2012-2013 RHEUMATOLOGY-IMMUNOLOGY SUBSPECIALTY CONSULTS/ELECTIVE ROTATION

http://rheumatology.duke.edu/

ROTATION DIRECTOR: Dr. Lisa Criscione-Schreiber

OVERVIEW:
The Duke Rheumatology-Immunology Elective Rotation includes primarily outpatient subspecialty clinic with optional inpatient consultative experience depending on time available and individual learning goals. Through these experiences, medical house staff trainees will gain a comprehensive overview of Rheumatology and Immunology.

Intern Elective in Rheumatology: House staff on the ambulatory Rheumatology elective rotation see patients in the outpatient Rheumatology clinics at Duke and the Durham VAMC under the supervision of rheumatology faculty. Interns may occasionally round with the inpatient Rheumatology consult team.

JAR/SAR Rheumatology Consults: House staff on the Rheumatology & Immunology Consult Rotation will primarily perform outpatient evaluations in the Duke and Durham VA Rheumatology Clinics. The resident may also work closely with a rheumatology fellow to perform, under the supervision of the fellow and teaching attending, inpatient consults as requested from other clinical services at Duke University Hospital.

Required didactic conferences during this rotation:
Rheumatology Grand Rounds: Tuesdays, 8:30 – 9:30 am. Room 3031 Duke South
Rheumatology Journal Club: 2nd and 4th Thursdays, 8:00 – 9:00 am. Duke Rheumatology Conference Room, 4010, 4th floor purple zone, Duke South
Rheumatology Core Curriculum Conference: Mondays and Thursdays 8:00 – 9:00 am, (except 1st and 3rd Thursdays September – June) Duke Rheumatology Conference Room

GOALS OF THE ROTATION:
1) Physicians will develop their ability to perform a medical history, review of systems, and physical examination appropriate to adequately evaluate, diagnose and begin to provide therapy and advice for outpatients with suspected and confirmed Rheumatologic and Immunologic disorders
2) Housestaff will learn general internal medicine with focus on the subspecialty field of Rheumatology & Immunology
3) Residents will gain an understanding of the pharmacologic and non-pharmacologic management options for treating rheumatologic disorders.
3) Physicians will learn to perform the procedures central to rheumatology practice including arthrocentesis and injections, synovial fluid analysis; gain an appreciation of how musculoskeletal ultrasound can be used to enhance rheumatology practice.
SPECIFIC OBJECTIVES:

1) During the course of this rotation, through supervised direct patient care experiences in the rheumatology clinics, residents will demonstrate the ability to evaluate new patients for the presence of autoimmune or inflammatory conditions. This ability includes:
   a. Conducting a thorough and targeted review of systems to estimate the likelihood of various autoimmune and inflammatory disorders.
   b. Performing a thorough and accurate musculoskeletal examination that includes demonstration of the ability to detect swollen or otherwise abnormal joints.
   c. Performing a thorough generalized examination to detect signs of autoimmune disease including rashes, mucosal ulcers, nailfold capillary abnormalities, skin thickening, muscle weakness, osteoporosis, interstitial lung disease.
   d. Recommending and interpreting appropriate diagnostic testing for acute and chronic complaints.

2) During the course of this rotation, through supervised direct patient care experiences in the rheumatology clinics, residents will develop the skills necessary to co-manage patients with established inflammatory/autoimmune diseases. This ability includes:
   a. Being able to describe and, when appropriate, use validated disease measures (e.g. RAPID3, HAQ, DAS, CDAI, SLEDAI) to inform therapy decisions.
   b. Ordering correct laboratory surveillance for medication toxicity at the appropriate intervals.
   c. Understanding the indications for and correctly recommending laboratory surveillance for disease activity and disease complications.
   d. Learning the general indications, basic mechanisms of action, and dosing of disease modifying anti-rheumatic drugs (DMARDS) for rheumatoid arthritis.
   e. Listing the categories of biologic DMARDS for rheumatoid arthritis and other disorders, and understanding the targets of these therapies and their proposed mechanisms of action.

