**New Application: Pediatric Rheumatology**

**Review Committee for Pediatrics**

**ACGME**

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](http://www.acgme.org/Portals/0/Documents/Common%20Resources/ApplicationInstructions.pdf?ver=2017-06-06-130246-257)*.”*

*This document contains the “Specialty-specific Application Questions.” After completing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Oversight**

Briefly describe how the pediatric rheumatology program is an integral part of a core pediatric residency program, including how the faculty members of each program, residents, and fellows will interact. [Program Requirement (PR) 1.2.a.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text.  |

**Resources**

Indicate whether the program has access to the following facilities and services/resources for fellow education:

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility/Service** | **Site #1** | **Site #2** | **Site #3** |
| Comprehensive laboratory [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Pathology [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Imaging [PR 1.8.a.] | Choose an item. | Choose an item. | Choose an item. |
| Laboratories to perform testing specific to pediatric rheumatology [PR 1.8.b.] | Choose an item. | Choose an item. | Choose an item. |

**Patient Population [PR: 1.8.c.; 1.8.d.]**

**Patient Data**

Provide the following information for the most recent 12-month period. **Note the same timeframe should be used throughout the forms.**

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Inpatient** | **Site #1** | **Site #2** | **Site #3** |
| Total number of patients admitted to the rheumatology service: | # | # | # |
| Total number of consultations by pediatric rheumatologists on other inpatients: | # | # | # |
| Number of new patients (admits or consults) ("new" refers to those who are being seen by the rheumatologists for the first time)  | # | # | # |
| Are consultations provided to the PICU? | Choose an item. | Choose an item. | Choose an item. |
| Are consultations available to the NICU? | Choose an item. | Choose an item. | Choose an item. |

**12-Month Summary: Outpatient Clinics/Inpatient Services**

During the same 12-month period, how many pediatric patients with the following rheumatology problems were admitted and/or consulted on by the pediatric rheumatologists? Duplicate table as necessary. **Note the same timeframe should be used throughout the forms.**

|  |  |
| --- | --- |
| **Name of Site or Other Setting** | Click here to enter text. |
| **Inclusive dates:** | **From**: Click here to enter a date. | **To:** Click here to enter a date. |
| **Rheumatology Problems** | **Outpatients** | **Inpatient service** | **Consultations** |
| **Number of Patients** | **Number on Rheumatology Service**  | **Number of Consults**  |
| Acute rheumatic fever/post strep arthritis and reactive arthritis[PR 4.4.f.1.] | # | # | # |
| Juvenile idiopathic arthritis and/or uveitis [PR 4.4.f.2.] | # | # | # |
| Dermatomyositis/polymyositis[PR 4.4.f.3.] | # | # | # |
| Systemic vasculitis (HSP, Wegner’s, PAN, Kawasaki disease, etc.)[PR 4.4.f.4.] | # | # | # |
| Systemic lupus erythematosus[PR 4.4.f.5.] | # | # | # |
| Scleroderma, local and systemic[PR 4.4.f.6.] | # | # | # |
| Psoriatic arthritis[PR 4.4.f.7.] | # | # | # |
| Infections of bones and joints, including Lyme Disease[PR 4.4.f.8.] | # | # | # |
| Musculoskeletal pain syndromes (including reflex neurovascular dystrophy, fibromyalgia, etc.)[PR 4.4.f.9.] | # | # | # |
| Joint hypermobility syndromes[PR 4.4.f.10.] | # | # | # |
| Rheumatic aspects of systemic and genetic diseases (endocrine, metabolic, pulmonary and gastrointestinal diseases, periodic fever syndromes, and skeletal dysplasias, etc.)[PR 4.4.f.11.] | # | # | # |
| Rheumatic aspect of malignancy[PR 4.4.f.12.] | # | # | # |
| Other musculoskeletal complaints, undifferentiated rheumatic diseases and abnormal laboratory tests as they relate to rheumatic diseases[PR 4.4.f.13.] | # | # | # |

**List of Diagnoses**

List 75 consecutive admissions and consultations by the Pediatric Rheumatology service. Identify the period during which these admissions/consultations occurred. **The date range should occur within the same 12-month period used in previous sections**. The dates must begin on the date the first patient on the list was admitted and end with the date the 75th patient was admitted, (e.g., Patient #1 - July 1, 2022; Patient #75 - October 20, 2022). Submit a separate list for each site that provides required rotations. Duplicate tables as necessary.

|  |  |
| --- | --- |
| **Site Name** | Click or tap here to enter text. |
| **Inclusive dates:** | **From**: Click or tap to enter a date. | **To:** Click or tap to enter a date. |
| **Patient ID** | **# of Days in Hospital** | **Diagnosis**(may include secondary diagnosis, if relevant) |
| **Number** | **Age** |
| # | Age | # | Click or tap here to enter text. |
| # | Age | # | Click or tap here to enter text. |
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| # | Age | # | Click or tap here to enter text. |
| # | Age | # | Click or tap here to enter text. |

