Internal Medicine Residency Program  
Competency-Based Goals and Objectives  
Rheumatology

Academic year: 2016-2017  
Site Location: Riverside Medical Clinic  
Assigned Residents: PGY 2

INTRODUCTION

Rheumatology encompasses diagnosis and treatment of a broad range of disorders that involve the musculoskeletal system and which often have an immunologic basis. These disorders are often accompanied by an array of laboratory phenomena that may support or refute a considered diagnosis but are almost never diagnostic. Rheumatology is, therefore, a discipline that demands excellence in the arts of clinical diagnosis and multimodal therapeutics. Most patients with rheumatic disorders are encountered and managed in the clinic. Of the learning objectives listed below, many may be best learned in an outpatient setting. However, hospitalized patients for whom a rheumatology consult is also requested present a challenging array of problems, ranging from regional complaints unrelated to the acute hospitalization to complex multisystem dysfunction for which a unifying diagnosis seems elusive.

EDUCATIONAL GOALS AND OBJECTIVES

Patient Care

The PGY-2 resident is expected to demonstrate progressive improvement in the following basic skills:

- Obtain competency in the initial diagnosis and management of acute arthritis and musculoskeletal disorders and the long-term care of systemic rheumatic disorders.
- Proficient in monitoring the effects of anti-inflammatory, immunosuppressive, and cytotoxic drugs.
- Understand the indications and limitations of X-rays ("inflammatory" vs. "degenerative" changes, marginal erosions, chondrocalcinosis, osteopenia), ultrasound, MRI, CT, angiography (cerebral, visceral, limb)
- Arthrocentesis
- Soft tissue injection (e.g. bursae, tendon sheaths)
- Nailfold capillary microscopy

PGY-2 residents are expected to:

- Perform a satisfactory History & Physical Examination:
  - Elicit history, temporal course, pattern, severity, and functional impact of:
    - Systemic symptoms (fever, weight loss, sweats)
    - Joint pain, swelling, morning stiffness/gel phenomenon, locking/instability
    - Fatigue and sleep disturbance
    - Raynaud’s phenomenon
    - Sicca complex (dry eyes, mouth)
    - Mucocutaneous abnormalities: alopecia, rash, photosensitivity, ulcers
    - Jaw claudication
    - Muscle pain and weakness
    - Hypercoagulability: previous thromboses, pregnancy, morbidity/mortality
    - Neuropathic symptoms (peripheral and central)
- Identify and recognize severity of "classic" physical findings:
• Periarticular abnormalities: Bursal tenderness/effusion, tendon tenderness/swelling/tear, ligamentous laxity
• Joint abnormalities: Crepitus, bony enlargement, deformity, subluxation/dislocation, restriction of motion, synovial thickening, joint effusion, joint warmth
• Muscle atrophy, muscle weakness (proximal versus distal)
• Cutaneous signs: alopecia, periungual erythema/abnormal nailfold capillaries, malar (butterfly) rash, clubbing, digital ulcers, discoid lupus rash, facial scleroderma, generalized scleroderma, Gottron’s papules, heliotrope rash, keratoderma blennorrhagica, livedo reticularis, nail pitting, nasal ulcers, oral ulcers, palmar erythema, palpable purpura, psoriasis, sclerodactyly, splinter hemorrhages, subcutaneous nodules, telangiectasias, tophi

Medical Knowledge

Evaluation of PGY-2 resident performance will be assessed based on demonstrated skill and ability in the following areas:

