

UNIVERSITY OF WASHINGTON MEDICAL CENTER

UWMC-Montlake Bone & Joint Center (BJC) Continuity Clinic



UW Medical Center—U.S. News & World Report’s No. 1 hospital in Washington state—is known for medical discoveries, teaching programs and, above all, world-class, compassionate care for patients who travel from across Washington, Wyoming, Alaska, Montana and Idaho (WWAMI) for specialized services. One of the nation’s leading academic medical centers, UW Medical Center offers care from doctors who are also UW School of Medicine faculty, training the next generation of healthcare professionals and advancing safety and quality standards for patients worldwide. UWMC has two main campuses, one at Montlake (UWMC-ML) and one at Northwest Hospital (UWMC-NW).

The UWMC-ML Rheumatology Clinic at Roosevelt Bone & Joint Center (BJC) provides consultation, evaluation and treatment for a wide range of systemic diseases and related conditions, including rheumatoid arthritis, ankylosing spondylitis, vasculitis, polyarthritis, psoriatic arthritis, Sjögren's syndrome, scleroderma, myositis, lupus and giant cell arteritis. We specialize in complex rheumatologic diseases, especially lupus. We also have expertise in treating rheumatologic disease associated with interstitial lung disease and offer a specialized musculoskeletal ultrasound clinic for advanced diagnostics and therapy.

Sequencing

All first-year fellows and some second-year fellows maintain a weekly half-day continuity clinic at HMC (Harborview). This experience is required for all first-year fellows (months 1 – 12). Second-year fellows may elect to continue the experience in months 13 – 24.

Location & Times

Roosevelt Clinic, Bone & Joint Center, 2nd floor

MON AM, WED AM, or THU AM

Participants

Learners: First- and second-year fellows

Supervisors: Sarah Chung, MD, Ingeborg Saksen, MD, Scott Pollock, MD, Mattie Pioro, MD

Patient Population

- Most frequent primary diagnoses: rheumatoid arthritis, spondyloarthritis, systemic lupus erythematosus, fibromyalgia, Sjogren's syndrome, scleroderma, interstitial lung disease, vasculitis, inflammatory myopathy
- Self-identified gender: 72% female
- Self-identified race: 69% white, 11% American Indian/Alaska Native, 9% Asian, 4% Black
- 14% non-English speaking: Spanish, Russian, Mandarin, Korean, Vietnamese, Farsi, Arabic, Somali
- 24% Medicare/Medicaid

Learning Materials & Methods

Independent Learning

- Rheumatology textbooks (available online through UW Library)
- ACR *Rheum2Learn* curriculum
- *UpToDate* (available through UW Library)
- PubMed (available through UW Library)
- *Rheumatology Secrets* (hard copy provided to each fellow)
- Ultrasound machines
- Program learning resources available through MedHub
- Documentation & Billing: <http://depts.washington.edu/comply/training-programs/compliance-library/> (Section on Professional Billing)
 - Clinic-based procedures
 - Consultations
 - Modules on Evaluation & Management
 - Prolonged services

Didactic Conferences

See **General Curriculum** outline

Patient-centered learning

- Patient interviewing/counseling
- Clinical care and decision-making
- MSK exam
- Procedures
- Use of ultrasound in the clinical setting
- Ordering and interpreting diagnostic lab testing and imaging

Feedback and Evaluation

Formative assessments (feedback)

- Working feedback during clinic sessions
- Focused observation and feedback (mini-CEX, mini-PEX)
- Practice feedback data every 6 months (demographics, case mix, ACR quality metrics)

Summative assessments (evaluation)

- Face-to-face evaluations from teaching faculty every 2 months
- Written evaluations from teaching faculty every 2 months (used by CCC)
- 360 evaluations by clinic staff
- Procedure logs
- See **General Curriculum** outline for additional evaluations

Expectations

See **Supervision Policy** and **Leave Policy** for general expectations regarding continuity clinic training experiences

The Program is expected to

- Provide clinical practice characteristics and performance feedback data every 6 months

