**New Application: Rheumatology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

|  |
| --- |
| 1. Describe the reporting relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.c)] |
| Click here to enter text. |

**Resources**

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| --- | --- |
| Will there be adequate facilities in the ambulatory settings (e.g., exam rooms, meeting/conference room, and work area) for patient care and the educational components of the program? [PR I.D.1.a)] | YES  NO |
| Will there be adequate inpatient facilities (e.g., conference rooms, on-call rooms) for the fellowship program? [PR I.D.1.a)] | YES  NO |

Provide the following information for all participating sites

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| **Medical Records** | | | | | | |
| Will clinical records that document both inpatient and ambulatory be readily available at all times? [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Will fellows have access to an electronic health record? [PR I.D.1.e)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| **Facilities – Will the following facilities/laboratories/resources be available?** | | | | | | |
| Access to clinical immunology lab services [PR I.D.1.c).(1)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Computerized tomography, bone densitometry, and magnetic resonance imaging [PR I.D.1.c).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| A compensated polarized light microscope for use by fellows [PR I.D.1.d).(1)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Facilities for rehabilitation medicine [PR I.D.1.d).(2)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Orthopedic surgery services to obtain synovial biopsies and consultations for joint arthroplasty [PR I.D.1.d).(3).(a)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Other consultation services for obtaining indicated biopsies of muscle, nerve, skin, and arteries [PR I.D.1.d).(3).(b)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Access to pathology services for evaluation of muscle, vascular, and synovial materials [PR I.D.1.d).(3).(c)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| A meaningful working relationship, including availability for teaching and consultation, with faculty in radiology and orthopedic surgery, as well as with allied health professionals in physical therapy and occupational therapy [PR I.D.1.d).(3).(d)] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| Access to training using simulation [PR IV.C.4. ] | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |

**Personnel**

**Program Director**

|  |  |
| --- | --- |
| Will the program director be required to generate clinical or other income to provide this administrative support? [PR II.A.2.b)] | YES  NO |

|  |  |
| --- | --- |
| What is the percentage of Program Director support? [PR II.A.2.c)] | % |

**Program Coordinator**

|  |  |
| --- | --- |
| Will there be a dedicated program coordinator to provide adequate administrative support to the program? [PR II.A.2.b)] | YES  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in treating the following disorders?

|  |  |
| --- | --- |
| Crystal-induced synovitic [PR IV.B.1.b).(1).(b).(i)] | YES  NO |
| Infection of joints and soft tissues [PR IV.B.1.b).(1).(b).(ii)] | YES  NO |
| Metabolic diseases of bone [PR IV.B.1.b).(1).(b).(iii)] | YES  NO |
| Nonarticular rheumatic diseases, including fibromyalgia [PR IV.B.1.b).(1).(b).(iv)] | YES  NO |
| Pediatric rheumatic diseases? [PR IV.B.1.b).(1).(b).(v)] | YES  NO |
| Nonsurgical, exercise-related (sports) injury [PR IV.B.1.b).(1).(b).(vi)] | YES  NO |
| Polymyositis [PR ] IV.B.1.b).(1).(b).(vii) | YES  NO |
| Osteoarthritis [PR IV.B.1.b).(1).(b).(viii)] | YES  NO |
| Osteoporosis [PR IV.B.1.b).(1).(b).(ix)] | YES  NO |
| Regional musculoskeletal pain syndromes, and acute and chronic musculoskeletal pain syndromes, and exercise-related syndromes [PR IV.B.1.b).(1).(b).(x)] | YES  NO |
| Rheumatoid arthritis [PR IV.B.1.b).(1).(b).(xi)] | YES  NO |
| Scleroderma/systemic sclerosis [PR IV.B.1.b).(1).(b).(xii)] | YES  NO |
| Sjögren’s Syndrome [PR IV.B.1.b).(1).(b).(xiii)] | YES  NO |
| Spondyloarthropathies [PR IV.B.1.b).(1).(b).(xiv)] | YES  NO |
| Systemic diseases with rheumatic manifestations [PR IV.B.1.b).(1).(b).(xv)] | YES  NO |
| Systemic lupus erythematosus [PR IV.B.1.b).(1).(b).(xvi)] | YES  NO |
| Vasculitis [PR IV.B.1.b).(1).(b).(xvii)] | YES  NO |

For the procedures/technical skills listed, indicate whether instruction will be provided for fellows, and if proficiency will be documented in a logbook or equivalent method.