3) During the course of this rotation, through supervised direct patient care experiences in the rheumatology clinics, residents will learn and practice rheumatology procedural skills including:
   a. By the end of the rotation, the resident should be able to independently perform arthrocentesis and injection of the knee.
   b. During the rotation the resident will perform injection of the rotator cuff and/or shoulder. The resident may also gain experience with arthrocentesis/injection of other joints and bursae including the trochanteric and olecranon bursae, ankles, 1st MTPs, elbows, wrists and fingers.
   c. Performing polarized microscopy to identify monosodium urate crystals and calcium pyrophosphate dehydrogenase crystals.

PATIENTS AND DISEASE PROFILE:

Ambulatory Clinics: Adult patients seen in follow up for confirmed inflammatory or arthritic conditions. Adult outpatients seen in consultation for questions about diagnosis or management of suspected or confirmed inflammatory or arthritic conditions.

Inpatient Subspecialty Consult Service: Adult inpatients on any adult service within Duke University Hospital or the Durham VA Medical Center who are confirmed or suspected of having an inflammatory condition.

Diseases and conditions seen in both venues include:

Osteoarthritis
Rheumatoid Arthritis
Crystalline arthritis
Acute inflammatory arthritis including septic arthritis and reactive arthritis associated with infectious diseases
Seronegative inflammatory arthritis (psoriatic arthritis, ankylosing spondylitis, inflammatory bowel disease-associated and undifferentiated spondyloarthropathies)
Systemic Lupus Erythematosus and related conditions including anti-phospholipid antibody syndrome
Scleroderma (CREST syndrome and progressive systemic sclerosis)
Inflammatory myopathies (Polymyositis, inclusion body myositis, dermatomyositis)
Sjogren’s syndrome
Systemic necrotizing vasculitides (Giant Cell Arteritis, Polyarteritis Nodosa, Granulomatosis with polyangiitis (Wegener’s), Henoch-Schonlein purpura, Churg Strauss Syndrome, cryoglobulinemic vasculitis and others)
Polyarthritis Rheumatica
Extra-pulmonary sarcoidosis
Regional musculoskeletal pain
Fibromyalgia syndrome
Paget’s disease of bone
Osteoporosis and osteopenia

DUTIES of the Intern/JAR/SAR:

Outpatient clinics
1. The resident is expected to be in the rheumatology faculty clinic (1J) whenever not at conference, VA clinic, or one’s own continuity clinic (see schedule below). In this capacity, the resident will evaluate new and return patients as directed by rheumatology faculty. Residents will be taught to perform a complete rheumatologic history and review of systems and to perform a rheumatology-specific detailed physical examination. Each patient will be presented to the faculty member, who will repeat the history and physical examination and formulate an assessment and treatment plan with the resident and patient. The resident may be asked to document the visit. The resident will not be expected to write prescriptions. The faculty member will be responsible for follow up on testing ordered during the visit, though the resident is encouraged to do so as well for continued learning.
2. Participate in the Durham VAMC Rheumatology Clinic 1:00 – 5:00 pm Mondays and 9:00am – 12:00pm Fridays (unless permission is granted to attend either the Duke Lupus Clinic or inflammatory eye disease clinic on Friday morning). In the DVAMC rheumatology clinics, the resident will independently evaluate new and follow-up patients. This evaluation will include obtaining a detailed rheumatologic history from the patient, performing a full physical examination especially focused on the musculoskeletal examination, and formulating an assessment and plan. Each patient will be fully discussed with an attending who repeats the history and physical examination and formulates an assessment and treatment plan with the resident and patient. The resident will complete a written note and forward it to the attending for signature. The resident is requested to compose a “skeleton” note immediately after the visit, and to complete all notes after all patients are seen. The resident is expected to arrange follow up on laboratory results obtained after the visit with the VA rheumatology fellow or personally follow up on laboratory results
3. Attend all conferences of the Division of Rheumatology.
4. Review literature pertinent to Rheumatology and Immunology disease processes in patients the resident evaluates
**Inpatient consultations**

