

**Rotation:
Rheumatology Subspecialty Selective**

Goals:

The primary care physician commonly encounters musculoskeletal complaints. The overall goals of this rotation are to provide the second or third year resident with a solid foundation for evaluating and treating the patient with such complaints. Specifically, the resident will learn to:

1. effectively evaluate and treat (at a level appropriate for the general internist) patients with musculoskeletal syndromes and connective tissue diseases commonly seen in the outpatient setting;
 2. identify those patients who would benefit from consultative care, including care from rheumatologists, surgeons, and physical and occupational therapists; and
 3. assess hospitalized patients with rheumatic disease and provide recommendations for care in the context of their underlying disease and antirheumatic medications.
- Additionally, the rotation will provide opportunities to foster learner-centered, learner-directed education.

Objectives:

By the end of the Rheumatology Subspecialty Selective, PGY-1 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

| Competency | Required Skill(s) | Teaching Method(s) | Formative Evaluation Method(s) | Frequency of Evaluation |
|--------------|---|--|---|-------------------------|
| Patient Care | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | Assess the patient with the following rheumatologic complaints: <ul style="list-style-type: none"> • Monoarticular complaints • Polyarticular complaints • Myalgias • Low back pain • Carpal tunnel syndrome • Soft tissue rheumatism including regional periarticular • Syndromes (e.g., bursitis, tendonitis and fibromyalgia) | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Evaluate, diagnose, and manage patients with the following connective tissue diseases who have typical clinical findings (history, physical, lab) and to design an appropriate treatment regimen for them (knowledge base): <ul style="list-style-type: none"> • Common arthritides <ul style="list-style-type: none"> • Rheumatoid arthritis • Osteoarthritis • Spondyloarthropathies | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |

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| | <ul style="list-style-type: none"> • Crystal-induced arthropathies • Systemic Rheumatic diseases <ul style="list-style-type: none"> • Systemic lupus erythematosus • Inflammatory myopathies • Systemic sclerosis and mixed connective tissue disease • Vasculopathies <ul style="list-style-type: none"> • Giant cell arteritis and polymyalgia rheumatica • Differential diagnosis of vasculitis fibromyalgia | | | |
| | Recognize the indications for and potential side effects of pharmacologic agents used in the treatment of rheumatic disease including NSAIDs, hydroxychloroquine, sulfasalazine, gold, methotrexate, azathioprine, TNF inhibitors, leflunomide, corticosteroids, colchicines, probenecid and allopurinol | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Perform the following: <ul style="list-style-type: none"> • Obtain a complete history and perform a thorough musculoskeletal examination on patients suspected of having a rheumatic disease • Appropriately perform joint aspiration of large synovial joints and be able to interpret synovial fluid analyses. • Interpret imaging examinations, including plain radiographs and MRI. • Be able to inject <ul style="list-style-type: none"> • the shoulder, elbow, wrist, or knee joints • the subacromial, olecranon, trochanteric, and anserine bursae • the carpal tunnel | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| Medical Knowledge | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | Acquire an understanding that many of the rheumatic diseases develop over lengthy periods of time, and thus identify strategies for working with patients with incomplete or partially defined conditions | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Describe the chronic nature of many rheumatic diseases, and their impact on patient/family quality of life including work, leisure/social, psychologic, sexual domains | Clinical Teaching Conferences Reading List | ABIM global assessment MKSAP style questioning | |

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| | | Case Presentations | | |
| Practice Based Learning and Improvement | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Interpersonal and Communication Skills | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Professionalism | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Systems-Based Practice | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |

