As the primary referral site for VA's northwest region, VA Puget Sound provides care for Veteran populations encompassing Alaska, Montana, Idaho and Oregon. Since 1923, VA Puget Sound Health Care System has distinguished itself as a leader in teaching, research and patient care while earning prestigious recognition as part of the largest health care networks in the country. We serve the health care needs of a diverse group of more than 105,000 Veterans living in 14 counties around the Puget Sound in the Pacific Northwest—a population that is growing by nearly 5% each year. Additionally, VA Puget Sound hosts several highly specialized units, such as the Center for Spinal Cord Injury and the Bone Marrow Transplantation Unit. VA is a leader in primary care delivery models, and the VA PACT (Patient Aligned Care Team) promotes a comprehensive coordinated approach to primary and mental health care to help meet the unique needs of our veterans. VA 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 VAPSHCS. 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

VA Puget Sound Healthcare System, South Clinic (Building 18, 2nd floor)
MON AM, WED AM, THU AM

Participants

Learners: First- and second-year fellows

Supervisors: Mary Bach MD PharmD; Marat Gadzhiev MD; Bernard Ng MBBS MSc MMeD; Elizabeth Wahl MD MAS; Katherine Wysham MD

Patient Population

- Most frequent primary diagnoses: rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, osteoarthritis, fibromyalgia, gout; concomitant PTSD
- 15% female
- Mean age 64.5

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)
- Program learning resources available through MedHub

Didactic Conferences

See General Curriculum outline

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)
- Working feedback during clinic sessions
- Focused observation and feedback (mini-CEX, mini-PEX)
- Practice feedback every 6 months

Summative assessments (evaluation)
- Face-to-face evaluations from teaching faculty every 2 months
- Written evaluations from teaching faculty every 2 months (used by CCC)
- Procedure logs

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
- 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 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
- Be responsive to staff and patient requests

Goals
The overall goal of the VA 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 VA patient population (summarized below). In general, these goals pertain to the 12 month experience. Fellows choosing to extend their continuity experience at VA (months 13 – 24) will gain more focused knowledge and competency in these areas.

- Gain competency in recognizing and managing patients with autoimmune inflammatory arthritis such as RA, PsA, SpA, and systemic vasculitis.
- Gain competency in diagnosing and treating regional pain syndromes, osteoarthritis and fibromyalgia
- Gain competence with the musculoskeletal exam, including competency with diagnostic and therapeutic procedures
- Gain experience providing consultative and multidisciplinary outpatient care in a complex hospital-based care system.
- Gain experience advocating for individual patients and for systems improvements.

**Specific Learning Objectives**

1. 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)*

2. 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)*

3. 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)*
4. 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.); demonstrate effective diagnostic reasoning (e.g., framing of problem, assembling an appropriately broad and prioritized differential diagnosis, avoidance of diagnostic pitfalls); perform an appropriately detailed physical examination; 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).

5. Manage a patient with osteoarthritis.

   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 to obtain synovial/bursal fluid and order associated diagnostic tests as appropriate; choose appropriate diagnostic tests (imaging, blood, diagnostic injections, etc.); recommend/counsel regarding therapeutic modalities (lifestyle, pharmacologic, injection); and review with patient/family indications for surgery. (12 months)

6. 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)

7. 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)

8. Coordinate care for a patient referred to VAPSHCS from outside the Puget Sound Area.

   In this context, the fellow will seek to obtain data from sources internal and external to the VA as appropriate; communicate treatment and assessment plans to other members of the patient care team (including primary care and subspecialty providers); effectively order and follow-up on diagnostic and monitoring tests; recommend/counsel patient regarding access to care (12 months); review VA-specific policy governing veterans access to care (24 months, Clinical Practice Pathway).

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. 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)

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).