

# **RHEUMATOLOGY FELLOWSHIP CURRICULUM**

**State University of New York Upstate Medical University**

**750 East Adams Street**

**Syracuse, New York 13210**

Revised: November 2005

## **FACULTY**

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## MISSION

The mission of the SUNY HSC Syracuse Rheumatology Fellowship Training Program is to train physicians to:

- 1) be clinically competent in Rheumatology and related fields of interest.
- 2) be capable of working in a variety of ways, including as expert consultant, clinician, teacher, and, with additional training, as clinical or basic science investigator.
- 3) develop and maintain habits of lifelong learning to further enhance their knowledge, skills and professionalism.

## SPECIFIC GOALS

The three specific goals of this training program are derived from the mission statement:

- 1) **Clinical competence** is essential for all physicians and for the rheumatologist, is defined as:

### **Medical Knowledge**

A basic core of knowledge of clinical features and presentations, pathophysiology, laboratory and imaging manifestations, and comprehensive management of rheumatologic disease, including arthritis in all its forms, both acute and chronic, as well as systemic diseases with rheumatic manifestations, particularly including the connective tissue diseases.

This knowledge base should include an appropriate content of anatomy, genetics, biochemistry, immunology, physiology, pharmacology, epidemiology, statistics, ethics, and human behavior as needed for the Clinical practice of Rheumatology.

Knowledge of treatment for both common and uncommon diseases found in Rheumatology. This includes understanding the principles, indications and contraindications, risks, cost and utility of the various treatments. It also includes recognition of the need for appropriate consultation, and of reasonable expectations from such a consultant.

A level of skill and expertise in clinical and/or basic research defined as competence in understanding the design, implementation and interpretation of research studies. This includes research methodology, critical interpretation of data and of published research, and responsible use of informed consent. The research experience should enable them to submit their work for peer-reviewed presentation at local and other scientific meetings, journal publication and/or research grant funding.

### **Patient Care**

The Clinical skills of data collection including history taking, physical examination, particularly of the joints and musculoskeletal structures, and the appropriate use of laboratory and imaging studies, including their cost-effectiveness.

The ability and to analyze critically the clinical and laboratory data, to integrate this with their basic fund of medical knowledge, and to formulate appropriate differential diagnoses and therapeutic plans.

The performance and/or interpretation of diagnostic and therapeutic procedures common to the practice of Rheumatology, particularly arthrocentesis. This includes understanding the principles, indications and contraindications, risks, cost, and utility of the procedures.

### **Interpersonal Communication**

The further development of excellent oral, written, and electronic communication skills with patients, peers and paramedical personnel.

The ability to perform as a Rheumatology consultant or health care team-leader for patients with primary rheumatologic diagnoses.

### **Professionalism**

The further development of qualities of professionalism and humanistic skills, including integrity, compassion and respect for patients, peers and paramedical personnel.

### **Practice – Based Learning and Improvement Objectives**

All fellows should be willing and able to review the quality of the work that they do. This includes evaluating patient care experiences as well as the progressive acquisition of specialty knowledge. Fellows should understand the limits of their knowledge and experience and ask for help when needed. Self improvement comes from regular assessments of all competencies and receiving balanced and honest feedback from the Fellowship Program. All fellows should demonstrate competence in information technology and the ability to find answers to clinical questions that are asked. As fellow progresses through their training there should be increasing evidence that the scientific literature is used to guide clinical decision-making. Additionally, fellows should continue to improve in their ability to receive feedback and translate that into better patient care.

### **Systems – Based Practice Objective**

Modern medicine is practiced in a complex series of interwoven systems that include insurers, hospitals, health care providers, private and public practitioners, and the legal system. The fellow must demonstrate an awareness of the larger context and system on health care delivery and the ability to effectively call on system resources to provide care that is of optimum value. All fellows will demonstrate the ability to work well within their core clinical teams. This involves participating in multidisciplinary rounds that utilize different services such as nursing, social work, respiratory therapy, physical therapy, case managers, etc. The ultimate goal is to improve efficiency and patient outcomes. As fellows progress through their training they should show increasing appreciation and understanding of cost effectiveness in patient care and resource utilization. More senior residents should be able to coordinate multidisciplinary care and provide leadership in the management of complex patients. Fellows should also be able to demonstrate an understanding of managed care, federal versus private insurers and the social consequences of the uninsured.

