

CONSULT RHEUMATOLOGY TEAM

The Division of Rheumatology offers a 4 week rotation to internal medicine residents to familiarize them with the subspecialty practice of rheumatology so that they can achieve a level of competence in the diagnosis and management of patients with rheumatic disorders that is commensurate with the expectations of the American Board of Internal Medicine. The objectives that will enable the resident to achieve this goal are set forth in the remainder of this document. The service also provides consultative services to University Hospital, Crouse Hospital & the VA Hospital. The Rheumatology division includes the following individuals

Andras Perl, MD - Division Chief / Director

Paul. E. Phillips, MD- Professor of Medicine

Fatme Allam, MD

Meribeth Ogrinc, MD

Hom Neupane, MD

William Hannan, MD

I. EDUCATIONAL PURPOSE

The general internist should be competent to evaluate, treat and refer patients when appropriate with articular and musculoskeletal disorders, rheumatic disease syndromes, vasculitides, spondyloarthropathies, osteoarthritis, infectious arthritis, crystal arthropathies, fibromyalgia, arthritis associated with systemic diseases and other immunologically mediated tissue injury syndromes, and should be able to provide and understand principle treatment for some of these conditions. He or she should be able to order & interpret the appropriate laboratory & imaging modalities & recognize the pitfalls in the interpretation of these studies. He or she should also know the indications for the use of nonsteroidal anti-inflammatory drugs (NSAIDs) and corticosteroids and appreciate strategies to minimize patient exposure to these compounds plus have an appreciation for the use of immunosuppressive drugs and newer biological agents currently being employed in a variety of practice settings.

II. LEARNING VENUE

- A. Rotation Description- The consult rheumatology service is an office and hospital based service including University Hospital, Crouse Hospital, and the VA Hospital that will allow residents to see patients ages 18 and older, of male & female gender, and of varying ethnicities/cultures. The service consists of the attending, fellow/s, residents, and/or a 4th year medical student.

Expectations of PGY-1 and Senior Resident: The intern will complete detailed history and physicals of referred patients and complete progress notes on a daily basis. The intern will be expected to interpret basic laboratory data and radiological tests of rheumatological disorders. Interns will also teach medical students on service as well as further his/her own learning through use of reading materials outlined below.

The expectation for Senior residents is same as intern expectations plus the senior resident should master the basic laboratory and radiological evaluation of rheumatological processes as well as fulfilling teaching responsibilities to the intern and medical students. The senior residents will continue to expand his/her own knowledge of rheumatological diseases with the aid of reading materials outlines below.

- B. Teaching Methods:

1. Bedside Rounds:

Here the entire team (students, housestaff ,fellow and attending) will discuss patient issues and formulate daily plans. The housestaff will be expected to have seen each of their assigned patients, collect relevant data, and present in a concise, logical format to the attending. Rounds are held Monday, Wednesday, and Friday from 9:00 a.m. until pt care is completed.

2. Teaching Rounds:

The attending will lead the team in various exercises to expand their knowledge of rheumatology. Various formats, including bedside teaching, didactic sessions, focused presentations and review of biopsy & radiological data will be incorporated into the work rounds.

3. Recommended Reading:

- Primer on the Rheumatic diseases 12th edition: edited by John H. Kippel (available for loan to residents on the rotation)
- Rheumatology: A two volume textbook edited by Marc.C. Hochberg, MD, Alan.J. Silman, Joseph S.Smolen, MD, Michael.E.Weinblatt,MD, and Michael. H.Weisman, MD
- Kelley's Text Book of Rheumatology (2 Volume set) : edited by Edward Harris
- Current Rheumatology: Diagnosis and Treatment(Lange Current Series): edited by John B. Imboden
- Cutaneous Manifestations of Rheumatic Diseases: edited by Richard D. Sontheimer
- Proinflammatory and anti-inflammatory Cytokines in Rheumatoid Arthritis: A Primer for Clinicians: edited by Charles A. Dinarello
- Second Line Agents in the Treatment of Rheumatic diseases (Inflammatory Disease and Therapy): edited by Jonathan S. Dixon, Daniel E. Furst
- Modern Therapeutics in Rheumatic Diseases: edited by George.C Tsokos
- Therapy of Systemic Rheumatoid Disorders: edited by Leo B. A Van De Putte
- Radiological Atlas of Rheumatic Diseases: edited by Wolfgang Dihlmann
- Pathology and Pathobiology of Rheumatic Diseases: edited by Hans G. Fassbender et al
- Musculoskeletal System: Developmental Disorders, Tumors, Rheumatic Diseases and Joint Replacement(Netter Collection of Medical Illustrations, Volume 8, Part 2): edited by Frank H. Netter
- Problems in Rheumatic Diseases: Lessons from Patients: edited by R. A. Asherson et al
- Laboratory Diagnostic Procedures in rheumatic Diseases: edited by Alan Cohen
- Mixed Connective Tissue Disease: An Issue of Rheumatic Disease Clinic: edited by Daniel. E. Furst
- Immunomodulators in Rheumatic Diseases (Inflammatory Disease and Therapy): edited by Daniel E. Furst and Michael E. Weinblatt
- The Skin in Rheumatic Disease: edited by C. R. Lovell et al
- Up-to-Date Online
- Harrison's Principles of Internal Medicine

