Department of Medicine
Division of Rheumatology

Sunnybrook Health Sciences Centre

Fellow, Resident, Medical Student & Visiting Trainee Handbook

Revised: 15th Feb 2013
Welcome!

General Information

Welcome to your rotation in Rheumatology. We hope that you find your rotation rewarding and educational. We are continually trying to improve the rotation, so please take time at the end of your rotation to complete the evaluation forms and give us your suggestions.

This rotation provides trainees with an opportunity to gain knowledge and develop skills in general Rheumatology. Trainees will gain exposure to a variety of rheumatic diseases. Facilities include Outpatient clinics, a seminar room, a trainee office, and a Rheumatology Library.

The Rheumatology Staff

Dr. Mary Bell  
Dr. Shirley Chow  
Dr. Gregory Choy  
Dr. Sharron Sandhu  
Dr. Emily McKeown

Contacts

Location: M1401. Please report to the conference room at M1404 at 8:30am on the first day of the rotation.

Telephones:

The main phone number for the hospital is 416-480-6100, and the direct dial number for the Division of Rheumatology is 416-480-4580. All extensions starting with 4, 5, or 6 are direct dial. To make a phone call, you must dial "9" to get an outgoing line (e.g. "9-416-480-4580"). Internal extensions may be reached simply by dialling the extension number (e.g. "4580").

The following are important contacts that you may need:

<table>
<thead>
<tr>
<th>Rheumatologists</th>
<th>Office Assistant</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mary J. Bell</td>
<td>Pamela Fuchs</td>
<td><a href="mailto:Mary.bell@sunnybrook.ca">Mary.bell@sunnybrook.ca</a></td>
</tr>
<tr>
<td>Dr. Shirley Chow</td>
<td>Jennyfer Lim</td>
<td><a href="mailto:Shirley.chow@sunnybrook.ca">Shirley.chow@sunnybrook.ca</a></td>
</tr>
<tr>
<td>Dr. Gregory Choy</td>
<td>Linda Weisz</td>
<td><a href="mailto:Gregory.choy@sunnybrook.ca">Gregory.choy@sunnybrook.ca</a></td>
</tr>
<tr>
<td>Dr. Sharron Sandhu</td>
<td>Linda Weisz</td>
<td><a href="mailto:Sharron.sandhu@sunnybrook.ca">Sharron.sandhu@sunnybrook.ca</a></td>
</tr>
<tr>
<td>Dr. Emily McKeown</td>
<td>Pamela Fuchs</td>
<td><a href="mailto:Emily.mckeown@sunnybrook.ca">Emily.mckeown@sunnybrook.ca</a></td>
</tr>
</tbody>
</table>

The internal paging system can be reached by dialling x.744 internally, or 416-480-5744 externally.

<table>
<thead>
<tr>
<th>Office Assistant</th>
<th>Phone numbers</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela Fuchs</td>
<td>Ext 89314</td>
<td><a href="mailto:Pamela.fuchs@sunnybrook.ca">Pamela.fuchs@sunnybrook.ca</a></td>
</tr>
<tr>
<td>Linda Weisz</td>
<td>Ext 3313</td>
<td><a href="mailto:linda.weisz@sunnybrook.ca">linda.weisz@sunnybrook.ca</a></td>
</tr>
<tr>
<td>Jennyfer Lim</td>
<td>Ext 3365</td>
<td><a href="mailto:Jennyfer.lim@sunnybrook.ca">Jennyfer.lim@sunnybrook.ca</a></td>
</tr>
</tbody>
</table>
Faxes:
The departmental fax number is 416-480-4233, and is located in the secretarial area in M1-401.

Pagers:

Upon arrival, you must register your pager with communications. They will assign you a fourdigit internal pager number for the duration of your service at Sunnybrook. IDs beginning with 6, 7, and 8 are long-range (city-wide) pagers (i.e. if you use the internal paging system, they will receive their page anywhere). IDs beginning with 1 are short-range (in hospital) pagers at Sunnybrook campus only.