- 2) Fellows will develop the **ability to work in a variety of settings**:
  - a) As a primary health care provider for acutely ill in-patients, including in the Emergency Department and Intensive Care Unit, and for ambulatory out-patients.
  - b) As a Rheumatology consultant to other internists and other physicians in these settings.
  - c) As the leader of a multi-disciplinary health care team, including other

- medical and surgical specialists, rehabilitation therapists, home health care providers, etc.
- d) As a teacher of their clinical skills, professionalism and humanistic skills to trainees at more junior levels, so as to serve as a model for trainees.
- 3) **Life-long learning** includes the acquisition, critical analysis, synthesis and reassessment of knowledge, skills and professionalism. This requires:
- a) development of independent study habits for acquiring clinical and research knowledge and skills.
- b) attendance, presentation and participation in the organization of local educational conferences.
- c) attendance and presentation at regional and national professional scientific conferences.

## TEACHING METHODS

The following experiences have been established to achieve the goals of the SUNY HSC Rheumatology Fellowship Program:

- 1) The inpatient rheumatology experience:

The fellow assigned to the Consult Service will be responsible for organizing its activities. This primarily includes the supervised evaluation of inpatient consults and of patients admitted to Rheumatology Attendings in all of our three hospitals, as well as continued follow-up of these patients for as long as indicated during their hospitalization. Fellows will perform inpatient consultation on the Internal Medicine and other services, also in the special care units and Emergency Room. Under the supervision of the Consult Attending, the fellow will develop and refine their clinical evaluation skills of patients with rheumatic diseases, including appropriate differential diagnosis, diagnostic evaluation, treatment, and the need for continued hospitalization. Fellows will develop skills in providing credible consultation services, including communicating with referring physicians and house

staff, and organizing appropriate follow-up for continuing care as an outpatient. The fellow will perform literature searches when needed for evaluation or management, and will participate actively in teaching more junior trainees on the consultation team. The fellow will also develop a comprehensive understanding of the indications and contraindications, techniques and possible complications of

arthrocentesis, as well as skill in educating patients and obtaining informed consent for the procedure, and interpretation of its results. Fellows also acquire skill in performing synovial fluid crystal analysis by polarized light microscopy. Close faculty supervision is provided for all fellow activities, with a strong emphasis on developing logical analysis and independent decision-making.

Regarding patient assignment, inpatients admitted for primary rheumatologic disease are assigned to Rheumatology Attendings. Inpatients with secondary rheumatology problems are assigned to other Attendings and their services, and so will be seen primarily by Medicine residents on that service, with Rheumatology consulting. Follow-up as outpatients after discharge is in the Rheumatology ambulatory care facility, and provides further continuity in learning.

The On-Call Schedule is generally divided on a weekly basis between the two fellows and rotating Medicine resident, resulting in every third week on-call. Fellows cover Monday through Saturday. Sundays (and Saturdays when not on call) are entirely free from hospital duties. Call is taken from home via beepers and telephone (please see attached schedule #1, rheumatology consult procedure)

Each fellow will be responsible for the Consult Service for a total of 12 months (please see attached Rheumatology fellow consult/elective schedule # 2) during their two years, and will personally see approximately 300 patients. On average, the fellow will have direct patient care responsibility for 2 cases and serve as a consultant on 8 at any given time. The fellow responsible for running the Consult Service will distribute patients to any rotating Medicine residents and medical students. Fellows and the other trainees are responsible for both acute and continuing care of inpatients as long as a rheumatologic problem exists. Fellows are expected to deliver a more expert level of care. All trainees acquire experience in treating a wide range of rheumatologic problems because our 3 hospitals have different types of patients, which together encompass the whole range of rheumatologic disease.