Unique Learning Opportunities:

Research Journal Club (Wednesdays from 8:30-9:30 A.M)- critical evaluation of articles relevant to rheumatology.

Rheumatology Core Curriculum and Basic Science Lectures (Thursday 7:30-8:30 A.M) –Guest speakers, fellows, and senior faculty give lectures on basic science and core curriculum topics. Also includes Rheum-Path conferences with review of biopsy specimen and radiology conferences with review of imaging in rheumatology held alternatively with rheumatology conference.

Radiology Conference (Friday 8-9 A.M) – review of all imaging modalities in selected cases of musculoskeletal disorders.

Fellows Didactic Conference (Friday afternoon)- didactic session, led by fellows, on disease pathogenesis, pathology and immunology.

Lunch and Learn Conference (1st Wednesday of every month 11:30- 1:00 P.M at Everson Museum): ARSAP questions review with the attendings

The Rheumatology Clinic Experience: residents rotating through rheumatology are expected to attend the rheumatology outpatient clinic every Monday afternoon and all day Tuesday.

C. Mix of Diseases and Patient Characteristics

1. Common Clinical Presentations and Diseases:

- Chronic, non inflammtory, regional & generalized pain syndromes
- Peripheral joint arthropathies
- Acute monoarthritis
- Autoimmune rheumatic disease syndromes
- Spondyloarthropathies
- Systemic vasculitis syndromes

2. Procedures:

- Joint aspiration
- Joint injections
- Soft tissue / bursa injections
- Skin biopsy

III. Educational Content:

Acute Monoarthritis

- gout
- CPPD arthropathy
- Hydroxyapatite arthropathy
- infectious arthritis

Autoimmune rheumatic disaesae syndromes

- Rheumatoid arthritis
- Sjogren's syndrome
- SLE
- Antiphospholipid antibody syndrome
- Polymyositis
- Dermatomyositis
- Scleroderma
- Raynaud's phenomenon
- Behcet's disease

Spondyloarthropathies

- Sacroiliitis
- Ankylosing spondylitis
- Reiter's syndrome

Systemic vasculitis syndromes

- Giant cell arteritis
- Takayasu's arteritis
- Churg- Strauss Syndrome
- Hypersensitivity vasculitis
- Henoch schonlein purpura
- ANCA associated vasculitis
 - Wegener's Granulomatosis
 - Polyarteritis Nodosa

Chronic noninflammatory generalized pain syndrome

- Fibromyalgia

Miscellaneous

- reactive arthritis
- enteropathic arthropathy
- psoriatic arthritis

Peripheral Joint osteoarthritis

IV. Method of Evaluation

Evaluations are based on the six core competencies. Interim evaluations will be provided to each member of the team. All team members are expected to complete formal evaluations at the end of each rotation using the web based E-Value system.

V. Rotation Specific Competencies

- Patient care**- generic link to competency document
- Medical knowledge** – generic link to competency document
- Professionalism** – frequent discussions relevant to end of life care and comfort measures for the severely debilitated patients will be evaluated. Generic link to competency document
- Interpersonal & Communication Skills**- Consult services are by nature rotations that test residents' people' skills. When you are asked to consult on a patient, many members of the "Team" asking for help have varying attitudes about how much they value your opinion. Your performance on how well you do this is reflected by 1) the clarity of your consult summary of the case 2) the clarity of your consultative advice 3) the communication of information to the team that has asked for your help. Disagreements are inevitable and learning how to respond and react to this is one of the learning values of consultative medicine.
- Practice Based Learning**: - generic link to competency document
- Systems Based Practice**: - This rotation offers a unique opportunity to do hospital consultations as well as predominantly office based practice. In addition almost all the patients have long term multidisciplinary needs/approaches including rehabilitative and orthopedic services. Exposure to these disciplines further enriches the experience of the resident.

Reviewed 9/05 by Naureen Mirza, MD, Hom Nuepane, MD and Prasanthi Kakumanu, MD