Supervising faculty are expected to

- Arrive 15 minutes before first scheduled fellow patient to discuss patients (if needed) and provide short didactic sessions
- Provide patient/situation-specific performance feedback during each clinic session
- Perform an intentional observation/feedback session (mini-CEX or mini-PEX) at least once every month
- Provide and document face-to-face evaluation of fellow progress at least once every 2 months
- Provide teaching and supervision appropriate to the fellow's training level/progress
- Provide regular feedback on quality and timeliness of documentation and E/M coding

Fellows are expected to

- Prepare for each clinic session by reviewing patient charts
- Arrive 15 minutes before first scheduled fellow patient to discuss patients with supervising faculty (if needed) and/or participate in brief didactic sessions
- Follow clinic guidelines for addressing patients who arrive late to their appointment
- Complete (close) encounter documentation and forward to supervising faculty within 48 hours of encounter
- Work with supervising faculty to schedule face-to-face evaluations, mini-CEX, and mini-PEX
- Follow-up with diagnostic/monitoring test results and be responsible for conveying and interpreting these results to patients
- Monitor EPIC inbox daily and promptly address issues (Patient calls, refill requests, staff, messages, etc.)
- Sign out EPIC inbox to a colleague when taking leave; accept sign out from colleagues when they are taking leave

Goals

The overall goal of the BJC/UWMC Continuity Clinic experience is to provide a structured learning environment for fellows to develop foundational knowledge and competency in the ACR/ABIM 14 Entrustable Professional Activities (EPAs). In addition, fellows will gain experience and competency in care-related activities unique to the BJC/UWMC patient population (summarized below). In general, these goals pertain to the 12-month experience. Fellows choosing to extend their continuity experience at BJC/UWMC (months 13 – 24) will gain more focused knowledge and competency in these areas plus additional competencies (indicated below).

- Gain competency in recognizing and managing patients with common and serious inflammatory rheumatic diseases such as SLE, SSc, MCTD, RA, PsA, SpA, and systemic vasculitis.
- Provide comprehensive rheumatologic consultation to primary care and outpatient specialty services.
- Gain experience advocating for individual patients and for systems improvements.
- Gain experience in the fiscally sound and ethical management of a practice.
- First-year fellows will establish invested longitudinal relationships with patients with rheumatic disease.

Specific Learning Objectives

1. Accurately diagnose a patient presenting with systemic inflammatory disease.

In this context, the fellow will seek to gather and interpret relevant primary medical data; acquire an accurate and appropriately detailed history; perform an appropriately detailed physical exam; demonstrate effective diagnostic reasoning (e.g., framing of problem, assembling an appropriately broad and prioritized differential diagnosis, avoidance of diagnostic pitfalls); and recommend/order appropriate diagnostic tests. (12 months)

2. Accurately diagnose a patient presenting with inflammatory arthritis.

In this context, the fellow will seek to gather and interpret relevant primary medical data; acquire an accurate and appropriately detailed history; perform an appropriately detailed physical exam; demonstrate effective diagnostic reasoning (e.g., framing of problem, assembling an appropriately broad and prioritized differential diagnosis, avoidance of diagnostic pitfalls); recommend/perform diagnostic arthrocentesis when appropriate; and recommend/order other appropriate diagnostic tests. (12 months)

3. Provide rheumatology care for a patient with tissue/organ transplant or cancer.

In this context, the fellow will seek to recognize factors that complicate routine care of rheumatic conditions seen in the transplant and oncology patient population; recognize immunologic sequelae of chemotherapy and immunotherapy regimens; and provide consultative advice regarding management of immune-related adverse events and comorbid rheumatologic conditions in this patient population. (12 months)

4. Perform a procedure (e.g., arthrocentesis, or injection of tendon, joint, or bursa) and analyze synovial/bursal fluid.