By the end of the Rheumatology Subspecialty Selective, PGY-2 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

| Competency | Required Skill(s) | Teaching Method(s) | Formative Evaluation Method(s) | Frequency of Evaluation |
|--------------|---|--|---|-------------------------|
| Patient Care | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | Assess the patient with the following rheumatologic complaints: <ul style="list-style-type: none"> • Monoarticular complaints • Polyarticular complaints • Myalgias • Low back pain • Carpal tunnel syndrome • Soft tissue rheumatism including regional periarticular • Syndromes (e.g., bursitis, tendonitis and fibromyalgia) | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Evaluate, diagnose, and manage patients with the following connective tissue diseases who have typical clinical findings (history, physical, lab) and to design an appropriate treatment regimen for them (knowledge base): <ul style="list-style-type: none"> • Common arthritides <ul style="list-style-type: none"> • Rheumatoid arthritis • Osteoarthritis • Spondyloarthropathies | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |

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| | <ul style="list-style-type: none"> • Crystal-induced arthropathies • Systemic Rheumatic diseases <ul style="list-style-type: none"> • Systemic lupus erythematosus • Inflammatory myopathies • Systemic sclerosis and mixed connective tissue disease • Vasculopathies <ul style="list-style-type: none"> • Giant cell arteritis and polymyalgia rheumatica • Differential diagnosis of vasculitis fibromyalgia | | | |
| | Recognize the indications for and potential side effects of pharmacologic agents used in the treatment of rheumatic disease including NSAIDs, hydroxychloroquine, sulfasalazine, gold, methotrexate, azathioprine, TNF inhibitors, leflunomide, corticosteroids, colchicines, probenecid and allopurinol | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Perform the following: <ul style="list-style-type: none"> • Obtain a complete history and perform a thorough musculoskeletal examination on patients suspected of having a rheumatic disease • Appropriately perform joint aspiration of large synovial joints and be able to interpret synovial fluid analyses. • Interpret imaging examinations, including plain radiographs and MRI. • Be able to inject <ul style="list-style-type: none"> • the shoulder, elbow, wrist, or knee joints • the subacromial, olecranon, trochanteric, and anserine bursae • the carpal tunnel | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| Medical Knowledge | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | Acquire an understanding that many of the rheumatic diseases develop over lengthy periods of time, and thus identify strategies for working with patients with incomplete or partially defined conditions | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Describe the chronic nature of many rheumatic diseases, and their impact on patient/family quality of life including work, leisure/social, psychologic, sexual domains | Clinical Teaching Conferences Reading List | ABIM global assessment MKSAP style questioning | |

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| | | Case Presentations | | |
| Practice Based Learning and Improvement | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Interpersonal and Communication Skills | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Professionalism | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Systems-Based Practice | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |

By the end of the Rheumatology Subspecialty Selective, PGY-3 residents are expected to expand and cultivate skills and knowledge learned during previous training and to achieve the following objectives based on the six general competencies. The resident should exhibit an increasing level of responsibility and independency as he or she progresses throughout the year.

| Competency | Required Skill(s) | Teaching Method(s) | Formative Evaluation Method(s) | Frequency of Evaluation |
|--------------|--|--|---|-------------------------|
| Patient Care | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | Assess the patient with the following rheumatologic complaints: <ul style="list-style-type: none"> • Monoarticular complaints • Polyarticular complaints • Myalgias • Low back pain • Carpal tunnel syndrome • Soft tissue rheumatism including regional periarticular • Syndromes (e.g., bursitis, tendonitis and fibromyalgia) | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Evaluate, diagnose, and manage patients with the following connective tissue diseases who have typical clinical findings (history, physical, lab) and to design an appropriate treatment regimen for them (knowledge base): <ul style="list-style-type: none"> • Common arthritides <ul style="list-style-type: none"> • Rheumatoid arthritis • Osteoarthritis • Spondyloarthropathies • Crystal-induced arthropathies | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |

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|-------------------|---|--|---|--|
| | <ul style="list-style-type: none"> • Systemic Rheumatic diseases <ul style="list-style-type: none"> • Systemic lupus erythematosus • Inflammatory myopathies • Systemic sclerosis and mixed connective tissue disease • Vasculopathies <ul style="list-style-type: none"> • Giant cell arteritis and polymyalgia rheumatica • Differential diagnosis of vasculitis fibromyalgia | | | |
| | Recognize the indications for and potential side effects of pharmacologic agents used in the treatment of rheumatic disease including NSAIDs, hydroxychloroquine, sulfasalazine, gold, methotrexate, azathioprine, TNF inhibitors, leflunomide, corticosteroids, colchicines, probenecid and allopurinol | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Perform the following: <ul style="list-style-type: none"> • Obtain a complete history and perform a thorough musculoskeletal examination on patients suspected of having a rheumatic disease • Appropriately perform joint aspiration of large synovial joints and be able to interpret synovial fluid analyses. • Interpret imaging examinations, including plain radiographs and MRI. • Be able to inject <ul style="list-style-type: none"> • the shoulder, elbow, wrist, or knee joints • the subacromial, olecranon, trochanteric, and anserine bursae • the carpal tunnel | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| Medical Knowledge | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | Acquire an understanding that many of the rheumatic diseases develop over lengthy periods of time, and thus identify strategies for working with patients with incomplete or partially defined conditions | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |
| | Describe the chronic nature of many rheumatic diseases, and their impact on patient/family quality of life including work, leisure/social, psychologic, sexual domains | Clinical Teaching Conferences Reading List Case Presentations | ABIM global assessment MKSAP style questioning | |

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| Practice Based Learning and Improvement | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Interpersonal and Communication Skills | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Professionalism | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |
| Systems-Based Practice | SPECIALTY SPECIFIC OBJECTIVES | | | |
| | See General Internal Medicine Objectives for a comprehensive list. | | | |

Learning Venues:

The major venue for completing the above objectives will be in the outpatient rheumatology clinics, where the resident will be directly supervised in the evaluation and management of both new and returning patients by faculty rheumatologists. Each resident will be assigned to 4-5 clinics/week including VA Monday AM Follow-up Clinic, VA Monday PM Consult Clinic, UTMG Tuesday Clinic, MEDPLEX Wednesday PM clinic. Inclusion of clinics at a variety of institutions assures a varied and comprehensive experience.

Residents will also evaluate selected inpatients referred for rheumatology consultation. Consults from the MED, MUH and the VA will be included. Opportunities for observation of physical and occupational therapists will be made available.

Attendance at regularly scheduled sectional conferences, including Arthritis Grand Rounds, radiology conference, and selected journal clubs and research conferences will be required. A supplemental series of discussions designed specifically for the resident, covering items in the core rheumatology knowledge base defined above, will complement this set of conferences. Opportunities to reinforce selected topics occur throughout the academic year during faculty presentations at lunch conferences monthly.

A list of required and optional text and journal selections will be provided, and adequate opportunities for learner-directed study will be made available during the rotation. A self-contained series of patient management problems with associated teaching slides is available for self-study on the Arthritis Foundation Web Site. Residents will be provided with access to this site and an opportunity to discuss the cases provided with a faculty rheumatologist.

Competency Evaluation:

In order to assess the resident's strengths and areas for further study in rheumatology, a series of board/MKSAP-style questions will be completed at both the beginning and the end of the rotation. Each resident will have the opportunity to discuss these questions with a faculty rheumatologist.

In an attempt to facilitate learner-directed study, the resident will present and discuss an interesting case that s/he evaluated during the rotation. The presentation will be a case-base format, focused on a specific patient management question; the faculty attending on the consult rotation will guide selection of topics.

Each resident will be evaluated at the monthly division meeting by a consensus of the faculty who had contact with the resident during the month. The ABIM global assessment form will be completed at this time.

Outcomes Assessment:

The educational success of our elective in rheumatology will be based on two criteria:

(1) rheumatology subsections scores on the in-service examination of all residents who have successfully complete the elective and (2) rheumatology subsections scores on the ABIM certifying examination in internal medicine taken by medical graduates. Our goal is all residents scoring at the 50th percentile or higher.