

Trainee Position Description and Essential Functions

Pediatric Rheumatology Fellowship Program

Position Identification: Fellow

Position Summary: 3 year program

Updated 5/22/2026

For the purpose of this document, the term “Resident” includes medical and dental residents and fellows, including those in ACGME, CODA and non-ACGME accredited programs.

General Overview of the Resident Role

A resident’s responsibilities include patient care responsibilities within the scope of their clinical privileges commensurate with level of training and other responsibilities required of all members of the medical staff. Under the supervision of attendings, general responsibilities of the resident may include:

- Initial and ongoing assessment of patients’ medical, physical and psychosocial status
- Performing history and physical examination
- Developing assessment and treatment plan
- Performing rounds
- Recording documentation, including progress notes, consultation notes, procedure notes and discharge summaries
- Ordering tests, examinations, medications and therapies
- Arranging for discharge, referral and after care.
- Providing patient education and counseling about health status, test results, disease processes and transition of care planning
- Performing procedures (joint injection/aspiration)
- Teaching and evaluating junior learners, such as medical students and pediatric residents

UW GME Expectations for Professional Behavior

- All residents must comply with the [UW Medicine Policy on Professional Conduct](#) and the UW Medicine [Compliance Code of Conduct](#)
- ACGME Competencies in Professionalism, including fitness for duty (See [ACGME Common Program Requirements](#))
- All residents must comply with [GME Policies](#), including the Resident and Fellow Position Appointment Agreement (RFPA)

Essential Functions

Essential functions are the fundamental job duties of the position that cannot be eliminated or substantially modified without changing the nature of the position.

A job function may be considered essential for the following reasons:

- The reason the position exists is to perform that function

- Resident educational requirements and patient care responsibilities
- A limited number of available residents can perform that function
- Varies by program, rotation, year, risk pools, etc.
- The function may be highly specialized so that the trainee in the position is hired for their expertise or ability to perform the particular function
 - Cannot easily hire more trainees, especially of a specific R level
- The percentage of time spent on a function does not determine whether or not it is essential.

Essential functions for GME residents must include consideration of:

- ACGME program requirements
- Specialty board requirements
- UW program requirements
 - Unique to each UW training program and must consider:
 - Complexity of rotations/service requirements
 - Size of program
 - Structure and depth of back up call
 - Please refer to the program's [Clinical Coverage Policy](#)
 - Inclusive of the hospital system requirements:
 - Rotations dependent on residents' service for patient care
 - Coverage options available

A resident must perform the position's essential job functions ***with or without an approved reasonable accommodation***. Reasonable accommodation means modifying or adjusting practices, procedures, policies, job duties, or the work or application environment so that a qualified individual with a disability **can still perform a position's essential functions**. Approved reasonable accommodations are determined via an interactive process involving the resident, DSO/HR/GME and the program.

Essential functions ensure the safe and smooth delivery of education and patient care and are identified in alignment with program aims to facilitate trainee readiness for independent practice across an appropriate range of clinical settings for that specialty. Transparent documentation of a program's essential functions is also an important resource for applicants evaluating the training program during recruitment.

Essential Program Administrative Functions

Onboarding

The Resident must:

- comply with all program and institutional tasks required for credentialing and onboarding by the requested deadlines
- Other functions/details specific to the program:
 - Credentialing and onboarding tasks must be completed for both UW and Seattle Children's Hospital
 - Credentialing and onboarding tasks must be completed for Alaska Native Medical Center before participating in the outreach rotation.

Program Tasks and Documentation

The Resident must:

- participate in all requests for schedule preferences, requests for absence or schedule changes of requests for clinical coverage on the requested timelines or deadlines.
 - Requested outdates (PTO) must be provided 90 days in advance to be guaranteed time off from assigned clinical activities, per hospital guidelines
- complete in a timely manner all evaluations requested for medical students, peer residents, self, faculty or other members of the team
- complete MedHub clinical and educational hour logs in a timely manner
 - Resident is responsible for reviewing and submitting their work hours on a weekly basis.
- complete case or procedure logs 1 week prior to each 1:1 meeting with Program Director or Associate Program Director
- complete the annual ACGME Resident Survey
- complete the program's annual confidential internal survey
- complete required examination preparation and/or testing requirements, to include in-training examinations and program-specific guidelines for national board certification
- attendance at all required program meetings, including semiannual meetings, annual program review, mentorship meetings, program retreats, etc.