Please be sure to give your external 10-digit pager number, your internal four-digit pager number, and your email address to the coordinator IMMEDIATELY. If anyone in the department needs to reach you, they will contact her for your contact information.

<table>
<thead>
<tr>
<th>Communication</th>
<th>Communications</th>
<th>DG-27</th>
<th>x.3833</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locating</td>
<td>Communications</td>
<td>x.4244</td>
<td><a href="http://smart/">http://smart/</a></td>
</tr>
<tr>
<td>Paging</td>
<td>Communications</td>
<td>x.744</td>
<td><a href="http://smart/">http://smart/</a></td>
</tr>
</tbody>
</table>

If this is your first rotation at Sunnybrook this year

1. Register with Medical Education in room E311 (postgraduate) or E313a (undergraduate).
2. Obtain a Sunnybrook badge at Security (CG03).
3. Parking at Sunnybrook (CG01).

Rheumatology Computer Access

The Sunnybrook computer system is Windows NT-based and you need to log in for access to consult lists, web browsing, clinic follow-up letters, patient results, etc. You can access the computers for Rheumatology purposes by logging in. The Username and Password will be provided on the first day.

On each of the network-linked computers in the Rheumatology area you will see a folder on the desktop called “Rheum Shared.” There you can find the clinic letters under “Dicta Typing” and some useful educational information under the “Education” folder. These include several CMAJ series on Rheumatology and Bioethics for Clinicians and a number of PowerPoint presentations from previous Needs-based seminars.

The Rheumatology Sign-out list can be accessed through the Sunnynet.ca portal website. Please click on the “Physicians” tab, and the “Physician Sign-out System v2.1”. You will need your EPR username and password to sign-in. This list should be updated on a daily basis for the physician on-call. You can also find the physician on-call list by clicking the “SMART directory and paging” tab on the Sunnynet website.

It is imperative that when you are done with the computer that you log off to ensure that no unauthorized individuals have access to private information. This applies especially towards the end of the day.
Resident office and library

The Residents’ office is in room M1-424. This is located to the right at the end of the Rheumatology clinic hallway. The key for this is kept by the admin staff, and must be returned to them after every use. Keys are distributed only to the Fellow/Sub-Specialty Resident and MUST be returned prior to the end of their rotation. Please keep your papers organized and tidy since this room is used by many individuals. Secure your valuables since there are many patients and staff around the hallway.

The room is equipped with three computers with internet access. Several resources are available in the office and the Sunnybrook R. Ian Macdonald Library EG-29, open 9am -5pm. These include Annals of the Rheumatic Diseases, Arthritis Research & Therapy, Arthritis and Rheumatism, Journal of Rheumatology, Kelleys Textbook of Rheumatology, Rheumatic Diseases Clinics of North America, Rheumatology.

Suggested Rheumatology Resources:

1. Canadian Rheumatology Association website:  
   http://rheum.ca/en/students/student_educational_resources  
   Educational resources including overview of some rheumatologic diseases, video of the GALS exam, case studies and slide collection. There are also guidelines and position papers on treatment recommendations

2. MSK Clinical Exam videos: http://fhs.mcmaster.ca/medicine/rheumatology/


5. American Rheumatology Association: www.rheumatology.org Wealth of information including practise guidelines, quality markers, images, patient resources  
   http://www.rheumatology.org/practice/clinical/patients/diseases_and_conditions/index.asp
**Goals and Objectives:**

