

University of Washington Division of Rheumatology

Harborview Continuity Clinic Core Curriculum



Harborview is a comprehensive healthcare facility dedicated to providing specialized care for a broad spectrum of patients from throughout the Pacific Northwest, including the most vulnerable residents of King County. As the only designated Level I adult and pediatric trauma and verified burn center in the state of Washington, Harborview serves as the regional trauma and burn referral center for Alaska, Montana and Idaho and the disaster preparedness and disaster control hospital for Seattle and King County. The UW Medicine physicians, staff and other healthcare professionals based at Harborview provide exemplary patient care in leading-edge centers of emphasis, including emergency medicine, trauma and burn care; neurosciences, ophthalmology, vascular surgery, HIV/AIDS and rehabilitation medicine. Patients given priority for care include the non-English speaking poor; the uninsured or underinsured, victims of domestic violence or sexual assault; people incarcerated in King County's jails; people with mental illness or substance abuse problems, particularly those treated involuntarily; people with sexually transmitted diseases; and those who require specialized emergency, trauma or burn care. Harborview recognizes that delivering quality healthcare is enhanced by a strong commitment to teaching, community service and research. Harborview fulfills its educational mission through the support of undergraduate, graduate, post-graduate and continuing education programs of the health professions of the University of Washington and other educational institutions, as well as programs relating to patient education.

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

Harborview Medical Center, 3W Clinic, Medical Specialties

MON AM, WED AM, or THU AM

Participants

Learners: First- and second-year fellows

Supervisors: Jenna Thomason, MD, MPH; Alison Bays, MD, MPH; James Andrews, MD; Grant Hughes, MD; Mattie Piro, MD

Patient Population

- Most frequent primary diagnoses: rheumatoid arthritis, psoriatic arthritis, systemic lupus erythematosus, ankylosing spondylitis, mixed connective tissue disease, osteoarthritis, fibromyalgia, gout.
- Self-identified gender: 69% female
- Self-identified race: 40% white, 20% Black, 8% American Indian/Alaska Native, 12% other/Unknown
- 30% non-English speaking: Spanish, Vietnamese, Somali, Amharic, Cantonese, Russian, Punjabi, Cambodian/Khmer, Arabic
- 60% 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 (1 Sonosite, 1 Esoate)
- 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/or to 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 (see **Supervision Policy**)
- 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 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 for 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 Harborview 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 Harborview patient population (summarized below). In general, these goals pertain to the 12-month experience. Fellows choosing to extend their continuity experience at Harborview (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.
- Acquire knowledge and competency necessary for providing effective and equitable care to patients from various backgrounds, including non-English speaking poor and uninsured/underinsured.
- Gain experience providing consultative and multidisciplinary outpatient care in an urban hospital-based care system.
- Gain experience advocating for individual patients and for systems improvements.
- Gain experience in the fiscally sound and ethical management of a practice.

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. Manage the care of a patient with SLE or other systemic inflammatory disease.

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; 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. (18 months)

4. 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; 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)

5. 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)

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. Effectively utilize interpreters and cultural liaisons to perform a clinic visit.

In this context, the fellow will seek to introduce all people present; demonstrate respect toward the interpreter; speak directly to patient/family member using short, clear phrases; avoid idiomatic or highly complex phrases; appreciate concepts that may require indirect translation; encourage interpreter to ask questions and alert to potential misunderstandings; ask patient to repeat back critical information. (12 months)

8. For an individual patient, identify and facilitate solutions for financial, social, cultural, or physical barriers to receiving rheumatologic care.

In this context, the fellow will seek to recognize and find solutions to financial barriers to care (e.g., engaging social services and financial counseling); recognize and facilitate solutions cultural barriers to medical care; recognize and help find solutions to transportation barriers; advocate for patients with disrupted continuity of care (e.g., assume professional responsibility for unassigned patients) (12 months); recognize how disparities (racial, economic, cultural, etc.) impact patient's health; and advocate for systems improvements (24 months).

9. 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).

10. Accurately diagnose and treat a patient with regional/focal musculoskeletal pain.

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; demonstrate effective diagnostic reasoning (e.g., framing of problem, assembling an appropriately broad and prioritized differential diagnosis, avoidance of diagnostic pitfalls); choose to obtain synovial/bursal fluid and order associated diagnostic tests as appropriate; choose appropriate diagnostic tests (imaging, blood, diagnostic injections, etc.) (12 months); utilize point-of-care ultrasound to aid in diagnosis (24 months, Clinical Practice Pathway).

11. 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).

12. Practice preventive medicine in a patient with chronic rheumatic disease.

In this context, the fellow will seek to recognize, monitor, and limit unintended harm associated with medical therapy for rheumatic disease (e.g., glucocorticoid-induced osteoporosis); recognize and limit comorbidities associated with rheumatic disease (e.g., CAD in patient with rheumatoid arthritis); recognize and prevent negative impacts of rheumatic disease or associated medical therapy on fertility, pregnancy, and lactation. (12 months)

13. 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).