

GENERAL POLICY STATEMENT- OHSU RHEUMATOLOGY FELLOWSHIP

The Oregon Health and Science University Hospital (OHSU) and the Portland VA Medical Center (PVAMC) provide inpatient and outpatient rheumatology experience. As OHSU is the largest hospital in the state, and PVAMC the major referral VA Medical Center in Oregon and one of 2 major hospitals in VISN20, a wide spectrum of acute and chronic illnesses is encountered. This provides the best possible milieu for an outstanding rheumatology education.

I. ON CALL SCHEDULE AND VACATION

Rheumatology Fellows are on week-end call every 4th week-end or less frequently depending on the availability of internal medicine residents rotating on the rheumatology service. Week-end call starts at 5pm on Friday and finishes at 7:59 AM on Monday. The week-end faculty call schedule is shared between OHSU and PVAMC rheumatology staff. When on week-end call, the rheumatology fellow will see requested consultations in both the OHSU and the PVAMC. On week-days the fellow assigned to OHSU consult takes after hours call from home. The fellow assigned to PVAMC is on back-up call as directed by the attending physician in the event that the OHSU fellow is called into the hospital for acute consultation on several consecutive nights. A monthly schedule is distributed to both rheumatology fellows and all faculty. This schedule includes both the rheumatology fellows on call dates as well as the attending physician's on call dates. Rheumatology fellows are expected to use this schedule to determine the attending with whom they must consult on each new case. Rheumatology fellows are allowed 15 workdays as vacation per year. This is to be negotiated with the Program Director at least 3 months in advance. Compassionate leave for family emergencies etc. will be granted on a case by case basis. Sick leave is 15 days per year. See GME policies for details.

II. IN PATIENT EXPERIENCE

The rheumatology service accepts consultations from all other services at OHSU. Rheumatology fellows evaluate all such consultations and present them to the attending staff. A schedule for both fellows and attending determine who is on call- as detailed in previous section. It is expected that cases will be presented and evaluated by the attending faculty who is on call within 24 hours of the initial consult request.

III. AMULATORY CARE EXPERIENCE

Each fellow participates in the OHSU adult rheumatology continuity clinic twice per week and the VA rheumatology continuity clinic once a week. Fellows also attend the VA injection/regional rheumatology clinic, the OHSU musculoskeletal ultrasound clinic, the Legacy Emanuel pediatric rheumatology clinic, the OHSU vasculitis clinic, and the OHSU

lupus/scleroderma clinic according to schedule. Additionally the first and second year fellows are encouraged to attend at least four quarterly clinics in an underserved area of rural Oregon. At this time, these clinics are conducted at the Warm Springs Indian Reservation in Central Oregon, but the site and frequency of such clinics is subject to change in the future. This experience allows fellows to understand how different socio-economical and educational backgrounds may impact the treatment of various rheumatic diseases.

In most clinics, the rheumatology fellow will see 1-2 new patients and 4-6 returns. Annually this represents up to 400 new patients and up to 1100 return patients assuming 46 weeks of clinic per year. The patients are randomly assigned to each fellow depending on availability. The OHSU consult fellow is responsible for seeing urgent new referrals with the help of the consult attending. Each fellow has full responsibility for the patient's care on a continual basis over the duration of the fellowship. This involves initial consultative opinion, arranging for and interpreting appropriate tests, and long-term management.

At least one attending physician is present in every rheumatology clinic for supervision of trainees. Both OHSU and PVAMC clinics have a fixed attending schedule. All patients are seen by the attending with the fellow. The attending physician must supervise all procedures until it is felt that the fellow is competent to perform them alone. Fellows are expected to keep a log of all procedures performed on both the outpatient and inpatient settings in their portfolio.

The Rheumatology fellow is scheduled for the same clinic period throughout the 24 months of training. Patients are assigned to the fellow both as new and as established follow-up patients. Patients are seen by follow-up appointment or may contact the same fellow by telephone. If the patient requires hospitalization, the responsible fellow will follow the patient as part of the inpatient consulting team.