In this context, the fellow will seek to obtain and document informed consent; adequately prepare for the procedure; demonstrate appropriate knowledge of anatomy; demonstrate safe and effective technique; maintain a professional demeanor; demonstrate proficiency in polarized light microscopy; and accurately interpret results of polarized light microscopy and laboratory synovial/bursal fluid analysis. (18 months)

5. Accurately diagnose a patient with fibromyalgia and facilitate appropriate medical care.

In this context, the fellow will seek to obtain an appropriately detailed history; interpret diagnostic test results (imaging, blood tests, etc.); perform an appropriately detailed physical examination; choose appropriate diagnostic tests (imaging, blood, sleep study, etc.); demonstrate effective diagnostic reasoning (e.g., framing of problem, assembling an appropriately broad and prioritized differential diagnosis, avoidance of diagnostic pitfalls); recommend/counsel regarding therapeutic modalities (lifestyle, pharmacologic, etc.) and prognosis; coordinate with primary care to optimize care of these patients. (12 months)

6. Prescribe immunosuppressive therapy/chemotherapy for a patient with chronic autoimmune/inflammatory disease.

In this context, the fellow will seek to obtain and document informed consent from the patient/family; assess patient's individual risk factors for adverse events; order appropriate screening tests (e.g., HBV testing); recommend/order appropriate prophylactic and monitoring tests; arrange for appropriate clinic follow-up. (12 months)

7. Manage the care of a patient with rheumatoid arthritis or chronic inflammatory arthritis syndrome.

In this context, the fellow will seek to gather and interpret relevant primary medical data; effectively acquire an interim history and synthesize information; perform an appropriately detailed physical examination; recognize and address co-morbidities; choose appropriate diagnostic and monitoring tests; formulate an appropriate therapeutic plan; effectively communicate assessment and recommendations to patient/family; address patient's concerns; effectively educate patient/family; recognize and address barriers to therapeutic relationship; ensure appropriate follow-up; and communicate effectively with primary care provider and relevant specialists. (12 months)

8. Perform pre- and post-visit (non-visit) components of an outpatient consultation.

In this context, the fellow will seek to review and collate relevant clinical information before the visit; document encounter in an accurate and timely manner; effectively communicate impression, recommendations, and plans for follow-up to referring provider and primary care provider; cite medical literature as needed to support impression and recommendations; communicate with other care providers and patient in a timely manner (12 months); choose appropriate visit E/M codes (time vs. components), procedure codes, and prolonged services before/after visit (24 months).

9. Effectively manage rheumatology care of continuity clinic patients while not in clinic.

In this context, the fellow will seek to arrange for timely and appropriate patient follow-up; develop and utilize a system for obtaining, reviewing, and responding to test results between visits; communicate with patients, staff, and other care providers in a timely and effective fashion when not in clinic; appropriately sign out care of continuity clinic patients when transitioning off-duty (e.g., weekends, leave) (6 months); appropriately document and bill for prolonged services and telephone encounters before/after visits. (24 months)

10. Counsel a patient with newly diagnosed chronic rheumatic disease.

In this context, the fellow will seek to effectively communicate the diagnosis and prognosis to the patient/family; discuss treatment and monitoring options, taking into account individual patient factors; acknowledge and address patient's concerns in a caring and compassionate manner; facilitate learning of patient/family outside the clinic visit (e.g., written information, links to support groups); and advocate for individual patient needs. (12 months)

11. Coordinate care for a patient referred to UW from outside the Puget Sound Area.

In this context the fellow will seek to outline necessary action items for the patient and the patient's local care team; provide external referrals for labs and diagnostic studies; establish an effective line of communication with the patient; outline contingency plans for when patient needs immediate care; refer the patient to subspecialties when appropriate (e.g., pulmonology for SSc patient with suspected interstitial lung disease); provide a clear assessment for patients seeking second opinion; communicate recommendations and care responsibilities to patient's local rheumatologist, if appropriate; communicate with other subspecialists as necessary. (12 months)

12. Improve clinical performance based on feedback, evaluation, and practice data.

In this context, the fellow will seek to improve clinical performance based on feedback and evaluation; to monitor practice performance with the goal of improvement; and to improve practice performance based on performance audits (12 months).