



Rheumatology/MSK

PGY: 2

NGMC- Family Medicine Residency Program
Gainesville, Ga

Description of Rotation:

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This is a two-week block Rheumatology experience with the attendings that are doing rheumatology medicine with board certified rheumatologist. The resident will be preparing a rheumatology case study during this rotation. This rotation will occur during the PGY 1 year. This two-week block will be balanced against 2 weeks of sports medicine to help residents differentiate rheumatologic conditions vs. osteoarthritis or trauma/overuse.

Overall Goal of Rheumatology PGY1 Rotation:

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.

Rotation Information:

Arthritis Center of North Georgia
961 A. Smoky Mountain Spring Lane
Gainesville, GA 30501

Preceptors:

Brent Flickinger, MD
Marta Bognar, MD

Sample PGY 1 Rotation Schedule

M	T	W	TH	F	Sat	Sun
Rheumatology Clinic	FM Clinic	FM Clinic	Rheumatology Clinic	Rheumatology Clinic	FM IP call	Off
Rheumatology Clinic	FM Clinic	Didactic Half Day	Rheumatology Clinic	Rheumatology Clinic	FM IP call	Off



Patient Care:	
PGY	By the end of the rotation the resident should:
2	Perform diagnostic, comprehensive examination of the patient with a rheumatic condition (PC-1; L1)
2	Diagnose and understand the management of common, chronic rheumatic problems in patients. (PC-2; L1)
2	Identify and perform basic diagnostic and therapeutic procedures important to care of the rheumatic patient. (PC-5; L2)
2	Generate and carry out treatment plans that include patient and/or family preferences. (PC-4)

Medical Knowledge Objectives and Competencies	
PGY	By the end of the rotation the resident should be able to:
2	Describe the anatomy and physiology of the normal musculoskeletal system and the immunologic processes that contribute to the pathogenesis of rheumatic disease (MK-1; L1)
2	Perform a focused history for joint and soft tissue symptoms, a complete musculoskeletal examination and functional assessment (MK1; L2)
2	Analyze the use of laboratory and imaging modalities, including (MK2; L2) : a. Indications for and interpretation of arthrocentesis b. Indications for and interpretation of tissue biopsy c. Indications for arthroscopy
2	Describe the clinical presentation, diagnostic criteria, and initial treatment for various rheumatic conditions, with special emphasis on common conditions such as: (MK-2; L1) a. Arthralgia/arthritis i. Osteoarthritis (OA), including primary and secondary ii. Rheumatoid arthritis (RA) iii. Spondyloarthritis b. Connective tissue disorders i. Lupus with various presentations ii. Scleroderma with various presentations iii. Polymyositis and dermatomyositis iv. Sjogren syndrome v. Polymyalgia rheumatica vi. Antiphospholipid syndrome c. Vasculitis i. Polyarteritis nodosa ii. Microscopic polyangiitis iii. Hypersensitivity angiitis



	<ul style="list-style-type: none">iv. Granulomatous arteritis d. Regional rheumatic pain syndromes<ul style="list-style-type: none">i. Bursitisii. Tendinitis and tendinosisiii. Low back painiv. Costochondritisv. Chondromalacia patellaevi. Compressionvii. Raynaud phenomenonviii. Complex regional pain syndrome e. Common pediatric rheumatic conditions<ul style="list-style-type: none">i. Juvenile rheumatoid arthritisii. Kawasaki diseaseiii. Henoch-Schonlein purpura f. Other<ul style="list-style-type: none">i. Osteopenia and osteoporosisii. Osteomalacia and ricketsiii. Paget diseaseiv. Avascular necrosisv. Erythema nodosumvi. Sarcoidosisvii. Adult Still diseaseviii. Fibromyalgia and chronic fatigue syndrome
2	<p>Discuss the indications, contraindications, potential side effects, and laboratory monitoring parameters of various pharmacologic classes used (MK2):</p> <ul style="list-style-type: none">a. Analgesic medications (including nonsteroidal anti-inflammatory drugs ((NSAIDs)), acetaminophen, specific COX-2 inhibitors, tramadol and narcotics) b. Disease-modifying agents (including antimalarials, sulfasalazine, minocycline, and gold-salts) c. Immunosuppressive agents (including penicillamine, cytotoxic agents such as methotrexate, and biologic agents such as anti-tumor necrosis factor and interleukin-1 (IL-1) receptor antagonists) d. Corticosteroids, both local and systemic e. Uricosuric agents for prevention of gouty attacks and the use of abortive agents in acute attacks f. Various medications used in the prevention and treatment of osteoporosis



2	Describe 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)
2	Discuss 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)
2	Compare alternative therapies and modalities (including supplements, manipulation therapy and acupuncture) (MK-2)

