

**VETERANS ADMINISTRATION PUGET SOUND
HEALTH CARE SYSTEM (VAPSHCS)**

VA Inpatient Consult



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

Location & Times

Inpatient consults: The on-call fellow is expected to be on site when not in other continuity clinic or didactics, unless otherwise discussed with the on-call attending. An office cubicle is provided: Building 1, room 219 ID/ENDO/Rheum Fellows room or South Clinic rooms may be available pending clinic availability. Home call is taken on nights and weekends.

Augmented clinical experiences: VAPSHCS, Seattle Campus, South Clinic (Building 18), 2nd floor

- Injection clinic, Tuesday afternoons, 1-4p
- QI/Panel management, 1st/3rd Fridays, 8:30-11:30a

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

Common inpatient consult diagnoses: Crystal arthropathy, diagnostic/therapeutic procedures, systemic vasculitis/vasculopathy, myositis, management of systemic immunosuppression of established patients while admitted to the hospital.

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 (see **VA Inpatient Learning Curriculum**)
- Fellow-led didactic sessions and/or chalk talks
- VA Internal Medicine Morning Report (10-11a)
- VA Chief of Medicine Rounds (W, 12-1p)

- VA Pathology Conference (F, 1:30-2:30p)

Patient-centered learning

- Patient interviewing/counseling
- Clinical care and decision-making
- MSK exam
- Procedures
- Ordering and interpreting diagnostic lab testing and imaging

Other learning experiences

- Injection clinic (T 1p-4p)
- Panel management / QI experience (1/3rd F 8:30-11:30)
- E-consults (throughout the month; selected by VA Consult Attending)

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 1 – 2 formal didactic sessions/week (guided by VAMC 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 VAMC during regular work hours (e.g., 8A – 5P) except when fulfilling other duties/responsibilities
- Arrange for daily attending rounds with supervising physician
- Accept all requested consults
- Notify attending of all 'curbside' requests
- Record all new inpatient consult patients (Date, Name, MRN, Consult Question/Diagnosis)
- Interview/examine all patients (with residents, if present) before attending rounds, unless otherwise planned with attending (e.g., for mini-PEX, because of time constraints, etc.)

- Communicate consult team's recommendations verbally
- Document all inpatient encounters using Rheumatology Consult template, properly linking location and consult to note
- Maintain accurate inpatient consult patient list on VAShare drive / Rheumatology folder
- 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.
- Provide 1 – 2 didactic sessions aimed at residents/students
- Arrange for summative evaluation with attending (at close of week with attending)
- Work with attending to complete non-visit consult requests within 72 hours
- Participate in augmented clinical experiences and notify supervising attending at least 1 week in advance for any anticipated absences

Goals

The overall goal of the VA 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 VA inpatient population.

- Gain competency in recognizing acute and/or life-threatening inflammatory rheumatic diseases such as systemic vasculitis and inflammatory arthritis.
- Provide consultative care to other specialists (e-consults)
- Gain competency with procedures
- Gain experience working with a care team (Patient-centered Medical Home / PACT team).
- Gain experience providing consultative and multidisciplinary inpatient care in an integrated hospital-based care system
- Gain experience advocating for individual patients and for systems improvements

Specific Learning Objectives

1. 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)

2. Transition a hospitalized patient to outpatient rheumatology care.

In this context, the fellow will seek to recognize need for outpatient rheumatology care; arrange for timely and appropriate post-hospitalization rheumatology care; and transfer professional

responsibility for patient through direct communication with accepting outpatient rheumatology provider. (12 months)

3. 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)

4. Provide effective non-visit consultative care for an outpatient.

In this context, the fellow will seek to provide timely consultation; gather and interpret relevant primary medical data, communicating directly with patient if appropriate; evaluate existing documentation to determine the appropriateness of providing non-face-to-face consultation; counsel and educate the consulting provider regarding recommendations, including interpretation of diagnostic testing; document consultation in a clear, timely, and effective manner. (12 months)

5. 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)

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 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; choose to obtain synovial/bursal fluid and order associated diagnostic tests as appropriate; choose appropriate diagnostic tests (imaging, blood, diagnostic injections, etc.) (12 months).

8. 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)