1. Residents may perform inpatient rheumatology consultations as directed by the rheumatology fellow running the consultation service. These consultations will primarily be done on Thursdays and Fridays. An inpatient consultation includes performing a full history and detailed rheumatologic review of systems, family history, medication review, and complete physical examination including a complete musculoskeletal exam. The resident is encouraged to independently formulate an impression and recommendations and expected to complete a pink consultation note. The resident will discuss the case with the fellow for further refinement of the assessment and recommendations as time allows, then will present the case to the attending on consultation rounds.

2. As appropriate, pre-round on patients being followed on the inpatient consultation service and write daily notes before rounding with the attending.

3. Review literature pertinent to the disease processes in patients the resident evaluates through the consultation service.

**Procedures**

The house staff may perform any and all procedures in which they are properly trained, and will be assisted by the fellow or attending physician as appropriate. These procedures include joint aspiration, joint and bursa injection, and synovial fluid examination under polarized microscopy. All procedures will be documented by a written note in the chart. Prior to all procedures, patient identification should be accomplished using the “TIME-Out” process.

**Hand-off protocol (if applicable)**

If the resident sees patients on the inpatient consultation service on a Friday afternoon, the resident should sign out the patient with the on-call Rheumatology fellow, who can be reached at 970-4000.

**Educational Conference Attendance**

House staff will attend the following conferences:

1) Rheumatology Grand Rounds: Tuesdays, 8:30 – 9:30 am. Room 3031 Duke South


3) Rheumatology Journal Club: 2nd and 4th Thursdays, 8:00 – 9:00 am. Duke Rheumatology Conference Room, 4010, 4th floor purple zone, Duke South

4) Rheumatology Core Curriculum Conference: Mondays and Thursdays 8:00 – 9:00 am, (except 1st and 3rd Thursdays September – June) Duke Rheumatology Conference Room

**Back-up**

At no time should house staff feel overwhelmed by either the number of patients to care for, amount of work to do or a feeling that there are too many patients that need to be seen. In the event that this does occur, the resident must take responsibility for asking for help and should not feel any pressure to not do so, or that such an action would be viewed as “a sign of weakness”. Available resources include the fellow on call, the chief resident, and the attending physician on service or on call.
EDUCATIONAL METHODS:
Residents are assigned significant responsibilities for patient evaluation and care in both the outpatient and inpatient settings where teaching and supervision are provided by fellows and attendings. These clinical experiences are augmented by didactic conferences which focus on clinic and basic science aspects of rheumatology, bone and joint radiology, laboratory testing, pathology, and the role of orthopaedics and rehabilitation medicine. Based on the complex needs of patients with chronic painful and debilitating conditions, residents are presented an integrated program for care based on cultural, socioeconomic, ethical and behavioral approaches.

Supervision of the trainees by faculty is accomplished by:
Review by the faculty of the resident's history and physical examination, plan of therapy and evaluation of laboratory and other diagnostic data
Direct Observation of Resident's History and Physical Examination
Direct Observation of Procedures and Skills
Case Review and Discussion at Conferences

Assumption of graduated responsibility for the care of patients is monitored by:
Review by the faculty of the resident's history and physical examination, plan of therapy and evaluation of laboratory and other diagnostic data
Direct Observation of Procedures and Skills
Case Review and Discussion at Conferences

EVALUATION METHODS:
Each resident will be evaluated for his/her ability to formulate a reasonable plan of diagnostic testing and patient management, as well as by his/her performance of collateral reading and medical knowledge, judgment, intellectual honesty, and maturity. The resident's performance in the core competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism and system based practices will be evaluated by the various attendings with whom s/he works during this rotation and documented using MedHub. Each resident will also be evaluated by the attending as to his/her potential for academic medicine, insofar as the attending can assess this through observation and interaction in the context of the rotations in the outpatient clinics and inpatient consult service.