IV. EDUCATIONAL & SCHOLARLY EXPERIENCE

Rheumatology fellows are expected to participate in all educational activities scheduled for the fellows as well as regularly scheduled divisional educational activities. Any absence needs to be cleared with the program director ahead of time. Fellows are encouraged to attend regional continuing education activities. Fellows are expected to attend the annual national meeting of the American College of Rheumatology which is fully funded by the division or its sponsors. Fellows will also be sponsored to attend the yearly Rheumatology and Orthopedics CME course organized by the division as well as the Northwest Rheumatism Society annual meeting. Finally the senior fellow will be permitted to attend the yearly SPARTAN meeting if funds are available. Fellows are encouraged to present papers at scholarly meetings such as FASEB, AAI, AFCR, or ASCI. The division will consider financial support for fellows to present at meetings of this kind. Any additional meetings

that the fellow wishes to attend needs to be taken during vacation time and will not be funded by the division.

All fellows are expected to identify specific scholarly activities during their first year under mentorship of OHSU/PVAMC faculty and discuss a final list of activities with the program director. Examples include case reports, in-depth literature reviews, or co-authoring book chapters with submission for publication by the second year; investigator initiated clinical or basic science research projects with submission of results for presentation at annual national meeting of the American College of Rheumatology; and performance of study-related procedures in clinical trials such as study-related structured physical examinations under the direction and supervision of divisional faculty members who are Principal Investigators. A fellow wishing to have more exposure to conducting and running clinical trials could seek that experience during his/her second year by working closely with a faculty mentor.

Fellows who are interested in additional clinical training opportunities are encouraged to discuss their specific needs with the Program Director who can coordinate such elective experiences with other regularly scheduled activities and the relevant department, local or community based clinical faculty or collaborators.

V. INTERFACE WITH THE INTERNAL MEDICINE RESIDENCY PROGRAM

The office for Graduate Medical Education administers the Rheumatology Fellowship at OHSU. This same office administers all other residencies at OHSU. Internal Medicine residents rotate through the rheumatology program and are involved in both the rheumatology clinics and consult service. Rheumatology Fellows are encouraged to periodically provide lectures to internal medicine residents. As general medicine residents rotate through the rheumatology services, they may be the first person to see an inpatient consult. In this case the rheumatology fellow will discuss the case with the internal medicine resident before presentation to the attending.

VI. OHSU DRESS CODE

All OHSU physicians, fellows, residents, interns, medical students, when seeing patients, are expected to be neatly dressed and groomed. Men should wear a shirt and dress pants with a professional appearance. Women should wear professional clothing. Jeans and running shoes are inappropriate clothing when interfacing with the public. Please refer to the OHSU dress code for details.

VII. SUPERVISORY LINES OF RESPONSIBILITY and ORDER WRITING

The Program Director is responsible for all aspects of the Rheumatology Fellowship Program at OHSU and the PVAMC.

Rheumatology Fellows are supervised directly in the outpatient clinics at OHSU and the VA and the consult service by the attending faculty. They assume the primary responsibility in performing the initial work-up and establishing a working diagnosis. The original history, physical examination, and various laboratory tests are reviewed by the attending staff physician and recommendations are then made. The attending physician on a continuous basis reviews follow-up visits. All new clinic patients and all consultations are to be recorded in a patient log maintained by the rheumatology fellow. Any order for chemotherapeutic agents used for the rheumatic diseases have to be co-signed by the attending physician. Similarly any invasive procedure or potentially toxic therapy has to be discussed with the attending staff physician and initiated by the fellow after appropriate counseling of the patient of the material risks, benefits, and alternative therapies.

All procedures performed in the first year of training are supervised on a one on one basis by the rheumatology attending staff physician. During the second year when performance of procedures is deemed proficient by the attending faculty the fellow can perform procedures without supervision. All procedure experience during the entire fellowship is to be recorded in a log maintained by the rheumatology fellows. The Program Director will review both the patient log and the procedure log at the time of the 6 month fellow review.

