RUTGERS HEALTH

JERSEY CITY MEDICAL CENTER
DEPARTMENT OF MEDICINE
DIVISION OF RHEUMATOLOGY

Rheumatology Fellowship Program
Competency-Based Goals and Objectives
Inpatient Rheumatology Consultation Service
Academic Year 2026-2027

Rotation Overview

Rotation	Inpatient Rheumatology Consultation Service
Clinical Site	RWJBH - Jersey City Medical Center
Trainees	First-Year Fellow (PGY-4) and Second-Year Fellow (PGY-5)
Supervision	Faculty-supervised inpatient consultative service with graduated responsibility based on fellow competence, patient acuity, procedure complexity, and Clinical Competency Committee review.

Rotation Description

The Inpatient Rheumatology Consultation Service provides supervised experience in evaluating and managing hospitalized patients with suspected or established rheumatic and musculoskeletal disease. Fellows respond to inpatient consultation requests, perform timely evaluations and follow-up, communicate clear recommendations to the requesting team, perform indicated rheumatology procedures under appropriate supervision, and coordinate safe transitions to outpatient rheumatology care.

Educational Goal

The goal of the rotation is for fellows to develop progressive competence and independence in inpatient rheumatology consultation, including diagnostic reasoning, prioritization of acuity, evidence-based management, procedural skill, interprofessional communication, patient-centered counseling, and safe discharge planning.

ACGME Core Competencies Addressed

Competency Domains
Patient Care and Procedural Skills
Medical Knowledge
Practice-Based Learning and Improvement
Interpersonal and Communication Skills
Professionalism
Systems-Based Practice

Competency-Based Objectives

By the end of the inpatient rotation, fellows are expected to demonstrate the following abilities with supervision appropriate to their level of training and documented competence:

Patient Care and Procedural Skills

- Respond to inpatient consultation requests in a timely and professional manner and triage urgency based on patient acuity.
- Obtain a complete rheumatologic history, review relevant medical records and outside data, and perform a focused but comprehensive musculoskeletal, skin, vascular, neurologic, cardiopulmonary, and systemic examination.
- Develop a prioritized differential diagnosis and evidence-based diagnostic and therapeutic plan for hospitalized patients with suspected or established rheumatic disease.
- Recognize and help manage rheumatologic emergencies, including septic arthritis, severe SLE or vasculitis, giant cell arteritis, scleroderma renal crisis, inflammatory myopathy complications, antiphospholipid syndrome, and complications of immunosuppression.
- Interpret relevant laboratory data, serologies, urinalysis, synovial fluid studies, radiographs, CT/MRI/ultrasound studies, and pathology or biopsy results in clinical context.
- Perform or assist with arthrocentesis and soft tissue/periarticular aspiration or injection when indicated, including ultrasound-guided procedures when appropriate, under direct supervision until competence is documented.

Medical Knowledge

- Demonstrate knowledge of the pathophysiology, clinical presentation, diagnostic evaluation, and inpatient management of inflammatory arthritis, connective tissue disease, vasculitis, myositis, crystal disease, systemic inflammatory disease, and rheumatic disease mimics.
- Explain appropriate use, interpretation, limitations, and false-positive or false-negative issues of rheumatology tests, including ANA/subserologies, RF, anti-CCP, ANCA, complements, CK, inflammatory markers, urinalysis, and synovial fluid analysis.
- Demonstrate knowledge of immunosuppressive and immunomodulatory therapy, corticosteroids, NSAIDs, colchicine, biologics, targeted synthetic agents, infection risk, vaccination considerations, drug interactions, monitoring, contraindications, and inpatient safety issues.

Practice-Based Learning and Improvement

- Use feedback from faculty rounds, chart review, and direct observation to improve consultative reasoning, documentation, physical examination, and procedure skills.
- Identify clinical questions from inpatient cases and use high-quality literature, guidelines, and expert resources to support recommendations.
- Participate in case-based learning, morbidity and mortality/root cause analysis, and quality improvement discussions when applicable.
- Maintain accurate consult and procedure logs and use them to identify learning needs and track progressive competence.

Interpersonal and Communication Skills

- Communicate respectfully and clearly with patients, families, primary teams, consultants, nursing staff, pharmacy, case management, and other members of the health care team.
- Write timely, concise, actionable consultation notes that include the consult question, relevant data, differential diagnosis, rationale, recommendations, and follow-up plan.
- Provide clear verbal recommendations to the requesting team and verify understanding of urgent or high-risk recommendations.
- Teach residents, students, and other learners during rounds and case discussions at an appropriate level.

Professionalism

- Demonstrate punctuality, reliability, accountability, respect, and ethical behavior in all inpatient care activities.
- Respect patient autonomy, privacy, informed consent, cultural context, and shared decision-making.
- Recognize limits of knowledge or procedural skill and promptly seek faculty supervision or assistance when indicated.
- Complete clinical responsibilities, documentation, follow-up of test results, and handoffs in a timely manner.

