

**Department of Medicine**

**Internal Medicine Residency Program Rotation Curriculum**

**I. Rotation Sites and Supervision**

Rotation Name: **Rheumatology and Clinical Immunology Consults**

<b>Site</b>	<b>Faculty Supervisor</b>	<b>Administrator</b>	<b>Phone</b>
UCIMC	Geordy Lawry, MD	Alix Huynh	(714) 456-7662
LBVAMC	Pamela Prete, MD	Alix Huynh	(562) 826-5748

**II. The educational rationale for this rotation**

- a. Provide trainees with a broad clinical experience of an array of rheumatic diseases through the outpatient rheumatology clinics at UCIMC and LBVAMC
- b. Provide trainees with inpatient consultative experience at UCIMC and LBVAMC
- c. Provide trainees with the experience of teaching medical students who are also rotating through the service
- d. Provide trainees with the experience of arthrocentesis and the training to examine synovial fluid using a polarizing microscope
- e. Provide trainees experience on performing literature searches in specific areas related to patient care and to present this information at teaching rounds
- f. Provide trainees the opportunity to present a specific topic at either Rheumatology grand Rounds or Journal Club
- g. To learn how and when to order, interpret and act upon the results of specific laboratory tests and other diagnostic procedures e.g. nerve conductions studies, EMG, muscle biopsy, temporal artery biopsy, renal biopsy, skin biopsy.

**III. The principal teaching methods for this rotation**

- a. Exposure to patients with a variety of rheumatic diseases and learn by presenting the patient to full time and (voluntary) clinical faculty
- b. Prepare formal presentations using Powerpoint and Video projections and then be critiqued by the participants
- c. Utilize the computer system in the Division to review independently CD ROMs related to teaching of rheumatic diseases
- d. Practical teaching of joint aspiration and use of polarizing microscopy by faculty and fellows

**IV. The responsibilities for medical students, PGY1 residents (interns), PGY2 & PGY3 residents, fellows and attendings on this rotation**

- a. Medical student: follow in-patients closely, particularly their response to treatment, and their laboratory values; to interact with the ward team; to read extensively on their patients; to react closely with the resident and fellow; to see patients at the outpatient clinics; prepare formal presentations
- b. PGY1 medical resident: follow in-patients daily, particularly the responses to treatment and their laboratory values; to interact with the ward team; to read extensively on their patients;

to react closely with the fellow and faculty; to see patients at the outpatient clinics; prepare formal presentations

- c. The senior (PGY2 & 3) resident will be responsible for all activities list for the PGY1 residents. In addition, these residents will be responsible for coordinating teaching efforts for interns and medical students. The senior residents will place emphasis on Medical Knowledge Management in the context of consultation. The senior residents will participate in divisional conferences and present appropriate cases with literature review and critical appraisal. The senior residents will be available to teach medical students physical diagnosis. The senior resident will teach arthrocentesis.
- d. Fellow: to supervise the daily consultation service and to monitor and teach medical students and medical residents closely; to interact closely with the attending; to see patients at the outpatient clinics; prepare formal presentations
- e. Attending: to take overall responsibility for the consulting team and the care administered; to interact closely with the fellow; to answer any questions related to patient care not able to be readily answered by the fellow; supervise the outpatient clinics and teach fellows, residents and students both in house and the outpatient clinics; prepare formal presentations

## V. Competency-based Objectives for the Rheumatology Consultation Service

<b>Patient Care</b>	PGY1	PGY2	PGY3
Complete medical data base (H&P) relevant to Rheumatology and good patient care overall, especially with regard to the knowledge, skills, and attitudes outlined in this curriculum document	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Diagnostic decision making based upon the best evidence, especially with regard to test ordering and evaluation in Rheumatology	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Involving patients in decisions about their care, especially with regard to chronic disease management and intervention	Most of the time	All of the time. Serves as a role model for junior residents and students	
Working with other health care professionals to ensure the best care	All of the time, especially as it pertains to the chronic disease model of care.		
Teaching patients and families	Most of the time	All of the time, as well as serving as a role model for junior residents and students	
Patient triage and evaluation of severity	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Response to emergencies	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Commitment to wellness, screening & prevention.	Most of the time	All of the time	
Identification & intervention in psycho-social issues, including domestic violence & depression	Most of the time	All of the time	

