, faculty and fellows are provided to the chairman and/or program director.

[3] Please see Page 34-35 for description of Program Evaluation Committee

DEPARTMENT OF RHEUMATOLOGY
TIME OFF POLICY & VACATION NOTIFICATION POLICY

In accordance with the ACGME and the ABIM Policy, a fellow is allowed **21 days** off per academic year (this includes vacation time and normal sick leave). The Nationally recognized holidays are separate from the vacation days and can be taken in addition to the vacation days. Unused time CAN NOT be carried over to the following year (ie. You must use your annual allotment time of 21 days). Anytime beyond the 21 days must be made up (ie. training times could be extended leading to a residency ending date after June 30th, days can be made up in the 2nd training year taking away from that year's vacation time).

ABIM Deficits in Training

We fully support the Family Medical Leave Act, any time can be taken beyond the allotted **21 days** please note that the days must be made up or in specific circumstances other options can be considered on a case by case basis[4] . In the event of fatigue, illness, family emergencies, etc where a fellow is away for an extended period of time, if needed their patient care responsibility will be shared between the remaining fellows.

Additional Information

It is advised that the fellow do not take vacation in mid-October for our Recruitment days and early March for our ACR In-training-Exam

All time off requests must go thru the program coordinator and director for approval. Time (excluding sick leave) taken off without prior EPO approval can lead to academic probation

Vacation Notification

The earlier notification the greater the probability of vacation approval.

Vacation notification **MUST** be given **30-days** in advance for UHCC clinic and **60-days** in advance for the VA clinic

Appointments

Residents are permitted to attend any medical, mental health, and dental care appointments during their training including those scheduled during their working hours. If the appointments conflict with scheduled activities

[4] *"The ABIM recognizes that delays or interruptions may arise during training such that the required training cannot be completed within the standard total training time for the training type. In such circumstances, if the trainee's program director and clinical competency committee attest to ABIM that the trainee has achieved required competence with a deficit of less than one month, extended training may not be required."*(ABIM Policies and Procedures for Certification February 2017)

please inform the program coordinator to make arrangements to make-up the educational activity.

DEPARTMENT OF RHEUMATOLOGY
SALARIES AND BENEFITS

As a fellow in the Department of Rheumatology you will receive various benefits as a New York State UUP employee under the category of Graduate Medical Education Trainee

Salary

PGY-4 $62,155
PGY-5 $65,035

Health Insurance/Prescription Coverage

Starts at the 43rd day of employment. There are various affordable coverages to choose from that include both individual and family plans. As a UUP employee, you have the option to open a flex spending account that allso for pretax contributions in a Dependent Care Advantage Account (help pay for childcare) and Health Care Spending Account

Dental/Vision Insurance

Starts at the 42nd day of employment. There are various affordable coverages to choose from that include both employer-paid individual and family plans

Retirement Plans

Have the opportunity to enroll in the New York State Employees' Retirement System which includes retirement, disability coverage, disability retirement, pension and death benefits. As a UUP employee, you have the option to invest in an additional supplemental Retirement program

Meals

Wednesday morning lab conference and Thursday morning Rheumatology Grand Rounds include breakfast

Department Benefits

- 2 lab coats provided at the start of the first training year, 1 additional coat provided in the second year of training
- $300 Education Allotment Fund
- Membership coverage for 1 major subspecialty society per year
- $1200/year for a fellow that is first author presenter for subspecialty meeting

ACR Conference

2nd year fellows are highly encourage to attend the ACR conference in early November. The ACR usually grants scholarships to 2nd year fellows-in-training.

Employee Assistance Program (EAP) & Balance Work

BalanceWorks Resident Assistant Program is a free resident work/life benefit program that can help provide professional support and personal assistant to the fellow. The program provides a broad range of benefits from counseling, childcare resources, legal advice to help in planning a family vacation and more.

