



# **Rheumatology Rotation Manual**

**For Rotating Residents**

**2009/2010**

July 2009



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## Welcome

Welcome to Rheumatology. This rotation combines seeing Rheumatology patients in the ambulatory care setting and on the inpatient consult service. In the clinic you will be exposed to both new and review patients and will have the opportunity to work with all physicians in the division. On the consult service, after initial assessment, you will be expected to write progress notes, review tests and x-ray results, and make rounds on the consult service. There are both formal and informal teaching sessions scheduled throughout the rotation.

This rotation will also give you ample opportunity to learn the core knowledge of Rheumatology in depth.

We hope you enjoy your rotation!

Dr Elaine Yacyshyn,  
Rheumatology Residency Program Director

## Important Dates/Times

### **Orientation details:**

Start of Rotation  
Time: 8:00 AM  
Location: 562 HMRC

### **Presentation:**

Time: Noon  
Location: 550B HMRC

### **Interview details:**

End of Rotation—Meet with Dr. Yacyshyn  
Location: 562 HMRC

Program Administrator Bonnie Motyka –780-248-1344  
E-mail: Bonnie.Motyka@ualberta.ca

**RESIDENT NAME:** \_\_\_\_\_

**BRING THIS BOOKLET WITH YOU TO YOUR INTERVIEW.**

## Rotation Training Objectives

By the completion of the rotation, it is expected that the resident will:

1. Take a history from a patient with a musculoskeletal problem, and present the problem to a staff physician coherently, and with confidence. He/she will be able to detect abnormalities of joints or tendons, and detect synovitis, effusions, and degeneration of major joints. (ITER eval)
2. Given either a real patient or a case representation of arthritis, the resident will be able to differentiate inflammatory from degenerative causes, and outline the reasons for that conclusion. (ITER or Exam)
3. Given a case of inflammatory arthritis, the resident will be able to differentiate rheumatoid arthritis, psoriatic arthritis, Reiter's syndrome, ankylosing spondylitis, and inflammatory bowel disease. The resident will also be able to distinguish patients whose disease does not conform to these patterns. (ITER or Exam)
4. The resident will be able to recognize the common clinical presentations of osteoarthritis, mechanical back pain, common tendonopathies, carpal tunnel and other entrapment neuropathies, osteonecrosis, septic arthritis, gout and pseudogout, SLE, PMR, and common forms of vasculitis. (ITER or Exam)
5. The resident will be able to outline briefly the current understanding of the pathophysiology of common rheumatologic problems, including (Exam):
  - Rheumatoid arthritis and other inflammatory arthropathies
  - Osteoarthritis
  - Gout
  - Septic Arthritis
  - Systemic lupus, scleroderma and myositis
  - Common forms of vasculitis
  - Common forms of local pain syndromes (lower back pain, fibromyalgia, carpal tunnel, tendonitis, osteonecrosis)
  - Urticaria and angioedema

6. The resident will be able to use the tests synovial analysis, rheumatoid factor, antinuclear antibody, antiDNA, ANCA, ENA and complement in an appropriate manner to diagnose rheumatic disorders, and without unnecessary cost. (Exam)
7. The resident will be able to aspirate and inject the knee. (ITER)
8. The resident will be able to appropriately use non-steroidal anti-inflammatory drugs, analgesics, and steroids to treat rheumatic disorders, and will be able to list toxic effects. He/she will be able to indicate the appropriate use of disease modifying drugs for inflammatory arthritis, and immunosuppressive drugs for immunologic disorders. (Exam)
9. The resident will be able to screen patients for risks for osteoporosis, and outline a preventative and therapeutic regimen for its management. (ITER or Exam)
10. The resident will be able to list the rheumatologic manifestations of common diseases of other systems, and the systemic manifestations of the more common rheumatologic diseases. (Exam)
11. The resident will be able to request the appropriate consultations for physio and occupational therapy in the treatment of our disorders. (ITER)
12. The resident will be able to list the radiologic features common to inflammatory or mechanical joint disease, and be able to recognize these on classic, clearly abnormal films. (Rounds or Exam)
13. Resident will display skill and courtesy when dealing with patients, families, medical and other staff. (ITER)
14. The resident will demonstrate that he/she can conduct an appropriate search for the best available evidence with application to patient problems, and be comfortable presenting that evidence in the clinic or at rounds. (Rounds, contribution to teaching file or ITER)
15. The resident will complete a case presentation during the rotation at noon rounds
16. The resident will complete a personal learning project to be submitted at the end of the rotation

## Expectations

### Orientation Process

Your orientation will take place in Room 562 with the chief residents at 8:00 AM.

Directly after the orientation, the resident will be asked to write a short answer exam as well as a short assessment form—please proceed to 2F1.11 WMC.

### Day-Off Requests

Any day-off requests must be approved by the Rheumatology Residency Program Director 30 days before the start of the rotation. Any unscheduled absences from the rotation will be counted as personal days.

Residents are expected to be in the hospital Monday to Friday 8-5 available for rheumatology clinics/consults or teaching. If you are not on site without valid reason, it will be noted on your evaluation.