|  |  |
| --- | --- |
| Examination and interpretation under conventional and polarized light microscopy of synovial fluid instruction provided? [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| Examination and interpretation under conventional and polarized light microscopy of synovial fluid proficiency documented? [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| Interpretation of radiographs of normal and diseased joints, bones, periarticular structures, and prosthetic joints instruction provided? [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |
| Interpretation of radiographs of normal and diseased joints, bones, periarticular structures, and prosthetic joints instruction documented? [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |
| Musculoskeletal pain assessment and management instruction provided? [PR IV.B.1.b).(2).(a).(iii)] | YES  NO |
| Musculoskeletal pain assessment and management proficiency documented? [PR IV.B.1.b).(2).(a).(iii)] | YES  NO |
| Performing arthrocentesis of peripheral joints and periarticular/soft tissue injections instruction provided? [PR IV.B.1.b).(2).(a).(iv)] | YES  NO |
| Performing arthrocentesis of peripheral joints and periarticular/soft tissue injections proficiency documented? [PR IV.B.1.b).(2).(a).(iv)] | YES  NO |

**Medical Knowledge**

Will fellows demonstrate knowledge in the following specific content areas?

|  |  |
| --- | --- |
| Scientific method of problem solving and evidence-based decision making [PR IV.B.1.c).(1)] | YES  NO |
| Anatomy, genetics basis, basic immunology, cell biology and metabolism pertaining to rheumatic diseases, disorders of connective tissue, metabolic disease of bone, osteoporosis, and musculoskeletal pain syndromes [PR IV.B.1.c).(3).(a)] | YES  NO |
| Pathogenesis, epidemiology, clinical expression, treatments, and prognosis of the full range of rheumatic and musculoskeletal diseases [PR IV.B.1.c).(3).(b)] | YES  NO |
| Physical and biologic basis of the range of diagnostic testing in rheumatology, and the clinical test characteristics of these procedures [PR IV.B.1.c).(3).(c)] | YES  NO |
| Pharmacokinetics, metabolism, adverse events, interactions, and relative costs of drug therapies used in the management of rheumatic disorders [PR IV.B.1.c).(3).(d)] | YES  NO |
| Aging influences on musculoskeletal function and responses to prescribed therapies for rheumatic diseases [PR IV.B.1.c).(3).(e)] | YES  NO |
| Essential components of quality experimental design, clinical trial design, data analysis, and interpretation of results, and the importance of adherence to ethical standards of experimentation [PR IV.B.1.c).(3).(f)] | YES  NO |
| Appropriate employment of principles of physical medicine and rehabilitation in the care of patients with rheumatic disorders [PR IV.B.1.c).(4)] | YES  NO |
| Indications for surgical and orthopedic consultation, including indications for arthroscopy and joint replacement/arthroplasty [PR IV.B.1.c).(5)] | YES  NO |

Will fellows demonstrate competence in the indications for and interpretation of the following?

|  |  |
| --- | --- |
| Arthroscopy [PR IV.B.1.c).(2).(a).(i)] | YES  NO |
| Biopsy specimens, including histochemistry and immunofluorescence of tissues relevant to the diagnosis of rheumatic diseases [PR IV.B.1.c).(2).(a).(ii)] | YES  NO |
| Bone densitometry [PR IV.B.1.c).(2).(a).(iii)] | YES  NO |
| CT of lungs and paranasal sinuses for patients with suspected or confirmed rheumatic disorders [PR IV.B.1.c).(2).(a).(iv)] | YES  NO |
| Electromyograms and nerve conduction studies for patients with suspected or confirmed rheumatic disorders [PR IV.B.1.c).(2).(a).(v)] | YES  NO |
| MRI of the central nervous system (brain and spinal cord) for patients with suspected or confirmed rheumatic disorders [PR IV.B.1.c).(2).(a).(vi)] | YES  NO |
| Plain radiography, arthrography, ultrasonography, radionuclide scans, CT, and MRI of joints, bones, and periarticular structures [PR IV.B.1.c).(2).(a).(vii)] | YES  NO |
| Arteriograms (conventional and MRI/MRA) for patients with suspected or confirmed vasculitis [PR IV.B.1.c).(2).(a).(viii)] | YES  NO |
| Schirmer's and rose Bengal tests [PR IV.B.1.c).(2).(a).(ix)] | YES  NO |
| Parotid scans and salivary flow studies [PR IV.B.1.c).(2).(a).(x)] | YES  NO |