Essential Program Core Educational Functions

Didactics

The Resident must:

- Comply with all standards for attendance at didactics or other core educational activities
- Adhere to the preferred mode of attendance (in-person, virtual, hybrid)
- Other functions/details specific to the program:
 - 1st year Fellows:
 - Must attend weekly Tuesday morning didactics with adult rheumatology virtual meetings (excused from clinical obligations)
 - All fellows:
 - Must attend the program's Thursday morning didactic meetings in person (unless stated virtual meeting), with exceptions for mandatory clinical obligations, conferences, and PTO
 - Must attend PR-COIN Fall and Spring meetings for QI education (unless on service provider)

Scholarship

The Resident must:

- Comply with all program or specialty requirements for research or scholarship, quality improvement, national or regional conference presentation, publication or scholarly writing or teaching and presentations internal to the program (e.g. journal club, didactics, case conference, M&M, etc.)

- Other functions/details specific to the program:
 - First year Fellows:
 - Must present a 30 minute case review at either the Fall or Spring Combined Case Conference with Adult Rheumatology
 - Must present one M&M case, in 2nd half of academic year
 - Must prepare a T32 grant proposal or equivalent research proposal with support from research mentor by January 31st or other specified deadline
 - All Fellows:
 - Must present a Journal Club or Works in Progress session annually (1st years in 2nd half of academic year)
 - May be asked to present an M&M case that they were involved in
 - Must complete a QI project, under direction from the Director of QI, prior to graduation
 - Must complete a scholarly project with guidance from their Scholarship Oversight Committee (SOC) prior to graduation, as required by the American Board of Pediatrics
 - Must submit one abstract to Resident/Fellow Research Day at Seattle Children's Hospital or another conference prior to graduation

Essential Patient Care Functions

Presence and preparedness

The Resident must:

- present to work as physically, mentally and emotionally fit for duty
- arrive at the patient care setting on schedule
- arrive at work in attire appropriate for the professional and safe delivery of patient care
- meet expectations for chart review or pre-rounding
- satisfy expectations that precede sign-out and/or departure from the clinical setting, including an appropriate handoff and follow up on all patient assessments/data/studies that will alter care in the near term.
- Other functions/details specific to the program:
 - Resident is encouraged to self-identify when they are too fatigued to work and alert supervising attending, Program Director or Associate Program Director

Administrative

The Resident must:

- complete patient health record documentation on the schedule prescribed by the program or medical center. (Examples include but are not limited to progress notes/visit summaries, discharge summaries, operative or procedure notes, perioperative records) comply with expectations for EHR inbox management, including

timely responses to messages from patients, medical staff and tracking and patient follow up of expected results

- Other functions/details specific to the program, including specifics on timeliness:
 - The following notes must be completed within 24 hours and become delinquent within 72 hours after the encounter, per Seattle Children's Hospital Policy. Providers are eligible for suspension 10 days after the encounter.
(<https://seattlechildrens.policystat.com/policy/18208226/latest/>)
 - Outpatient clinical notes
 - Inpatient clinical notes and consultations
 - Procedure notes
 - The Pediatric Rheumatology Division expects that all EHR messages (patients/families and medical staff), laboratory and imaging results, and prescription refills be addressed within 72 hours.

Patient Care Communication

The Resident must:

- respond in a timely manner to pages, phone calls and Epic Secure Chat
- remain within the program-prescribed geographic range while on call or eligible for coverage
- Other functions/details specific to the program, including specifics on timeliness:
 - Must notify supervising attending if a rheumatology or consult patient:
 - Is admitted to hospital
 - Is transferred to ICU
 - Has a significant change in medical status
 - Dies

Patient Care Volumes

The Resident must:

- work toward (with supervision) or meet benchmarks for patient care volumes in all clinical settings
- appropriately request and utilize supervision
- work toward or ultimately meet procedure certification standards
- Other functions/details specific to the program:
 - 1st year Fellows:
 - Outpatient: Minimum of 130 - ½ day clinics
 - Inpatient consult service: 25 weeks
 - 2nd and 3rd year Fellows:
 - Outpatient: Minimum of 50 - ½ day clinics per year
 - Inpatient consult service: minimum of 4 weeks per year
 - All Fellows:
 - Joint injections:
 - Consent and post-op discussion with families – at least 5 patients.

