

CURRICULUM for RHEUMATOLOGY

Trainee's Name _____

Date _____

	Monday	Tuesday	Wednesday	Thursday	Friday
9-11	Office	Office	MR (9-10) Office	Office	Office
11-12 P	MR	MR		MR	
Noon	Conference	Conference	Conference	Grand Rounds	Conference
1-5 P	Office	Office	Office	Office	Office

I. Objectives

Unsatisfactory Satisfactory Superior

Patient Care

- Takes a complete subspecialty focused history and physical examination and gathers appropriate data for presentation to consultant 1 2 3 4 5 6 7 8 9
- Written work is complete and organized in a problem-centered format 1 2 3 4 5 6 7 8 9
- Careful follow-up of patient's problems, providing assistance to the primary inpatient care team 1 2 3 4 5 6 7 8 9
- Develops own appropriate problem-based diagnostic and therapeutic plans and offers them to consultant 1 2 3 4 5 6 7 8 9

Medical Knowledge

- Commitment to Continuing Medical Education demonstrated through daily rounds, reading and completion of portfolio, if applicable 1 2 3 4 5 6 7 8 9
- Demonstrates adequate knowledge for common inpatient and outpatient subspecialty-specific conditions 1 2 3 4 5 6 7 8 9
- Applies knowledge appropriately and effectively using systematic Bayesian reasoning 1 2 3 4 5 6 7 8 9

Interpersonal and Communication Skills

- Caring, respectful behaviors 1 2 3 4 5 6 7 8 9
- Organized consultant-appropriate oral presentations 1 2 3 4 5 6 7 8 9
- Works well with primary team members – communicates consultant's suggestions 1 2 3 4 5 6 7 8 9
- Works and communicates effectively and collegially with nursing and ancillary staff 1 2 3 4 5 6 7 8 9

Practice-based learning and Improvement

- Appreciates the limitations of his/her medical knowledge and asks for help when needed 1 2 3 4 5 6 7 8 9
- Independent study and learns from mistakes 1 2 3 4 5 6 7 8 9
- Responsive to constructive criticism 1 2 3 4 5 6 7 8 9
- Able to use the computerized patient database (Powerchart) effectively to obtain information 1 2 3 4 5 6 7 8 9
- Produces at least one original research article that is relevant to diagnostic or therapeutic strategies in active patients 1 2 3 4 5 6 7 8 9

Professionalism

- Vigorous patient advocate; knows ALL the relevant facts about patients 1 2 3 4 5 6 7 8 9
- Honesty, reliability, responsibility, cooperativeness and timeliness 1 2 3 4 5 6 7 8 9
- Shows respect, compassion, and integrity in working with patients, peers and attendings, and hospital staff 1 2 3 4 5 6 7 8 9
- Follows the rules of the residency program (e.g., work hour regulations) 1 2 3 4 5 6 7 8 9
- Attends the formal educational and didactic sessions 1 2 3 4 5 6 7 8 9

Systems-based practice

- Trainee's suggestions, during presentations, are cost-effective and demonstrate proper use of available inpatient (e.g. tests) and outpatient resources (e.g. home IV therapy, visiting nurses, hospice etc.) 1 2 3 4 5 6 7 8 9

Comments:

General

- These objectives were discussed with the resident at the beginning of the rotation Yes No
- The trainee has successfully achieved the above-listed objectives of this rotation. Yes No
- This evaluation was discussed with the resident by the end of the rotation Yes No

Name of Attending Physician _____

II. Educational Purpose of Rotation:

The purpose of the Rheumatology elective is to expose and instill a reasonable working knowledge and problem-solving skill-set required to optimally diagnose and care for patients with rheumatologic diseases.

A) Knowledge - Trainees will learn the skills necessary to diagnose and manage common rheumatologic diseases, including:

1. Systemic lupus
2. Rheumatoid arthritis
3. Systemic sclerosis and CREST
4. Osteoarthritis
5. Sjogren's Syndrome
6. Vasculitides – especially temporal arteritis and PMR

B) Skills: From the experiences gained during the rotation, the resident will:

1) Refine his/her skills in medical history taking especially as pertains to Rheumatology problem-solving. He/she will master relevant review of systems and physical diagnosis, 2) Learn to prioritize tasks, 3) Use time efficiently, 4) Learn the principles of medical decision making, 5) Learn to cost-effectively order diagnostic studies and provide therapeutic interventions.

C) Attitudes: Desirable attitudes. He/she should:

1) Assume responsibility for aiding in patients' rheumatology management – knowing every detail of their Rheumatology-relevant history (including old records), physical examination, laboratories, diagnostic/therapeutic plan, 2) Access the opinions of attending physicians and consultants ONLY AFTER thinking about a case and offering their best effort at synthesis and a plan, 3) Appreciate the role of and when to consult the Rheumatologist.

III. Principal Teaching Methods: Residents will learn by performing 3-5 inpatient consultations weekly and by seeing between 5-8 outpatients each day, presenting them to the attending consultant, followed by discussion. The resident will ALWAYS offer his/her diagnostic and therapeutic plan for correction and/or refinement by the attending physician. The resident will read articles from the primer that are germane/applicable to their patients' problems. Residents will follow-up patients on whom they've completed a consultation until resolution or discharge to understand the course of disease. Daily required conferences/activities include:

1. Resident's Morning Report –
2. Office - Daily (10:30-5 PM or as required to complete patient care)
3. Noon conference lecture series – 5 days/week, July-September is a repeating course of core topics, while October-June includes specialty and sub-specialty lectures comprising a 2-year cycle that covers most fundamental topics for each discipline.

IV. Patient Characteristics – The Rheumatology office practice is amongst the busiest in Fairfield county. Patients referred for assessment include nearly equal numbers of men and women, ranging in age from 2 to over 70 years and of average age in the mid 40's. The socioeconomic demographic of the office-based practice is middle and upper, middle-class and insured. The mix of patient pathologies include an abundance of lupus, RA, osteoarthritis, temporal arteritis, scleroderma and Sjogren's to provide an excellent breadth and depth of exposure. Residents will also be responsible for seeing inpatient consults (averaging 5-6/week) presented to the rheumatologist for discussion and completion of formal consultation. However, the majority of patients will be seen in the office practice.

V. Procedures - Large joint aspiration.

VI. References – *Primer of Rheumatologic Diseases; Computerized data-bases are available throughout the hospital at every terminal: *Up-to-Date* and *MD-Consult*. All trainees are expected to use one of these or similar resources to master topics that are germane to their patients every day. *Harrisons, Principles of Internal Medicine*

V. Methods of Evaluation

Residents and interns are evaluated by the office Rheumatology attending physicians with whom they work during the 4-week rotation. All evaluations will be performed on-line, by email, using the E-value system. A resident shall not receive credit for a rotation until he has evaluated the rotation, attending and the degree to which he had opportunity to complete the objectives.

Faculty

German Guadagnoli, MD
John Nascimento, MD