1. **Medical Expert**
   - Demonstrates the ability to perform a rheumatologic history and physical examination in sufficient detail to generate an accurate differential diagnosis and provisional diagnosis.
   - Recognizes the key features of common rheumatologic diseases/presentations and describes a suitable approach to the diagnosis, differential diagnosis, investigations and initial management of:
     - Acute Monoarthritis
     - Acute and chronic polyarthritis
     - Low back pain
     - Multi-system Disease
     - Rheumatoid Arthritis
     - Ankylosing Spondylitis
     - Osteoarthritis
     - Fibromyalgia
     - Septic arthritis
     - Crystal induced arthritis including gout and pseudogout
     - Raynaud’s phenomenon
     - Connective tissue diseases such as systemic lupus erythematosis, scleroderma, Sjogren’s Syndrome
     - Systematic vasculitis including Temporal arteritis and polymyalgia rheumatica
     - Osteoporosis – postmenopausal and steroid-induced
   - Recognizes the correct use and interpretation of common serological tests in the diagnosis of collagen vascular diseases
   - Implements a management plan for common rheumatic diseases, including use (as indicated) of:
     - Physical and occupational therapy
     - Social work support
     - Medication including of the role of:
     - NSAIDs, Steroids, DMARDs, Biologic Therapies
   - Knows how drugs commonly used in the management of rheumatologic diseases may impact upon pregnancy
   - Recognizes common and potentially dangerous side-effects of major categories of drug therapies used in managing patients with rheumatologic disease
   - Performs independently joint aspiration of the knee incorporating:
     - Knowledge of the indications/contraindication of joint injections
Demonstration of the principles of obtaining informed consent, documenting the procedure, and ensuring adequate follow up
- Interprets correctly the results of synovial fluid analysis
- Recognizes common crystals seen in synovial fluid when using a polarized microscope

2. Communicator
- Demonstrates effective gathering of the patient’s rheumatologic history including the nature and location of pain, the impact of disease on activities of daily living
- Discusses effectively the treatment plans with the patient including potential rationale, benefits and risks
- Communicates appropriately with members of the health care team when seeing patients with chronic, complex disease in the outpatient setting

3. Collaborator
- Consults with other members of the health care team as required for optimum patient care

4. Manager
- Demonstrates skill in the inpatient and outpatient management of patients with rheumatic diseases, including follow-up of outpatient investigations
- Develops time management skills to reflect and balance priorities for patient care, sustainable practice, outside activities and personal life
- Describes cost-appropriate principles in the use of DMARDs for rheumatic conditions

5. Health Advocate
- Recognizes the need for patient access to rheumatologic therapies
- Lists barriers which affect access to these treatments, and some strategies to overcome them
- Identifies rheumatology resources available to patients and communities

6. Scholar
- Demonstrates the ability to research clinical questions related to patient care in rheumatology
- Presents a well-researched and organized teaching session on a defined topic in Rheumatology

7. Professional
- Demonstrates professional attitudes and behaviours in interactions with patients and other healthcare professionals, including honesty, integrity, commitment, compassion, respect and altruism

Reviewed and updated by Drs. Lori Albert, Erin Norris and Heather McDonald-Blumer, 2012
Trainee Responsibilities & Activities

Consult Service:

Each resident will be assigned to be first on-call for rheumatology. Consultation will come from in-patients in hospital or from the Emergency Department Monday-Friday 0800-1700 throughout the rotation. You are not responsible for night or weekend coverage.

In-hospital consultations are reviewed with the house staff within 24 hours of the consult request. Hand-written communications are acceptable for these consultations. An updated list of consults being followed must be kept by the house staff. The sign-out system is at [https://mywebapp/signout/](https://mywebapp/signout/) from any hospital computer. You will need your EPR username & password which you will receive at computer training organized through the Education Office.

*Please keep a label with the patients Bradma information for those patients reviewed daily and give to the corresponding staff physician administrative assistant for billing purposes.*
When new staff comes on duty, new stickers for the patients on the service will be needed for the new staff member.

All consults must be entered in the Consult Tracking book which is kept in the Residents’ Office in M1-424. Attach a label imprinted by the Sunnybrook hospital card to the page and indicate the date seen by staff, the provisional diagnosis, any interventions done, and the final diagnosis.