EAP is a free service offered to employees to help identify and resolving personal, family and workplace problems thru confidential counseling and referrals

RHEUMATOLOGY PROGRAM POLICIES AND PROCEDURES

The SUNY Upstate Medical University Rheumatology Fellowship program falls under the guidelines set forth by ACGME, the State of New York and SUNY Upstate Medical University. For more information about SUNY Upstate Medical University policies and procedures contact the GME office 315-464-8948 or go to their website at www.upstate.edu/gme.

ACGME

SUNY Upstate Medical University Department of Rheumatology Fellowship Program is fully accredited by the ACGME. The Rheuamtology Fellowship Program in conjunction with the CORE Residency Program is dedicated to being up-to-date with all the new standards, procedures, guidelines and announcements set forth by the ACGME. Starting in July of 2014, the Rheumatology Program successfully implemented the ACGME NAS Reporting Milestone Evaluation System and we will continue to change adapt the program to the evolving guidelines set forth by the ACGME including the updated July 1, 2017 Common Program Requirements

CLER

The Clinical Learning Envrionment Program (CLER) is designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited institutions with periodic feedback that addresses the following six focus areas: patient safety; health care quality; care transitions; supervision; fatigue management and mitigation; and professionalism. (www.ACGME.org).

The Institution recently had a successful CLER site visit in April 2017

PATIENT SAFETY

The faculty, fellows and the staff of the Department of Rheumatology is committed to ensuring patient safety and Quality Improvement. To report anonymously patient safety events including near misses go to the upstate Safety Intelligence (SI) reporting system at sievent.upstate.edu

QUALITY IMPROVEMENT

For the 16-17 academic year, each fellow designed a QI project to research at the VA. They were given data sets from the VA IMT, analyzed the data, produced an abstract and gave recommendations to the VA based on the QI results. They worked on the following topics: Osteoprosis prevention and long term steroid use; PCP prophylaxis in patients taking chronic prednisone; Providers check for viral hepatitis prior to starting Methotrexate; Pneumococcal vaccination in rheumatologic patients on immunosuppressives. We hope to continue these projects for all incoming fellows to the program.

CARE TRANSITIONS

The department is dedicated to optimizing transitions in patient care thru open communication and engagement with faculty, fellows and members of interdisciplinary teams. The department's consult week runs from Monday to Sunday. On Friday before/after didactics the fellow on consult will have face-to-face communication with incoming consult fellow starting on Monday, notifying them about the current status of the patients on service. On Sunday night, the fellow on consult will sign out the patients on the consult team to the incoming consult fellow via written confirmation. The patient information is shared via EPIC which the fellows have remote access available at home to look up the patients records if need be.

The fellows schedule a follow-up with their inpatient consults at the outpatient clinic via EPIC with themselves or the attending physician.

When a faculty member is away on vacation his/her inbox is assigned to the fellows and attending on consult. When a fellow is on vacation their faculty clinical preceptor will be assigned their inbox.

DUTY HOURS

The department is dedicated to following duty hour regulations set forth by the ACGME:

- Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
- Residents should have eight hours off between scheduled clinical work and education periods
- Residents must have 14 hours free of clinical work and education after 24 hours of in-house call
- Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments
- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education
- In rare circumstances, after handing off all outer responsibilities, a resident, on their own initiative, may remain or return to clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; to attend unique educational events. These additional hours of care will be counted towards 80-hours weekly limit (Must Be approved by GMEC, DIO and Program Director and submitted to the Review Committee)
- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the education program, and must not interfere with the resident's fitness for work nor compromise patient safety and must be counted towards the 80-hour maximum weekly limit
- Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
- At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident
- Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Duty hours are reported weekly by the fellows thru the MedHub system under the "Resident Work Hours". The hours are then approved by the program coordinator monthly.

MOONLIGHT POLICY

The Department of Rheumatology fellowship program does not allow Fellows-In-Training to moonlight as it

would interfere with the fellow's required educational expectations and duty hour regulations.

