

NAME OF ROTATION: Rheumatology

FOCUS OF THIS ROTATION

- The goal of this rotation is to provide the Internal Medicine trainee (PGY1s, PGY2s and PGY3s) with the opportunity to develop competencies in the assessment and management of patients with rheumatological disorders in the emergency department, on the ward, and in the ambulatory clinic setting.
- This rotation can be completed by residents at any level within the Internal Medicine training program. The goals listed will be completed, in part, during the subspecialty rotation. Completion of all goals is expected by the end of the PGY 3 year and will be accomplished through ongoing clinical exposure, participation in the formal academic curriculum and personal learning strategies. Residents are encouraged to prioritize goals during their initial focused clinical exposure to this discipline.

CBD stage(s) for this rotation:

- TTD
- FOD
- COD

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY1
- PGY2
- PGY3

Locations for rotation:

- SHSC
- SMH
- SHS (MSH)
- UHN-TGH
- UHN-TWH
- WCH

Required training experiences included in this rotation:

- **Required clinical training experiences (Foundations of Discipline = PGY1s):**
 - Any ambulatory care clinic in Internal Medicine or its subspecialties
 - Acute care experience with patients presenting to emergency department with rheumatological conditions
- **Other training experiences (Foundations of Discipline = PGY1s):**
 - Directed and/or independent learning experience, in topics such as medical ethics, critical appraisal, and wellness (e.g. use of journal clubs, online modules, academic rounds)
 - Consultation service in a subspecialty of Internal Medicine
 - Care of the elderly
 - Instruction or experience in procedural skills (may use simulation)
 - Rheumatology inpatient service (site-specific)
- **Required training experiences (Core of Discipline = PGY2s and PGY3s)**
 - Ambulatory care: clinic and/or day hospital. This must include experience with a broad spectrum of conditions as well as patients with complex disorders

- Service providing rheumatology consultation to other disciplines or to medical subspecialty inpatient units
- Acute care experience with patients presenting to emergency department with rheumatological conditions
- **Other training experiences (Core of Discipline = PGY2s and PGY3s)**
 - Care for vulnerable/marginalized populations
 - Care of the elderly
 - Directed and/or independent learning experience, in topics such as medical ethics, critical appraisal, and wellness (e.g. use of journal clubs, online modules, academic rounds)
 - Instruction or experience in procedural skills (may use simulation)

Blue = TTD (PGY1, Blocks 1-4); Yellow = FOD (PGY1, Blocks 5-13), Red = COD (PGY2-3)

EPAs Mapped to this rotation:	Total # of EPAs
TTD1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care	3
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	3
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan	2
FOD 4 A & B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: Part A: Discharge plan documentation & Part B Discharge plan communication	0-1(can do)
FOD 7 Identifying personal learning needs while caring for patients, and addressing those need	2 (1 if short rotation)
COD 5 Performing the basic procedures of Internal Medicine	Do whenever possible
FOD 1 Assessing, diagnosing, and providing initial management for patients with common acute medical presentations in acute care settings	1-2
FOD 2A Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part A: Patient Assessment and Management	1-2
FOD 2B Managing patients admitted to acute care settings with common medical problems and advancing their care plans: Part B: Communication with Patient/Family	2
FOD 2C Managing patients admitted to acute care settings with common medical problems and advancing their care plan: Part C: Handover	0-1(can do)
FOD 3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan	0-1(can do)
FOD 4 A & B Formulating, communicating, and implementing discharge plans for patients with common medical conditions in acute care settings: Part A: Discharge plan documentation & Part B Discharge plan communication	0-1(can do)
FOD 7 Identifying personal learning needs while caring for patients, and addressing those needs	2 (1 if short rotation)
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 1 Assessing, diagnosing, and managing patients with complex or atypical acute medical presentations	0-1(can do)

