

Rheumatology Howard University Hospital

Overview and Rationale

Rheumatology and nonoperative (office) orthopedics deal with the prevention, diagnosis, and management of crystalline diseases, systemic rheumatic diseases, spondyloarthropathies, vasculitis, inflammatory muscle disease, osteoporosis, osteoarthritis, recreational and sports injury, and soft-tissue diseases and trauma. The goal of rheumatology is early diagnosis and treatment of these conditions to prevent disability and death.

The general internist needs to have competency in the initial diagnosis and management of acute arthritis and musculoskeletal disorders and in the long-term care of systemic disorders. He or she must also be proficient in monitoring the effects of anti-inflammatory, immunosuppressive, and cytotoxic drugs.

Goals:

- 1) To acquire the knowledge, skills and attitude to effectively assess and manage the patient with rheumatologic needs.

Objectives: At the end of the rotation the resident should be able to

- 1) Order and interpret common rheumatologic studies.
- 2) Complete a comprehensive physical examination of the musculoskeletal system
- 3) Monitor patients on anti-inflammatory and cytotoxic agents used in the treatment of rheumatologic diseases.
- 4) Perform common rheumatologic procedures.

Rotation Description and Lines of Responsibility

The rheumatology rotation is a four rotation which is fully integrated between Howard University Hospital AND THE Veterans Affairs Hospital comprising both an outpatient and inpatient consultative experiential educational experience. The attending rheumatologist is responsible for all clinical, educational and administrative activities during this rotation.

The resident will initially independently assess and evaluate inpatient consultations from the clinical services at HUH. The resident is responsible for collecting and collating all laboratory and radiological data and the subsequent completion of the consult data base. Patients are presented to the attending physicians during daily teaching rounds. Which take place at the bedside? Teaching rounds are patient-base discussions which are evidence-based and involve all aspects of the care of the patient including clinical, diagnostic, and therapeutic aspects of care. Bedside demonstrations are also an important component of teaching rounds.

Residents will also attend the outpatient rheumatology clinics held twice weekly at the Veterans Affairs Hospital. Residents will assess and follow new and established patients in the clinic under the direct supervision and mentorship of the attending physician assigned to the clinic. The resident will be exposed to the outpatient management of common rheumatologic disorders and to appreciate the natural history of these disorders.

Teaching Methods:

Core lectures: Lectures in rheumatologic disorders are given throughout the academic year at the pathophysiology and Grand Rounds conferences. Residents are required to attend.

Teaching Rounds: Residents participate in daily teaching rounds which are led by the attending physician. Teaching rounds are patient based demonstrations and discussions that highlight important clinical, diagnostic and therapeutic aspects of care.

Didactic Sessions: Residents are required to participate in didactic sessions which are mentored by the attending physician. Topics include the following

- Crystal-induced synovitis
- Degenerative joint disease
- Fibromyalgia
- Inflammatory myopathy
- Occupational/sports-related overuse syndromes
- Achilles tendonitis
- Iliotibial band
- Lateral epicondylitis
- Plantar fasciitis
- Rotator cuff tendonitis
- Trochanteric bursitis
- Osteomyelitis
- Osteoporosis and complications
- Polymyalgia rheumatica
- Regional pain syndromes
- Acute or chronic bursitis (hip, shoulder, knee)
- Acute or chronic tendinitis (shoulder, elbow, wrist)
- Back, neck pain
- Foot pain
- Rheumatoid arthritis
- Scleroderma
- Septic arthritis
- Gonococcal
- Nongonococcal
- Seronegative spondyloarthritis
- Systemic lupus erythematosus
- Vasculitis
- Polyarteritis and hypersensitivity angiitis
- Temporal (granulomatous)

Radiology Conference: Residents are required to participate in a dedicated radiology conference on rheumatologic diseases once a week.

Journal Club: Interesting articles are presented by residents at this rheumatology journal club once per month.

Procedure Skills

- Therapeutic injection of corticosteroid and arthrocentesis for the knee joint.
- Therapeutic injection of corticosteroid to the periarticular structures (bursal) of the shoulder, knee, elbow, and foot
- Arthrocentesis of other joints (optional)

Primary Interpretation of Tests

- Analysis of synovial fluid.
- Plain bone radiographs of joints and spine

Ordering and Understanding Tests

- Anti-DNA, anti-Sm, anti-RNP, and anti-SS-A antibodies
- Antineutrophil cytoplasmic antibody (ANCA)
- Complement level
- Erythrocyte sedimentation rate
- Fluorescent antinuclear antibody (ANA)
- Rheumatoid factor
- Synovial analysis for crystals

Evaluation Methods

Residents: Residents will be evaluated by faculty using a global rating form. Residents will be given formative feedback mid-rotation and then summative evaluation and feedback at the end of the rotation.

Faculty: Faculty will be evaluated in an anonymous manner using a global rating form submitted to the program director's office.

Rotation: The rotation will be evaluated using a global rating form completed by the resident and submitted to the program director's office.

Reading Lists