

Rheumatology Fellowship Handbook

(abridged version 2020-- preview for applicants)

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Program Coordinator: Kelly Walsh

Program Aims:

1. Train excellent clinical rheumatologists, prepared to provide consultations in a variety of settings including outpatient private or academic practice, and inpatient care, and prepared to meet local, regional, and national clinical needs within the context of a rapidly changing health care system.
2. Provide trainees with a foundation for independent research in clinical, translational, or basic science in rheumatology.
3. Provide trainees with a foundation to become educators within rheumatology.
4. Develop trainees' skills of life-long learning, professionalism, and collaborative practice.

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Fellowship Overview

Our program

The University of Rochester's Rheumatology Fellowship program is a well-established ACGME accredited program, with unique features including a dedicated faculty with diverse expertise and interests, strong ties to our partner Allergy/Immunology fellowship within our combined division, a variety of opportunities for collaborative work with partners in pediatric rheumatology, orthopedics, and other specialties, and a large and diverse patient population in the region. Most fellows complete two years of training, though options for extended combined training may exist for qualified applicants. We participate in ERAS and generally match one or two new fellows each year.

Overall organization of the fellowship

- The fellowship is structured into 26 two-week “blocks” each year (or 13 four-week blocks).
 - After orientation, fellows have 4 types of blocks
 - inpatient service
 - elective/selective
 - scholarship/research
 - vacation.
- In general, fellows have 2 blocks of vacation (4 weeks), ~6 blocks of elective, ~6 blocks of scholarly time, and 10-14 blocks of inpatient service each year. See [sample block schedule for details](#). Block start/end dates (including vacation) may be flexible depending on individual fellow and program needs.
- Block schedules, clinic schedules, conference schedules, call schedules, and other organization is managed by our fellowship coordinator. Fellows are expected to arrange coverage for most absences and changes, and to be in close communication about any requests for changes.

Orientation

- New fellows start with an orientation block, typically on July 1st of their first year.
- All new fellows will complete mandatory training and paperwork during orientation.
 - Includes: institutional orientation, EHR training, human subjects protection paperwork, and other formal training as assigned.
- During July and early August, there will be a series of introductory teaching sessions held by faculty. *All new fellows must participate*; senior fellows are encouraged to attend when possible. New fellows are also encouraged to attend a formal introductory course, typically held in mid-July.

- New fellows will meet with each faculty member individually during orientation to discuss each faculty member's roles within the division, their clinical interests, possible research options, and mentorship opportunities.
- New fellows will be oriented to the clinics and meet with clinic staff, to the inpatient service to the research laboratories within the division, and to the clinical research program.

Contact information

Fellowship coordinator:

- Kelly Walsh. Email: kelly_walsh@urmc.rochester.edu

Fellowship director:

- Bethany Marston, MD. Email: bethany_marston@urmc.rochester.edu

All Rheumatology faculty, Allergy faculty and research faculty and administrator contacts are available on the shared "I" drive: Allergy Immunology Rheumatology/General/Division contact & phone lists

Clinic locations

Red Creek Rheumatology	400 Red Creek Drive, Suite 240 Rochester, NY 14623	Phone: 486-0901 Fax: 340-5399 or 442-7673
Lattimore Rheumatology	125 Lattimore Road, Suite G-110 Rochester, NY 14620	Phone: 486-0901 Fax: 442-7673 or 340-5399
Canandaigua Rheumatology	395 West Street, Suite 007 Canandaigua, NY 14424	Phone: 978-8299 Fax: 394-7156

Admin office: 5-6220 suite at SMH

Other important contact information

- Fellows' office: G-6410
- Jacox-Vaughn conference room: G-6413A

Sample Block Diagram (2-week blocks)

- 10-14 blocks of inpatient consults (varies by year and year of training)
- 6+ blocks of scholarly/research (including orientation in 1st year)
- 6+ blocks of elective
- 2 blocks of vacation

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Rotation	Oreintation	Oreination	Inpt consult	Inpt consult	Elective	Inpt consult	Research	Research	Inpt consult	Elective	Inpt consult	Inpt consult	Vacation
% Outpt (Clinical)	10%	20%	20%	20%	92%	20%	10%	10%	20%	92%	20%	20%	
% Inpt (Clinical)	0	72%	72%	72%		72%			72%		72%	72%	
Academic or didactic	30%	30%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	
% Research	60%	50%					82%	82%					