**Ambulatory Rheumatology Training Sites**

List all ambulatory sites as well as sites for the fellows’ continuity experience. Designate continuity clinic sites with an asterisk (\*). Add rows as necessary.

| **Name of setting used to address core knowledge areas. Use Site/other setting identifier.** | **Duration of Experience (in wks./yr.)** | **Planned Number of Sessions Per Week Per Fellow** | **Annual Number of Patient Visits** | **Planned Role of fellow in care of patients – designate as:****Primary Provider (PP)****Consultant (C)** |
| --- | --- | --- | --- | --- |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |
| Click here to enter text. | # | # | # | Choose an item. |

**Procedure Data**

Provide the following information for the most recent 12-month academic or calendar year. **Note the same timeframe should be used throughout the forms.**

|  |  |  |
| --- | --- | --- |
| **Inclusive dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |
| **Procedures** | **# Performed on Subspecialty Service(s)** |
| **Site #1** | **Site/Clinical Setting #2** | **Site/Clinical Setting #3** |
| Diagnostic aspiration of joints and/or intra-articular administration of glucocorticoids (Count joints individually)[PR 4.5.a.1.- 4.5.a.2.] | # | # | # |

**Personnel**

**Program Leadership and Other Personnel**

Using the table below, provide a summary of the program’s leadership and other personnel, including the name and percent full-time equivalent (FTE) dedicated time. 1.0 FTE is greater than or equal to 40 hours per week. Add rows as needed. [PR 2.3.-2.3.a.; 2.11.a.]

|  |  |  |
| --- | --- | --- |
| **Program Leadership** | **Name** | **% FTE Dedicated Time for the Administration of the Program (excluding Scholarly Activity)** |
| Program Director | Name | #% |
| Associate Program Director(s) | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| Title | Name | #% |
| **Administrative/Support Personnel**  | **Number of Administrative Personnel** | **% FTE in this Fellowship Program for Each Personnel Member** |
| *e.g., Fellowship Coordinator* | *1* | *100%* |
| *e.g., Administrative Assistant* | *1.5* | *100%/50%* |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |
| Title | # | #% |

**Other Program Personnel**

Indicate whether program personnel are present in each of the required disciplines. [PR 2.12.a.1.- 2.12.a.9.]

|  |  |
| --- | --- |
| **Other Program Personnel with Pediatric Focus and Experience \*** | **Indicate with an “X” if these Personnel are Available at Each Site** |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| Child life therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Dietician(s) |[ ] [ ] [ ] [ ] [ ]
| Mental health professional(s) |[ ] [ ] [ ] [ ] [ ]
| Nurse(s) |[ ] [ ] [ ] [ ] [ ]
| Pharmacist(s) |[ ] [ ] [ ] [ ] [ ]
| Physical and occupational therapist(s) |[ ] [ ] [ ] [ ] [ ]
| Respiratory therapist(s) |[ ] [ ] [ ] [ ] [ ]
| School and special education contacts |[ ] [ ] [ ] [ ] [ ]
| Social worker(s) |[ ] [ ] [ ] [ ] [ ]

|  |
| --- |
| *\* If the other program personnel listed above are not present at the participating sites listed ADS, please explain:*Click or tap here to enter text. |

**Educational Program**

**Patient Care and Procedural Skills [PR 4.4]**

1. Provide the settings and activities in which fellows will develop competence in the following areas of patient care. Also, indicate which method(s) will be used to evaluate competence.

