Lahey Clinic Internal Medicine Residency Program: Curriculum for Rheumatology

Faculty representative: Chris Kovacs, MD, MPH
Resident representative: Diane Hislop, MD

Revision date: February 1, 2006

Overview

The educational curriculum for residents is based on the Musculoskeletal Elective, which was developed in 1998. The elective has four main components that include time divided between rheumatology, orthopaedics (general, hand and foot), bone radiology and laboratory immunology. In the full Musculoskeletal Elective, the resident spends approximately 40 percent of his or her time in Rheumatology Clinic.

The main objective in Rheumatology Clinic is to gain expertise in the diagnosis and treatment of a variety of rheumatic disorders, including:

- Rheumatoid arthritis
- Psoriatic arthritis
- Lupus
- Lyme disease
- Scleroderma
- Spondyloarthropathy
- Other inflammatory arthritis
- Osteoarthritis
- Osteoporosis

Inpatient consults are performed by residents and staffed by attending physicians. Residents are encouraged to participate in joint aspirations and injections under direct supervision.

Residents' time spent with Orthopaedics provides exposure to a variety of orthopaedic problems, including osteoarthritis, other degenerative diseases, trauma and sports injuries that require orthopaedic evaluation and intervention. Emphasis during this aspect of the elective is centered on the musculoskeletal examination.

A half-day session during the elective block is spent in the laboratory with Dr. Gyorgy Abel reviewing the theoretical and clinical applicability of ANA and ANCA testing as well as monoclonal screening. In addition, a four-hour block is spent in Radiology reviewing bone imaging. This elective also can be incorporated into the Ambulatory block.

Four Tufts University medical students rotate through Rheumatology for a one-week period each year. They spend only four hours in clinic per day and they do not participate in the Musculoskeletal Elective. They spend their time exclusively in Rheumatology Clinic evaluating patients in conjunction with an attending physician.

Recommended reading includes *Primer on the Rheumatic Diseases*, 2001. Residents are encouraged to complete readings relevant to the patients they see each day.

Principle Educational Goals Based on the ACGME General Competencies

In the outline below, the principle educational goals of the Rheumatology curriculum are listed for each of the six ACGME competencies:

1) Patient Care
2) Medical Knowledge
3) Practice-Based Learning and Improvement
4) Interpersonal and Communication Skills
5) Professionalism
6) Systems-Based Practice

The abbreviations for the types of learning environments and evaluation methods are defined below.

Learning Environments:

DPCR	Direct patient care in Rheumatology Clinic and inpatient consults
DPCO	Direct patient care in Orthopaedic clinic
DSP	Directly supervised procedures
RadR	Musculoskeletal imaging
LabM	Lab medicine review

Evaluation Methods:

GA	Global assessment
PL	Procedure log
ISE	In-service examination

Residents are formally evaluated by the Rheumatology attending at the end of the rotation using Myevalutions.com.

1) Patient Care

Objective	Learning Environments	Evaluation Methods	Expected Year of Proficiency
Perform a comprehensive history and physical examination (concentration on the musculoskeletal exam)	DPCR, DRCO	GA	PGY-1
Formulate and carry out effective management plans	DPCR, DRCO	GA, PL	PGY-2
Competently perform joint aspiration/injection and synovial fluid analysis	DPCR, DRCO, DSP	GA, PL	PGY-2

2) Medical Knowledge

Objective	Learning Environments	Evaluation Methods	Expected Year of Proficiency
Manage complex rheumatologic patients	DPCR	GA, ISE	PGY-2
Accurately interpret laboratory data (including synovial analysis) and basic musculoskeletal imaging studies	DPCR, LabM, RadR	GA, ISE	PGY-2
Learn current rheumatologic literature and standard of care guidelines	DPCR	GA, ISE	PGY-2

3) Practice-Based Learning and Improvement

Objective	Learning Environments	Evaluation Methods	Expected Year of Proficiency
Identify deficiencies in knowledge base and develop independent reading program to address these gaps	DPC, DPCO, LabM, RadR	GA, ISE	PGY-2
Effectively perform a literature search to answer clinical questions	DPCR	GA	PGY-1
Facilitate the learning of students and other health care providers	DPCR	GA	PGY-3

4) Interpersonal and Communication Skills

Objective	Learning Environments	Evaluation Methods	Expected Year of Proficiency
Communicate accurately and compassionately with patients and their families	DPCR, DPCO	GA	PGY-1
Professionally interact with entire health care team	DPCR, DPCO	GA	PGY-1

5) Professionalism

Objective	Learning Environments	Evaluation Methods	Expected Year of Proficiency
Treat all patients, health care providers & hospital employees with respect and integrity	DPCR, DPCO, LabM, RadR	GA	PGY-1
Maintain patient confidentiality at all times	DPCR, DPCO, LabM, RadR	GA	PGY-1

6) Systems-Based Practice

Objective	Learning Environments	Evaluation Methods	Expected Year of Proficiency
Demonstrate the ability to mobilize resources (consultants, etc) to optimize health delivery	DPCR, DPCO	GA	PGY-2
Demonstrate the ability to work as a member of a larger team	DPCR, DPCO, LabM, RadR	GA	PGY-2

Rheumatology Curriculum Checklist

	Setting: I (inpatient) O (outpatient)	Date
Regional pain syndromes		
Bursitis: Hip, shoulder, knee		
Tendonitis: shoulder, elbow, wrist		
Back pain		
Neck pain		
Rheumatoid arthritis		
Scleroderma		
Septic arthritis		
Seronegative		

spondyloarthropathies		
SLE		
Vasculitis		
Giant cell arteritis		
Polyarteritis and hypersensitivity		
Crystal-induced synovitis		
Degenerative joint disease		
Fibromyalgia		
Myositis		
Occupational and overuse syndromes		
Achilles tendonitis		
Iliotibial band		
Epicondylitis		
Plantar fasciitis		
Rotator cuff tendonitis		
Trochanteric bursitis		
Osteomyelitis		
Osteoporosis		
Polymyalgia rheumatica		