### **Supervision**

All patients are seen and discussed with an Attending, and the fellow's written or dictated notes read and signed by the Attending. Technical procedures are initially demonstrated by an Attending, and subsequently supervised by them. Work Rounds are generally conducted by the fellows, medical resident, and medical student separately from Attendings. Teaching Rounds are then conducted with the Attending present throughout. As the fellow's clinical judgment improves, they require less teaching or correction regarding management decisions, and so become more independent.

- 2) The outpatient rheumatology experience:

This constitutes the main training ground for the fellows, who will attend approximately 450 half-day outpatient sessions during their two years. On average, the fellow will see 1.5 new and 5 follow-up patients per session, a total of more than 600 new and 2,000 follow-up patients during their two year fellowship. Continuity of follow-up with the same fellow is emphasized. Fellows have one half-day per week of Continuum of Care Clinic. Fellows perform outpatient consultations in the outpatient sessions, and gain experience in the appropriate organization and format of consultation notes by dictating them, which are then revised with the Attending. All patients are presented to an Attending in the presence of the patient, but with the fellow developing an independent clinical assessment and plan. This outpatient experience allows the development of progressive responsibility with appropriate supervision by faculty, and allows the fellows to become expert in the evaluation and management of outpatient rheumatic disease problems, and as well to develop an understanding of their natural history over as much as several years. Much additional experience with arthrocentesis, as well as steroid injections for bursitis and tendinitis, occurs in the outpatient setting.

Pediatric Rheumatology experience is integral in the above; each fellow attends approximately 50 half-day pediatric outpatient sessions; inpatient consults are also seen when the fellow is on Consult Service. This experience enables each fellow to become expert in the diagnosis and management of pediatric rheumatic disease.

This extensive outpatient experience is the core of the fellowship program. Overall, each fellow receives approximately 70 hours per month faculty supervision and teaching in the outpatient setting, and approximately 30 hours per month for inpatients. The combination provides the environment and resources for the fellow to gain in-depth experience in the diagnosis and treatment of patients with a mix of diseases such as, systemic connective tissue diseases, including rheumatoid arthritis, systemic lupus erythematosus, scleroderma, polymyositis, and the various vasculitis syndromes, with spondyloarthropathies, crystal-induced synovitis, osteoarthritis, non-articular rheumatic diseases including fibromyalgia, nonsurgical exercise-related (sports) injuries, other systemic diseases with rheumatic manifestations, metabolic bone disease including osteoporosis, infection of joints, joint surgery, and rheumatologic problems requiring rehabilitation therapy.

In-depth experience is provided in the specific examination of structure and function of all joints, both axial and peripheral, as well as periarticular structures and muscles. Fellows become very skillful in constructing differential diagnosis for complexes of symptoms and signs related to rheumatologic diseases, also in the diagnostic aspiration and analysis by light and polarized light microscopy of

synovial fluid, and in the therapeutic injection of diarthrodial joints, bursa, tenosynovial structures and entheses. The fellows also acquire in-depth experience and skill in the use of non-steroidal anti-inflammatory and disease-modifying drugs, also biologic response modifiers, glucocorticoids, cytotoxic and hypouricemic drugs, and antibiotic therapy for septic joints.

3) Interdisciplinary interactions:

The fellowship program includes an integral experience with other disciplines required for the evaluation and management of patients with rheumatic diseases, and also provides the opportunity for additional elective experience in these disciplines. Frequently chosen elective experience includes all the orthopedic subspecialty areas, PM&R, Dermatology, Pain Medicine, Neurophysiology, Immunopathology and Metabolic Bone Disease. Via the scheduled conferences and their electives, fellows receive both formal and informal training in the related disciplines of Rehabilitation Medicine, Orthopedics, and its multiple subspecialties, podiatry, metabolic bone disease, immunopathology, EMG/NCS, Managed care (please see Rheumatology fellow elective grid on p. 9). Residents and fellows from these programs also rotate through Rheumatology, providing further interdisciplinary interactions for our own fellows.

