

RHEUM/CARDS SERVICE

Location: PacMed Clinics

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

Rheumatology

- To provide exposure to a broad range of systemic rheumatologic and regional musculoskeletal problems in an adult patient population, mostly clinic-based.
- To enhance skills in physical examination of the musculoskeletal system and diagnostic interpretation of rheumatological laboratory tests.
- To learn the principles of joint aspiration and injection.

Cardiology

TEAM STRUCTURE

Resident works in faculty practice with faculty attending.

PRINCIPAL TEACHING METHODS

Case discussion and review

Rounds

Didactics

EDUCATIONAL CONTENT

Mix of Diseases

Rheumatology

- Rheumatoid arthritis
- Systemic lupus erythematosus
- Spondylo arthropathies and other immune-mediated systemic rheumatic disorders
- Osteoarthritis and related degenerative musculoskeletal disorders
- Crystal-induced joint disorders
- Regional musculoskeletal syndromes
- Fibromyalgia
- Metabolic bone disease

Cardiology

Wide variety of general cardiac problems including CAD, CHF, HTN, arrhythmias, some congenital disease. Exposure to ASD and PFO patients referred for closure. Large population of valvular disease (pre/post surgery).

Patient Characteristics

Rheumatology

Adults: 40-50% are military retirees and their dependents. The rest are covered through Medicare, state welfare or under a managed-care system. Self-pay patients referred by community clinics are seen on discount payment plans. Large cohort of Asian immigrants.

Cardiology

Ages 17-90, mixed ethnicity and socioeconomic status.

Types of Clinical Encounters

Rheumatology

Outpatient, scheduled appointments. New patients seen on referral from primary care provider for consultation. Follow-up appointments for patients on long term anti-rheumatic therapy.

Cardiology

Predominantly will see patients at scheduled office visits (6-12 per afternoon). However, there is full opportunity to participate in pacemaker interrogation/follow-up, ETT studies, nuclear cardiac studies, echo and stress echo, and cardiac cath procedures.

Procedures

Rheumatology

Joint aspiration and injection. Tendon and bursa injection.

Cardiology

Pacemaker interrogation/follow-up, ETT studies, nuclear cardiac studies, echo and stress echo, and cardiac cath procedures. Residents strongly encouraged to scrub one or two cases in the cath lab and assist/perform simple left heart cath under supervision.

Services

On site laboratory, diagnostic imaging, physical therapy, pharmacy and library.

Rotation Specific Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Pulm/Muramoto PacMed 1101	Rheum /Wemple PacMed 1101	Rheum/Wempl e PacMed 1101	UW Conferences	Admin
One month ETTs One month Rheum/Wemple	Cardiology/Olsen Seattle Heart Clinic	Rheum Wemple PacMed 1101	Cardiology/Gra y First Hill Cardiol	Resident's Continuity Clinic

Call and Weekend Responsibilities

None

Principle Educational Materials Used

Recommended Readings

Rheumatology

Primer on the Rheumatic Disease provided to R3. On-site library with Medline access. American College of Rheumatology teaching slide collection available.

Cardiology

Appropriate sections of Braunwald's "Heart Disease", pivotal reference on a case-by-case basis.

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

Direct supervision of patient care in both the outpatient clinic and hospital cases. After interviewing and examining the patient, the resident presents the case to the attending for a case-based discussion and the patient is re-examined by the attending and resident together.

For clinic patients: After interviewing and examining patients, the resident presents the case to the attending who always re-interviews and re-examines the patient to the extent necessary.

Residents are responsible for a detailed chart note to be reviewed and countersigned by the attending.

For hospital patients: During weekdays only, residents answer inpatient consultation requests. After evaluation of the patient the case is presented and discussed with the attending and the resident leaves a consultation note in the chart. As a general rule this should occur within 24 hours of the receipt of the consultation. The time of inpatient rounds is arranged with the consult attending.