

## **RHEUMATOLOGY SERVICE**

**Location: University of Washington Medical Center**

### **FACULTY CONTACT:**

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### **OVERALL EDUCATIONAL PURPOSE**

- Review and improve musculoskeletal history and exam skills
- Distinguish inflammatory from mechanical joint pain
- Pattern recognize common forms of arthritis
- Have an in depth knowledge of rheumatology laboratory tests.
- Learn to diagnosis and treat immune-mediated rheumatologic illness such as vasculitis, SLE, and rheumatoid arthritis
- Understand autoimmunity and how it applies to illness
- (Research)

### **TEAM STRUCTURE**

Consists of monthly consult attending, 1<sup>st</sup> year rheumatology fellow, resident and possibly students. Patient responsibility will rest with the attending but it is expected that the resident will work under the direction of the fellow on a day-to-day basis.

### **PRINCIPAL TEACHING METHODS**

Didactic lectures, discussions on rounds and in the clinic that are usually patient centered, self-directed readings as noted and independent research paper on a topic discussed with the consult service attending.

#### *Case discussion and review*

In patient-oriented post clinic conferences all new patients and other interesting problems are discussed by the attending rheumatologists present at the clinic. Teaching rounds are conducted twice per week, two hours each.

Supervised patient care in three half-day clinics where the residents see new and follow-up patients. The new patients are seen and evaluated by the residents and the findings, diagnosis and proposed treatment plan are presented to an attending rheumatologist who reviews the history and physical findings and discusses the plans formulated by the resident. Similarly, each follow-up patient is reviewed by the attending rheumatologist.

#### *Rounds*

### *Didactics*

Weekly conference is organized with a joint and bone radiologist.

Weekly rheumatology seminar.

Teaching slide collection is available.

Paper: Resident will be expected to write a 3-5-page paper on a topic decided on by the resident and attending.

## **EDUCATIONAL CONTENT**

### **Mix of Diseases**

In the ambulatory setting a mix of patients with rheumatic diseases are seen by the residents including rheumatoid arthritis, gout and other crystal diseases, osteoarthritis, fibromyalgia, ankylosing spondylitis and related disorders, systemic lupus erythematosus, scleroderma, polymyositis, systemic vasculitis, compression neuropathies, reflex sympathetic dystrophy, bursitis, infections of joints and bursae. In the emergency rooms and in the hospitals the residents see patients with septic arthritis, acute gout, problems encountered in transplant recipients (gout, infection), as well as complications and severe forms of rheumatic diseases seen in the ambulatory setting.

### **Patient Characteristics**

In the ambulatory and hospital settings patients of both genders with a wide range of age and varied socioeconomic and ethnic origin are seen by the residents.

### **Types of Clinical Encounters**

Patients experiences will include inpatients usually with serious rheumatologic diseases such as lupus and vasculitis, and at least 2-1/2 days per week the resident will see outpatients with ambulatory rheumatologic diseases. The latter will range from osteoarthritis to inflammatory diseases such as lupus and rheumatoid arthritis. .

### **Procedures**

Depending on patients seen, it is anticipated that all residents will develop skill performing arthrocentesis and joint injection, particularly the knee, crystal examination using polarized light microscopy, and nail fold capillary evaluation

### **Services**

### **Rotation Specific Schedule**

Day	AM	PM
Monday	Consults	Consults/Immunology Conference
Tuesday	Conferences/Rounds	Rheumatology Clinic UWMC
Wednesday	Consults	Consults/Lab Medicine Rounds
Thursday	Resident Teaching	Consults
Friday	Conferences/Rounds	Rheumatology Clinic UWMC

Additional outpatient clinic will be scheduled depending on interests and available space

#### **Monday**

7:30-8:30 Residents' Report (BB-527B)

12:30-1:30 Lunch Conference (RR-110)

#### **Tuesday**

7:30-8:30 Residents' Report (BB-527B)

12:00-1:00 Chairman's Rounds (D-209)

#### **Wednesday**

7:30-8:30 Residents' Report (BB-527B)

12:30-1:30 Lunch Conference (RR-110)

#### **Thursday**

8:00-9:00 Grand Rounds (UW Health Sciences)

9:15-10:15 Resident Teaching Conference (T-739)

11:30-12:30 General Medicine Conference (RR-110)

#### **Friday**

7:30-8:30 Residents' Report (BB-527B)

### **Call and Weekend Responsibilities**

In general, there are no call nor weekend responsibilities. The resident may be asked to take 1<sup>st</sup> call one weekend during the month in order to allow the fellow time off and there may occasionally be a need to round on the weekend with the team to discuss patients. These issues will vary from month to month and will be arranged with the fellow and attending.

## **Principle Educational Materials Used**

### **Recommended Readings from Primer of Rheumatic Diseases**

- Week 1:      1. Evaluation of the patient with symptoms of rheumatic disease (Handouts)  
              2. Arthrocentesis and synovial fluid analysis  
              3. Radiology of the rheumatic diseases
- Week 2:      4. Rheumatology Labs  
              5. SLE  
              6. Other CTD (Sjogren's, scleroderma, myositis)
- Week 3:      7. Vasculitis  
              8. Rheumatoid arthritis  
              9. Crystalline arthritis (gout, pseudogout)
- Week 4      10. Spondyloarthropathies (ankylosing spondylitis, psoriatic arthritis, Reiter's  
              11. Customized based on future career

## **Pathologic materials**

### **METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE**

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending and fellow he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending and fellow with whom s/he has interacted for a significant amount of time.

### **EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE**

Patient responsibility will rest with the attending but it is expected that the resident will work under the direction of the fellow on a day-to-day basis.

In the ambulatory setting the residents will obtain a history from the patient, examine the patients, review any available relevant information and formulate a plan for diagnosis and management of the patients. This information and plan is then presented to an attending rheumatologist, who will then verify the essential parts of the history and examination and will then discuss and approve the diagnosis and management plan. The same procedures are also used for hospitalized patients.