RHEUMATOLOGY FELLOW ELECTIVE GRID

TOPIC	FACULTY, PHONE & SITE	LEARNING OBJECTIVES OR KEY COMPETENCES
EMG/NCS	Dr. Yu Zhu, 550 Harrison 464-5226 Dr. Deborah Bradshaw, Neurology 464-4243	Know how to order and interpret reports for entrapment neuropathy, radialopathy and myopathy
PT/OT	550 Harrison Center, 464-6312	What and how therapy is done
Radiology	Dr. Hal Cohen, 464-7439	Learn about reading basic musculoskeletal radiology films
Physical Medicine and Rehabilitation	Dr. Robert Weber, 464 - 8770	How to prescribe physical therapy
Orthopedics – Upper extremity	Dr. Jon Loftus, 550 Harrison Center, 472-2015	Non traumatic disease (rotator cuff, epicondylitis, ganglions, trigger finger, Dupuytren's)
Orthopedics – Lower extremity	Dr. Michael Clarke, 550 Harrison Center, 464-4472	Internal derangement of the knee, observe arthroscopy, post-replacement follow-up
Orthopedics – Sports Medicine	Dr. T. Scerpella, 550 Harrison Center, 472-2015	Strains, sprains, knee injury
Orthopedics – Foot/Podiatry	<sup>1</sup> Dr. P. Scerpella (550 Harrison): 472-4472 <sup>2</sup> Foot Specialists of Central NY: 476-7471	Ankle tendonitis, metatarsalgia, heel pain; learn how to prescribe orthotics, splints
Metabolic Bone Disease	Dr. A. Moses, 464-9001	Osteoporosis, Paget
Immunopathology	Dr. Arthur Tatum: 464-6782 Immunopathology Lab: 464-4463	Learn how ANA, ANCA, RF, ESR, C3, C4, anti ENA are done. Pitfalls of techniques. Interpretation of immunofluorescence studies or biopsies.
Pain Medicine	Dr. S. Thomas / Pain Clinic 464-4259	Principles of prescribing narcotic analgesics, epidural/nerve blocks
Practice Management	Rheumatology Associates of Central New York: 422-1513 Arthritis Health Associates: 478-7039	Become familiar with types of practice, insurance and managed care.
Research – Basic	Dr. Andras Perl, 464-4194	Required in the 2 <sup>nd</sup> year
Neuromuscular disease clinic	Dr. Jeremy Shefner: 464-4843	Learn about hereditary and metabolic muscle disease
* Other electives (i.e.: Dermatology) can be added at fellow's request		
* Some of the electives can be combined (i.e.: PT & PMR, Ortho-foot & Podiatry, EMG and Neuromuscular clinic)		
* Fellow must notify the "elective" attending of the date which he/she plans to start the rotation		
* Reading material covering the above learning objective (elective educational file) is provided to the fellow at the beginning of training. It is recommended that the fellow read the topics pertaining to the elective prior to starting it.		

The goal of both the integral and elective experiences is for the fellow to learn, under the direction of experienced faculty from the related discipline, the approach to diagnosis and management used for patients with rheumatic disease.

4) Didactic conferences:

Conferences are held on a regularly scheduled basis, and are attended by fellows as well as faculty, other trainees, practicing rheumatologists and other interested individuals. The weekly Rheumatology and Clinical Immunology Conference (please see attached schedule # 3) includes a once monthly session with a specialized Musculoskeletal Radiology Attending, and a monthly session with an Anatomic Pathology and Clinical Immunology Attending. The balance of the sessions are devoted to clinical and research topics prepared by fellows and faculty of the Rheumatology Section, and by speakers from other Sections, departments and institutions. The latter include Visiting Professors approximately twice per year. Fellows also attend weekly Medical Grand Rounds where clinical and research aspects of topics from the entire range of internal medicine, as well as occasionally other disciplines, are covered.

Fellows attend the weekly Research Journal Club (please see attached schedule # 4), which includes review of recent basic research in rheumatology and related areas. Fellows and both full-time and clinical faculty attend and present at a monthly Clinical Journal Club (please see attached schedule # 5). An additional twice monthly Rheumatology-Radiology Conference (please see attached schedule # 6) with another Musculoskeletal Radiology Attending provides fellows with an in-depth understanding of the indications for and interpretation of X-Rays and other imaging studies including CT, MR and isotope scans. Fellows attend three one hour lectures in the months of August and September entitled "Introduction To Musculoskeletal Radiology" and may attend the yearly Immunology course presented by the medical school.

