

University of Washington Division of Rheumatology

Harborview Inpatient Consult Service



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 spend 3 – 4 months (in 1-month rotations) leading the inpatient rheumatology consult team at HMC (Harborview). Second-year fellows also may lead the inpatient consult team when first-year fellows are on leave.

Location & Times

Harborview Medical Center, 3W Clinic, Medical Specialties, Rheumatology Consult Team Room

At-home call during entire 1-month rotation, except for most weekends, and for leave.

Participants

Learners: First- and second-year fellows

Supervisors: Jenna Thomason, MD MPH; Alison Bays, MD MPH; James Andrews, MD; Grant Hughes, MD; Gordon Starkebaum, MD

Patient Population

Common consult diagnoses: SLE, diagnostic/therapeutic procedures, systemic vasculitis/vasculopathy, gout, septic arthritis, rheumatoid arthritis, autoimmune/inflammatory brain diseases, autoimmune/inflammatory eye diseases

Learning Materials & Methods

Independent Learning

- Articles and slide sets available on MedHub
- 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)
- MSK exam and injection techniques: <https://www.rheumtutor.com/>
- Ultrasound machines (1 Sonosite, 1 Esoate)

Didactic Conferences

- Faculty-led didactic sessions and/or chalk talks (see **HMC Inpatient Learning Curriculum**)
- Fellow-led didactic sessions and/or chalk talks
- HMC Internal Medicine Morning Report
- HMC Chief of Medicine Rounds
- HMC Chest Conference
- HMC Neuroradiology Rounds

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)

- Feedback during inpatient consult work (daily)
- Focused observation and feedback (mini-CEX, mini-PEX)

Summative assessments (evaluation)

- Face-to-face end of faculty assignment evaluation (approx. every 2 weeks)
- Written evaluation at end of every faculty assignment (approx. every 2 weeks)
- Procedure logs

Expectations

See **Supervision Policy** and **Leave Policy** for general expectations regarding inpatient consult training experiences

Supervising (attending) faculty are expected to

- Provide formative and summative evaluation as described above
- Provide f1 – 2 formal didactic sessions/week: 1 aimed at the student/resident level, and another aimed at the fellows level (guided by HMC Inpatient Learning Curriculum)

Fellows are expected to lead the inpatient consult team and are responsible for its day-to-day operation. In addition, fellows are expected to

- Be present at HMC during regular work hours (e.g., 8A – 5P) except when fulfilling other duties/responsibilities
- Arrange for daily attending rounds with attending physician
- Accept all requested consults
- Record all new inpatient consult patients (Date, Name, MRN, Consult Question/Diagnosis)
- Interview/examine all patients with residents/students before attending rounds, unless otherwise planned with attending
- Verbally communicate recommendations to primary team (preferably in person)
- Complete all consult notes within 24 hours of encounter (may provide brief initial note for critically ill patients)
- Document all inpatient encounters using Rheumatology Inpatient templates
- Maintain accurate and up-to-date inpatient consult patient list on CORES
- Verbally hand off inpatient consult list to incoming fellow at change of rotation/shift

- Ensure appropriate clinic follow-up for all consult patients. First preference is to schedule with consult fellow's continuity clinic (continuity templates are designed to accommodate these appointments).
- Provide 1 – 2 didactic sessions aimed at residents/students (per rotation)
- Arrange for summative evaluation with attending (~ every 2 weeks, or at end of faculty assignment)

Goals

The overall goal of the Harborview Inpatient Consult 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). Through a series of 3 – 4 one-month rotations, fellows will gain specific experience and competency in care-related activities unique to the Harborview inpatient population.

- Gain competency in recognizing acute and life-threatening inflammatory rheumatic diseases such as SLE, systemic vasculitis, and inflammatory arthritis.
- 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 inpatient care in an urban hospital-based care system
- Gain experience advocating for individual patients and for systems improvements

Specific Learning Objectives

1. Accurately diagnose a patient with suspected new-onset systemic autoimmune/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 with acute 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. Effectively utilize interpreters and cultural liaisons to evaluate and counsel a hospitalized patient.

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; and ask patient to repeat back critical information. (12 months)

4. Transition a hospitalized patient to outpatient rheumatology care.

In this context, the fellow will seek to recognize needs outpatient rheumatology care; arrange for timely and appropriate post-hospitalization rheumatology care (e.g., communicating with clinic coordinators, ordering interim monitoring lab tests, etc.); transfer professional responsibility for patient through communication with accepting outpatient rheumatology provider, outlining necessary action items; and ensure that the patient has a good understanding of the hospital course and discharge plan. (12 months)

5. Recommend and manage immunotherapy/chemotherapy for a hospitalized patient with life- or organ-threatening systemic inflammatory disease.

In this context, the fellow will seek to obtain and document informed consent from the patient/family; effectively address patient concerns; advocate on behalf of patients for high-cost medications (e.g., rituximab); alert appropriate nursing staff in a timely manner; and recommend and ensure appropriate monitoring and prophylaxis. (12 months)

6. Provide effective consultative care for a hospitalized patient.

In this context, the fellow will seek to respond to pages in a timely manner; accept all consults graciously; communicate effectively with the referring provider; introduce members of consult team and clarify their individual roles to patient/family; gather and interpret relevant primary medical information; communicate with patient/family in a manner that preserves authority of primary team; demonstrate effective communication skills when interviewing/counseling patients; clearly establish areas of care for which consult team will assume authority (e.g., writing chemotherapy orders); communicate face-to-face with primary team whenever feasible; clearly communicate plans for follow-up; offer/provide practical education to primary team members; document consultation in a clear, timely, and effective manner; maintain up-to-date consult patient lists; and appropriately sign out care of consult inpatients when transitioning off-duty (e.g., weekends, leave); (12 months)

7. Direct medical management of a patient's rheumatic disease while they are hospitalized for another reason (e.g., trauma, elective surgery, etc.).

In this context, the fellow will seek to gather and interpret relevant primary medical data; assess the patient's rheumatic disease activity; alert patient's outpatient rheumatology provider to hospitalization; review relevant literature; develop a context-specific care plan, incorporating input from the patient/family and their outpatient rheumatology provider. (12 months)

8. Demonstrate leadership in running the inpatient consult team.

In this context, the fellow will seek to assume professional responsibility for all consult patients; meet professional and educational expectations for the rotation; provide effective mentorship, feedback, and teaching for residents and students; and delegate appropriate patient care responsibility and autonomy to residents and students. (12 months)

9. 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).