

**RHEUMATOLOGY ELECTIVE
MED 823**

Course credit or length: 2-4 weeks

Course director and contact information:

Ralph W. Webb, MD, FACP
304-691-1092
rwebb@marshall.edu

Course coordinator and contact information:

Brittani Ruiz
304-691-1739
ruizb@marshall.edu

Course location:

Byrd Clinical Center
Cabell-Huntington Hospital
St. Mary's Medical Center
Veterans Administration Medical Center

Brief Course Description:

Rheumatologic illnesses account for a significant proportion of morbidity in the general population. Physicians should possess the knowledge and skills to diagnose and manage basic rheumatologic conditions commonly encountered in a medical practice. During this rotation, fourth year medical students acquire the knowledge and skills to identify and manage these illnesses. Emphasis will be placed on recognition of various rheumatologic illnesses, appropriate diagnostic evaluation and testing, and development of effective treatment plans.

INSTITUTIONAL OBJECTIVE

Patient Care: *Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.*

Course Objective:

The student will develop an approach to the evaluation of patients with rheumatologic complaints and formulate an appropriate management plan.

Outcome Measure:

The student will demonstrate the ability to:

1. Obtain an accurate and complete history emphasizing character of onset of symptoms, prodromal symptoms or risk factors such as occupation, exposure to infections or toxins, travel history, prior or concomitant medical conditions and medications.
2. Perform a complete physical examination with emphasis on recognition of common joint and soft tissue abnormalities, including acute inflammation, chronic synovial thickening, angulation deformities, axial skeleton movement and abnormalities, subcutaneous nodules, tophi, bursitis, tendonitis, contractures, popliteal cysts and trigger zones; dermatologic findings such as malar

rash, discoid skin lesions, Gottron's papules and nodules, heliotrope rash, livedo reticularis, psoriasis, pyoderma gangrenosum, and sclerodactyly; eye inflammation; and appropriate neurologic and strength testing.

3. Interpret diagnostic data including rheumatologic serologies, acute phase reactants, synovial fluid analysis and radiographic studies
4. Explain choices for course of therapy including additional diagnostic testing, anti-inflammatory medications, antirheumatic medications including standard disease modifying agents, cytotoxic medications and target-specific biologic therapies with consideration of cost, risk and benefit.
5. Monitor potential side effects of and response to therapy.
6. Formulate alternative treatment plans in the setting of inadequate response or development of side effects or intolerance to prior therapy.

INSTITUTIONAL OBJECTIVE

Medical Knowledge: *Students must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.*

Course Objective:

The student will demonstrate basic understanding of clinical manifestations, diagnosis and treatment of common rheumatologic illnesses and apply this knowledge to basic patient care.

Outcome Measure:

The student must demonstrate the ability to diagnose and formulate a reasonable treatment plan for these select common rheumatologic conditions:

1. Rheumatoid arthritis
2. Osteoarthritis
3. Psoriatic arthritis
4. Ankylosing spondylitis
5. Systemic lupus erythematosus and associated connective tissue diseases
6. Inflammatory muscle diseases
7. Vasculitis including temporal arteritis and granulomatosis with polyangiitis
8. Infectious arthritides including septic arthritis and disseminated gonococcal illness
9. Polymyalgia rheumatica
10. Crystalline arthritides

INSTITUTIONAL OBJECTIVE

Practice-based Learning and Improvement: *Students must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.*

Course Objective:

The student will incrementally build upon knowledge gained from patient encounters.

Outcome Measure:

The student will demonstrate the ability to apply knowledge and skills learned from previous cases to similar clinical situations. The student must discuss changes to treatment plans in regards to drug therapy and overall management of rheumatologic illnesses.

INSTITUTIONAL OBJECTIVE

Interpersonal and Communication Skills: *Students must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.*

Course Objective:

The student will be able to communicate information effectively with patients and other health care providers in regards to the diagnosis and management of rheumatologic illnesses.

Outcome Measure:

The student will demonstrate the ability to:

1. Explain to patients the nature of their illness and treatment recommendations.
2. Document patient findings, testing results, assessment and plan of treatment in a concise and accurate manner in consultation notes, progress notes and correspondence.

INSTITUTIONAL OBJECTIVE

Professionalism: *Students must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.*

Course Objective:

The student will behave in an ethical, responsible and reliable manner. The student will be able to accept constructive feedback in order to improve performance. The student will demonstrate professionalism in interactions with patients, their families and other healthcare providers.

Outcome Measure:

The student will be directly observed by faculty, resident physicians and nursing staff to assess ethical, responsible and reliable behavior.

INSTITUTIONAL OBJECTIVE

Systems-based Practice: *Students must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.*

Course Objective:

The student will utilize multiple resources to improve delivery of care to patients with rheumatologic diseases.

Outcome Measure:

The student will demonstrate the ability to search literature as well as confer with ancillary healthcare providers including social services, physical therapy, occupational therapy, radiology, laboratory and pathology personnel to better care for patients with rheumatologic illnesses.