Interpersonal and Communication Skills

PGY	By the end of the rotation:
2	Develop rapport and builds therapeutic relationships with patients (ICS-1; L1)
2	Communicate effectively with patients and families. (ICS-1; L2)
2	Communicate effectively with physician colleagues at all levels (ICS-2; L1)
2	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (ICS-2; L2)
2	Present information concisely and clearly both verbally and in writing on patients. (CICS-3; L1)

Systems Based Practice Objectives and Competencies

PGY	By the end of the rotation:
2	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-2; L2)
2	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-3; L2)
2	Use evidence-based, cost-conscious strategies in the care of ambulatory patients. (SBP-3; L2)
2	Describe when to ask for help and advice from senior residents and attending physicians. (SBP2-L2)
2	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP2-L2)
2	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-2; L1)



Practice Based Learning and Improvement Objectives and Competencies	
PGY	By the end of the rotation:
2	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
2	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
2	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-2)

Professionalism Objectives and Competencies	
PGY	By the end of the rotation:
2	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1)
2	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-1)
2	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-2)
2	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-2)
2	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-1)

Osteopathic Objectives and Competencies:
By the end of the rotation/residency:
Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1)
Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2)
Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc (MK1)
<ul style="list-style-type: none">• Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes:<ul style="list-style-type: none">○ “1. The body is a unit; the person is a unit of body, mind, and spirit.



- 2. The body is capable of self-regulation, self-healing, and health maintenance.
- 3. Structure and function are reciprocally interrelated.
- 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” (MK2)

Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3)

Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1)

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Guided Research
Research Scholarly requirement:	
Patient Oriented Point of Care Research	

Procedures/Skills Taught (PC5)	
Intraarticular injections	Joint fluid aspiration and analysis
Soft tissue injections	Crystal identification

Supervision/Evaluation:
Resident will work one-on-one and be supervised by board certified rheumatologists. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods	
Direct Observation	Procedure evaluation



End of Rotation Evaluation	Chart Review
Case Log	Procedure Log

EPA's
(EPA 3) – Provide first-contact access to care for health issues and medical problems PC1, PC2, MK2, SBP4, C1
(EPA 20) – Coordinate care and evaluate specialty consultation as the condition of the patient requires PC4, SBP1

Residency Outcomes
9. Perform the <i>procedures</i> most frequently needed by patients in continuity and hospital practices
11. Practice as personal physicians, to include <i>musculoskeletal health and sports medicine, appropriate medication use and coordination of care</i> by helping patients navigate a complex health system

Resources: Required Reading
Osteoarthritis: Rapid Evidence Review https://www.aafp.org/afp/2018/0415/p523 .
Rheumatoid Arthritis: Common Questions About Diagnosis and Management https://www.aafp.org/afp/2018/0401/p455.html
Diagnosis, Treatment, and Prevention of Gout https://www.aafp.org/afp/2014/1215/p831.htm
Treatment of Knee Osteoarthritis https://www.aafp.org/afp/2011/0601/p1287.html
Spondyloarthropathies https://www.aafp.org/afp/2004/0615/p2853.html
Radiographic Assessment of Osteoarthritis https://www.aafp.org/afp/2001/0715/p279.html

Osteopathic Curricular Elements	
Osteopathic Considerations in the Chronic Complex Illnesses	<ul style="list-style-type: none"> • SDOFM 2nd edition <ul style="list-style-type: none"> ○ Chapter 34 – The patient with chronic complex illnesses: Chronic fatigue and Immune dysfunction syndrome or Fibromyalgia) <ul style="list-style-type: none"> ▪ Read pages 381 - 393



	<ul style="list-style-type: none">▪ View PowerPoint on <i>The patient with Chronic Complex Illnesses</i>
Gait Impairment	<ul style="list-style-type: none">• OMT Video Library<ul style="list-style-type: none">○ View videos under <i>Gait Impairment</i>
Low back pain	<ul style="list-style-type: none">• OMT Video Library<ul style="list-style-type: none">○ View videos under <i>Low Back pain</i>
Osteopathic Foundations in Nociception and Pain	<ul style="list-style-type: none">• Foundations of Osteopathic Medicine fourth edition<ul style="list-style-type: none">○ Read pgs. 268 – 299 (Nociception & Pain)
Osteopathic Foundation in Physiology of Touch	<ul style="list-style-type: none">• Foundations of Osteopathic Medicine fourth edition<ul style="list-style-type: none">○ Read pgs. 318 - 324 (Physiology of Touch)
Osteopathic Foundations- Chronic Pain management	<ul style="list-style-type: none">• Readings from Foundations of Osteopathic Medicine fourth edition<ul style="list-style-type: none">○ Review pgs. 325 - 347 (Chronic Pain Management)