Fellows prepare and review topics at the weekly Scientific Basis of Rheumatic Diseases Session (please see attached schedule # 7)

They are also encouraged to attend the many other didactic teaching exercises available at SUNY HSC, in particular the monthly Department of Medicine Research Conference, the noon Medicine Resident Conferences on a wide variety of internal medicine topics, and the weekly Orthopedic Surgery Grand Rounds on a wide variety of orthopedic topics.

The combination of interdisciplinary interactions and didactic conferences, along with extensive inpatient and outpatient clinical experience, provides each fellow with a high level of skill in the indications and interpretation of biopsies of tissues

relevant to diagnosis of rheumatic disease, of bone and joint imaging techniques including bone density measurement and of electromyogram and nerve conduction studies, and in the indications for orthopedic procedures and arthroscopy.

The regularly scheduled conferences are complemented by the clinical teaching program, and provide the fellow with an appropriate understanding of the following content areas:

- anatomy, genetics, immunology, biochemistry and physiology of connective tissue, bone, muscle and joints, including purine metabolism;
- pathologic aspects of rheumatic disease and metabolic bone disease including osteoporosis;
- non-articular manifestations of rheumatic disease;
- emotional factors that influence or result from rheumatic disease;
- the scientific basis, methodology, indications and interpretation of laboratory tests and imaging procedures used in diagnosis and follow-up of patients with rheumatic disease;
- indications for an interpretation of electromyogram, nerve conduction studies and nerve/muscle biopsy;
- pharmacology, pharmacokinetics, drug metabolism, side effects and interactions, and costs of agents used in treatment of rheumatic disease;
- principles of rehabilitation, including physical and occupational therapy, for patients with rheumatic disease and exercise-related (sports) illnesses;
- indications for surgical and orthopedic consultation in acute and chronic rheumatic disease;
- basic principles of decision analysis regarding diagnostic tests to define illness and recommend treatment;
- principles of clinical epidemiology and health services research, including biostatistics, medical information systems, information science, critical literature review, administration of controlled clinical trials, and experimental protocol research design;
- rheumatic problems in the geriatric population;
- ethical and socio-economic issues relating to the practice of rheumatology.

Fellows learn about the above topics by participation in Journal clubs, by preparation of sessions for the other conferences, by attendance at Medical Grand Rounds and a twice-weekly lecture series for Medicine residents, by participation in clinical research projects, by attendance at the graduate Immunology course as

auditors, by their own comprehensive reading program in a major Rheumatology textbook, and by testing their medical decision-making, compared to their Attendings in the clinical setting.

5) Reading

There are several rheumatology textbooks that the fellow can read from. Traditionally, we recommended “Koopman’s: Arthritis and Allied Conditions”. The sections library (WSK 8310B) carries the 15<sup>th</sup> Edition (2005) of the above textbook and the 7<sup>th</sup> Edition of “Kelley’s Textbook of Rheumatology”. The latter textbook is also available as an E-Book on the Library of Medicine website. The textbooks can serve as a starting point, however the fellows are encouraged to, and should, consult peer-reviewed journals (such as Arthritis and Rheumatism, The Journal of Rheumatology, Clinical and Experimental Rheumatology, etc) for original articles. They should also use Medline is available for literature searches.

- Reading List:

The American College of Rheumatology (ACR) compiled a list of suggested reading. It includes an annotated bibliography on the most common rheumatic conditions.

Fellows are encouraged to review the suggested articles.

[www.rheumatology.org/training/index.html](http://www.rheumatology.org/training/index.html).

- Rheumatology Self-Assessment Program (RSAP):

This is a monthly educational rheumatology board review questions for the fellows. One rheumatology attending is assigned to review questions, answers, and explanation from RSAP.