The immunology infusion center is staffed by an experienced RN and is under the direction of a faculty member. All initial urgent clinical issues are covered by the OHSU consult fellow if the responsible faculty or fellow is not immediately available.

Fellows are responsible for all after-hours and emergency calls on all divisional patients (fellows' and teaching faculty's patients). Any change in medical therapy has to be discussed with the attending physician on call if urgent, or attending of record at the next available opportunity.

While a faculty is away, the senior fellow will be responsible for addressing messages requiring urgent visits or patient call backs. The OHSU consult faculty or covering faculty will take care of routine epic inbox messages including medication refills and laboratory results review.

VIII. FELLOW EVALUATIONS

Rheumatology Fellows meet with the Program Director every 6 months. Prior to the meeting, each faculty will have completed the fellow's semi-annual evaluation for review by the Clinical Competency Committee and the program director. Semi-annual evaluations are based on the subspecialty milestones. Additionally the fellow will have completed a self-evaluation. Each fellow review will include: evaluation of clinical experience, evaluation of

procedure experience, participation in divisional conferences, attendance at regional and national conferences, research projects, deficiencies and ways to improve, and career goals. The fellows will also evaluate each faculty member on an anonymous standard questionnaire. If a fellow is having problems with any aspect of the program or faculty member, he/she should request a meeting with the Program Director and or Division Chair as soon as is mutually convenient.

IX. ETHICAL CONDUCT

Rheumatology Fellows are expected to interact with all patients in a professional and ethical manner. All patients will be treated with courtesy and respect irrespective of ethnicity, payment status, social class, medical problems, history of substance abuse, or personality quirks. Many patients travel long distances to come to our clinics. If they are late for an appointment, efforts within reason will be made to see them the same day.

X. EFFECT OF LEAVE ON PROGRAM COMPLETION

In accordance with the ABIM Policy and Procedures Manual, up to one month per academic year is permitted for time away from training, which includes vacation, illness, parental or family leave, or pregnancy-related disabilities. This excludes time taken to attend medical conferences approved by the division. Training must be extended to make up any absences exceeding one month per year of training. Fellows should work with the program director to design a schedule that will accommodate the fellow's and the division's needs.

XI. MOONLIGHTING

Fellows may moonlight only after written permission of the program director has been obtained (a copy of the permission should be kept in the fellow's portfolio). Moonlighting permission can be revoked if it is felt by the faculty to be interfering with the fellow's performance. If moonlighting, the fellow will be asked to keep duty hours in E*value as required by the graduate medical education office. See policy details at <http://www.ohsu.edu/xd/education/schools/school-of-medicine/gme-cme/gme/directors/gme-policies/index.cfm>

XII. APPENDICES INCLUDED WITH THIS POLICY STATEMENT:

The Rheumatology Fellowship Program abides by OHSU's Office for Graduate Medical Education's policies on leave, vacation, duty hours, etc. Please refer to the following website for a list of detailed policies.

<http://www.ohsu.edu/xd/education/schools/school-of-medicine/gme-cme/gme/directors/gme-policies/index.cfm>

- Resident Probation, Suspension, Dismissal and Non-Renewal of Contracts
- OHSU Intern/Resident/Fellow Grievance Procedure
- OHSU Institutional Policy on Duty Hours
- Administrative Leave, Discipline and Sanctions House Staff Procedures
- Resident Paid Time-Off Guidelines

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- Moonlighting Policy
- Physician Impairment Policy

I have read this policy statement and agree to abide by its contents.