• Perform a complete screening musculoskeletal examination
• Medical decision making and patient management:
  • Formulation of a systematic approach to the patient with multisystem or regional complaints who may have a rheumatic diagnosis.
  • Eliciting historical clues to the presence of systemic inflammation (e.g. fevers, sweats, weight loss, fatigue, stiffness).
  • Examining the patient's musculoskeletal system and identify sites of abnormality as detailed above for cardinal signs of inflammation, weakness, or impaired movement.
  • Eliciting historical clues and physical exam evidence of patterns of end-organ dysfunction that suggest specific rheumatic diseases.
  • Collecting and interpreting data pertaining to a systemic inflammatory state, and to assess the severity of any end-organ dysfunction.
  • Choosing and interpreting appropriate immunologic tests to support or refute a considered diagnosis.
  • Choosing appropriately from available imaging and tissue sampling modalities to diagnose and monitor disease.
• Diagnosing "classic" systemic rheumatic diseases, including:
  • rheumatoid arthritis
  • systemic lupus erythematosus
  • Sjögren's syndrome
  • polymyositis/dermatomyositis
  • polymyalgia rheumatica
  • scleroderma (limited or systemic)
  • systemic vasculitides (polyarteritis nodosa, granulomatosis with polyangiitis [Wegener's granulomatosis], Henoch-Schonlein purpura, temporal arteritis, Takayasu's arteritis, cryoglobulinemia)
  • spondyloarthropathies (ankylosing spondylitis, reactive arthritis, psoriatic arthritis, inflammatory bowel disease-associated arthritis)
  • Gout and pseudogout
  • Septic arthritis and bursitis
  • Central pain processing disorders (fibromyalgia)
• Recognizing musculoskeletal manifestations of non-rheumatic diseases

PGY-2 residents are expected to:

• Discuss the indications, usage, and major side effects of drugs commonly used to manage rheumatic disorders:
• Reflect knowledge sufficient for basic interpretation of pertinent laboratory studies
• Demonstrate knowledge of established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care
• Have an understanding of current rheumatological literature and standards of care guidelines

Practice Base Learning

PGY-2 residents will be evaluated on progress in their understanding and application of the following:

• Utilization of information technology to enhance patient education
• Demonstration of willingness to learn from error, use information technology to support self-education, and facilitate learning of others.
• Response to measures of quality care, personally monitoring and striving to improve skills necessary for the optimal management of rheumatologic patients.
• Identifying personal areas of knowledge and examination skills weaknesses, and seek out clinical opportunities to develop/expand them.

PGY-2 residents are expected to:

• Investigate and evaluate their patient care practices, appraise and assimilate scientific event and improve patient care practices
• Facilitate the learning of medical students and other healthcare providers
• Residents will be able to assess the usefulness of new antibiotics
• Evaluate vaccine utilization in their patients

Interpersonal and Communication Skills

PGY-2 residents expected to demonstrate progressive improvement in the following basic skills:

• Resident use of effective listening, nonverbal, questioning, and narrative skills to communicate with patients and families
• The development of an exemplary attitude towards colleagues and members of the multidisciplinary team

PGY-2 residents are expected to:

• Recognize the importance of patient education in the treatment of rheumatologic disorders.
• Demonstrate communication skills (including listening) that support respectful, culturally competent, and patient-centered care.
• Demonstrate verbal and nonverbal communication that compassionately recognizes the impact of chronic pain, fatigue, and cognitive disturbance on family and workplace.
• Generate written documentation consistent with a hypothesis-generating approach to common rheumatologic conditions.

Professionalism

PGY-2 residents will be evaluated on progress in their understanding and application of the following:

• Demonstrated sensitivity to patient’s sexual preference and behaviors when dealing with the medical conditions of patients
• Behaviors that reflect a commitment to professionalism, medical ethics, and confidentiality
• Treatment of all patients, health care providers, and hospital employees with respect and integrity.

PGY-2 residents are expected to:
• Be respectfully and compassionately respond to patients with a multitude of phenotypic expressions of rheumatologic disorders.
• Compassionately respond to socio-behavioral and psychiatric complexities of common rheumatologic conditions.
• Engage patients in effective informed voluntary consent for planned medical management and interventions.
• Understand confidentiality with respect to chronic illness.
• Actively participate in clinical care and create medical records in a timely fashion.

**Systems-Based Practice**

While on this rotation, PGY-2 residents are expected to show improvement and understanding of the following:

• Demonstrate the ability to mobilize resources (consultants, etc.) to optimize health delivery
• Demonstrate the ability to work as a member of a larger team

PGY-2 residents are expected to:

• Refer patients appropriately for physical and occupational therapy.
• Appropriately consult and coordinate with non-medical services, including ophthalmologists, dentists, surgeons, and dermatologists.
• Strive to provide cost-effective care incorporating awareness of available ancillary services.
• Strive to assist patients navigate systems of chronic care.