

# ACGME Program Requirements for Graduate Medical Education in Pediatric Rheumatology

Effective: July 1, 2007

## Introduction

### Int.A. Scope of Educational Experience

Int.A.1. Subspecialty programs in pediatric rheumatology must provide fellows with the background to diagnose and manage patients with acute and chronic rheumatic and musculoskeletal diseases, including those that are life threatening, and to help fellows develop investigative skills related to this specialized field.

Int.A.2. Fellows must develop expertise in long-term continuity of care required to understand the natural history of the diseases.

## VIII. Program Personnel and Resources

### VIII.A. Faculty

#### VIII.A.1. Pediatric Rheumatologists

There must be at least two pediatric rheumatologists who devote sufficient time to the program to ensure adequate time for the administrative, clinical, and research activities involved in educating the fellows.

#### VIII.A.2. Other Physician Teaching and Consultant Faculty

Consultant and collaborative faculty in related disciplines, particularly pediatric orthopedics, must be available at the training site(s). In addition to required faculty listed in the General Program Requirements for the Subspecialties of Pediatrics (II.B.), there should also be pediatric subspecialists available in genetics and neurology, as well as specialists who have expertise with pediatric patients in at least the following areas: dermatology, ophthalmology, pathology, and physical medicine, and rehabilitation. Collaboration with basic science departments and with internal medicine rheumatology programs is suggested.

### VIII.B. Other Program Personnel

Staff from allied health disciplines, including registered physical and occupational therapists, must be available. The presence of a nurse specialist, a pediatric social worker, and a nutritionist is strongly suggested.

### VIII.C. Resources

VIII.C.1. There must be full support services, including comprehensive diagnostic imaging facilities, and access to a clinical immunology laboratory and

pediatric physical therapy and rehabilitation services.

- VIII.C.2. The patient population must be sufficiently varied and the volume sufficiently large to allow the fellow to become competent in managing common as well as uncommon rheumatic disorders. The patient population must be characterized by ample diversity of rheumatic diseases, including but not limited to the following categories:
- VIII.C.2.a) acute rheumatic fever/post strep arthritis and reactive arthritis;
  - VIII.C.2.b) juvenile rheumatoid arthritis and/or uveitis;
  - VIII.C.2.c) dermatomyositis/polymyositis;
  - VIII.C.2.d) systemic vasculitis (HSP, Wegner's, PAN, Kawasaki disease, etc.);
  - VIII.C.2.e) systemic lupus erythematosus;
  - VIII.C.2.f) scleroderma, local and systemic;
  - VIII.C.2.g) spondyloarthropathies, including enthesitis;
  - VIII.C.2.h) psoriatic arthritis;
  - VIII.C.2.i) infections of bones and joints, including Lyme disease;
  - VIII.C.2.j) musculoskeletal pain syndromes (including reflex neurovascular dystrophy, fibromyalgia, etc);
  - VIII.C.2.k) hypermobility syndromes (including Ehlers-Danlos' and Marfan's syndromes);
  - VIII.C.2.l) rheumatic aspects of systemic and genetic diseases (endocrine, metabolic, pulmonary and gastrointestinal diseases, periodic fever syndromes, and skeletal dysplasias, etc);
  - VIII.C.2.m) rheumatic aspects of malignancy; and,
  - VIII.C.2.n) other musculoskeletal complaints, undifferentiated rheumatic diseases and abnormal laboratory tests as they relate to rheumatic diseases.
- VIII.C.3. The program must provide fellows with a thorough knowledge of normal growth and development, with emphasis on the musculoskeletal system, as well as the correlation of pathophysiology with clinical diseases. The program should ensure the availability of all facilities and personnel necessary for the complete care of infant, child, adolescent, and young adult patients with rheumatic diseases. A patient population of sufficient size must be available to ensure training of both the general pediatric residents and the rheumatology fellows.

IX. Educational Program

IX.A. Patient Care

- IX.A.1. Fellows must have broad-based experience with a variety of rheumatic and musculoskeletal diseases. The program must be designed to develop the fellow's understanding of the pathophysiology of various rheumatic diseases and to promote competence in the clinical diagnosis and medical management of these disorders. There must be training in the selection and evaluation of procedures necessary for pathologic, physiologic, immunologic, microbiologic, radiologic, and psychosocial assessment of rheumatic and musculoskeletal diseases.
- IX.A.2. The program must provide sufficient training for the fellows to become competent in the following:
- IX.A.2.a) diagnostic aspiration of joints and interpretation of synovial fluid studies;
  - IX.A.2.b) nailfold capillary microscopy;
  - IX.A.2.c) intraarticular administration of glucocorticoids;
  - IX.A.2.d) use of non-steroidal anti-inflammatory drugs, disease-modifying anti-rheumatic drugs, glucocorticoid drugs, cytotoxic agents, biologic therapies, plasmapheresis, and infectious/antimicrobial therapy;
  - IX.A.2.e) prescription of physical therapy and/or occupational therapy; utilization and interpretation of bone and joint imaging studies;
  - IX.A.2.f) utilization and interpretation of laboratory tests as they relate to rheumatic disorders;
  - IX.A.2.g) knowledge of the indications for electromyographic (EMG) and nerve conduction studies;
  - IX.A.2.h) knowledge of indications and interpretations of slit lamp examination of the eye; and,
  - IX.A.2.i) principles of pharmacologic and non-pharmacologic management of pain.
- IX.A.3. The program must ensure that each fellow has the opportunity to provide continuing responsibility for both acute and chronic rheumatic diseases in order to observe the natural history of the disease process and effectiveness of therapeutic programs. Fellows must have continuing responsibility throughout the training years for care of patients with chronic rheumatic diseases. This patient care responsibility should take place in a regularly scheduled pediatric rheumatology clinic under the

supervision of one or more members of the rheumatology staff. Time and space in this clinic must be available for fellows to provide continuity and follow-up care for their patients.

IX.A.4. There should be sufficient opportunity for the fellow to provide consultation for a wide variety of patients with rheumatic complaints common in the spectrum of other childhood diseases.

IX.B. Medical Knowledge

IX.B.1. Basic Sciences and Conferences

The program must emphasize anatomy, immunology, physiology, biochemistry, genetics, and molecular biology of the musculoskeletal system in the developing child and the young adult.

IX.B.2. Didactic and Laboratory Experience

The program must have a well-developed, formally structured curriculum, including courses, workshops, seminars, and laboratory experience. The curriculum should provide an appropriate background for fellows in the basic and fundamental disciplines related to the musculoskeletal system and rheumatic diseases (e.g., anatomy, biochemistry, embryology, genetics, immunology, including immunodeficiency states, molecular biology, pathology, pharmacology, and physiology). The program should provide instruction in indications for appropriate surgical interventions, including tissue biopsies in rheumatic diseases. Instruction and experience in rehabilitative and psychosocial aspects of chronic rheumatic diseases as they affect the child are essential. Experience in counseling chronically ill patients and their families must be a component of the training program.

IX.B.3. Health Care Team

The fellows must develop an understanding of the multidisciplinary nature of pediatric rheumatology, and participate in structured learning activities with a comprehensive health-care team, which includes the relevant allied health professionals. Fellows must develop the ability to successfully utilize both the variety of elements of the health care system and the community resources in the care of children with rheumatic diseases.

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