Block	14	15	16	17	18	19	20	21	22	23	24	25	26
Rotation	Inpt consult	Elective	Inpt consult	Elective	Research	Inpt consult	Research	Inpt consult	Research	Elective	Inpt consult	Elective	Vacation
% Outpt (Clinical)	20%	92%	20%	92%	10%	20%	10%	20%	10%	92%	20%	92%	
% Inpt (Clinical)	72%		72%			72%		72%			72%		
Academic or didactic	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	
% Research					82%		82%		82%				

Sample daily schedule by week:

(inpatient consult block)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
off	7:30 – 8:15 Pre-clinic conference					(If on service)
	8:15 Fellows’ clinic	8:00-12:00 Faculty clinic	8:00-12:00 Independent study, reading, scholarly work, admin responsibilities, etc.	8:00 – 10:00 AIR Grand Rounds 10:00-11:00 Fellows teaching session	8:00-12:00 Faculty clinic	Consults and rounds as dictated by patient needs and fellow and attending schedule.
		12:00 IM grand rounds				
	1:00 Inpatient consults	1:00 Inpatient consults	1:00 Inpatient consults	1:00 Inpatient consults	1:00 Inpatient consults	
	4:00 Rounds	4:00 Round	4:00 Round	4:00 Round	4:00 Round (and sign out to weekend team if not on for the weekend)	

(elective block) ’

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
(If on service)	7:30 – 8:15 Pre-clinic conference					off
Consults and rounds as dictated by patient needs and fellow and attending schedule.	8:15 Fellows’ clinic	8:00-12:00 Faculty clinic	8:00 Elective (eg PT/OT)	8:00 – 10:00 AIR Grand Rounds 10:00-11:00 Fellows teaching session	8:00-12:00 Faculty clinic	
		12:00 IM grand rounds				
	1:00 Elective clinic (eg Hand surgery)	1:00 Elective clinic (eg PM&R)	1:00 Independent study, reading, scholarly work, admin responsibilities, etc.	1:00 Independent study, reading, scholarly work, admin responsibilities, etc.	1:00 Elective clinic (eg MSK radiology)	

Clinical responsibilities

Inpatient Service/Call

- The fellow on service (on call) is responsible for running the inpatient service (with progressive independence – please also review the supervision policy.)
 - Responsibilities:
 1. ' Evaluate new and follow-up consults to inpatient floors, observation unit, or ED at Strong Memorial Hospital and Highland Hospital.
 - Most patients are seen as **consults**.
 - *Rarely* patients will be on the rheum service (with a rheumatology attending of record).
 - A resident team or APP will be assigned for daily tasks (orders, etc.), but these patients must be seen by the rheumatology team daily.
 2. ' Organize and run rounds daily.
 - Coordinate resident and student participation; rotators may see and patients independently with fellow oversight.
 3. ' Manage communication with primary team or other consulting teams.
 - Availability/Scheduling:
 1. ' The fellow on service is expected to be available by pager at all times when assigned to call.
 2. ' Weekday call is assigned based on the block schedule and includes evening pager call from home. Weekend call is scheduled separately. Fellows may be assigned to cross-cover the allergy/immunology service on weekends/holidays as well. Weekend call starts Friday afternoon (4:30) through Monday am (8:00 am).
 - Handoffs:
 1. ' The fellow should coordinate signout to the next service team (resident, fellow, attending) whenever there are changes to the consult team.
- Outpatient calls
 - The fellow on service also takes after-hours outpatient calls to the clinic..
 - All calls should be documented in eRecord and routed to the pt's primary rheumatologist.

Continuity Clinic

- Continuity clinic occurs every Monday morning at the Lattimore clinic.
- Patients in continuity clinic are yours – you can (within safe limits and with faculty guidance) determine management plans, follow-up intervals, and you are responsible for follow up of labs, referrals, and other testing. Attendings rotate monthly as preceptors.
- There is a pre-clinic conference at 7:30 am every week, for which pre-reading is generally assigned.

Faculty Clinics

- Faculty clinics rotate every 6 months. Each fellow will have 2 half-day faculty clinics each week. Some will be “general” rheumatology clinic and others may be “subspecialty” faculty clinic (lupus, psoriatic arthritis, ultrasound, etc.)
- Fellows attend faculty clinics when on inpatient and elective blocks but are not required to attend faculty clinics when on research blocks (or vacation). See the sample weekly schedule.