<b>Medical Knowledge</b>	PGY1	PGY2	PGY3
Medical illnesses relevant to rheumatology as outlined in this document	Reporter & Interpreter	Manager & Educator	Competent to practice independently
Complete differential diagnoses	Reporter &	Manager &	Competent at the level of a

	Interpreter	Educator	well-trained internist
Epidemiology & biostatistics	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Research design		Competent in basic issues	Competent in basic issues
Ambulatory medicine	Reporter & Interpreter	Manager & Educator	Competent at the level of a well-trained internist
Recognizing own limitations	All of the time		

<b>Practice-based Learning</b>	PGY1	PGY2	PGY3
Take advantage of patient care to read & learn	Consistently		
Use of medical information resources & search tools	Consistently		
Inspiring others to use Evidence-based resources and make EBM-based decisions	Basic understanding	Consistently	
Applying critical appraisal techniques consistently to patient resources I use for patient care	Basic understanding	Consistently	

<b>Interpersonal &amp; Communication Skills</b>	PGY1	PGY2	PGY3
Create personal relationships with each patient by appropriately engaging them at each encounter	Most of the time	All of the time	
Use of verbal & non-verbal facilitation	Most of the time	All of the time	
Consistently demonstrate appropriate empathy & <b>good listening skills</b>	All of the time		
Respectful communication with colleagues & other professionals especially as relevant to the role of consultant.	All of the time	Serves as role model for consultation. Ensure timely provision of recommendation and respectful communication with colleagues.	
Involve patients & families in discussions about care. Patient education.	Most of the time	All of the time	
I go out of my way to ensure the best possible care.	All of the time		
Enlist patients & families in health care decisions, including their feedback	Most of the time		
My ability to accept & integrate feedback from faculty & peers	All of the time		
I always sit down at the bedside to speak with my patients.	All of the time		

<b>Professionalism</b>	PGY1	PGY3	PGY3
Altruism: patients needs above their own	Most of the time	Most of the time	Most of the time
Confidentiality (including HIPAA)	All of the time		
Ethical behavior	All of the time		
Commitment to excellence	All of the time		
Sensitivity to age, gender, gender-preference, ethnicity, culture & disability	Most of the time	All of the time	
Awareness of duty hours, fatigue in myself & others, & other outside stresses, including substance abuse & finances	All of the time		
Commitment to education & to learning	All of the time		Accelerated

Personal insight & self-reflection	Most of the time	All of the time	
Completion of assignments	All of the time		
Timely response to pages	All of the time		
Timely completion of medical records	All of the time		
Conference attendance	Meets requirements		
Hand-offs and sign-outs	Consistently well presented	Consistently of the highest quality	
Leadership skills	Developing	Consistent	Consistent

<b>Systems-based Practice</b>	PGY1	PGY2	PGY3
Cost-effectiveness	Generally aware	Integrates into all plans	
Use of outside resources	Generally aware	Integrates into all plans	
Use of case-management	Generally aware	Integrates into all plans	
Attention to quality, safety, and process improvement	Generally aware	Integrates into all plans	Makes these a top priority in all areas
<b>Systems-based Practice (continued)</b>	PGY1	PG2	PGY3
Identification of systems issues that affect patient care	Developing	Consistently	Consistently
Use of the incident reporting systems to identify systems issues	Developing	Consistently	Consistently
Understanding of the business of medicine, health care systems, & public policy	Developing	Generally aware	Sophisticated understanding

<b>Teaching Skills</b>	PGY1	PGY2	PGY3
Commitment to teaching	Generally aware; expresses importance	Strong commitment	
Use of the microskills of teaching	Developing	Skilled	Skilled
Understanding of the teachable moment	Developing	Skilled	Skilled
Patience with learners	Developing	Skilled	Skilled
Conference presentation	Developing	Basic	Skilled
Patient education & adherence	Basic	Clearly competent	

