Clinic Name: Outpatient Rheumatology
Clinic Education Site Leader: Dr. Kroop
Updated by: Dr. Catherine Deffendall/ Dr. Kroop
Date: 1/18/2022

Goal:

The purpose of this educational clinic block is to gain skills in the diagnosis and management of common rheumatologic conditions that present in the outpatient setting. This rotation will prepare residents to initially manage non-inflammatory conditions seen in the primary care setting and develop an approach to evaluation for possible rheumatologic conditions and appropriate referral.

Objectives:

By the end of this rotation, learners in this rotation will be able to:

1) Patient Care
    a. Obtain an accurate and relevant rheumatologic history, including features that may be important in diagnosis and management (such as differentiating between inflammatory and non-inflammatory arthritis) (PC1, MK1)
    b. Perform an appropriate screening musculoskeletal exam, with more detailed exam of hands and knees (PC2)
    c. Recognize abnormalities in physical exam, particularly related to the musculoskeletal exam (recognize knee abnormalities including crepitus and effusions, findings of OA vs RA in the hands, recognition of psoriatic plaques and tophi) (PC2, MK1)
    d. Select appropriate labs, imaging and procedures based on history and exam useful in the diagnosis and management of rheumatologic disease (sed rate, CRP, ANA with reflex, RF, anti-CCP, ANCA, plain films, MRI, arthrocentesis) (PC3, MK3)
    e. Integrate diagnostic results into differential diagnosis of common rheumatologic conditions (RA, osteoarthritis, osteoporosis, psoriatic arthritis, PMR, crystal arthropathies, fibromyalgia, SLE, vasculitis) (PC3, MK3)
    f. Develop initial approach to management of common primary care conditions such as gout, osteoarthritis, osteoporosis, and fibromyalgia (PC5, MK2)
    g. Recognize possible inflammatory and autoimmune conditions requiring Rheumatology referral (PC5)

    h. Co-manage patients with rheumatologic conditions in the primary care clinic paying particular attention to high-risk medication monitoring (such as glucocorticoids, nsaids, methotrexate, leflunomide, MMF, hydroxychloroquine, biologic agents, CVD and cancer screening, and standard immunizations (PC5, MK1, MK2, SBP3, ICS 3)

2) Medical Knowledge
    a. Apply ACR clinical practice guidelines for management of gout, OA, osteoporosis (MK1, MK2)
    b. Distinguish between inflammatory and non-inflammatory arthritis (MK1, MK3)

3) Interpersonal and Communication Skills
    a. Identify when additional consultation is indicated, generate an appropriate clinical consultation question (ICS2)

b. Communicate with patients and health professionals effectively and professionally (PC5, SBP2, SBP3, ICS 2 ICS3)

4) Professionalism
   a. Create documentation that is timely (P1, ICS 3)
   b. Demonstrate professional behavior in caring for patients and engaging with staff regardless of race, ethnicity, gender identify, sexual orientation, socioeconomic status, or medical diagnosis (P2)

5) Systems based practice
   a. Create documentation that is accurate and complete (SBP2)
   b. Understand critical importance of good communication between PCP and specialist (SBP2, SBP3)

6) Practice-based learning and improvement
   a. Apply published guidelines on the best practices for rheumatologic conditions (PBLI-1)

Educational Strategies:

Educational Strategy	Skills (taught and/or assessed)
Outpatient clinic visits	Obtaining History Performing Exam Clinical reasoning Development of differential and appropriate work up (particularly for New Patient visits) Management and co-management of chronic rheumatologic conditions (particularly in follow up appointments) Presentation skills
Readings	Medical knowledge: Management of crystal arthropathies Management of osteoporosis Applying evidence-based guidelines
CELA	History and MSK exam Clinical Reasoning Development of differential diagnosis (inflammatory/non inflammatory arthritis) Procedure (knee arthrocentesis)

