**New Application: Rheumatology**

**Review Committee for Internal Medicine**

**ACGME**

**Oversight**

**Participating Sites**

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| Describe the collaborative relationship between the subspecialty program director and the core internal medicine residency director. [PR I.B.1.b)] (Limit response to 300 words) |
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| Will the program require fellows to travel more than 60 miles from the primary clinical site for a required rotation? [PR I.B.5.] | YES  NO |

If yes, describe how the program will ensure that the fellows are not unduly burdened by required rotations at geographically distant sites. (Limit response to 250 words)

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**Resources**

Will the program, in partnership with its Sponsoring Institution:

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| ensure that the program has adequate space available, including meeting rooms, classrooms, examination rooms, and office space? [PR I.D.1.a).(1)] | YES  NO |
| ensure that the program has adequate access to computers, visual, and other educational aids? [PR I.D.1.a).(1)] | YES  NO |
| ensure that appropriate in-person or remote/virtual consultations, including those done using telecommunication technology, are available in settings in which fellows work? [PR I.D.1.a).(2)] | YES  NO |
| provide access to an electronic health record (EHR)? [PR I.D.1.a).(3)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| How will the program provide fellows with access to training using simulation to support education and patient safety? [PR I.D.1.a).(4)] (Limit response to 300 words) |
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| Describe how the program will provide fellows with a patient population representative of the broad spectrum of clinical disorders and medical conditions managed by subspecialists in this area, and of the community being served by the program. [PR I.D.1.c)] (Limit response to 300 words) |
| Click here to enter text. |

Will the following facilities/laboratories/services be available for fellows’ education? [PR I.D.1.b).(1) – I.D.1.b).(5).(d)]

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| --- | --- |
| Access to clinical immunology lab services | YES  NO |
| Computed tomography (CT), bone densitometry, magnetic resonance imaging (MRI), ultrasound, and angiography | YES  NO |
| Compensated polarized light microscope | YES  NO |
| Access to pathology services for evaluation of muscle, nervous system, skin, kidney, vascular, and synovial biopsy materials | YES  NO |
| Meaningful working relationships, including availability for teaching and consultation with: |  |
| Pathologist(s) | YES  NO |
| Pulmonologist(s) | YES  NO |
| Nephrologist(s) | YES  NO |
| Dermatologist(s) | YES  NO |
| Cardiologist(s) | YES  NO |
| Radiologist(s) | YES  NO |
| Orthopaedic surgeon(s) | YES  NO |
| Orthopaedic surgery services for obtaining synovial biopsies and consultations for joint arthroplasty and other surgical treatments | YES  NO |
| Other consultation services for obtaining indicated biopsies of muscle, nervous system tissue, skin, kidneys, and vasculature | YES  NO |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

Will fellows demonstrate competence in treating the following disorders?

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| Autoimmune manifestations of infectious conditions, such as lyme disease, other tick-borne illness, and subacute bacterial endocarditis [PR IV.B.1.b).(1).(a).(i)] | YES  NO |
| Crystal-induced synovitis [PR IV.B.1.b).(1).(a).(ii)] | YES  NO |
| Infection of joints and soft tissues [PR IV.B.1.b).(1).(a).(iii)] | YES  NO |
| Inflammatory myositis (polymyositis, dermatomyositis, necrotizing myositis, and inclusion body myositis), as well as myositis mimics [PR IV.B.1.b).(1).(a).(iv)] | YES  NO |
| Metabolic diseases of bone [PR IV.B.1.b).(1).(a).(v)] | YES  NO |
| Monogenic and polygenic autoinflammatory syndromes, including familial Mediterranean fever, familial cold autoinflammatory syndromes, and others [PR IV.B.1.b).(1).(a).(vi)] | YES  NO |
| Non-articular rheumatic diseases, including fibromyalgia [PR IV.B.1.b).(1).(a).(vii)] | YES  NO |
| Pediatric rheumatic diseases [PR IV.B.1.b).(1).(a).(viii)] | YES  NO |
| Nonsurgical, exercise-related (sports) injury [PR IV.B.1.b).(1).(a).(ix)] | YES  NO |
| Osteoarthritis [PR IV.B.1.b).(1).(a).(x)] | YES  NO |
| Osteoporosis [PR IV.B.1.b).(1).(a).(xi)] | YES  NO |
| Regional musculoskeletal pain syndromes, and acute and chronic musculoskeletal pain syndromes, and exercise-related syndromes [PR IV.B.1.b).(1).(a).(xii)] | YES  NO |
| Relapsing polychondritis [PR IV.B.1.b).(1).(a).(xiii)] | YES  NO |
| Rheumatoid arthritis [PR IV.B.1.b).(1).(a).(xiv)] | YES  NO |
| Systemic sclerosis and scleroderma mimics [PR IV.B.1.b).(1).(a).(xv)] | YES  NO |
| Sjögren’s Syndrome [PR IV.B.1.b).(1).(a).(xvi)] | YES  NO |
| Spondyloarthropathies [PR IV.B.1.b).(1).(a).(xvii)] | YES  NO |
| Systemic diseases with rheumatic manifestations [PR IV.B.1.b).(1).(a).(xviii)] | YES  NO |
| Systemic lupus erythematosus [PR IV.B.1.b).(1).(a).(xix)] | YES  NO |
| Vasculitis, including primary large, medium, and small vessel vasculitis, vasculitis secondary to other rheumatic diseases, and vasculitis mimics [PR IV.B.1.b).(1).(a).(xx)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click or tap here to enter text. |

