

UNIVERSITY OF WASHINGTON MEDICAL CENTER

UWMC-Montlake Inpatient Consult Service



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

Location & Times

UWMC BB-561 5th floor, 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: Sarah Chung, MD, Ingeborg Saksen MD, Bobby Kwanghoon Han MD, Grant Hughes MD, Scott Pollock MD, Mattie Pioro, MD, Namrata Singh, MD, Gordon Starkebaum, MD

Patient Population

Common diagnoses: Gout, systemic vasculitis, MAS/HLH, inflammatory myositis, SLE, peri-operative management of immunosuppressive agents

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/>

Didactic Conferences

- Faculty-led didactic sessions and/or chalk talks
- Fellow-led didactic sessions and/or chalk talks
- UWMC Internal Medicine Morning Report (MWF)
- UWMC Chief of Medicine Rounds (Tu)

Patient-centered learning

- Patient interviewing/counseling
- Clinical care and decision-making

- MSK exam
- Procedures
- Ordering and interpreting diagnostic lab testing and imaging

Feedback and Evaluation

Formative assessments (feedback)

- Daily 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 end of faculty assignment evaluation (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: one aimed at the student/resident level, and another aimed at the fellows level

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 UWMC during regular work hours (e.g., 8A – 5P) except when fulfilling other duties/responsibilities
- Arrange for daily attending rounds with attending physician (follow-up with all old consultations on a daily basis and determine the rounding list, selecting patients to see and the rounding order)
- Accept all requested consults
- Record all new inpatient consult patients (Date, Name, MRN, Consult Question/Diagnosis) in the logbook
- 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)
- 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)

Goals

The overall goal of the UWMC 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 UWMC population.

- Gain competency in recognizing acute and life-threatening inflammatory rheumatic diseases such as SLE, systemic vasculitis, and systemic autoinflammatory disorders.
- Provide rheumatology consultation to other inpatient specialties and providers, particularly the oncology, transplant, and cardiac patient populations
- Gain experience providing consultative and multidisciplinary inpatient care in an academic research-oriented setting
- Gain experience advocating for individual patients and for systems improvements
- Facilitate smooth transition of inpatient to outpatient rheumatologic care particularly in the WWAMI patient population

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. 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)

4. 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)

5. 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)

6. Recommend appropriate initial evaluation and management for critically-ill patients hospitalized with suspected autoimmune/inflammatory disease.

In this context, the fellow will seek to recognize autoimmune/rheumatic disease causing critical illness, e.g., inflammatory myositis, pulmonary-renal syndromes, and MAS/HLH syndromes; recognize when other consulting services should be involved in the patient's care. (12 months)

7. Evaluate and manage autoimmune/inflammatory disease in a patient with cancer, tissue/organ transplant, or organ failure.

In this context, the fellow will seek to recognize and incorporate patient-specific factors that complicate care of common autoimmune/rheumatic diseases (e.g., management of acute gout in patient with ESRD); recognize and effectively manage rheumatic complications of cancer and transplant therapy (e.g., adverse immunologic sequelae of cancer immunotherapy). (12 months)

8. Evaluate and manage a patient with rare autoimmune/inflammatory disease.

In this context, the fellow will seek to consider and recognize rare rheumatic/immune-mediated diseases in patients with difficult-to-diagnose syndromes (e.g., autoinflammatory disease, genetic metabolic syndromes, primary immunodeficiency syndromes); appropriately utilize medical

literature to aid in diagnosis; communicate with relevant experts; and advocate for special diagnostic testing. (12 months)

9. Evaluate and manage a pregnant patient with autoimmune/inflammatory disease.

In this context, the fellow will seek to demonstrate knowledge of normal pregnancy physiology and how it impacts diagnosis/monitoring of rheumatic disease; provide expert opinion on safety of immunosuppressive/immunomodulatory therapy in pregnancy and lactation; recognize how rheumatic diseases like SLE impact maternal/fetal health (e.g., neonatal lupus); use medical literature to support impression and recommendations. (12 months)

10. 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)