| **Competency Area** | **Settings/Activities****(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Competence****(e.g., structured observation checklist, procedure log, course completion)** |
| --- | --- | --- |
| Clinical skills needed in pediatric rheumatology[PR 4.4.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and development and carrying out management plans [PR 4.4.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing transfer of care that ensures seamless transitions[PR 4.4.c.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing care that is sensitive to the developmental stage of the patient with common behavioral and mental health issues, and the cultural context of the patient and family[PR 4.4.d.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Referring and/or co-managing patients with common behavioral and mental health issues along with appropriate specialists when indicated[PR 4.4.e.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with acute rheumatic fever/post streptococcal arthritis and reactive arthritis[PR 4.4.f.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with juvenile idiopathic arthritis and/or uveitis[PR 4.4.f.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with dermatomyositis/polymyositis.[PR 4.4.f.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with systemic vasculitis (HSP, Wegner’s, PAN, Kawasaki disease, etc.)[PR 4.4.f.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with systemic lupus erythematosus.[PR 4.4.f.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with scleroderma, local and systemic[PR 4.4.f.6.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with psoriatic arthritis[PR 4.4.f.7.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with infections of bones and joints, to include Lyme disease[PR 4.4.f.8.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with musculoskeletal pain syndromes, to include complex regional pain syndrome, fibromyalgia, etc.[PR 4.4.f.9.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with joint hypermobility syndromes [PR 4.4.f.10.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with rheumatic aspects of systemic and genetic diseases (endocrine, metabolic, pulmonary and gastrointestinal diseases, periodic fever syndromes, and skeletal dysplasias, etc.)[PR 4.4.f.11.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with rheumatic aspects of malignancy [PR 4.4.f.12.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with other musculoskeletal complaints, undifferentiated rheumatic diseases, and abnormal laboratory tests related to rheumatic diseases. [PR 4.4.f.13.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Utilization of nailfold capillary microscopy[PR 4.4.g.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Utilization of immunomodulatory therapy [PR 4.4.g.2.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Utilization of electromyographic (EMG) and nerve conduction studies [PR 4.4.g.3.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Interpretation of slit lamp examination of the eye[PR 4.4.g.4.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Pharmacologic and non-pharmacologic management of pain [PR 4.4.g.5.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Management of patients with acute or chronic complex multi-system rheumatic disease in an ambulatory, emergency, or inpatient setting[PR 4.4.h.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Providing or coordinating with a medical home for patients with complex and chronic rheumatic diseases [PR 4.4.i.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Use and interpretation of laboratory tests, imaging, and other diagnostic procedures[PR 4.4.j.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Selection and evaluation of laboratory tests and procedures necessary for pathologic, physiologic, immunologic, microbiologic, radiologic, and psychosocial assessment of rheumatic and musculoskeletal diseases [PR 4.4.k.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Making coordinating consultations for physical therapy and/or occupational therapy [PR 4.4.l.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients [PR 4.4.m.] | Click or tap here to enter text. | Click or tap here to enter text. |

1. Indicate the settings and activities in which fellows will develop proficiency in the following procedural skills, including an understanding of their indications, risks, and limitations. Also, indicate the method which will be used to evaluate competence.

| **Competency Area** | **Settings/Activities****(d=didactic, s=simulation, c=observed clinical care, o=other, specify)** | **Method(s) Used to Evaluate Fellow Competence****(e.g., structured observation checklist, procedure log, course completion)** |
| --- | --- | --- |
| Diagnostic aspiration of joints and interpretation of synovial fluid studies[PR 4.5.a.1.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Intra-articular administration of glucocorticoids[PR 4.5.a.2.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Medical Knowledge [PR 4.6.]**

Indicate the activities (e.g., lectures, conferences, journal clubs, clinical teaching rounds) in which fellows will develop competence in their knowledge in each of the following areas. Also, indicate the method(s) which will be used to evaluate fellow competence in each area. [PR 4.6.a.-4.6.c.]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competence** |
| --- | --- | --- |
| Biostatistics [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Clinical research methodology[PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Laboratory research methodology (if appropriate) [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Study design [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Preparation of applications for funding and/or approval of clinical research protocols [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Critical literature review[PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Principles of evidence-based medicine [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Ethical principles involving clinical research [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Teaching methods [PR 4.6.a.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Knowledge of the multidisciplinary nature of pediatric rheumatology[PR 4.6.b.] | Click or tap here to enter text. | Click or tap here to enter text. |
| Knowledge of normal growth and development, with emphasis on the musculoskeletal system, as well as the correlation of pathophysiology with clinical diseases [PR 4.6.c.] | Click or tap here to enter text. | Click or tap here to enter text. |

**Curriculum Organization and Fellow Experiences [PR 4.10. - 4.12.]**

1. What responsibilities will the fellows have for inpatients and how and by whom will they be supervised when assigned to inpatient services? [PR 4.4.-4.4.m.] 4.10.a.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Describe the responsibilities that fellows will have for outpatients and how and by whom fellows will be supervised. [PR 4.4.-4.4.m.; 4.10.a.; 4.11.b.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text. |

1. Briefly explain how rotations are structured to minimize the frequency of rotational transitions, and provide quality educational experiences, especially as it relates to continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. [PR 4.10.a.]

|  |
| --- |
| Click here to enter text.  |

1. Explain how fellows will function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. [PR 4.10.b.]

|  |
| --- |
| Click here to enter text.  |

1. Describe the experience the fellows will have in providing longitudinal care in an outpatient setting. Include opportunities that fellows will have to provide outpatient care for patients whom they have treated on the inpatient service. [PR 4.11.b.]