FATIGUE AND FITNESS FOR DUTY

In a culture of professionalism that supports patient safety and personal responsibility, it is the obligation of everyone involved in the program to recognize symptoms of fatigue hindering a fellow's fitness for duty.

Fatigue is a common part of life's strains as we all try to juggle our work/life balance. It is important that the fellows-in-training, the faculty and staff are aware of the symptoms of fatigue that could lead to a risk of improper patient care in errors of commission and omission and also harm to oneself due to inattention, degraded judgement, poor motor skills and exhaustion.

SITUATIONS THAT LEND THEMSELVES TO FATIGUE:

Abrupt changes in work schedule
Extended call beyond the normal wake-sleep cycle
Challenging work conditions (i.e. busy service, complex patients)
Changes in home life (marriage, divorce, new child, financial difficulties, etc)
Inadequate rest

YOU MIGHT BE FATIGUED IF YOU ARE EXPERIENCING THE FOLLOWING:

Physical Symptoms
Frequent, unexplained headaches
Muscular aches and pains
Breathing difficulties
Blurred/double vision
Burning urination
Loss of appetite
Drifiting/nodding off to sleep
Emotional lability
Poor Work Performance

Mental Symptoms
Attentional narrowing
Easily distracted
Reduced performance standards
Feelings of depression
Impaired judgement
Poor visual perception
Expanded tolerance limits (willing to settle for less)

YOU MIGHT SEE THE FOLLOWING IN SOMEONE WHO IS FATIGUED:

Physical Symptoms:
Degraded motor skills
Tenseness and tremors
Intolerant/irritable
Decrease reaction time

Mental Symptoms:
Absentmindedness
Reduced short-term memory
Lack of interest and drive
Confused and fearful
Decreased startle response
Worried and anxious
Social withdrawal
Easily distracted

A FELLOW WHO DOES NOT FEEL FIT FOR DUTY SHOULD:

- Immediately call the attending on consult and talk to them directly (no voicemail) to ensure your condition is communicated properly
- Request that you be relieved from duty immediately after assuring a smooth transition of patient care by establishing the work type and the duration that the coverage is needed for.
- Consult the current program director, program coordinator or Employee Health

A SUPERVISOR OR ANOTHER FELLOW WHO HAS CONCERNS REGARDING A RESIDENT OR FELLOW'S FITNESS FOR DUTY SHOULD:

- Ask the individual if they are indeed fatigue
- If the fellow answers yes to the above question, immediately relieve the fellow from patient care duties after assuring a smooth transition of patient care by establishing the work type and the duration that coverage is needed for.
- If the fellows answer is no, but you are still concerned you should contact the individual's supervisor
- Consult the program director, program coordinator or Associate Dean for Graduate Medical Education

As a general rule, each resident/fellow will be expected to complete an equal share of weekend and holiday calls. If the resident/fellow is unable to meet this responsibility due to illness or another situation as listed above, the resident/fellow will complete the requisite number of calls at a later date as determined by the Program Director or Chief. It should be understood that receiving return coverage is a courtesy but is not an absolute requirement and may not be possible in all situations. SUNY Upstate Medical University's institutional policy allows employees to be out for a number of sick days without consequences. It is in this regard that professionalism and courtesy should exist.

NOTE: Repayment of coverage may never result in an ACGME or New York State duty hour's regulation violation, no matter what the circumstances.

If a resident/fellow is out sick greater than three days, documentation must be brought to the Program Director's attention within 24 hours of returning to work. Documentation needs to show the name, date, time, and place where the resident/fellow was seen. Diagnosis does not need to be disclosed as this information is confidential. Failure to comply with the documentation requirement could lead to comments regarding professionalism in the final evaluation of the resident/fellow or disciplinary action.

For extended absences/illness, please refer to the **Department of Rheumatology Time Off Policy**. Residents and fellows should be mindful of individual Board requirements that may set limits on the amount of leave one may take at any level. In most cases, vacation time cannot be forfeited for leave.