Required Reading:
Gout Module

Additional Resources:
ACR Guidelines on Osteoarthritis
BMJ-Update on the diagnosis and management of systemic lupus erythematosus
JAMA-Diagnosis and Management of Rheumatoid Arthritis. A Review
Lancet-Clinical Management of psoriatic arthritis
Lancet- Systemic Sclerosis

Postgrad Med J- Diagnostic approach to patients with suspected vasculitis
Osteoporosis Int. Clinician's Guide to Prevention and Treatment of Osteoporosis
EULAR revised recommendations for the management of fibromyalgia

NEJM-Giant-Cell Arteritis and Polymyalgia Rheumatica

Evaluation:

Background

- In the recent past, there has been no structured way for faculty to provide feedback on their observations or assessments of residents on the clinic block.
- Residents spend a third of their training time in the outpatient clinic setting.
- Collecting faculty observations and assessments in this setting is important for residents to get the feedback and coaching they need to continue to grow and improve their clinical skills.
- The goal for all our residents is excellence in clinical skills

Ask for faculty

- Offer to do direct observation of skills with a learner in clinic (consider history , physical exam, clinical reasoning skills in the clinic setting, especially those specific to your specialty)
- Ask the resident to send you a direct observation new innovations form that takes 2-3 minutes to complete
- Use the new innovations app on your phone to send an "on demand direct observation" assessment for any resident any time.

Ask for residents (currently this is for all interns, soon this will expand to all residents)

- When on clinic block, ask one faculty member a week to complete a direct observation assessment on a clinical skill that they observed you do in their clinic
- You can send them an email with the direct observation from new innovations, or you can show them how to use the new innovations app on their phone.

Two "How To" videos- for faculty and residents:

This video demonstrates how residents can request an on-demand evaluation be sent to a faculty member. It also describes who to sue this tool to assist in making this a coaching moment. (5 min video)

- https://vumc.box.com/s/svvwn5rtnlxhtgvneo858eg6kswjw6i0

This video demonstrates how faculty can download the new innovations app on their phone. It also demonstrates how to complete and send in the on demand evaluation on their phone (3 min video).

- https://zoom.us/rec/share/Xa8oi6uSywhNAEnosCHmjcJ-X77nCHBmkyAJM7whH3O9sdIjMZAK4WMXiUl4zX20.7CDOOcT8FLoi_unD
- **Passcode:** b@?=4dU2 (copy and paste this code in the zoom bar when the web page brings it up!)

New Direct Observation Form – Entrustment Scale - THIS IS THE FORM THAT IS ON THE APP
Internal Medicine Clinic

Date:_____
Resident Name:_____
Faculty Observer name:_____
What specific skill did you decide to observe? _____

1. What is the resident's learning objective?

2. What did you observe the resident do well?

Skills to consider observing:
Information gather- Obtaining accurate and complete hx
Specific physical exam skill
Information transfer- patient education
Motivational interviewing (wt mgt, tob cessation)
Counseling
Breaking bad news
Goals of care/ Family meeting
Clinical reasoning

3. What deficiencies and/or errors did the resident commit?
   What should they do differently? **How** should they do it differently?

3. Based on this single observation, how would you approach your supervision of this learner in this skill the next time?

1	**2**	**3**	**4**	**5**
Learner can be present but only as observer (i.e. The learner cannot perform this skill. Learner can be present, but only as observer)	Learner can practice skill with direct supervision (supervisor in room) (i.e. I need to watch the learner perform the skill in real time)	Learner can practice skill with indirect supervision (supervision available within minutes) (i.e. I don't need to watch the learner in the room, but I am going to reassess the patient/confirm findings with the patient)	Unsupervised practice allowed (the learner is ready to practice independently for this skill) (i.e. I don't need to watch the learner but I am available if the learner comes for help or to provide feedback)	Learner has mastered this skill, is an exemplar for other, and is ready to teach others this skill (i.e. learner is a role model for other, demonstrates best practice, able to teach)

4. What plans for change did you and the resident make going forward?