

AY 2014-2015

Procedure List, Rheumatology Fellowship

The procedures listed below constitute the minimum expected achievement during the rheumatology fellowship. Rheumatology fellows will keep a log of their procedures on the New Innovations web site. When fellows have achieved the minimum number of a given procedure and when the fellow feels proficient in that procedure, the education committee will review the progress of that fellow and vote to allow the fellow to do the procedure independently. The education committee will judge whether the fellow needs additional expertise, based on faculty member observations of the fellow. After that, the fellow may assess patients for that procedure and perform same without direct faculty observation.

Supervision by year level: It is expected that first year fellows will become independent in knee and bursal procedures within the first six months of the fellowship, and will add more procedures after that. Second year fellows should have achieved independence for all but one or two procedures by January of their second year. Supervision of first year fellows is by close direct observation with extensive formative feedback to ensure sterile technique, adequate informed consent, and patient comfort. Supervision of second year fellows is mainly for accomplishment of that particular technical route of injection. All procedures are evaluated by the faculty member in New Innovations.

Posting of procedures: Procedures for which fellows have achieved competence are placed on the L; Drive for reference by all rheumatology personnel. Inpatient ward personnel wishing to verify a fellow's credentials in a given procedure may page the staff rheumatologist on call for access to this information.

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Procedure	Specific sites involved	Minimum number for certification*
Polarizing microscopy	All synovial joints	2
Simple bursal injection	Trochanteric, pes anserine,	2
Bursal drainage and/or injection	Olecranon, prepatellar, superficial and deep infrapatellar, other less common or adventitial bursae	3
Peri-tendinitis injection	Lateral epicondyle, APL/EPB tendon sheath (DeQuervain's), Trigger finger, long head of biceps, other less common tendons, carpal tunnel injection, plantar fascia calcaneal insertion injection	3
Knee arthrocentesis/injection	Knee joint proper	2 (documentation from residency is acceptable)
Wrist arthrocentesis/injection	Wrist, dorsal approach	2
Elbow arthrocentesis/injection	Elbow joint proper	2
Ankle	Ankle, anterior lateral or medial ankle mortise	2
Shoulder arthrocentesis/injection	Anterior or posterior glenohumeral joint arthrocentesis/injection, AC joint, and rotator cuff peritendon injection	3, with at least one being glenohumeral
Small joint arthrocentesis/injection	MCP, PIP, DIP, MTP joints	2
Myofascial trigger point injection	Head/neck/trunk/gluteal regions	2

* Accomplishing the minimum does not mean competency; this is determined by the learner and the education committee. More than the minimum may be deemed necessary.