RHEUMATOLOGY ROTATION 2008 – 2009

Overview

During the month assigned to Rheumatology, residents will work primarily in the outpatient clinics of LSUHSC and the VA Medical Center, and in private outpatient clinic settings. New patients are seen primarily in the afternoon hours in all clinics. Residents will be responsible for seeing follow-up patients during the morning hours. The clinic attending faculty will insure appropriate follow-up of all patients seen. Inpatient consultations are seen on a limited basis. Residents are excused from routine responsibilities on the half-day of their continuity clinic and at time when participation conflicts with ACGME duty hour regulations.

Learning Venues/ Activities

Weekly Schedule

• Monday	Independent study time	8:00 am – 12 noon
	Sports Medicine (Dr. Shane Barton, The Orthopedic Clinic, Willis-Knighton Health System; one week during rotation)	8:00 am – 12 noon
	Physical Medicine/Pain Management (Dr. William Whyte, Louisiana Pain Physicians; one week during rotation)	8:00 am – 12 noon
	VA Rheumatology Clinic	1:00 pm – 4:30 pm
• Tuesday	LSUHSC Lupus/Scleroderma Clinic	8:30 am – 12 noon
	VA Rheumatology clinic	1:00 pm – 5:00 pm
• Wednesday	LSUHSC Rheumatology Clinic	8:30 am – 5:00 pm
• Thursday	LSUHSC Rheumatology Clinic	8:30 am – 5:00 pm
• Friday	Private Rheumatology Practice (Dr. Larry Broadwell; one week)	8:00 am – noon
	Independent study time (other weeks)	8:00 am – noon
	Rheumatology Conferences ○ Journal Club ○ Research Presentation	Afternoon

- Fellow Presentation
- Resident Presentation

(Each resident will present a topic during the month)

- Mortality and Morbidity Conference

- Consultation/ Didactic teaching time: One Wednesday or Thursday afternoon. The time varies according to the faculty attending.

- Note: This schedule is representative only. Each resident's schedule will be tailored to provide all the listed educational experiences, but avoid conflict with his/her General Medicine Continuity Clinic.

Learning Resources

- Standard textbooks
- *Primer on the Rheumatic Diseases*
- *Primer on the Metabolic Bone Diseases*
- Relevant sections of *UpToDate*
- Key articles referenced or provided during clinics, rounds, and conferences

Evaluation Methods

- Global faculty evaluation at end of rotation *(all competencies)*
- Clinical evaluation exercises: Interviewing skills, examination skills; counseling skills; medical knowledge and diagnostic interpretation; documented through *MyEvaluations (medical knowledge, patient care; interpersonal and communication skills)*
- Specific medical knowledge and diagnostic interpretation exercises may focus on:
  - Interpretation of bone and joint radiographs
  - Interpretation of synovial fluid analysis
  - Interpretation of serologic tests in rheumatologic diseases
  - Interpretation of crystals using polarized microscopy
  - Interpretation of bone density testing data
- Rheumatology competency checklist *(medical knowledge, patient care)*
- Rheumatology injection checklist *(patient care)*

Educational Goals

Patient Care

- Obtain focused history and physical examination on patients with rheumatologic complaints
- Learn to order and interpret tests used in rheumatology:
  - Anti-double stranded DNA, Anti-Smith (Sm) antibodies, anti- nuclear antibodies
  - ANCA

    - Complement levels
    - Erythrocyte sedimentation rates
    - Rheumatoid factor
    - Temporal artery biopsy
    - Skin, muscle, and nerve biopsies
    - Arteriograms
- Learn to differentiate non-inflammatory arthropathy from inflammatory arthropathy
- Develop proficiency in monitoring the therapeutic and adverse effects of drugs used in rheumatology, including nonsteroidal anti-inflammatory drugs and immunosuppressive agents
- Interpret synovial fluid studies, including recognition of gout and pseudogout crystals under the polarizing microscope.
- Interpret plain bone radiographs of joints and spine.
- Learn indications and proper technique for the following procedures:
    - Arthrocentesis (certification required by residency program)
    - Corticosteroid injection of joints (as available)
    - Injection of periarticular structures (as available): bursae of shoulder, elbow, knee, foot
- Learn to order and interpret bone density tests performed by DEXA

Medical Knowledge

- Demonstrate basic knowledge of the clinical presentations and management of the following rheumatic diseases:
    - Crystal-induced synovitis
    - Degenerative joint disease
    - Fibromyalgia
    - Sports-related overuse syndromes
    - Osteoporosis
    - Regional pain syndromes
    - Septic arthritis
    - Vasculitis
    - Inflammatory myopathy
    - Osteomyelitis
    - Polymyalgia rheumatic
    - Rheumatoid arthritis
    - Scleroderma
    - Sero-negative spondyloarthritis
    - Systemic lupus erythematosus
- Demonstrate basic knowledge of the clinical presentations of nonarticular manifestations of rheumatic disease such as Raynaud's syndrome, skin rash
- Demonstrate basic knowledge of the clinical approach to nonspecific symptoms: Joint pain and/or swelling, muscle aches, and musculoskeletal weakness.
- Identify major joints (MCP, PIP, DIP, knee) and bursae (shoulder, knee, thigh)

Interpersonal and Communication Skills

- Obtain proper informed consent for arthrocentesis and therapeutic injection of joints and periarticular structures
- Present a thorough history and examination on patients with rheumatologic problems orally

Practice-Based Learning and Improvement

- Prepare and present a mini-lecture on one assigned topic, with assistance of faculty, research librarians, and electronic data bases

Common Subspecialty Educational Goals

Interpersonal and Communication Skills

- Develop skill in interviewing patients with problems in the scope of the subspecialty, with attention to education and culturally-sensitive language.
- Develop skill in giving a focused presentation of clinical findings to the attending faculty.
- Develop skill at communicating findings and recommendations of consultations to primary physicians, both verbally and in writing
- Learn to communicate appropriate information to patients who are seen in consultation, and in obtaining informed consent for procedures performed by the subspecialty.

Professionalism

- Demonstrate a commitment to excellence and continuous professional development.
- Demonstrate punctuality and preparation for consultation rounds.
- Demonstrate courteous and professional behavior during encounters with patients and families.
- Demonstrate appropriate professional relationships with colleagues, faculty, and other members of consultation team.
- Demonstrate respect for patients' primary physicians in discussions with patients and within the consult team.
- Demonstrate a habit of evaluating consultations patients and conveying information in a timely manner

Practice-based Learning and Improvement

- Demonstrate a pattern of self-evaluation of performance, identifying gaps in medical knowledge during the evaluation and management of patients, and incorporating feedback into performance.
- Demonstrate a pattern of replicating the effective clinical decision making of faculty and fellows
- Demonstrate a pattern of independent reading and study related to the diseases encountered in the clinics and through hospital consultations.

- Demonstrate a pattern of using library and Internet resources to appraise the literature related to problems encountered during the rotation, and of applying evidence to patient care.
- Learn to critically appraise articles in the subspecialty.

Systems-based Practice

- Develop an understanding of the hospital resources available to the evaluation and management of patients with problems encountered by the subspecialty.
- Demonstrate sensitivity to health care costs, and insight into balancing costs and quality care.
- Demonstrate sensitivity in working with case managers, clinical coordinators, technicians, and other paramedical personnel to enhance the effectiveness of patient care.
- Demonstrate a knowledge of and commitment to the rules governing confidentiality of patient information.