6) Procedures

The fellows are taught and required to perform arthrocentesis and intra articular injections of small, medium and large joints, soft tissue injections (tendon sheaths, bursa, trigger points) and crystal analysis of synovial fluid. They will be credentialed in performing the above procedures after doing at least 15 supervised joint aspirations and/or injections, including an appropriate variety of types of joints, 10 supervised soft tissue(tendon, bursa) aspiration/injections, 5 supervised crystal identifications AND finishing their fellowship successfully.

7) Research experience:

An active research component is included in the Program with appropriate protected time, particularly during the second year. An optional third year of fellowship is available for those who wish to pursue their research interests intensively. Fellows are exposed to divisional research programs early in the first year, and their research interests explored. This serves as a basis for picking a

particular project, and a responsible faculty member within or outside the Division, for the remainder of the program.

All fellows participate in clinical or basic research, and specific projects can be tailored to their interests. Typically, during the first year, the fellow decides from current projects what they are interested in participating in for several months or longer during their second year. During their first year, they also participate in acquiring and entering patients in various studies, and may elect to spend up to a month on a specific project. Fellows also research interesting cases, and are encouraged to present and publish these. The immediate goal of this research experience is for the fellow to learn sound methodology in designing and performing research studies, and the correct interpretation and synthesis of research data. Fellows work closely under the chosen faculty research mentor.

Fellows are expected to prepare their research activities for presentation and publication. They are also expected to publish at least one scientific paper each year.

Fellows also acquire knowledge of the design and interpretation of research studies, the responsible use of informed consent, and of research methodology and interpretation of data, by their involvement in actual projects with frequent supervision and discussion with the responsible faculty member. They also acquire knowledge of these aspects of research studies by their participation in both Clinical and Research Journal Clubs, as well as in the other conferences. Fellows also attend the mini-course on these aspects of research studies, which is arranged by the Department of Medicine for all fellows.

A third year of fellowship training is offered for intensive research, particularly if the fellow is interested in an academic career. A specific project will be tailored to the fellow's interest, usually depending upon their experience and progress with a related or the same project during their first two years. They select from projects and mentors within the institution, but are encouraged to do a project within the Section if possible. Eighty-five percent time is protected for research; 15% time is devoted to clinical duties, including a continuity ambulatory care experience of ½-day clinic per week, one month of inpatient consult year, and attendance at the Journal clubs and weekly Rheumatology Conference. Application for outside funding of the third year of fellowship to organizations such as the Arthritis Foundation, is encouraged.

- 8) Continuing medical education and society memberships:  
In addition to participating in the organized didactic conferences described above, fellows are strongly encouraged to become members of the American College of

Rheumatology and the American College of Physicians. Their participation in the CME activities of these organizations is important to promote their standards of professionalism and the process of life-long learning.

9) Experience in developing teaching skills:

The program provides an environment for promoting active teaching of medical students, residents, and other allied health personnel, as well as education of patients, by the fellows. Fellows receive instruction and feedback in counseling and communication techniques. This includes cultural, social, behavioral, and economic issues such as confidentiality of information and indications for life-support systems. Fellows learn about cultural, social, and other issues by their clinical experience with inpatients and outpatients, under the close supervision and teaching by Attendings that is characteristic of this Program. These topics are also discussed during clinical management of the patients by the Attendings, and in conferences.

Fellows are responsible for teaching and supervising medical students and Medicine residents on the Inpatient Consult Rotation, in conjunction with the attendings. They have a lesser role in outpatient teaching, as this is handled almost exclusively by Attendings. The fellows also have a major role in teaching and supervising the other trainees to prepare topics for the various conferences, particularly the weekly Rheumatology Conference. Fellows are strongly encouraged by the Attendings to develop effective teaching and communication skills. (please see attached Rheumatology general schedule # 8, Junior rheumatology fellow schedule # 9, and Senior rheumatology fellow schedule #10)

## EVALUATION METHODS

The Fellowship Program includes formal written evaluations of the fellows, the faculty and the Program. As of July 1, 2005 E – value is being used to evaluate.