Will fellows demonstrate competence in the ability to:

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| perform diagnostic and therapeutic procedures relevant to their specific career paths? [PR IV.B.1.b).(2).(a).(i)] | YES  NO |
| treat their patients’ conditions with practices that are patient centered, safe, scientifically based, effective, timely, and cost effective? [PR IV.B.1.b).(2).(a).(ii)] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click or tap here to enter text. |

Will fellows demonstrate competence in the following? [PR IV.B.1.b).(2).(b).(i) – (iv)]

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| The examination and interpretation of synovial fluid under conventional and polarized light microscopy | YES  NO |
| The interpretation of radiographs of normal and diseased joints, bones, periarticular structures, and prosthetic joints | YES  NO |
| Musculoskeletal pain assessment and management | YES  NO |
| Performing arthrocentesis of peripheral joints and periarticular/soft tissue injections | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Will fellows be supervised by a qualified faculty member until they attain proficiency in performing required procedures? [PR IV.C.6.] | YES  NO |

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| Will fellows’ performance and interpretation of procedures be documented in the fellow’s record, including indications, outcomes, diagnoses, and supervisor(s)? [PR IV.C.7.] | YES  NO |

Explain any “NO” responses. (Limit response to 250 words)

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| Click or tap here to enter text. |

**Medical Knowledge**

Will fellows demonstrate knowledge of the indications for and interpretation of the following content areas? [PR IV.B.1.c).(1).(a). – (j)]

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| Arteriograms (conventional and MRI/MRA) for patients with suspected or confirmed vasculitis | YES  NO |
| Arthroscopy | YES  NO |
| Biopsy specimens, including histochemistry and immunofluorescence of tissues relevant to the diagnosis of rheumatic diseases | YES  NO |
| Bone densitometry | YES  NO |
| CT of lungs and paranasal sinuses for patients with suspected or confirmed rheumatic disorders | YES  NO |
| Electromyograms and nerve conduction studies for patients with suspected or confirmed rheumatic disorders | YES  NO |
| Lip biopsy, parotid scans, and salivary flow studies | YES  NO |
| MRI of the central nervous system (brain and spinal cord) for patients with suspected or confirmed rheumatic disorders | YES  NO |
| Plain radiography, arthrography, ultrasonography, radionuclide scans, CT, and MRI of joints, bones and periarticular structures | YES  NO |
| Schirmer’s and rose Bengal tests | YES  NO |

Will fellows demonstrate sufficient knowledge in the following areas? [PR IV.B.1.c).(2).(a) – IV.B.1.c).(4)]

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| The aging influences on musculoskeletal function and responses to prescribed therapies for rheumatic diseases | YES  NO |
| The anatomy, basic immunology, genetic basis, cell biology and metabolism pertaining to rheumatic diseases, disorders of connective tissue, metabolic disease of bone, osteoporosis, and musculoskeletal pain syndromes | YES  NO |
| The 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 | YES  NO |
| The pathogenesis, epidemiology, clinical expression, treatments, and prognosis of the full range of rheumatic and musculoskeletal diseases | YES  NO |
| The pharmacokinetics, metabolism, adverse events, interactions, and relative costs of drug therapies used in the management of rheumatic disorders | YES  NO |
| The physical and biologic basis of the range of diagnostic testing in rheumatology, and the clinical test characteristics of these procedures | YES  NO |
| The appropriate employment of principles of physical medicine and rehabilitation in the care of patients with rheumatic disorders | YES  NO |
| The indications for surgical and orthopaedic consultation, including indications for arthroscopy and joint replacement/arthroplasty | YES  NO |

**Practice-Based Learning and Improvement**

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**

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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**Systems Based Practice**

Briefly describe how fellows will demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and 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 are devoted to clinical experiences? [PR IV.C.3.] | # |
| When averaged over the 2 years of training, how many half-day sessions of ambulatory care, which includes continuity ambulatory care, does the program include for each fellow per week? [PR IV.C.4.b)] | # |

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| Will the program provide fellows individualized educational experiences to allow them to participate in opportunities relevant to their future practice or to further skill/competency development in the foundational educational experiences in the subspecialty? [PR IV.C.5.] | YES  NO |

Explain “NO” response. (Limit response to 250 words)

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| Click or tap here to enter text. |

**CONTINUITY AMBULATORY 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: | # % | # % | # % | # % | # % | # % |

**Didactic Experience**

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| Briefly describe the conduct of Core Curriculum Conference Series in your program. [PR IV.C.9.a)] |
| Click here to enter text. |

Describe how the program will ensure that fellows have an opportunity to review all knowledge content from conferences that they were unable to attend. [PR IV.C.9.a).(1)] (Limit response to 300 words)

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| Will the faculty participate in required conferences? [PR II.B.2.e)] | YES  NO |

Describe the program’s patient- or case-based approach to clinical teaching. [PR IV.C.10.] (Limit response to 300 words)

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| Click or tap here to enter text. |

Describe how the fellows will receive instruction in practice management relevant to the subspecialty. [PR IV.C.11.] (Limit response to 300 words)

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**Evaluation**

**Fellow Evaluation**

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| Describe the method for assessment of procedural competence. [PR V.A.1.a).(1)] |
| 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**

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| 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 |