University of Florida College of Medicine – Jacksonville
Rheumatology Fellowship Program
Orthopedics and Podiatry Rotations

PGY-5: A four-week required rotation.

Fellows will be working directly with staff orthopedists, seeing patients in the outpatient setting.

Mix of diseases: Patients present with a variety of orthopedic problems, including neck pain, low back pain, follow-up of ankle and knee sprains, follow up of common fractures, evaluation and management of degenerative knee problems, evaluation and management of degenerative hip problems, evaluation and management of elbow and shoulder problems, evaluation and management of common knee and shoulder injuries in the athlete, evaluation of spinal deformity.
Patient Characteristics: the patient population is diverse, male and female, of all ages from adolescent to geriatric, representing most ethnic and racial backgrounds, from all social and economic statuses.
Types of clinical encounters: patient encounters will occur in the outpatient clinic as initial consultations or ongoing care of patients with orthopedic disorders.
Procedures:

- Application of splints and slings.
- Cast removal.
- Joint injection.

Goals:

The goal of this rotation is to provide regular instruction to rheumatology fellows to allow them to gain responsibility and experience in caring for patients with common rheumatologic and orthopedic problems. This instruction, responsibility, and experience allow the development of judgment in clinical skills needed to accurately assess patients and to appropriately refer rheumatologic patients to orthopedic care. Instruction will enhance knowledge of the fellow in clinical physiology and pathology of orthopedic conditions. This instruction includes the natural history, prevalence, manifestations, differential diagnosis, rational therapy, and preventive and rehabilitative features of the orthopedic condition.

Objectives:

Podiatry

The goal of this rotation is to gain an understanding of commonly seen podiatric conditions and to learn basic management principles. Specifically:

Patient Care

By the end of this rotation the rheumatology fellow should be able to:

- Diagnose and initiate management foot problems commonly cared for by podiatrists
- Make basic foot care recommendations for diabetics, include management of foot infections
- Coordinate peri-operative management of patients undergoing podiatric surgery
- Be able to determine the diagnosis and treatment of complex problems of the ankle, such as post-traumatic impingement syndrome, osteochondral injuries and chronic instability.

Medical knowledge

By the end of this rotation the rheumatology fellow should be able to:

- Develop a sophisticated understanding of the anatomy of the foot and ankle including the bones, ligaments, tendons, nerves and arteries.
- Demonstrate knowledge of the management of trauma of the foot and ankle, including complicated fractures and dislocations, puncture wounds and diabetic limb infections
- Develop an understanding of the basic and reconstructive foot and ankle procedures

Sports medicine

Patient Care

By the end of this rotation the rheumatology fellow should be able to:

- Be able to evaluate and treat patients with sports injuries including application of physical examination tests specific to diagnosis and determine any bony or ligamentous injury, tendon injury, nerve injury or arterial injury of the extremity.
- Be able to order and interpret appropriate diagnostic tests and imaging studies to assist with diagnosis and accurate assessment of level/severity of the injury.
- Diagnose and treat complex knee problems such as multiple ligament injuries, recurrent patellar instability and\or degeneration, articular cartilage lesions and degenerative meniscal tears.
- Be able to differentiate complex problems of the shoulder such as instability vs. impingement in the throwing athlete, rotator cuff tears, labral tears, shoulder subluxation, osteolysis of the distal clavicle, and scapulothoracic bursitis.

Medical knowledge

By the end of this rotation the rheumatology fellow should be able to:

- Develop a sophisticated understanding of the anatomy of the shoulder, elbow and knee including the bones, ligaments, tendons, nerves and arteries.
- Have a sophisticated understanding of soft-tissue behavior including the effects of immobilization and exercise.
- Have a thorough understanding of ligament repair and graft incorporation including the normal time course for regeneration of strength in an ACL graft, as well as knowledge of graft forces with various activities.

Hand

Patient Care

By the end of this rotation the rheumatology fellow should be able to:

- Demonstrate appropriate evaluation and treatment of patients with hand surgery problems including application of physical examination tests specific to the diagnosis.
- Be able to examine the injured hand with a high level of sophistication and detail to determine any bony or ligamentous injury, flexor or extensor tendon injury, nerve injury, arterial injury, and infections of the upper extremity.
- Be able to perform a detailed clinical examination of the forearm and wrist.
- Be able to order and interpret appropriate diagnostic tests and imaging studies to assist with diagnosis and accurate assessment of the level/severity of the injury.
- Demonstrate knowledge of the treatment both simple and complex infections of the hand, wrist and forearm (e.g. flexor tenosynovitis, large or complex abscess, deep space infections of the hand, complicated cellulitis requiring inpatient therapy, necrotizing fasciitis, etc.).