While every attempt will be made to cover a resident or fellow with another resident or fellow, the final authority for patient care and supervision lies with the attending. In all cases when another resident or fellow cannot cover or cannot be reached, the attending on service will provide this coverage.

Process for Raising Confidential Concerns and the Residency Advisory Council

(Adapted from the GME Handbook)

Process for Raising Confidential Concerns:

Resident Feedback: The Graduate Medical Education (GME) Office strives to maintain an environment where residents are free to voice their concerns without fear of reprisal. If you have an issue you would like us to address you may submit the information to the GME website at www.upstate.edu/gme/res-feedback.php. Any information you provide will be kept completely anonymous. In addition, residents may also schedule an appointment to meet with the Associate Dean for Graduate Medical Education (464-7617) or call the Compliance Hotline at 464-6444.

Resident Advisory Council (RAC): The Resident Advisory Council is composed of peer selected resident representatives of each of the accredited residency programs of the State University of New York Upstate

Medical University. This body meets two times per year [more frequently if required]. These meetings provide a forum to address issues that are of general concern to trainees. This may include hospital policies, facilities, or educational issues. Proposed policies, educational offerings or concerns may be brought by the Associate Dean for Graduate Medical Education to resident representatives at these meetings to elicit input. Minutes from the meetings are distributed to all residents and are maintained on the GME website. The Resident Advisory Council elects from among its membership representatives to serve one-year terms as voting members of the Institutional Graduate Medical Education Committee. These representatives provide a resident's perspective to issues that arise in the GME Committee. The Resident Advisory Council also serves as a place where women residents can voice their concerns regarding issues relevant to women (for example, lactation rooms, pregnancy policies).

DEPARTMENT OF RHEUMATOLOGY SUPERVISION POLICY

The Department of Rheumatology adheres to the ACGME rules regarding faculty supervision. As the fellows develop their skills over the course of two years of training, they are progressively given increased responsibility with appropriate level of supervision by the faculty.

All faculty members must remain current on their credentials and privileges in all three hospital setting (Upstate Medical University, Crouse Irving Memorial Hospital, Veterans Administration of Syracuse). Information about faculty credentials and privileges can be attained via request to thru Upstate Medical Staff Service Office.

Faculty members have the discretion to designate to the fellows, residents, and medical students varying levels of responsibility for patent care and the needs of the patients. In the patient care setting, it is the supervising faculty who is ultimately in-charge. The fellows must inform the patients of their role as fellow in training during their encounters.

Faculty members provide the following levels of supervision based upon the fellow's competency in training (Defined by the ACGME):

Direct Supervision: The supervising physician is physically present with the resident and patient

Indirect Supervision: With direct supervision immediately available, the supervising physician is physically present within the hospital or other site of patient care and is immediately available to provide Direct Supervision AND/OR With Direct Supervision available the supervising physicians is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities and is available to provide direct supervision after travel to the site of patient encounter.

Oversight: The supervising attending physician is always present during invasive procedures and personally examines each patient before diagnostic work-up is initiated or treatment decisions are made of recommended to other patient care teams. The attending physician routinely provides review of procedures/encounters after care is delivered.

In the clinical out-patient setting, the faculty preceptor has direct and indirect supervision of the fellow. When the patient first arrives the fellow will have indirect supervision from the faculty in attaining patient history and information. Then the precepting faculty member will have direct supervision and oversight of the fellow during the consultation and examination of the patient. All diagnostic testing and treatment plans prepared by the fellow will have oversight from the precepting faculty member.

In the clinical in-patient setting, the attending has both direct and indirect supervision of the fellows. All patients

both new and follow-up care consult patients are discussed at least daily between the attending physician and the fellow on consult. Overtime as the fellow is determined to be more competent as shown thru their semi-annual milestone evaluations, the level of supervision goes from direct to indirect depending upon the patient load and the needs of patients. The attending is immediately available 24/7 if need be by the fellow either on-site or via phone. The fellow is advised to contact the attending for any questions they might have.