Residents will also receive individualized verbal feedback from fellows and attendings with whom they work on this rotation. Residents are encouraged to request feedback verbally from supervising fellows and faculty during the course of and at the conclusion of the Rheumatology experience.

Residents will be evaluated on their procedural skills both through immediate feedback during direct observation, and through documentation of procedures using MedHub.
CORE COMPETENCIES:

Patient Care
1. Recognize common clinical presentations and cardinal manifestations of rheumatologic disorders to formulate initial clinical impression and differential diagnosis
2. Demonstrate comprehensive evaluation, presentation, documentation and decision-making skills including history taking, physical examination, laboratory evaluation, diagnosis and patient management in the rheumatology clinics and inpatient consult service
3. Develop and carry out comprehensive patient evaluation and management plans for patients with rheumatologic disorders.
5. Acquire clinical skills, experience and competence in consultative rheumatology-immunology to provide patient care recommendations to patients on other subspecialty or specialty services

Medical Knowledge
1. Appropriately select, order and interpret routine rheumatologic and immunologic tests and apply the findings to the management of patients
2. Effectively employ medical knowledge to manage patients seen in the rheumatology clinic or on the inpatient consult service under the supervision of fellow and attending physician

Practice Based Learning and Improvement
1. Identify and evaluate evidence from clinical and scientific studies relevant to patients with rheumatologic disorders.
2. Present case discussions and literature reviews at weekly Rheumatology-Immunology conferences working closely with the fellows.

Interpersonal and Communication skills:
1. Work effectively as part of the ambulatory staff and inpatient consult service team consisting of fellows, other residents, medical students, nursing staff and pharmacists.
2. Develop effective communication skills towards patients, their families, colleagues, and members of the patient care team

Professionalism:
1. Demonstrate exemplary attitude, respect, compassion and integrity.
2. Demonstrate a commitment to excellence and ongoing professional development.

System Based Practices:
1. Practice cost-effective utilization of laboratory studies
2. Work effectively with primary health care teams and ancillary care providers to provide appropriate and timely patient care
3. Coordinate outpatient follow-up for consult patients and communicate with clinic physicians.
ROTATION STRUCTURE

As above, the primary method for learning rheumatology on this rotation is through the evaluation of outpatients. On the first Monday of the rotation, please page the rheumatology fellow at 970-4000 at 7:30 am to find out if there is a morning conference, and if so, where it is held. Alternatively, page Dr. Criscione-Schreiber on Monday morning at 970-7370. If there is no conference, then plan to arrive in clinic 1J at 8:30 am to begin seeing patients. Your default location during this rotation is clinic 1J. There are always a number of faculty rheumatologists in the clinic; pairings with attendings will be made as you arrive in clinic. Every Intern/JAR/SAR on this rotation is to see patients at the DVAMC rheumatology clinic on Monday afternoons and Friday mornings. This clinic supersedes inpatient consultations and 1J clinics. The main exposure to inpatient rheumatology consultations generally occurs on Thursdays and Fridays. You may be asked to see Duke inpatients and round with the consult service on Thursdays. On Fridays after the VA clinic ends, you will see Duke inpatients in consultation and round with the consult team. After hours call is generally covered by a rheumatology fellow; on occasion a resident will be asked to participate in call and weekend rounding.

If you are interested in attending either the Duke Lupus Clinic or Dr. Keenan’s Rheumatology/Ophthalmology clinic, please discuss with Dr. Criscione-Schreiber early in the rotation to arrange one of these experiences in place of VA clinic on Friday. Due to staffing concerns, we may not always be able to provide this experience.

