**Advanced Specialty Continued Accreditation Application: Rheumatology (Internal Medicine)**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042

www.acgme-i.org

**Submission for Continued Accreditation:** This Advanced Specialty Application is for programs applying for **Continued Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Rheumatology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type the program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

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| * + - 1. What is the length, in months, of the educational program?

Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Does the fellowship function as an integral part of an ACGME-I-accredited residency in internal medicine? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Program Personnel and Resources**

**Faculty**

1. Do faculty members:
2. supervise fellows in the performance and interpretation of procedures? [ ] YES [ ] NO
3. teach fellows in the performance and interpretation of procedures? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Is the performance and interpretation of procedures documented in each fellow’s record, including indications, outcomes, diagnoses, and supervising faculty member(s)? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**Other Program Personnel**

1. Does the program have a working relationship, including availability for teaching and consultation, with the following?
2. An orthopaedic surgeon [ ] YES [ ] NO
3. A radiologist [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Resources**

1. Are the following laboratory and imaging services present at the primary clinical site or at participating sites?
2. Angiography [ ] YES [ ] NO
3. Bone densitometry [ ] YES [ ] NO
4. Clinical immunology lab [ ] YES [ ] NO
5. Compensated polarized light microscope [ ] YES [ ] NO
6. Computed tomography (CT) imaging [ ] YES [ ] NO
7. Magnetic resonance imaging (MRI) [ ] YES [ ] NO
8. Musculoskeletal ultrasound [ ] YES [ ] NO
9. Ultrasound for both diagnostic and interventional musculoskeletal applications at the bedside

 [ ] YES [ ] NO

1. Ultrasound for both diagnostic and interventional musculoskeletal applications in the ambulatory clinic [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Are the following patient services available to the program?
2. Consultation services for obtaining biopsies of muscle, nerve, skin, and arteries [ ] YES [ ] NO
3. Facilities for rehabilitation medicine [ ] YES [ ] NO
4. Orthopaedic surgery consultation for joint arthroplasty [ ] YES [ ] NO
5. Orthopaedic surgery services for synovial biopsies [ ] YES [ ] NO
6. Pathology services for muscle, vascular, and synovial biopsy materials [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Eligibility Criteria**

1. How does the program ensure all fellows have completed an ACGME-I-accredited internal medicine residency program or another internal medicine residency program acceptable to the Sponsoring institution’s Graduate Medical Education Committee? (Limit 250 words).

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**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How do graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles?

Describe how these skills are evaluated. (Limit 300 words)

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**Patient Care and Procedural Skills**

1. How do graduating fellows demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the practice of health promotion, disease prevention, diagnosis, care, and treatment of patients of all genders, from adolescence to old age, during health and all stages of illness?

Describe how competence is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in the treatment of the following?

Crystal-induced synovitis

Infection of joints and soft tissues

Metabolic disease of bone

Non-articular rheumatic diseases, including fibromyalgia

Non-surgical exercise-related injury

Osteoarthritis

Osteoporosis

Polymyositis

Regional musculoskeletal pain syndromes, including acute and chronic musculoskeletal pain syndromes and exercise-related pain syndromes

Rheumatoid arthritis

Scleroderma/systemic sclerosis

Sjogren’s Syndrome

Spondyloarthropathies

Systemic diseases with rheumatic manifestations

Systemis lupus erythematosus

Vasculitis

Provide examples of how competence is assessed in seven of the 16 areas listed. (Limit 700 words)

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1. How do graduating fellows demonstrate competence in the following?
	* + - 1. Examination and interpretation of synovial fluid under conventional and polarized light microscopy
				2. Interpretation of radiographs of normal and diseased joints, bones, periarticular structures, and prosthetic joints

Provide examples of how competence is assessed in each of the areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in assessment and management of musculoskeletal pain?

Describe how competence is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in performance of arthrocentesis of peripheral joint and periarticular/soft tissue injections, including experience in performing these procedures under ultrasound guidance?

Describe how competence is evaluated. (Limit 300 words)

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1. How do graduating fellows demonstrate competence in performance and interpretation of diagnostic ultrasonography of painful musculoskeletal structures commonly encountered in rheumatology clinic, including synovial joints, periarticular soft tissues, tendons, and ligaments?

