Rheumatology Curriculum

NGMC- Family Medicine Residency Program- Gainesville, Ga PGY-1

Description of Rotation:

This is a two-week block Rheumatology experience with the attendings that are doing rheumatology medicine based on the disciplines of Family Medicine, Behavioral Medicine, Pharmacy and Behavioral Medicine. Residents will see geriatric patients in long term care, outpatient, home, and inpatient settings. The resident will be preparing a rheumatology case study during this rotation. This rotation will occur during the PGY 1 year.

Goals:

At the completion of the Rheumatology rotation, a family medicine resident will:

- Care for the patient by performing appropriate history and physical examinations, laboratory tests and basic diagnostic procedures, properly assessing and devising treatment plans that are coordinated and involve patients and families, and communicating effectively with the patient, family, and care team.

PATIENT CARE OBJECTIVES AND COMPETENCIES

During this rotation the resident will:

- Perform diagnostic, comprehensive examination of the patient with a rheumatic condition **(PC-1; L1)**
- Diagnose and understand the management of common, chronic rheumatic problems in patients. **(PC-2; L1)**
- Identifies and performs basic diagnostic and therapeutic procedures important to care of the rheumatic patient. **(PC-5; L2)**
- Develop treatment plans that include patient and/or family preferences. **(PC-3; L2)**

MEDICAL KNOWLEDGE OBJECTIVES AND COMPETENCIES

The resident should demonstrate the ability to apply knowledge of:

- Anatomy and physiology of the normal musculoskeletal system and the immunologic processes that contribute to the pathogenesis of rheumatic disease **(MK-1; L1)**
- A focused history for joint and soft tissue symptoms, a complete musculoskeletal examination and functional assessment **(MK1; L1)**
- The use of laboratory and imaging modalities, including: **(MK1; L4)**:
    - Indications for and interpretation of arthrocentesis
    - Indications for and interpretation of tissue biopsy
    - Indications for arthroscopy
- The clinical presentation, diagnostic criteria, and initial treatment for various rheumatic conditions, with special emphasis on common conditions such as: **(MK-2; L1)**
    - Arthralgia/arthritis
        - Osteoarthritis (OA), including primary and secondary
        - Rheumatoid arthritis (RA)
        - Spondylarthrosis
    - Connective tissue disorders
        - Lupus with various presentations

        - Scleroderma with various presentations
        - Polymyositis and dermatomyositis
        - Sjogren syndrome
        - Polymyalgia rheumatica
        - Antiphospholipid syndrome
    - Vasculitis
        - Polyarteritis nodose
        - Microscopic polyangiitis
        - Hypersensitivity angiitis
        - Granulomatous arteritis
- Regional rheumatic pain syndromes
        - Bursitis
        - Tendinitis and tendinosis
        - Low back pain
        - Costochondritis
        - Chondromalacia patellae
        - Compression
- Raynaud phenomenon
            - Complex regional pain syndrome
- Common pediatric rheumatic conditions
        - Juvenile rheumatoid arthritis
        - Kawasaki disease
        - Henoch-Schonlein purpura
- Other
        - Osteopenia and osteoporosis
        - Osteomalacia and rickets
        - Paget disease
        - Avascular necrosis
        - Erythema nodosum
        - Sarcoidosis
        - Adult Still disease
        - Fibromyalgia and chronic fatigue syndrome

- The indications, contraindications, potential side effects, and laboratory monitoring parameters of various pharmacologic classes used **(MK2; L2)**:
    - Analgesic medications (including nonsteroidal anti-inflammatory drugs ((NSAIDs)), acetaminophen, specific COX-2 inhibitors, tramadol and narcotics)
    - Disease-modifying agents (including antimalarials, sulfasalazine, minocycline, and gold-salts)
- Immunosuppressive agents (including penicillamine, cytotoxic agents such as methotrexate, and biologic agents such as anti-tumor necrosis factor and inerleukin-1 (IL-1) receptor antagonists)
    - Corticosteroids, both local and systemic
    - Uricosuric agents for prevention of gouty attacks and the use of abortive agents in acute attacks
    - Antibiotics in the treatment of rheumatic conditions
    - Various medications used in the prevention and treatment of osteoporosis
- The use of rehabilitation services for joint mobilization and physical conditioning, and modalities for different stages of rheumatic conditions to promote function and prevent physical disability **(MK2; L2)**

- A multidisciplinary approach that utilizes expert resources (including a rheumatologist, psychiatrist, physical and occupational therapist, orthopedic surgeon and mental health care professional) for optimal patient care **(MK2; L2)**
- Alternative therapies and modalities (including supplements, manipulation therapy and acupuncture)
- Disability prevention, including appropriate general health maintenance (vaccinations, weight management, nutrition and exercise counseling), with attention to managing other comorbid medical conditions

SYSTEM BASED LEARNING OBJECTIVES AND COMPETENTIES

- Integrate office and facility protocols and systems to optimize patient care **(SBP-2; L2)**.
- Understand and effectively utilize other disciplines in patient care to minimize cost and improve efficiency of care to the rheumatic patient. (**SBP-1, SBP-4**)
- Refer patients appropriately for physical and occupational therapy **(SBP-1; L2).**
- Strive to provide cost-effective care incorporating awareness of available ancillary services **(SBP-1; L3).**
- Strive to assist patients navigate systems of chronic care **(SBP-4; L2)**.

PRACTICE BASED LEARNING OBJECTIVES AND COMPETENCIES

Residents should:

- Utilize information technology to enhance patient. **(PBLI-1; L2)**
- Demonstrate independent self-learning and self-evaluation by showing progressive improvement in rheumatic patient care skills. **(PBLI-2; L3)**
- Identify personal areas of knowledge and/or examination skills weaknesses, and seek out clinical opportunities to develop/expand them **(PBLI-2; L1)**.

PROFESSIONALISM OBJECTIVES AND COMPETENCIES

Residents should demonstrate:

- Appropriate professional behavior in all clinical and academic settings, aspects of which include: dress, punctuality, honesty, courtesy, responsibility and timeliness of visits and notes. **(PROF-2; L1)**
- Respectfully and compassionately respond to patients with a multitude of phenotypic expressions of rheumatologic disorders **(PROF-3; L1)**.
- Understand confidentiality with respect to chronic illness **(PROF-2; L1)**.

INTERPERSONAL AND COMMUNICATION SKILLS OBJECTIVES AND COMPETENCIES

- Gathering information. Reliable and effective communication depends upon the availability of accurate and complete information obtained from patients, their families, other health professionals, and the complete medical record. This requires the use of effective listening and communication skill **(C-2; L1).**
- Recognizing and incorporating the patient's perspective. Such understanding impacts the ability of the physician to appreciate the functional impact of disease and the desire and ability of the patient to be an active partner in decision-making and treatment efforts. Evaluation and management plans should demonstrate sensitivity to and integrate differences in patient characteristics **(C-1; L3)**.
- Providing information. Communication regarding disease manifestations, diagnosis and treatment is only effective if the recipient has gained appropriate understanding of the information at the end of the exchange. Effective explanation and documentation therefore require that the physician communicate in a manner that is clear and is adjusted to the specific context, situation, and/or audience **(C-2; L2)**.
- Trust. Establishment of trust with the patient, the patient's family or caregiver(s), and other health professionals is paramount **(C-1; L4).**