JAR/SAR CONSULT ROTATION

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TEACHING ATTENDINGS IN RHEUMATOLOGY-IMMUNOLOGY OUTPATIENT CLINICS

Faculty members who are available as preceptors and supervisors for teaching residents in the clinic.

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<tr>
<th>Attending</th>
<th>Office Contact</th>
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<tbody>
<tr>
<td>Nancy B. Allen, MD</td>
<td>Mia Winstead 668-1466</td>
<td>Tues. pm Thurs. pm</td>
<td><a href="mailto:nancy.allen@duke.edu">nancy.allen@duke.edu</a></td>
<td>970-3900</td>
</tr>
<tr>
<td>Megan E. Clowse, MD, MPH</td>
<td>Mia Winstead 668-1466</td>
<td>Mon. am/pm Fri. am/pm</td>
<td><a href="mailto:megan.clowse@duke.edu">megan.clowse@duke.edu</a></td>
<td>970-0146</td>
</tr>
<tr>
<td>Lisa Criscione-Schreiber, MD</td>
<td>Mia Winstead 668-1466</td>
<td>Mon. pm (VA) Thurs. am/pm Fri. am</td>
<td><a href="mailto:crisc001@mc.duke.edu">crisc001@mc.duke.edu</a></td>
<td>970-7370</td>
</tr>
<tr>
<td>Sam Dalvi, MD</td>
<td>Mia Winstead 668-1466</td>
<td>Tues. am/pm Thurs. am Fri. pm</td>
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<tr>
<td>Kim M. Huffman, MD, PhD</td>
<td>668-6144</td>
<td>VAMC</td>
<td><a href="mailto:hffm007@mc.duke.edu">hffm007@mc.duke.edu</a></td>
<td>970-2078</td>
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<tr>
<td>Mala Kaul, MD</td>
<td>Linda Klein 681-9699</td>
<td>Tues. am Wed. am Thurs. am Fri. am</td>
<td><a href="mailto:mala.kaul@duke.edu">mala.kaul@duke.edu</a></td>
<td>970-0504</td>
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<tr>
<td>Robert Keenan, MD, MPH</td>
<td>Shadonna Pierce 684-4499</td>
<td>Tues. am Wed. am/pm Fri. am (eye)</td>
<td><a href="mailto:robert.keenan@duke.edu">robert.keenan@duke.edu</a></td>
<td>970-3839</td>
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<tr>
<td>Kate Mitchell, MD</td>
<td>Linda Klein 681-9699</td>
<td>Thurs. am/pm</td>
<td><a href="mailto:mitch115@mc.duke.edu">mitch115@mc.duke.edu</a></td>
<td>970-7570</td>
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<tr>
<td>David Pisetsky, MD, MPH</td>
<td>Rita Boggs 286-6835</td>
<td>VAMC</td>
<td><a href="mailto:piset001@mc.duke.edu">piset001@mc.duke.edu</a></td>
<td>970-2021</td>
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<tr>
<td>John R. Rice, MD</td>
<td>Dawn Obriant 684-8844</td>
<td>Mon. am Tues. am/pm</td>
<td><a href="mailto:rice0006@mc.duke.edu">rice0006@mc.duke.edu</a></td>
<td>970-4425</td>
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<tr>
<td>Ankoor Shah, MD</td>
<td>Shadonna Pierce 684-4499</td>
<td>Wed. am/pm Fri. pm</td>
<td><a href="mailto:ankoor.shah@duke.edu">ankoor.shah@duke.edu</a></td>
<td>970-9606</td>
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<tr>
<td>William St Clair, MD</td>
<td>Shadonna Pierce 684-4499</td>
<td>Mon. am Wed. am/pm</td>
<td><a href="mailto:stcla003@mc.duke.edu">stcla003@mc.duke.edu</a></td>
<td>970-3902</td>
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<td>Irene Whitt, MD</td>
<td>Dawn Obriant 684-8844</td>
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