**Practice-Based Learning and Improvement**

1. Briefly describe how fellows will demonstrate competence in investigating and evaluating their care of patients, appraising and assimilating scientific evidence, and continuously improving their patient care based on self-evaluation and lifelong learning. [PR IV.B.1.d).] (Limit response to 400 words)

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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe how fellows will develop skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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| Click here to enter text. |

**Systems Based Practice**

1. Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

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| --- | --- |
| How many months of the program will be devoted to clinical experiences? [PR IV.C.3.] | # |
| Averaged over the two years of training, how many half-days per week of ambulatory care will each fellow participate in? This includes continuity ambulatory experience. [PR IV.C.5.c)] | # |

**CONTINUITY CLINIC EXPERIENCES**

Provide information for the fellows' continuity experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**OTHER AMBULATORY EXPERIENCE**

Provide information for the fellows' other ambulatory experience and patient distribution for all years of training. List each experience indicating the name of the experiences (e.g., Continuity Clinic, Other), site name, duration of the experience, number of ½ day sessions per week, average number of patients seen per session, whether faculty supervision is provided for each experience, and the percent of female patients.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Experience: | Experience | Experience | Experience | Experience | Experience | Experience |
| Duration (weeks): | # | # | # | # | # | # |
| ½ day sessions per week: | # | # | # | # | # | # |
| Average patients seen per session: | # | # | # | # | # | # |
| On-site concurrent faculty supervision present? | Y  N | Y  N | Y  N | Y  N | Y  N | Y  N |
| % Female: | # % | # % | # % | # % | # % | # % |

**Conferences**

Will fellows routinely participate in the following conferences [PR IV.C.8.b)]

|  |  |
| --- | --- |
| Core Curriculum Conference Series | YES  NO |
| Clinical Case Conferences | YES  NO |
| Research Conferences | YES  NO |
| Journal Club | YES  NO |
| Morbidity and Mortality Conferences | YES  NO |
| Quality Improvement Conferences | YES  NO |

|  |  |
| --- | --- |
| Will the faculty participate in required conferences? [PR IV.C.8.c)] | YES  NO |

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| --- |
| Describe how the program will ensure that the fellows have the opportunity to make up missed core conferences (e.g., when off-site). [PR IV.C.8.a)] |
| Click here to enter text. |

**EDUCATIONAL PROGRAM NARRATIVE**

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| --- |
| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.8.] |
| Click here to enter text. |

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| Describe the program's teaching rounds; including the frequency and duration spent per week. [PR IV.C.9.b)] |
| Click here to enter text. |

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| Will fellows receive instruction in practice management relevant to the specialty? [PR. IV.C.10.] | YES  NO |

**Evaluation**

Provide information on your methods for evaluating fellows, teaching attendings and other faculty members, your recording methods, access rules, and follow-up actions taken to remediate problems.

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| --- | --- |
| Will the program director review fellow procedure logs in order to document that each fellow has performed the minimum number and achieved competence in invasive procedures? [PR V.A.1.a).(2)] | YES  NO |

|  |
| --- |
| Describe the method for assessment of procedural competence. [PR V.A.1.a).(2)] |
| Click here to enter text. |

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| --- | --- |
| Will the program use multi-source evaluation, including patients, peers, and non-physician team members, to assess each fellow's ability to meet professional responsibilities? [PR V.A.1.c).(1)] | YES  NO |

**Faculty Evaluation**

|  |  |
| --- | --- |
| Will the faculty evaluations be written and confidential? [PR V.B.1.b)] | YES  NO |
| Will the results of these evaluations be communicated on a regular basis, at least annually, to faculty members? [PR V.B.2.] | YES  NO |

**The Learning and Working Environment**

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| --- |
| Describe how faculty and residents will be educated about fatigue and its negative effects. [PR VI.D.]] |
| Click here to enter text. |

**Faculty Scholarly Activity [PR IV.D.2.]**

As evidence of a scholarly environment, the Review Committee expects the program to provide evidence of scholarly activity by documenting that at least 50% of its required minimum number of core faculty (CF) annually engage in a variety of scholarly activity. Please **list one example** of scholarly activity for your program’s core faculty during the past academic year.

*Identify academic year:*

|  |  |  |
| --- | --- | --- |
| Name of Core Faculty | Type of Activity | Citation/Description of Product |
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