APPENDIX

UPSTATE
MEDICAL UNIVERSITY

SCIENTIFIC BASIS OF RHEUMATIC DISEASE

Didactic Teaching Series 8th floor Weiskotten 8298 WSK

ANCA associated vasculitis
Ankylosing spondylitis- diagnosis, radiographic findings and principles of pharmacotherapy
Anti phospholipid antibody syndrome
Anti phospholipid antibody syndrome
Basic Immunology – Adaptive immunity
Basic Immunology – Innate immunity
Bhat
Biology of immune complexes and complement components/ genetics of autoinflammatory diseases
Causes of hip pain and knee pain, foot and ankle pain (Achilles Tendonitis/Plantar Fasciitis)
Causes of neck pain and low back pain
Causes of shoulder pain (rotator cuff tendinitis/trochanteric bursitis), wrist and hand pain
Crystal Associated Arthropathies- diagnosis and evaluation
Crystal Associated Arthropathies- management and pharmacotherapy
Crystal Associated Arthropathies-pathogenesis and immunobiology
Diagnosis and management of restless leg syndrome
Diagnosis and management of rheumatic complications of viral hepatitis
Diagnosis, evaluation and management of adult onset Still's disease
Diagnosis, evaluation and management of Gonococcal Arthritis
Diagnosis, evaluation and management of sarcoidosis
Fibromyalgia-diagnosis, evaluation and management
Hemochromatosis

Heritable disorders of connective tissue disease- (Marfan's syndrome, Ehler's Danlos, osteogenesis imperfecta)
Infectious arthritis/gonococcal arthritis
Inflammatory Myopathy – pharmacotherapy and management
Juvenile idiopathic arthritis- clinical features, management and outcomes
Lyme Disease
Miscellaneous vasculitis (Behcet's , PANCS, Cogan's, Kawasaki's disease)
Normal biology of bone and cartilage, musculoskeletal development
Osteoarthritis - clinical features and treatment
Osteoarthritis- pathogenesis and pathophysiology of tissue destruction
Osteoporosis and complications
Osteoporosis- Principles of pharmacotherapy
Paget's disease
Pharmacology- mechanism of action of antirheumatic drugs
Presentation and management of septic arthritis
Psoriatic arthritis pathogenesis
Retroperitoneal fibrosis/ congenital immunodeficiency states/Complex Regional Pain Syndrome
Rheumatic complications of infectious disease
Rheumatoid arthritis- clinical features, laboratory findings and radiological features
Rheumatoid arthritis- Principles of pharmacotherapy
Rheumatoid Arthritis-Pathogenesis and immunobiology
Scleroderma – pathogenesis
Scleroderma- diagnosis and evaluation
Scleroderma- management
Sjogren's pathogenesis
Sjogren's syndrome – clinical features and Rx
SLE diagnosis- including renal, cutaneous, gastrointestinal, musculoskeletal manifestations
SLE– pharmacotherapy
SLE-Pathogenesis and immunobiology
Synovial fluid analysis

For Each Topic ACR Guidelines
Mechanism of action
Uses(with Supportive evidence)
Dosage
Excretion (Renal Adjustment)
Side Effects

Department of Rheumatology
Clinical Competency Committee (CCC)

(Adopted from ACGME policy, Upstate GME Policy and Upstate IM Residency Policy)

Definition

The Clinical Competency Committee (CCC) is charged with monitoring and evaluating fellows' performance as it pertains to the curricular milestones and core competencies, and, in do so, provides the reporting milestones semi-annually to the ACGME and the Upstate GME

Functions

Serves as an advisory committee to the program director with regards to the following:

- Advancement
    - Semi-annual milestone evaluations
- Promotion
    - From PGY-5 to PGY-5
    - From Fellow-In-Training to Board Eligible Graduate
- Remediation, including academic probation and academic discipline
- Termination of Appointment
- Transfer to Another Program
- Professional Discipline
- Serves as a system for early identification of fellows who are in need of help
- Ensures assessment tools are sufficient to effectively determine performance across competencies
- Increases the quality, standardize expectations, and reduce variability in performance assessment
- Provides transparency around performance expectations
- Improves the quality and the amount of feedback
- Offers feedback to the program on issues related to resident education