- Demonstrate understanding of appropriate cast immobilization for displaced or angulated fractures of the metacarpals, phalanges and distal radius.

Medical knowledge

By the end of this rotation the rheumatology fellow should be able to:

- Develop an advanced understanding of the anatomy of the forearm, wrist and hand, including the bones, ligaments, tendons, nerves and arteries.
- Demonstrate a thorough understanding of the treatment of fractures of the hand and wrist, fingertip injuries, tendon injuries, nerve injuries.
- Demonstrate ability to diagnose and treat nerve compression syndromes, including carpal tunnel syndrome, cubital tunnel syndrome and radial tunnel syndrome.
- Demonstrate a detailed understanding of the use of splints for fracture immobilization and tendon rehabilitation.

General Orthopedics

Patient Care

By the completion of this rotation, the fellow will be able to:

- Obtain a comprehensive orthopedic history from patients.
- Perform accurate physical exam skills used to evaluate orthopedic function and disease.
- Demonstrate competence in muscle and tendon examination.
- Demonstrate competence in application of splints and slings.
- Demonstrate competence in large joint examination.
- Evaluate and treat common musculoskeletal problems, including neck pain, low back pain, degenerative arthritis of the knee and hip, and follow up and referral of common fractures and injuries.

Medical Knowledge

By the completion of this rotation, the fellow will be able to:

- List the indications, risks, and alternatives to joint arthroplasty.
- List the indications, risks, and alternatives of splinting and taping of joints.
- List common sports and overuse injuries, and describe the indications for referral to orthopedic specialty care.
- Describe proper use of diagnostic tests and radiographs for joint and spine pain.
- Describe the normal anatomy and function of the musculoskeletal system.

All rotations:

Practice-based learning

By the completion of this rotation, the fellow will be able to:

- Incorporate feedback into practice and learning improvement activities.
- Effectively use technology to manage information for patient care and self-improvement.
- Review the outcomes of patient care in order to reflect on the approach taken in the delivery of care.
- Utilize established practice guidelines for individual diseases to devise care strategies.
- Identify limitations of one's medical knowledge in evaluation and management of patients and use medical literature to address these gaps in medical knowledge.

Interpersonal and communication skills

By the completion of this rotation, the fellow will be able to:

- Create and sustain a therapeutic and ethically sound relationship with patients.
- Work effectively with others as a member of the orthopedic team.
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
- Incorporate patient preferences in diagnostic evaluation and management.
- Maintain accurate medical records.
- Serve as a patient advocate.

Professionalism

By the completion of this rotation, the fellow will be able to:

- Demonstrate a commitment to ethical principles by maintaining confidentiality of patient information and appropriately obtaining informed consent.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities. Treat team members, primary care-givers and patients with respect and empathy.
- Practice and adhere to the medical staff code of conduct.

Systems-based practice

By the completion of this rotation, the fellow will be able to:

- Recognize the importance of the role of support systems in the health of patients with orthopedic disease, including physical therapy, occupational therapy, home health workers, and home medical equipment vendors.
- Discuss the role of the orthopedic consultant.
- Practice cost-effective health care, as demonstrated by appropriate referrals for surgical procedures guided by current outcome literature.
- Utilize resource allocation that does not compromise quality of care.

Methods of achieving objectives

- Direct patient care under the supervising attending.
- Didactic (teaching) sessions with the attending physician.
- Self-study using any one of several recommended basic textbooks of clinical Rheumatology (Orthopedic section in Kelley or Hochberg) and per orthopedic attendings
- Select handouts and journal articles on pertinent topics.
- Core conference series.
- Electronic databases and computerized resources (UF databases, Up To Date)

Assessment tools

- Attending will monitor fellow's interaction with the primary service and other health care team members while serving as a consultant.
- Attending will critique fellow's assessment and plan.
- Attending will monitor fellow's self-directed learning.
- Attending will determine whether fellow has met the objectives detailed above.
- Rheumatology MKSAP questions
- Faculty –based quizzes
- ACR questions

Evaluation process

- Goals and objectives will be reviewed with the fellow at the beginning of each rotation.
- Verbal feedback throughout and at the completion of the rotation from the attending.

- Evaluation form completed by the attending and reviewed with the fellow. Evaluation submitted to the administrative office for review by the PD.