PROFESSIONALISM EXPECTATIONS OF STUDENTS

Students are expected to:

DRESS CODE

1. Students must wear appropriate attire when caring for patients, attending lectures, exams, conferences and case presentations.
 2. Appropriate attire includes:
 - Clean shirt with ties (for males)
 - Clean, white laboratory or clinic coat
 - Clean, pressed trousers or skirts
 - Identification name badge
 - Polished shoesIdentification name badge
 3. The following items of dress are **NOT ACCEPTABLE**:
 - Jeans
 - Shorts or Capri pants
 - Sandals, flip-flops, sneakers, tennis shoes, jogging shoes, Birkenstock, earth shoes, open toe shoes
 - Low cut blouses or sweaters, midriff tops
 - Skirts above the knee
 4. Hair is to be neatly cut & combed.
 1. Facial hair is to be neatly trimmed.
 2. Students are to attend to their dress and personal hygiene at all times, including after a night on-call.
 3. Smoking: The HVAMC is a smoke free facility. Smoking is only permitted in designated areas.
- Violations of Professionalism may result in failure of the entire course***

IMMEDIATE Protocol for Blood/Body Fluid Exposure

STEP 1: IMMEDIATE TREATMENT

Percutaneous (needlesticks/sharp objects) Injury (where there is the slightest suggestion that the integrity of skin has been broken by a potentially contaminated item)

1. Wash wound thoroughly with a sudsy soap and running water; if water is not available use alcohol. Betadine soap, not Betadine solution, is acceptable for this step. (this first step with soap directly reduces the viruses ability to infect)
2. Remove any foreign materials embedded in the wound.
3. Disinfect with Betadine solution.

Non-intact Skin Exposure

1. Wash skin thoroughly as in #1 above.
2. Disinfect with Betadine solution.

There is no evidence that squeezing the wound or applying topical antiseptics further reduces the risk of viral transmission.

Mucous Membrane Exposure

Irrigate copiously with tap water, sterile saline or sterile water.

Intact Skin Exposure

Exposure of intact skin to potentially contaminated material is not considered an exposure of any significant risk and therefore the “exposee” is neither considered an exposed person nor in need of evaluation. Thoroughly clean and wash exposed intact skin.

STEP 2: EXPOSURE PROTOCOL

1. Report the exposure to the clerkship director, residency program director, clerkship coordinator, or department chair.
2. Report to the nearest Emergency Department
3. After treatment in the Emergency Department, contact Chris McGuffin at 304-691-1178 for post exposure incident reporting.

STEP 3: MEDICAL TREATMENT FOLLOW-UP

Report the next business day or as soon as practically possible to the Walk-In Clinic at University Internal Medicine or your own primary care physician, if you so choose, for follow-up and direction.

REMEMBER TO:

- Remind others (**while you seek immediate medical attention**) to obtain consent **and test source individual’s blood (requesting a rapid HIV antibody Test, Hep B and C)** immediately or ASAP if the patient is not on premises. If the source individual is known to be infected with either HIV or HBV, testing need not be repeated to determine the known infectivity.
- Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
- Ensure that your emergency room visit is not reported as a Worker’s Compensation Claim. Medical students’ health insurance will be billed; however, Marshall University Joan C. Edwards School of Medicine will cover up to \$500 of unreimbursed expenses. It is the responsibility of the medical student to insure that his or her health insurance is billed. Medical students are responsible for providing the Office of Student Affairs with a copy of the bill for medical services rendered and the Explanation of Benefits from their health insurance.

Reviewed and updated: June 26, 2009

For more detail on Post Exposure Protocol visit:

<http://musom.marshall.edu/ups/postexposure.asp>

POLICY STATEMENT REGARDING STUDENT WORK HOURS

The following adapted ACGME work hour rules have been incorporated as the MUSOM Policy Statement Regarding Student Work Hours:

- Students must not be scheduled for more than 80 clinical duty hours a week, averaged over a four-week period.
- Students must have one day in seven free of patient care activities, averaged over a four-week period.
- Students must not be on overnight call more frequently than every third night, averaged over a four-week period.
- Students must not be expected to be on call for more than 24 hours, with an added period of up to 6 hours for continuity, educational debriefing and didactic activities. Students should not be expected to evaluate new patients after 24 hours.
- A minimum of 10 hours rest period should be provided between clinical duty periods.

SELF-DIRECTED LEARNING RESPONSIBILITIES

Students are strongly encouraged to use the evenings and other free time to build knowledge of internal medicine and learn from patients. As such, students are expected to use any unassigned time (including evenings and weekends) to read about patients, research questions that arise during the day, prepare for case conferences, and prepare for student-Attending rounds. Attendings have been specifically asked to look for evidence that students have read articles and books between clinic sessions and their impressions will be reflected on the student evaluation.

RESPONSIBILITIES

Equipment Requirement

Students must also provide their own stethoscopes and to carry it with them the entire rotation.

ASSESSMENT METHODS

Mid Point Evaluation

In accordance with LCME standard ED-30, the Course Director will evaluate student performance at mid-point to review the student's professional, clinical and academic performance up to that point. The formative evaluation must be reviewed with the student and the student will have an opportunity to discuss with the Course Director. The form must be signed by the student and returned to the Course Director. The Course Director shall then forward a copy of the form to the Office of Academic Affairs. The form will NOT however be included in the student's official academic record. Oral feedback will be provided at the end of the first week for two-week electives.

Student Assessment and Final Grade

The final grade for this elective rotation will be determined by the attending physician and other faculty member(s). A failing evaluation will result in failure of the course, irrespective of other academic or clinical performances.

All of the above components must be passed in order to pass the course, irrespective of other academic or clinical performances.

Grading Mode: Honors/Pass/Fail

Disputes regarding course grades may be appealed to the Course Director. For more information regarding grade appeals, consult the Academic Standards policy at <http://musom.marshall.edu/students/policies/>

ATTENDANCE

If at any time the medical student is unable to meet their clinical responsibilities they must notify their Clinical Attending and Brittani Ruiz at 304-691-1739.

Requests for excused absences must be submitted in writing at least one week in advance via the Student Scheduler to the Course Coordinator. The request will be reviewed by the Course Director who will either grant or deny the request. ***Excused absences will not be retroactively granted.***

Attendance at Medical Grand Rounds Conference is mandatory.

REQUIRED RESOURCE: www.UpToDate.com