<b>Organization Skills</b>	PGY1	PGY2	PGY3
Patient care organization systems & practice	Uses systems	Fully integrated; multi-tasks easily	
Ability to prioritize personal issues in accord with personal values & priorities (Get my life in order)	Basic understanding	Consistent focus	
Ability to help others get organized		Advisor	Educator
Organizing for study, reading, & life-long learning	Conscious of necessity	Competent & committed	
Organizing teams to include & prioritize learning & teaching		Competent & committed	
Organizing to obtain & prepare for careers or fellowships	Aware	Competent	

VI. **Core primary resource readings (Seminal Research Articles)**

Basic Recommended Readings for this rotation come from **Current Medical Diagnosis and Treatment**, 2009. Access these readings at

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

In addition, you should be familiar with basic practice guidelines in this discipline. Access these at

<http://www.accessmedicine.com/guidelines.aspx?type=1>

Select the appropriate chapters for review. These chapters can be accessed through the Grunigen Medical Library website.

<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=1>

Chapters of specific relevance for this rotation are

Chapter 20	<a href="#"><u>Musculoskeletal &amp; Immunologic Disorders</u></a>
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VII. **Key physical diagnosis skills**

- a. To learn how to listen and observe
- b. To be able to perform a focused joint exam
- c. To be able to perform a focused neuromuscular exam
- d. To be able to perform and integrate the musculoskeletal exam with the entire physical exam
- e. To be able to recognize fibromyalgia

VIII. **Key procedures that the resident should be able to *perform***

- a. Aspiration and injection of major joints, such as the knee, ankle, shoulder, elbow and wrists
- b. Injection of tender points
- c. Analysis of synovial fluid by polarizing microscope

IX. **Key procedures that the resident should be able to *understand the indications for and to interpret***

- a. ANA, rheumatoid factor, variety of autoantibodies (e.g. against dsDNA, SS-A, SS-B, scl-70, centromere, RNP), complement components, immune complex assays, understand and interpret studies on synovial fluid
- b. it is imperative that the medical resident be able to interpret the results of positive autoantibody tests, especially positive ANAs and RFs in asymptomatic patients and not create a disease that does not exist.
- c. nerve conduction studies, EMG, muscle biopsy, skin biopsy with use of immunoflourescent studies, renal biopsy, angiography, temporal artery biopsy

X. **Key topics (no more than 10 topics)**

- a. Fibromyalgia
- b. Back and neck pain
- c. Knee and shoulder pain
- d. Osteoarthritis
- e. Rheumatoid arthritis
- f. Spondyloarthropathies
- g. Septic arthritis
- h. Osteoporosis
- i. Crystal-induced diseases
- j. Sjogrens syndrome
- k. Giant cell arteritis and polymyalgia rheumatica
- l. SLE, antiphospholipid syndrome
- m. Miscellaneous e.g. inflammatory muscle disease

**XI. Evaluation Methods**

Faculty will evaluate each resident’s performance using the standard “Internal Medicine Resident Evaluation Form” at the end of each block rotation. Evaluation forms will be submitted to the Residency Program for review by the Program Director and by the Residency Oversight Committee.

Residents will complete evaluations of their attending faculty, their supervising residents and the rotation itself. These evaluations will be submitted to the Residency Program for review by the Program Directors and the Curriculum Committee. Copies of evaluations will be submitted to the Division Chiefs for their review.

**Professional competencies will be evaluated by (check all that apply)**

Evaluation Method	Direct Observation & Feedback	Journal Club	Written Exam	Report or Presentation	Other (specify)
<b>Competency</b>					
<b>Patient Care</b>	<b>X</b>	<b>X</b>			
<b>Medical Knowledge</b>	<b>X</b>				
<b>Practice-based Learning</b>	<b>X</b>			<b>X</b>	
<b>Communication Skills</b>	<b>X</b>				
<b>Professionalism</b>	<b>X</b>				
<b>Systems-based Practice</b>					

**XII. Core Educational Topics and Venues for this Discipline**

Please see the Core Curriculum for Internal Medicine: [www.ucihs.uci.edu/intmed](http://www.ucihs.uci.edu/intmed) under Core Curriculum and Rotation Objectives