EPAs Mapped to this rotation:	Total # of EPAs
COD 2A Assessing and managing patients with complex chronic conditions: Part A: Assessment, Diagnosis, and Management	2
COD 2B Assessing and managing patients with complex chronic conditions: Part B: Patient Education/Communication	1
COD 3A Providing internal medicine consultation to other clinical services: Part A: Patient Assessment and Decision-Making	2
COD 3B Providing internal medicine consultation to other clinical services: Part B: Written Communication:	2
COD 3C Providing internal medicine consultation to other clinical services: Part C: Oral Communication	1
COD 5 Performing the procedures of Internal Medicine	Do whenever possible
COD 6 Assessing capacity for medical decision-making	0-1 (can do)
COD 7 Discussing serious and/or complex aspects of care with patients, families, and caregivers	0-1 (can do)
COD 8 Caring for patients who have experienced a patient safety incident (adverse event)	Do whenever possible
COD 10 Implementing health promotion strategies in patients with or at risk for disease	0-1(can do)

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER

	Key Objectives for this Rotation:	CanMEDS Role(s):
1.	Perform an accurate and detailed history of the patient's presenting problem in order to generate a provisional differential diagnosis for rheumatological disorders.	Medical Expert
2.	Perform a detailed and accurate MSK exam including, but not limited to, hands, feet, knee, shoulder, hip and axial skeleton in order to differentiate between inflammatory and non-inflammatory findings.	Medical Expert
3.	Demonstrate a cost-effective, patient-centred and evidence-based rationale in the ordering of lab and imaging investigations.	Medical Expert
4.	Implement an effective, evidence-informed management plan for common rheumatic diseases, focused on pharmacological and non-pharmacological strategies including interdisciplinary care.	Medical Expert
5.	Independently perform joint aspiration of the knee and interpret synovial fluid and crystal analysis.	Medical Expert
6.	Engage patients and their families in developing plans that reflect the patient's health care needs and goals of care.	Communicator
7.	Critically appraise medical information and apply it effectively to support clinical decision-making.	Scholar

Royal College Internal Medicine Competencies emphasized on the Rheumatology rotation.

Numbers refer to items identified in the Royal College Competencies document

Symptoms

Identify the causes and be able to use history, physical exam and investigations to arrive at a differential and provisional diagnosis for each of the following:

- Back pain 1.4.9.1.1.: Mechanical and inflammatory
- Muscular pain 1.4.9.1.2. : Inflammatory myositis
- o Proximal muscle weakness 1.4.9.1.3.

Investigations

Be able to recognize the correct use and interpretation of common serological tests in the diagnosis of connective tissue disease and vasculitis

Be able to perform and interpret the result of:

- Arthrocentesis of the knee joint 3.4.2.9.

Disorders

Using results of history, physical examination and investigations, be able to confirm the diagnosis of each of the following, and propose a management plan. The plan may include further investigations and treatment, taking into account the underlying cause and any complications

- Acute monoarthritis 1.4.9.2.1.
- Acute and chronic polyarthritis 1.4.9.2.2.
- Ankylosing spondylitis 1.4.9.2.3.
- Fibromyalgia 1.4.9.2.4.
- Gout and pseudogout 1.4.9.2.5.
- Osteoarthritis 1.4.9.2.6.
- Osteomyelitis 1.4.9.2.7.
- Osteoporosis – postmenopausal and steroid-induced
- Paget's disease of bone 1.4.9.2.8.
- Polymyalgia Rheumatica
- Raynaud's phenomenon 1.4.9.2.9.
- Rheumatoid arthritis 1.4.9.2.10.
- Scleroderma 1.4.9.2.11.
- Septic arthritis 1.4.9.2.12.
- Sero-negative arthropathies 1.4.9.2.13.
- Sjögren's syndrome 1.4.9.2.14.
- Systemic lupus erythematosus 1.4.9.2.15.
- Temporal arteritis and polymyalgia rheumatica 1.4.9.2.16.
- Primary and secondary bone and soft tissue neoplasms 1.4.9.2.17

Therapies

Integrate knowledge of the indications/contraindications, side-effects and pharmacokinetics of the following therapies in the care of patients with rheumatological disorders:

- Non-steroidal anti-inflammatory drugs
- Corticosteroids,
- DMARDs
- Biologic Therapies