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| Click here to enter text. |

1. Describe how fellows will gain experience counseling patients with chronic illness and their families. [PR 4.11.d.]

|  |
| --- |
| Click here to enter text.  |

1. Describe how fellows serve as role models and provide supervision to residents and/or medical students. [PR 4.11.e.]

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| Click here to enter text.  |

**Conferences**

List regular subspecialty and interdepartmental conferences, rounds, etc. that are a part of the program. Identify the Site by using the corresponding number as it appears in the ADS portion of the application. Indicate the frequency (e.g., weekly, monthly) and whether conference attendance is required (R) or optional (O). List the planned role of the fellow in this activity (e.g., conducts conference, presents the case and participates in discussion, case presentation only, participation limited to Q and A component). Add rows as needed. [PR 4.11.f.2.; 4.11.f.5.]

| **Conference** | **Site #** | **Frequency** | **Attendance (Select Required or Optional)** | **Role of the Fellow** |
| --- | --- | --- | --- | --- |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |
| Conference | Site # | Frequency | Choose an item. | Role of fellow |

**General Subspecialty Curriculum**

Identify the conferences and other teaching sessions where fellows will receive instruction related to pediatric rheumatology in the areas listed below. Also, indicate which learners participate (i.e., pediatric rheumatology fellows, pediatric rheumatology fellows and other subspecialty fellows, or residents and pediatric rheumatology fellows). [PR 4.11.f.4.- 4.11.f.9.]

| **Topic** | **Where Taught in Curriculum (Name Should Match Name in Conference List)** | **Number of Structured Teaching Hours Dedicated to Topic Area** | **Participants (Place an "X" in the Appropriate Column)** |
| --- | --- | --- | --- |
| **Fellows in this Discipline Attend** | **All Subspecialty Fellows Attend** | **Residents and Subspecialty Fellows Attend** |
| *e.g., Biostatistics* | *Research Course* | *14* |  | *X* |  |
| Anatomy[PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Physiology [PR 4.11.f.4.] | Click or tap here to enter text. | # | [x]  | [ ]  | [ ]  |
| Biochemistry[PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Embryology[PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathology [PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Microbiology[PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pharmacology[PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Immunology[PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Genetics [PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Nutrition/metabolism[PR 4.11.f.4.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Pathophysiology of disease [PR 4.11.f.5.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Reviews of recent advances in clinical medicine and biomedical research[PR 4.11.f.5.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Conferences dealing with complications and death[PR 4.11.f.5.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Scientific, ethical, and legal implications of confidentiality and informed consent[PR 4.11.f.5.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Bioethics; including attention to physician-patient, physician-family, physician-physician/allied health professional, and physician-society relationships [PR 4.11.f.6.- 4.11.f.6.a.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Economics of health care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes[PR 4.11.f.7.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Instruction and experience in the rehabilitative and psychosocial aspects of chronic rheumatic diseases as they affect the child[PR 4.11.f.8.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |
| Instruction in indications for appropriate surgical interventions, including tissue biopsies in rheumatic diseases. [PR 4.11.f.9.] | Click or tap here to enter text. | # | [ ]  | [ ]  | [ ]  |

**Scholarship**

**Faculty Scholarly Activity**

1. Complete the table below regarding the involvement of faculty members in scholarly activities. Add rows as needed. [PR 2.4.b.; 4.14.-4.14.a.2.]

| **Name** | **# of Current Grant Leadership** | **# of Publications in Peer-Review Journals in the Last 5 Years** |
| --- | --- | --- |
| **Program Director:** |
| Name | # | # |
| **Physician Faculty Members within the Program Subspecialty (i.e., for a Pediatric Rheumatology Program, Only List the Pediatric Rheumatology Faculty Members):** |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| Name | # | # |
| **Non-Physician Research Mentors or Physician Faculty Members from Other Subspecialties:** |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |
| Name/Specialty | # | # |

2. List active research projects in the subspecialty. Add rows as needed. [PR 2.4.b.; 4.14.- 4.14.a.2.]

| **Project Title** | **Funding Source** | **Place an "X" if Funding Awarded by Peer Review Process** | **Years of Funding (Dates)** | **Faculty Investigator and Role in Grant (i.e., PI, Co-PI, Co-Investigator)** |
| --- | --- | --- | --- | --- |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |
| Project title | Funding Source |[ ]  Years of funding | Faculty investigator/role in grant |

**Fellow Scholarly Activity**

**Scholarship Oversight Committee (SOC)**

1. Describe the process for SOC oversight and evaluation of the fellows’ scholarly projects. [PR 4.15.b.-4.15.b.1.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text.  |

1. Explain how the program will ensure a meaningful supervised research experience for fellows beginning in their first year and extending throughout the educational program. [PR 4.15.c.]

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text.  |

**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

***Limit response to 500 words.***

|  |
| --- |
| Click here to enter text.  |