Other fellowship responsibilities

Electives

- Over the course of 2 years, each fellow is expected to complete electives to complement their rheumatology clinical training. See [the section on electives](#) for details about requirements and options.

Research

- A scholarly project is expected of every fellow. See the [section on scholarly work](#) for details.

QI/QA, patient safety, practice-based learning

- Each fellow is expected to complete a basic course in QI through the Institute for Healthcare Improvement (IHI) and to complete at least one QI/QA project during fellowship and/or to be involved in division projects. [See the section on QI](#) for details.

Didactics – learning and teaching.

- Grand Rounds are held at 8 or 9 am every Thursday. Fellows are expected to attend every week unless they are on vacation. Each fellow will present at AIR grand rounds several times yearly. See the [description of each conference type](#) for details.
- Other conferences – see the section on didactics for details.

Other

- Once yearly (usually early spring) you will take the Rheumatology In-Training Exam to assess medical knowledge.
- On an irregular basis, we may do a simulated patient encounters or OSCEs with each fellow to assess application of medical knowledge in standard clinical situations and for us to assess our program’s efficacy in our teaching. We may also provide structured feedback around real observed patient encounters.

“Housekeeping”

- Fellows are responsible for maintaining the following:
 - Duty hours
 - Division-wide inpatient consult log (kept on the shared drive).
 - Individual outpatient case log
 - Procedure log (all joint injections, ultrasounds, and any other procedures.)

- Fellows' survey yearly
- Faculty, colleague, rotation, and program evaluations
- Attendance logs for conferences
- The coordinator maintains each fellow's file – any questions about these should be addressed to him/her first

Performance reviews

- Every 6 months the program director and/or associate program director will review your evaluations, self-evaluations, logs, research and QI/QA progress, and other relevant information with you.

Electives

Each fellow does a **total of 20 half-day elective clinics over the course of each year**, scheduled during elective blocks (~12 weeks/yr). The coordinator can assist with scheduling individual clinics.

Elective specialties include (but are not limited to) orthopedics (sports med, hand surgery, foot/ankle), PM&R and PT/OT, pediatric rheumatology, dermatology, allergy/immunology, pulmonology, nephrology, neurology/neuroimmunology, pain clinic, MSK radiology, ophthalmology

Scholarly Work

Every fellow must complete a scholarly project during their training. The specific project you choose should be consistent with your individual career goals and interests. Each fellow will choose a primary mentor and a research committee of at least two additional faculty members. All fellows will work with their mentor and committee to choose a project and a research plan, and will present their work to the division at least once each year. We encourage all fellows to publish or present their work externally at an academic meeting or in a peer-reviewed publication.

Research Timeline -- Year 1:

July --

- Meet with ALL division faculty to discuss possible research projects.
- Preliminary reading in potential areas of interest to develop a question/hypothesis.

August --

- Choose a primary mentor and a research question (broad).

September --

- Establish a hypothesis and basic approach/plan with your mentor
- Choose additional members of your mentor committee (at least 3 total)

October through December --

- Set your first meeting with your committee
- Continue background reading, refine hypothesis, establish your methods, etc.
 - Submit to IRB (if needed.)
 - Consider what additional support may be needed (eg informatics, statistics, funding)
 - Practice methods/techniques as needed.
 - Update your research plan (if needed) prior to your first 6-month review.

January through March --

- Present your research proposal to the division at your research Grand Rounds.

By June --

- Meet at least one more time with your research committee.
 - Update your research plan before your 2nd 6-month review.
 - If you have sufficient preliminary data, consider submitting an abstract to the ACR or other meeting.
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Year 2:

July-Dec:

- Data collection, analysis.

Jan-June:

- Complete your project
- Present to the division including your results.
- Submit an abstract to the ACR or other meeting and/or write up and submit as a paper.