Describe how competence is evaluated. (Limit 300 words)

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**Medical Knowledge**

1. How do graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge is evaluated. (Limit 400 words)

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1. How do graduating fellows demonstrate knowledge of the scientific method of problem solving and evidence-based decision-making? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of indications, contraindications, and techniques for, and limitations, complications, and interpretation of results of those diagnostic and therapeutic procedures integral to the discipline, including the appropriate indications for and use of screening tests and procedures? (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the indications for and interpretation of the following?
	1. Arthroscopy
	2. Biopsy specimen, including histochemistry and immunofluorescence of tissues relevant to the diagnosis of rheumatic diseases
	3. Bone densitometry
	4. CT of lungs and paranasal sinuses for patients with suspected or confirmed rheumatic disorders
	5. Electromyograms and nerve conduction studies for patients with suspected or confirmed rheumatic disorders
	6. MRI of the central nervous system (brain and spinal cord) for patients with suspected or confirmed rheumatic disorders
	7. Plain radiography, arthrography, ultrasonography, radionuclide scans, CT, and MRI of joints, bones, and periarticular structures
	8. Arteriograms (conventional and MRI/magnetic resonance angiogram (MRA) for patients with suspected or confirmed vasculitis
	9. Schirmer’s test
	10. Parotid scans and salivary flow studies
	11. Ultrasound scans of normal and painful musculoskeletal structures commonly encountered in a rheumatology clinic, including synovial joints, periarticular soft tissues, tendons, and ligaments

Provide examples of how knowledge is assessed in six of the 11 areas listed. (Limit 600 words)

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1. How do graduating fellows demonstrate knowledge of the following?
	1. 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
	2. The pathogenesis, epidemiology, clinical expression, treatments, and prognosis of the full range of rheumatic and musculoskeletal diseases
	3. The pharmacokinetics, metabolism, adverse events, interactions, and relative costs of drug therapies used in the management of rheumatic disorders
	4. The physical and biologic basis of the range of diagnostic testing in rheumatology, and the clinical test characteristics of these procedures

Provide examples of how knowledge is assessed in three of the four areas listed. (Limit 300 words)

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1. How do graduating fellows demonstrate knowledge of the following?
	1. The aging influences on musculoskeletal function and responses to prescribed therapies for rheumatic diseases
	2. The appropriate employment of principles of physical medicine and rehabilitation in the care of patients with rheumatic disorders
	3. The essential components of quality experimental design, clinical trial design, data analysis, and interpretation of results, as well as the importance of adherence to ethical standards of experimentation
	4. The indications for surgical and orthopaedic consultation, including indications for arthroscopy and joint replacement/arthroplasty

Provide examples of how knowledge is assessed in three of the four areas listed. (Limit 300 words)

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**Practice-based Learning and Improvement**

* + - 1. How do graduating fellows demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning?

Describe how these skills are evaluated. (Limit 300 words)

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**Interpersonal and Communication Skills**

1. How do graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills are evaluated. (Limit 300 words)

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**Systems-based Practice**

1. How do graduating fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care?

Describe how these skills are evaluated. (Limit 300 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.

**Clinical Experiences**

* + - 1. How does the program ensure each fellow has a minimum of 12 months devoted to clinical experiences during the educational program? (Limit 300 words)

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* + - 1. How does the program ensure all fellows have experience in the role of a rheumatology consultant in both inpatient and ambulatory settings during the educational program? (Limit 350 words)

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1. Do fellows participate in training using simulation? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Do fellows have a structured continuity ambulatory clinic experience that exposes them to the breadth and depth of rheumatology? [ ] YES [ ] NO
2. Does the experience described in Question 4 above include an appropriate distribution of patients of all genders and a diversity of ages? [ ] YES [ ] NO
3. Do fellows have an average of one half-day a week in the continuity ambulatory clinic throughout the educational program? [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 4-6 above. (Limit 250 words)

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1. How does the program ensure that each fellow, on average, is responsible for four to eight patients during each half-day ambulatory clinic session and, on average no more than eight to 12 patients during each half-day ambulatory clinic session? (Limit 300 words)

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1. How does the program ensure continuity patients are not limited to one disease type, but expose fellows to patients with a broad variety and stage of disease? (Limit 300 words)

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1. Is fellows’ continuing patient care experience interrupted by more than one month, excluding vacation?

 [ ] YES [ ] NO

Explain if ‘YES.’ (Limit 250 words)

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1. Including the continuity ambulatory care clinic, does the educational program include a minimum of two half-days of ambulatory care experience each week, averaged throughout the program?

 [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Does the program have qualified faculty members and facilities to provide education in pediatric rheumatic disease? [ ] YES [ ] NO

If ‘YES,’ is a pediatric experience provided? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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**The Learning and Working Environment**

**Duty Hour and Work Limitations**

How does the program ensure direct supervision of procedures performed by each fellow occurs until competence has been acquired and documented by the program director? (Limit 300 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows**.

Year in the Program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Rheumatololgya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of care, including approaches to clinical work with minority populationsd) Weekly, for 8 sessions02. Departmental Grand Roundsa) Discussion groupsb) Required, Y-1, Y-2, Y-3; Elective c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If fellow attendance is monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words)

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