Assures that all issues related to the interface of departmental and institutional grievance processes are addressed should a fellow wish to appeal a Program Director judgement including those on: academic deficiency, academic probation, termination, misconduct, advancement or board eligibility

Membership

The clinical competency committee is appointed by the Program Director. The committee includes the following members for as long as they serve in their respective roles:

- Program Director (1)
- Associate Program Director (1)
- Program Administrator (Non-voting member) (1)
- Core Faculty (5)

Format/Agendas

The regular meetings of the CCC shall be held semiannually during the academic year on dates to be determined in November- December and May –June

- The agenda will include the following activities:
  - Review all the residents evaluations semi-annually
  - Preparation and assurance of proper documentation of the Reporting Milestone Evaluations of each resident to the ACGME
  - Making recommendations to the program director for resident progress including promotion, remediation and dismissal

- An attendance of at least 51% of the voting membership of the CCC shall constitute a quorum
- All participating members of the CCC are instructed that the nature of the meeting is confidential

Follow-Up

- The Program director will communicate and discuss the results fully to each fellow
- All reports will be entered in both the ACGME web ads portal and in MedHub

Department of Rheumatology
Program Evaluation Committee
(Adopted from ACGME policy and Upstate IM Residency Policy)

Definition
The Program Evaluation Committee (PEC) is charged with monitoring and evaluating a program performance annually. The PEC works on planning, developing, evaluating and implementing and educational activities of the program; addressing areas of non-compliance with ACGME standards; fostering continued program improvement; making recommendations for revision of competency based curriculum goals and objectives; and following up on previous academic year(s) action plans. The results of this meeting serves as the basis for the Annual Report of Program Effectiveness (ARPE) including the action plan that is submitted to the GME by the program director. The information is also used in the annual ADS update for the ACGME website.

Functions
- Plan, develop, implement, and evaluate educational activities of the program, including:
  - Fellow performance
  - Faculty development
  - Graduate performance, including performance of program graduates on the certifying examination
  - Program quality
- Review and make recommendations for revision of competency-based curriculum goals and objectives
- Address areas of non-compliance with ACGME standards
- Review the program annually using evaluations of faculty, fellows, and others
  - Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.
  - The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program.
- Assess and documents progress from the previous year's action plan(s)

- Develops and submit a written Annual Report of Program Evaluation (ARPE) documenting the formal, systematic evaluation of the curriculum including new action plans and follow up on previous action plans

Membership
The PEC includes the following members for as long as they serve their respective roles:
Rheumatology Division Chief (1)
Rheumatolgy Faculty Primary Institution (5)
Rheumatology Faculty Secondary Institution (1)
Rheumatology Fellows (4)
Program Administrator (1)

Format/Agendas

The regular meeting of the committee is held annually in May-June of each academic year; additional meetings per year will be determined on an as-needed-basis

The agenda will include the following activities:

- Review of all rotation-specific, program specific and faculty specific evaluations for the current academic year
- Review all scholarly activity for faculty and fellows within the Department of Rheumatology
- Review Board Pass Rate for recent graduates and In-training exam scores for current fellows
- Review Match and Ranking Results for upcoming academic year
- Make recommendations for curriculum changes including, but not limited to, education activities, competency based goals and objectives, program policies and procedures and resource availability
- Provide the ARPE to the GME by the due date specified
- Include in the ARPE an action plan for the current academic year and a follow-up action plan for the previous academic year

An attendance of at least 51% of the voting membership of the CCC shall constitute a quorum
All participating members of the CCC are instructed that the nature of the meeting is confidential

Follow-Up

- During the PEC meeting an action plan will be establish based upon the current academic year. Each annual PEC meeting will include a follow-up action plan from the previous year.