### Clinics:

All Clinics have been scheduled for you and can be found on the Clinic/Call Schedules located on our website.

With respect to the clinics you have been scheduled to join, **please arrive approximately 10 minutes in advance** of any assigned clinic. This will allow you to meet with your preceptor to discuss the clinic format and the patients that you will see.

Please note that if you are **unable to attend** any clinic, you are required to notify the clinic doctor with whom you have been assigned at **least 24 hours** in advance

You may find yourself in a different clinic than the one you were originally scheduled for, as some clinics get cancelled. Likewise, if a clinic is cancelled at the last minute or no clinic has been scheduled, you should refer to the clinic schedule and see if there is another clinic they may attend. An alternative would be to page the resident on consults and see if there are any outstanding consults that need to be done.

Have the preceptor sign the Clinic Log and complete the CanMeds Daily Evaluation, located at the end of this booklet, after each clinic you have been scheduled into.

### On-Call

If you are listed as being “on-call” for the night, it refers to evening out of hospital call. When you are on call for the weekend you must attend consult rounds on the Friday. At that time you can make arrangements with the staff for making rounds on the weekend.

### Consults

The resident who is on day consults takes first call for all consults that week ( 8 – 5). The consults are split up if you have several in one day or if consults come while you are scheduled to be in clinic. Consults will be reviewed with the staff as everyone’s clinic schedule allows.

All residents are expected to participate in consult rounds provided you are not scheduled in clinic when they occur.

### Rehabilitation Program

Contact Lois Flakstad or Kathy Cotton at 780-407-6002 to **arrange for a 1 hr in-service during your rotation.**

### Exit Process

At the end of your rotation, you will be asked to write a short answer exam and a post-assessment. Both the pre-exam and the post exam will be discussed at your evaluation.

### Stipends

Home call Stipends will be submitted for you based on the most current call schedule. This is submitted for you by the Rheumatology program.

You will need to notify our program administrator on the last day of your rotation if you qualified for any in-house call rates.

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### Noon Rounds

Rounds are held every Wednesday and are located in Room 550B HMRB. Please excuse yourself from clinic if the staff is running late:

- \* 1<sup>st</sup> Wednesday of the month: City Wide Rounds at 12:15 PM. This is an interesting case round, usually with patients. Lunch is provided
- \* Last Wednesday of the month: Journal Club at 12:15 PM. Lunch is provided.
- \* Other Wednesdays: Rounds to be presented by junior residents at 12:00 PM. In most cases, residents will be scheduled to present a brief round introduced by a case of your choice, followed by a focused literature review.
- \* 1<sup>st</sup> Tuesday of each month, we meet in Radiology at 12:00 PM for radiology rounds (2H1.11WMC).
- \* Every Friday, all rotating residents and available rheumatology fellows will meet to have a teaching session. Important examinable material will be presented at this time.

### Presentations

All rotating residents are required to provide a presentation during your rotation based on an interesting rheumatology case. Be sure to make AV arrangements should you need them. The Div. of Rheumatology and the Dept of Medicine have AV equipment available for loan. Book in advance.

### Suggested Reading

The following link as access to a number of excellent articles you may wish to review: <http://www.cmaj.ca/cgi/collection/> under the Rheumatology section.

In addition, other suggested resources include:

*Rheumatology Secrets, Practical Rheumatology and A Primer on Musculoskeletal Examination.*

These books are available at the John Scott Health Sciences Library.





### **Evaluations**

Both you and your clinic preceptor need to complete the Clinic Log after each clinic. Bring this with you to your Exit interview. Your final evaluation will be completed via One45. If you do not complete a clinic log, your evaluation will be delayed.

### **Attending Evaluation (confidential)**

We encourage you to complete an evaluation on each attending you work with through One45.

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## Contact Information

### Offices in Room 562 HMRB AND Clinics in 2E3 WMC

**Dr. Stephen Aaron**

407-6762

**Dr. Joanne Homik**

407-8070

**Dr. Walter Maksymowych**

407-1964

**Dr. Stephanie Keeling**

407-7540

**Urgent Clinic**

2E2

Tue PM

**Dr. Tony Russell**

407-6296

**Dr. Paul Davis**

407-6294

**Dr. Elaine Yacyshyn**

407-7535

**Dr. Anna Oswald**

407-7546

**Linda Wager**

Divisional Admin

407-8711

## Residency

**Dr Elaine Yacyshyn,**

Residency Program Director

**Bonnie Motyka**

Program Assistant

304 College Plaza

248-1344

Bonnie.Motyka@ulberta.ca

## Community Clinics

**Dr. Peter Chiu**

489-5533

**Dr. Dale Sholter**

10839—124 Street

455-3138

**Dr. Alex Yan**

10839—124 Street

455-6740

**Dr. Niall Jones**

10839—124 Street

488-1755

**Dr. Ken Skeith**

10155—120 Street

482-7551 (office)

480-0725 (Pager)

kskeith@ualberta.ca

**Dr. Shafiq Akbar**

10839—124 Street

758-1111



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***Please Complete:***

**Daily Logs**

**Daily CanMEDS Encounter**

**Arthrocentesis Procedure Encounter**