- Perform regular joint injections (non US guided) for patients in clinic (with parents watching) confidently.
- Develop understanding of anatomy and master the technique of commonly affected joints: knee, tibiotalar joint, wrist, elbow, finger/toe.
- Goal of at least 3 injections for each joint during 1st year and at least 2 without US-guidance by graduation.
- Learn foundation for US-guided injections for: hip, shoulder, subtalar joint, tarsal joint and tendons.

Consultation

The Resident must:

- appropriately respond to, triage, and staff consultations in a timely manner
- document findings and recommendations in a timely manner
- communicate with the requesting service directly (e.g. in-person, phone, text-page) in advance of and following the assessment
- ensure that consultations are staffed and finalized with a faculty member in a timely manner

Essential Shift and Schedule Functions

Settings

- complete assigned shifts in settings deemed essential by the program, such as inpatient units and outpatient specialty and continuity clinics
- complete assigned away rotations deemed essential by the program
- Other functions/details specific to the program
 - One 2-day rotation during either 2nd or 3rd year to observe rheumatology clinics in Alaska at Alaska Native Medical Center, SouthCentral Foundation Clinic (travel, housing and food reimbursed)

Shift length and timing

The Resident must:

- complete shifts of all lengths deemed essential by the program, which may include daytime
- nights, weekends, and holidays
 - *Shifts must not exceed ACGME limits of up to 28 hours per shift, and up to 80 hours per week averaged over a 4 week period*
- where appropriate, comply with designated break lengths (to meet personal needs and not impact patient care)

Call Responsibilities

The Resident must:

- complete assigned shifts of home call, as deemed essential by the program
- remain within the prescribed geographic range while on call or eligible for coverage

- Other functions/details specific to the program
 - First year Fellows:
 - 25 weeks of inpatient consult service
 - Home call coverage:
 - 3 out of 5 weeknights when on service (2 weeknights/week covered by senior fellow/attending)
 - All weekend days and nights when on service
 - 2nd and 3rd year Fellows:
 - Minimum of 4 weeks of inpatient consult service
 - Home call coverage:
 - 5 out of 5 weeknights when on service alone
 - 2 out of 5 weeknights when on service with 1st year fellow
 - All weekend days and nights when on service
 - Maximum of 1 night per week when off service

Essential Cognitive Functions

Functions/details specific to the program:

- Be able to perform cognitive functions related to patient care including:
 - gathering data from patients and EHR
 - synthesis and analysis of information
 - researching of published literature
 - communication of recommendations
 - summarization/hand offs to colleagues

Essential Communication Functions

(including verbal and written)

Functions/details specific to the program:

- Must notify supervising attending, Program Director, or Associate Program Director if sick or unable to work

Essential physical functions

(including senses, stances and mobility, manipulation and technical skills)

Functions/details specific to the program:

- Must be able to perform a physical exam, including a joint exam on a patient in ambulatory clinic, inpatient ward, and in Operating Room for joint injections

Statement Of Nondiscrimination

The University of Washington prohibits discrimination, harassment and sexual misconduct in any education program or activity that it operates. Individuals may report concerns, make complaints, or direct inquiries to the Civil Rights Compliance Office. [View the Statement of Nondiscrimination.](#)

Key Principles for ADA-Compliant Language:

- Focus on results, not methods
- Essential function is a completed task, not how that task is completed

More Inclusive Term	Example of Physical Demand
Move/traverse	Walk, run
Ascend/descend	Climb
Transport	Carry
Relocate	Lift
Stationary position	Sit, stand
Position, detect, operate	Feel, handle
Maneuver	Pull, push
Attain	Reach
Retrieve from ground level	Squat
Repetitive movement	Performing a task repeatedly
Communicate	Speak, talk, hear
Communicate in written language	Write
Input data	Use keyboard
Position self (to move)	Crouching, stooping, crawling
Work atop	Balance
Determine, identify, assess, recognize	See
Assess	Hear
Review	Read
Adhere	Remember
Apply	Think

This document reflects requirements, established practices, policies, procedures, and resources as of the date of publication; however, parts of this document may be updated from time to time in accordance with changes in the law and applicable requirements, established practices, policies, procedures, and resources. Continued participation by a resident in the program will demonstrate agreement by the resident to adhere to the updates. The program will communicate such changes to all current and incoming residents.