

# Rheumatology Rotation

## I. Rotation Description

Title: Rheumatology  
Length: 4 weeks

II. **Teaching Faculty** Steve Craig, M.D. and Mark Burdt, D.O. (co-directors), Mercy Arthritis and Osteoporosis Physicians

## III. First Day Orientation

Prior to the month the resident should:

1. **Contact Dr. Steve Craig at** to arrange general orientation to the rotation.
2. You will work with faculty from the Mercy Arthritis & Osteoporosis Center on Monday PM, and Tuesday through Friday at their office located at 8421 Plum Drive in Des Moines. Contact office manager Cindy Milbourn at 643-9679 if you have questions or need further assistance.
3. **Monday mornings** you will join Dr. Robert Rondinelli for PM&R experience on Younker-4. Contact Dr. Rondinelli at 241-4646, or Cheryl Augspurger, administrative assistant at 241-6435 to confirm.
4. **Monday PM, Tuesday, and Friday** you will work at the **Plum Drive Office** and on **Wednesday and Thursday** you will be at the **Lakeview Office, Suite 175.**

## IV. Rotation Objectives

### A. Specific Learning Objectives

1. Obtain proficiency in performing a comprehensive musculoskeletal exam.
2. Based upon history, physical examination, laboratory data and radiographs, generate a reasonable differential diagnosis for both monoarticular and polyarticular presentations of arthritis.
3. Become familiar with and proficient in the use of an expanded history of present of illness and review of systems pertinent to musculoskeletal and rheumatic disorders.
4. Understand the usefulness and limitations of immunologic testing (e.g. - anti-nuclear antibodies) in rheumatic disease.
5. Gain an understanding of indications for arthrocentesis, how it is performed and synovial fluid analysis.

6. Acquire an understanding of the use of oral, parenteral and intra-articular corticosteroids, nonsteroidal anti-inflammatory agents and immunosuppressive agents in rheumatic disease. Recognize indications for use, major untoward effects and monitoring for toxicity.
7. Learn the indications for and interpretation of bone densitometry.
8. Become familiar with and be able to instruct patients in the use of the main modalities of physical therapy and joint protection.
9. Based on medical knowledge, history taking skills, physical exam, appropriate laboratory and radiographic studies, be able to recognize, distinguish and treat appropriately the following disorders:
  - a. Osteoarthritis
  - b. Rheumatoid arthritis
  - c. Systemic lupus erythematosus
  - d. Crystalline arthropathies (gout, pseudogout, hydroxyapatite)
  - e. Soft tissue rheumatism (fibromyalgia syndrome)
  - f. Metabolic bone disease (osteoporosis)
  - g. Occupational/Sports related overuse syndromes
    - 1) Achilles tendonitis
    - 2) iliotibial band syndrome
    - 3) rotator cuff disease
    - 4) lateral epicondylitis
    - 5) plantar fasciitis
    - 6) trochanteric bursitis
  - h. Diffuse connective tissue diseases
    - 1) Scleroderma/CREST
    - 2) Sjogrens syndrome
    - 3) Mixed connective tissue disease
    - 4) Polymyositis/dermatomyositis/inclusion body myositis
  - i. Polymyalgia rheumatica
  - j. Regional pain syndromes
    - 1) back/neck pain
    - 2) reflex sympathetic dystrophy
  - k. Septic arthritis
    - 1) gonococcal
    - 2) non-gonococcal
    - 3) Lyme
  - l. Seronegative spondyloarthropathies
    - 1) Reiters syndrome
    - 2) Ankylosing spondylitis
    - 3) Reactive arthritis
    - 4) Psoriatic arthritis
  - m. Vasculitis
    - 1) Wegener's granulomatosis
    - 2) Giant cell arteritis
  
    - 3) Hypersensitivity vasculitis

- 4) Polyarteritis nodosa
- n. Antiphospholipid antibody syndrome

## **B. Resources**

1. Syllabus; assigned questions and cases for discussion will be provided. The syllabus for this rotation is located on-line on our website.
2. Primer on the Rheumatic Diseases (12th edition)
3. Additional articles specific to patients seen may be distributed by faculty

## **V. Rotation Description and Logistics**

### **A. Methods**

1. The resident will be directly and indirectly supervised in a number of patient care settings, including the ambulatory setting, hospital consultations, and hospital follow-ups. The resident will be responsible for initial evaluation, including history, physical exam, diagnostic impressions and therapeutic plans for all hospital consultations and new patients in the outpatient clinic. These will be formally presented to the attending rheumatologist. Details of each encounter including assessing the resident's performance on obtaining history, physical exam and appropriate diagnostic impressions and plans will be reviewed by the attending physician.
2. Sessions will be conducted reviewing the syllabus readings and the questions and cases that accompany the readings.
3. Residents should arrive no later than 0745 when scheduled to see patients at Mercy Arthritis. Come prepared to see patients; dress code is business casual, and includes clean white coats, shirts and ties for men, and either a skirt or business suit for women, with closed-toed shoes. Clinic responsibilities will end by 5:00 PM.
4. In order to maximize the educational value of this rotation, please limit any vacation requests to one week or less. Also, please make your vacation requests **at least 3 months in advance** – this allows maximum use of the rheumatologists' time that they schedule for teaching.
5. Lectures are recorded; in the interest of economy of both time and fuel, you may simply view the lectures on-line rather than drive back and forth between IMMC and the rheumatologists' office on Plum Drive or Lakeview.

## **B. Scheduled Activities**

**Monday:** AM: Dr. Rondinelli, PM&R Service  
PM: Mercy Arthritis and Osteoporosis Center, Plum Drive.

**Tuesday and Friday:** The resident will work with the rheumatologists in the Mercy Arthritis and Osteoporosis Center, Plum Drive.

**Wed and Thursday:** Mercy Arthritis and Osteoporosis Center, Lakeview Office, Suite 175.

**Note:** You will still have Continuity Clinic during this rotation. Confirm your schedule with Dr. Craig during orientation.

## **C. Evaluation**

At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

The resident will be evaluated by faculty in each of the required six general competency areas as follows:

1. **Patient Care:** Demonstrate ability to effectively evaluate and manage patients with rheumatologic conditions and demonstrate competence with required procedures encountered during the rotation. Resident will be specifically evaluated performing a careful and detailed joint exam and during any injections performed during rotation.
2. **Medical Knowledge:** Demonstrate ability to access and critically evaluate current medical information relevant to rheumatology and demonstrate understanding of all assigned reading materials. Sessions will be conducted to review the syllabus readings and the questions and cases that accompany the readings. Resident performance on the assigned questions and cases will be noted and documented.
3. **Practice-Based Learning:** Demonstrate ability to identify gaps in knowledge and skills in the care of patients with rheumatologic conditions and demonstrate real-time strategies to address these gaps.
4. **Interpersonal and Communication Skills:** Demonstrate effective communication skills in dealings with patients and families. Demonstrate timely and accurate completion of medical records.
5. **Professionalism:** Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.
6. **Systems-Based Practice:** Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing and other allied health care providers to assure timely, comprehensive care provided.

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