Systems-Based Practice

- Function effectively as a consultant within the hospital system and understand the role of the rheumatology service in multidisciplinary inpatient care.
- Coordinate care with nephrology, dermatology, infectious disease, pulmonology, neurology, orthopedics, radiology, pathology, pharmacy, rehabilitation services, and other teams as appropriate.
- Consider patient safety, cost-effectiveness, medication access, insurance/prior authorization needs, discharge planning, infusion logistics, and outpatient follow-up when making recommendations.
- Identify systems barriers that affect rheumatology care and escalate or propose practical solutions when appropriate.

Progressive Responsibility and Supervision

Fellows receive graduated responsibility on the inpatient consultation service based on their demonstrated clinical competence, procedural competence, professionalism, patient acuity, faculty assessment, and Clinical Competency Committee review. Progressive responsibility is individualized and is not automatic by year of training. A supervising rheumatology faculty member is available at all times.

Direct supervision is required for procedures until the fellow has demonstrated the necessary knowledge, judgment, consent process, sterile technique, anatomic localization, ultrasound skills when applicable, documentation, and complication management. Indirect supervision may be used for routine consultative care when the supervising faculty determines that the fellow has achieved the necessary competence; however, the attending remains responsible for patient care and reviews fellow recommendations.

Table 1. Expected Progression During the Inpatient Rheumatology Consultation Rotation

Training Level	Expected Developmental Focus	Supervision / Assessment Emphasis
First-Year Fellow (PGY-4)	Develop foundational inpatient consultative skills. Accurately gather history, review records, perform a focused rheumatologic and musculoskeletal examination, recognize disease acuity, formulate a prioritized differential diagnosis, and propose an evidence-based plan for common and urgent inpatient rheumatology problems.	Initially reviews all new consults, urgent recommendations, high-risk medication decisions, and procedures directly with the attending. Presents consults on rounds, receives frequent bedside/chart-based feedback, and performs arthrocentesis or soft tissue/periarticular procedures only with direct supervision until competence is documented.
Second-Year Fellow (PGY-5)	Demonstrate progressive independence in triage, diagnostic reasoning, management planning, longitudinal follow-up, and coordination of care for complex and high-acuity inpatient consults, including multisystem rheumatic disease and complications of immunosuppression.	May function with indirect supervision for routine consults and follow-up when deemed competent by faculty. Direct attending involvement remains required for high-acuity cases, major changes in management, complex ethical/systems issues, and procedures until procedural competence is documented. Expected to help teach junior learners and model consultative care.

Table 2. Inpatient Consultative Service Expectations by Competency and Year of Training

Competency	First-Year Fellow (PGY-4) Expectations	Second-Year Fellow (PGY-5) Expectations
Patient Care and Procedural Skills	• Respectfully receive consultation requests and clarify the consult question. • Gather an essential rheumatic history, review available records, and perform a focused but comprehensive physical and musculoskeletal examination. • Develop a broad differential diagnosis for typical inpatient rheumatology presentations and recognize disease acuity with attending guidance. • Perform or assist with common joint/soft tissue aspirations and injections with direct supervision, including consent, landmarks, sterile technique, specimen handling, and documentation.	• Independently triage routine consults, prioritize high-acuity presentations, and develop management plans for common, complex, atypical, and refractory rheumatic disease presentations. • Recognize when urgent attending involvement is needed and mobilize appropriate resources. • Perform common procedures with supervision appropriate to documented competence and incorporate ultrasound guidance when trained and approved. • Coordinate safe discharge and transition planning for inpatient rheumatology patients.
Medical Knowledge	• Demonstrate broad knowledge of common rheumatic conditions encountered in the hospital, including inflammatory arthritis, crystal disease, connective tissue disease, vasculitis, myositis, systemic inflammatory disease, and mimics such as infection or malignancy. • Interpret basic rheumatology laboratory tests, serologies, inflammatory markers, urinalysis, synovial fluid analysis, and imaging with faculty guidance. • Understand indications, contraindications, monitoring, and adverse effects of corticosteroids, NSAIDs, colchicine, DMARDs, biologics, targeted therapies, and other immunomodulatory agents.	• Integrate advanced pathophysiology, epidemiology, clinical trial evidence, imaging, pathology, and comorbidity data into the care of complex inpatient rheumatology patients. • Apply current guidelines and literature to atypical, refractory, or high-risk cases. • Independently weigh the risks and benefits of immunosuppression in hospitalized patients, including infection risk, organ dysfunction, pregnancy considerations, vaccination status, and medication interactions.