Fellow's Printed Name

Date

Fellow's Signature

Page operator instructions:

DAYS:

1. OUT-PT: To clinic, if clinic closed, page pt's doctor. If patient's doctor not available, call consult fellow; if consult fellow not available, call consult attending
2. WARDS: Resident then fellow, then attending
3. CONSULTS:
 - a. In-House: Resident then fellow, then attending
 - b. Outside: Physician Consult 44567
4. ADMITS/TRANSFERS:
 - a. In-House: Resident then fellow, then attending
 - b. Outside: Transfer Center 47000
5. OTHER:
 - a. Calls not regarding in-house consults to Fellow (house officer 4 or 5)
 - b. Calls from outside physician to rheumatology doctor regarding shared patient >> call patient's rheumatologist >> if unavailable, call consult rheumatology fellow >> if not available, call consult attending

AFT HRS:

OUT-PT (Fri 5pm - Mon 7:59am): All calls to fellow (if resident on, all calls to attending)

OUT-PT (weekdays 5pm-7:59am): All calls to fellow >> if not available, calls to attending

CONSULTS: (house officer 4 or 5- is equivalent to a fellow)

- a. In-House: Fellow/Attending on-call.
- b. Outside: Fellow/Attending on-call.

ADMITS/TRANSFERS:

Outside: Transfer Ctr 47000.

OTHER: Outside consults from NP & RNs go to attending

Vacations:

To check if your pager has been switched off correctly:

1. Call 4-4799 and change the status, call back and it should announce that it is Out of Hospital Not Available.
2. Manage your pager via Smart Web by following these steps:
 - Open your intranet browser (Ozone)
 - Click on Phone Directory
 - Click on Paging Profile
 - Click on Status. Under Status Update and using the drop down, click on the appropriate status. Click Update. This changes your paging status in real time.

Rheumatology Transition of Care Policy:

Ensuring effective transitions of care is an essential component of learners' achieving proficiency in patient care, interpersonal communications skills, systems-based practice, and professionalism. The purpose of this policy is to define safe process to transfer important information, responsibility, and authority from one provider or institution to another.

Policy: A handoff is a verbal and/or written communication, which provides information to facilitate continuity of care. Handoffs should follow a standardized protocol and include opportunity to ask and respond to questions when appropriate.

Procedure: The following procedures apply to all care providers who are teachers and learners in a clinical environment and have responsibility for patient care in that environment.

1. Handoffs procedures will be conducted in conjunction with but not limited to the following events:
 - a. Week-end call
 - b. Change in consult rotation
 - c. Vacation coverage
2. A verbal or written sign-out will contain the following:
 - a. Patient name and location
 - b. Diagnosis
 - c. Active care issues that require follow up (pending studies, planned therapies)
 - d. OHSU sign out via Patient Secure email acceptable
 - e. VA sign-out via secure VA email acceptable or (more likely since most providers do not maintain a secure VA email certificate) verbally. No VA patient health identifiers to be communicated via OHSU secure email.
3. Upon vacation, fellows must forward their EPIC in-basket and their CPRS alerts to a designated co-fellow who has agreed to cross cover. Upon return, the cross covering fellow should give the returning fellow a verbal or written sign out of any patient issues that arose and that require continued follow-up.

4. The program director is responsible for reviewing this policy with the fellows at initial orientation and periodically to ensure that the procedure is followed and well understood.
5. The transferring fellow should be available for questions should they occur following the handoff procedure.
6. The receiving fellow should resolve any question prior to acceptance of the patient. The receiving fellow should also appropriately document in the electronic medical records any issues that arose during his/her coverage that are pertinent to the patient's continuity of care and that requires further follow up.

How to Admit From Rheum Clinic:

1. Call the on call Internal Medicine Admit Team
 - a. Pager 15000
 - b. Explain the reason for admission and obtain the Attending's name
2. Bed Control x 48136
 - a. Inform them about the patient and the admitting Physician's name.
 - b. They will tell you when a bed is ready and when patient can be sent to admitting
 - c. If patient is stable they will wait in clinic and then be sent to Admitting
 - d. If patient is unable to wait in clinic inform bed board and they will arrange for a temporary room on 7C or 5A. Bed board will then connect you to admitting if needed.
 - e. If patient is unstable, call the ED physician and have patient escorted to the ED.