Didactics

Pre clinic Conference <ul style="list-style-type: none">• Schedule, chapter assignments, and files available on BlackBoard (or via scheduled preceptor)	Mondays 7:30 -8:15 am
Fellows Conference <ul style="list-style-type: none">• Includes:<ul style="list-style-type: none">○ Basic Science curriculum○ Radiology/Rheum (at Clinton Crossings, 1st Thurs of even months)○ MSK Ultrasound○ QI○ Career development	Thursdays, 10-11 am (usually)
Allergy/Immunology Grand Rounds	Thursdays: 8:00-9:00
Rheumatology Grand Rounds <ul style="list-style-type: none">• Fellows present ~3x/year<ul style="list-style-type: none">○ Topic/literature review○ Multidisciplinary case○ Research proposal or progress• Faculty and invited speakers also present	Thursdays, 9:00-10:00 (usually)
Case Conundrum	varies
Journal Club	

Tuesday at noon (12:00 pm): Internal Medicine grand rounds @ Class of 62 Aud/Zoom. Fellows will typically present a 30-minute presentation once during their fellowship, usually in the 2nd year.

Fellows are invited to attend conferences in other divisions/departments as time allows.

- Eg: Orthopedics hosts clinical or research conferences, other medicine divisions have regular conferences, pediatrics grand rounds or other conferences, and system-wide faculty development conferences may be of interest.

Outside conferences/travel

- The division has a limited budget for travel to scientific meetings – generally each fellow has sufficient funds to attend at least one meeting per year in addition to books and other expenses. Details will be arranged with the program director each year.

QI/QA, patient safety, practice based learning !

- Each fellow is expected to complete a basic course in QI through the Institute for Healthcare Improvement (IHI).
- Fellows are responsible for identifying patient safety concerns and participating in division and institutional patient safety initiatives. At a minimum, all trainees must use the RL Solutions events reporting system to at least one patient safety event or near-miss each year. Fellows are strongly encouraged to communicate within the division as well if patient safety concerns are identified, and to become involved in division and institutional patient safety advocacy and initiatives.
- All fellows must complete at least one QI/QA project during fellowship and/or to be involved in division projects, which will be mentored by faculty and reviewed at least yearly.
- All fellows will identify sources of individual, practice, and hospital practice data. Trainees will learn to query the EMR to identify individual practice data as a source to identify individual or group practice improvement goals.

Fellow feedback, evaluation, and mentoring

Feedback:

Fellows are encouraged to seek and provide feedback in all areas of their training within the program. Feedback provides formative information to an individual or program.

- Fellows should expect informal verbal feedback regarding patient care in outpatient, inpatient, and distance encounters from faculty, peers, and other members of the care team, and are encouraged to ask for constructive input regularly.
- Fellows are a key element of the educational experience of rotating residents and students, and are encouraged to provide individualized feedback to these learners.
- Fellows are encouraged to provide feedback to their faculty regarding areas in which clinical teaching might be optimized for their learning needs.
- Fellows are strongly encouraged to provide feedback to the program (to the program director, or through other channels if needed) regarding the fellowship itself.
- Education regarding effective feedback techniques is available to all fellows and faculty.

Evaluations:

Evaluations serve to provide summative information to an individual or program, as well as other stakeholders such as their supervisors.

- All fellows will receive written evaluations from faculty regarding their performance in both inpatient and outpatient settings. Evaluations from staff and patients may also be collected.

- These will be reviewed twice yearly at the Clinical Competency Committee meetings and with the fellow at each biannual review.
- Fellows are expected to evaluate their faculty regularly and the program at least yearly. These evaluations are kept confidential, and are a key source of information used for future faculty development and program improvements.

Mentorship:

Mentorship, coaching, and advising are important for professional development at all levels, and can come from many sources. Every fellow will have a primary research mentor. We also recommend having a career mentor/advisor in a non-evaluative role. Fellows are encouraged to seek out additional coaching, mentoring, or advice from other faculty within or outside the division as needed.

Program Policies

The fellowship and the division of Allergy/Immunology and Rheumatology are subject to URMC policies (e.g. regarding general ambulatory care, hospital protocols and guidelines, and other general policies and standards) which are available through the provider intranet at <https://urmc-smh.policystat.com/home/>.

Program specific policies regarding **handoffs** and **supervision** reflect institutional and ACGME requirements and are available and maintained on the shared drive.

Fellows with an active NYS license are eligible to **moonlight** at SMH or HH after completion of 6 months of fellowship and with written permission of the program director. Moonlighting hours must be reported, may not replace fellowship responsibilities, and must occur within the boundaries of work hours.

Trainee and clinician wellness are a priority at URMC. Resources and detailed information are available to all on the URMC intranet and the shared drive.