1) Evaluation of fellows:

Since the educational experiences for the fellows are integrated throughout the year, rather than being in specific time blocks, written formal evaluations of fellows are carried out every month by each of the faculty, and then discussed together at the next Section Meeting. Subsequently, these evaluations are discussed with the fellows by the Program Director and suggestions for improvement made as needed. Fellows can read and respond to the evaluations at the sessions with the Program Director, and subsequently if needed. The evaluation forms are then placed in the fellow's permanent file in the Departmental Residency Program Office. Faculty research mentors also complete the evaluation forms with specific written comments about research performance.

\*One detailed evaluation by the Program Director is done Semi-annually.

These monthly evaluations and discussions with the fellows are subsidiary to the daily training, and correction as needed, that occurs in the clinical setting under the close supervision of, and interaction with Attendings that is characteristic of this Program. This ongoing daily training and corrective process is at least as important as the periodic formal evaluations in achieving the missions of the Program.

Procedural skills, principally joint and soft tissue aspirations and injections, are taught and monitored by direct Attending supervision. A procedure log is maintained centrally, by the Departmental Residency Program Office, using cards with details of the procedures done. This information is entered in the fellow's permanent file.

Written summaries of the semiannual evaluation conferences with the Program Director provide feedback to the fellows on their performance and identify any areas for improvement, and are then placed in the fellow's file.

Overall performance for the year is reviewed in the fourth quarter evaluation session, and a typed formal summary done, reviewed by the fellow and discussed fully, and then reviewed by the Department Chairman and placed in the fellow's file. The ongoing evaluation process, combined with the formal quarterly evaluations, provides the basis for promoting or graduating the fellows, which is done by the Rheumatology faculty including the Program Director, along with the Departmental Residency Program Director and Department Chairman. Annual formal evaluations are also completed for the ABIM and other organizations, discussed with the fellows, and placed in their files.

The daily ongoing training and evaluation process encourages free two-way communication between faculty and fellows so that areas for improvement can be identified quickly and corrective action taken. Fellows are encouraged to discuss any disagreement directly with the faculty involved, and then if necessary, the Program Director, the Departmental Residency Program Director, and the Department Chairman, in that order. If this process does not result in resolution of the fellow's grievance, the grievance can be further addressed according to established institutional guidelines.

2) Evaluation of faculty and program:

Fellows evaluate faculty on a 3-monthly basis using an evaluation form that is turned into the Department Chairman. Evaluations are collected in a fashion to assure the anonymity of the fellow as much as possible. Problems are also discussed at the quarterly meetings with the Program Director, at the weekly Section meeting, which the fellows attend once a month, and at other times as needed. Fellows also attend the first Division Section Meeting of each month. They are required, at the end of each elective, to provide a short narrative describing what they learned and providing suggestions for improvement.

Fellows evaluate the overall Fellowship Program annually at their year-end sessions, and suggestions regarding changes solicited. The faculty at the weekly Section meetings discusses these and other suggestions, or identified problems, made during the year. Bulletins and mandated program changes from the ACR, ABIM, RRC, etc., are discussed and implemented in the same way. Fellows are encouraged to maintain a high level of communication with the Program Director and faculty on an ongoing basis. The information and feedback received during informal and formal meetings, and the semiannual evaluation forms are used to make any needed programmatic changes.

The Program Director reports to the Department Chairman on a monthly basis at regularly scheduled Division Chief meetings, and approximately every three months regarding fellowship program development and other issues. Informal evaluation of the Program occurs at these meetings. Annual formal summaries of the Program, faculty and Fellows are provided to the Chairman and/or Program Director.

## APPROVALS

I have received and read a copy of this curriculum.

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Department Chairman Dr. David Duggan	Date
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Medicine Residency Program Director Dr. Vincent Frechette	Date
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Chief of Rheumatology, Fellowship Program Director Dr. Andras Perl	Date
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Rheumatology Faculty Dr. Hom Neupane	Date
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Rheumatology Faculty Dr. Paul Phillips	Date
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Rheumatology Faculty Dr. Fatme Allam	Date
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Rheumatology Faculty Dr. Meribeth Ogrinc	Date
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Rheumatology Faculty Dr. William Hannan	Date
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Senior Fellow  
Naurenn Mirza, M.D

Date

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Junior Fellow  
Eduardo Bonilla, M.D.

Date

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