Competency	First-Year Fellow (PGY-4) Expectations	Second-Year Fellow (PGY-5) Expectations
Practice-Based Learning and Improvement	• Use literature, guidelines, and faculty feedback to support diagnostic and therapeutic decisions. • Identify learning gaps from inpatient cases and incorporate feedback into subsequent consults, notes, presentations, and procedures. • Maintain accurate consult and procedure logs and review them with faculty or the Program Director as needed.	• Critically appraise primary literature, guidelines, and review articles for complex inpatient questions. • Use feedback, consult outcomes, procedure logs, and chart review to improve practice. • Lead or contribute meaningfully to case-based teaching, morbidity and mortality/root cause analysis, quality improvement, or scholarly discussions generated by inpatient cases.
Interpersonal and Communication Skills	• Present consults clearly and concisely to the attending and requesting team. • Write timely consultation and follow-up notes with the consult question, assessment, rationale, recommendations, and follow-up plan. • Communicate respectfully with patients, families, consultants, nurses, pharmacists, case managers, residents, and students.	• Provide concise, actionable recommendations for complex or high-risk cases and confirm that the primary team understands urgent recommendations. • Facilitate interdisciplinary discussions when multiple teams are involved. • Teach residents, students, and junior learners during rounds and case discussions and model effective consultative communication.
Professionalism	• Demonstrate reliability, punctuality, accountability, honesty, respect, and patient-centered behavior. • Maintain confidentiality and obtain informed consent for procedures. • Recognize personal limitations and promptly ask for help when clinical or procedural uncertainty exists. • Complete notes, follow-up of tests, handoffs, and clinical responsibilities in a timely manner.	• Model professional conduct for junior learners and members of the healthcare team. • Manage uncertainty, disagreement, and competing clinical priorities with integrity and respect. • Demonstrate ownership of patient follow-up, transitions of care, and communication of pending results. • Advocate for patient autonomy, safety, privacy, and equitable care.
Systems-Based Practice	• Function effectively as a consultant within the hospital system and understand when to involve additional services such as nephrology, dermatology, infectious disease, pulmonology, neurology, orthopedics, radiology, pathology, pharmacy, rehabilitation, and case management. • Consider patient safety, medication monitoring, cost-effective testing, discharge planning, outpatient follow-up, and access barriers when making recommendations.	• Lead coordination of care for complex hospitalized rheumatology patients across multiple teams and care settings. • Anticipate systems barriers such as medication approval, infusion logistics, outpatient follow-up, rehabilitation needs, and insurance/prior authorization issues. • Use high-value care principles and patient safety frameworks to improve inpatient rheumatology care and escalate systems concerns appropriately.

Table 3. Attending Notification and Direct Supervision Triggers

Situation	Expectation
New or Urgent Consults	All new consults must be reviewed with the supervising attending. Immediate or prompt attending notification is expected for urgent consults, diagnostic uncertainty with potential patient harm, or major changes in management.
High-Acuity Clinical Events	Notify the attending for unexpected deterioration, ICU transfer, code team activation, death, suspected septic arthritis, rapidly progressive organ-threatening disease, or other rheumatologic emergencies.
High-Risk Treatment Decisions	Notify the attending before initiating or substantially changing high-risk immunosuppression, biologic or targeted therapy, pulse corticosteroids, cytotoxic therapy, or other treatment with significant safety implications.
Procedures	Direct supervision is required for arthrocentesis, soft tissue/periarticular aspiration or injection, and ultrasound-guided procedures until the fellow has documented competence and attending approval for a lesser supervision level.
Communication or Systems Concerns	Notify the attending for disagreement with the requesting team, patient/family concerns, ethical concerns, barriers that may compromise safety or discharge planning, or any situation in which the fellow is uncertain of the appropriate plan.

Assessment Methods

- Faculty end-of-rotation evaluation and ongoing verbal feedback during rounds.
- Direct observation of history, physical examination, clinical reasoning, patient counseling, and procedures.
- Review of consultation notes, follow-up notes, orders, handoffs, and transition-of-care plans.
- Procedure log review, including indication, consent, site, supervisor, outcome, and complications if applicable.

- Case-based discussion, chart-stimulated recall, conference participation, and literature review related to inpatient cases.
- Multisource feedback when available from residents, students, nurses, pharmacists, and other health professionals.
- Clinical Competency Committee semiannual review using Rheumatology Milestones and program-specific evaluation data.

Milestone Alignment Summary

Milestone / Competency Area	Representative Inpatient Rotation Objectives
Patient Care	History, physical examination, consultative care, triage, comprehensive management plan, follow-up, procedural skill, and transitions of care.
Medical Knowledge	Rheumatic disease pathophysiology, diagnostic testing, imaging, serologies, synovial fluid analysis, therapeutics, and inpatient safety issues.
Practice-Based Learning and Improvement	Evidence-based practice, critical appraisal, reflective practice, procedure log review, feedback incorporation, quality improvement, and case-based learning.
Interpersonal and Communication Skills	Consult notes, verbal recommendations, patient/family counseling, team communication, interprofessional collaboration, and teaching.
Professionalism	Accountability, ethics, privacy, informed consent, timeliness, recognition of limitations, respect, and equitable patient-centered care.
Systems-Based Practice	Patient safety, high-value care, multidisciplinary coordination, discharge planning, medication access, follow-up logistics, and systems improvement.

Source Alignment / Reference Framework

- ACGME Common Program Requirements for Fellowship and ACGME Rheumatology Program Requirements.
- ACGME Rheumatology Milestones 2.0, including consultative care, procedures, patient care, medical knowledge, professionalism, communication, practice-based learning, and systems-based practice domains.
- Rutgers/RWJBH program document examples and Jersey City Medical Center Rheumatology Fellowship draft goals and objectives, adapted to the inpatient rheumatology consultation rotation.