If you would like to book follow-up for a patient being discharged, please talk to the staff attending and their administrative assistant. Some can be followed up in Fellows clinic or by the residents.

Ambulatory Clinic:

Trainees will each attend 3-5 half-day clinics per week. They will have the opportunity to work and learn with rheumatology staff with expertise in osteoporosis, inflammatory and degenerative arthritis, and collagen vascular disease. Trainees will assess new patients, create an investigative and management plan, and have the opportunity to follow these patients horizontally over time. While in clinic, trainees will also have the opportunity to cooperate with arthritis health professionals such as Pharmacists, Occupational Therapy, Physical Therapy, and Social Work.

***What are Your Responsibilities?***

1) Be available for consults, whether you are the resident on pager or in clinic
   - **Consults are your 1st priority even if you are scheduled for clinic!**
   - In the spirit of collegiality, when the consult service is busy, residents not in clinic will help with consults.
   - If you are the only resident or fellow any given day you are responsible for consults. Notify the staff member with whom you are scheduled to do clinic that you have a consult and you will be excused.
   - All consults and details should be entered into the e-signout. This is found on the “Sunnynet” webpage, under the “Physician” tab.

2) Attend all clinics scheduled for you.
   - If you are unable to attend (due to meetings, post-call etc.) it is your responsibility to notify the staff member directly and the corresponding Administrative Assistant.
   - Typed dictations should be completed within 24-48 hours of the clinic.

3) 1-2 presentations in Rheumatology Rounds (Monday mornings)
4) **Fellows/Rheumatology Sub-specialty Residents only: Play a leadership role on the consult service which includes doing consults on days assigned and overseeing the entire service (i.e. such as a junior attending).**

**Dictations:**

New consults seen in clinic and the ward are typed into Sunnycare system. Some staff rheumatologists may prefer the use of typed letters into the sample templates in the Dicta Typing folder in the SBRheumatology folder. Please clarify this before the start of your clinic. The SBRheumatology folder is on the desktop of any computer in the rheumatology area. Please leave all clinical notes in the chart and return the chart to the appropriate Administrative Assistant.

Follow-up notes can also be entered into Sunnycare or written using the template letters provided. The inpatient consult notes will be entered into Sunnycare. These notes will be signed off by the attending physician.

Formative feedback will be provided on your dictations.
## Approach to writing consultation letters in rheumatology

<table>
<thead>
<tr>
<th>Date of consultation</th>
<th>Name of Patient and Referring Physician</th>
</tr>
</thead>
</table>

*Eg. “Dear Dr. *** (referring Dr), Thank you for asking us to see Mr/Ms***. This patient was seen in consultation on MM/DD/YY with Dr.*** (staff physician) for evaluation of XXX (chief complaint)”*

<table>
<thead>
<tr>
<th>The principle problem described with:</th>
<th>Relevant detail for chief complaint (apparent understanding of disease criteria). Inclusion of relevant negatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Brevity</td>
<td>Systems review (relevant)</td>
</tr>
<tr>
<td>• Clarity</td>
<td>Past history</td>
</tr>
<tr>
<td>• Organized fashion</td>
<td>Current medications/ Allergy</td>
</tr>
<tr>
<td></td>
<td>Family history</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History summary:</th>
<th>Systems review (relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Past history</td>
</tr>
<tr>
<td></td>
<td>Current medications/ Allergy</td>
</tr>
<tr>
<td></td>
<td>Family history</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical examination</th>
<th>General examination (relevant)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MSK findings</td>
</tr>
<tr>
<td></td>
<td>Available laboratory/ x-ray studies</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Final summary</th>
<th>Diagnosis/ problem (and reasoning)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clearly stated</td>
<td>Plan for investigation</td>
</tr>
<tr>
<td>• Well supported</td>
<td>Plan for management</td>
</tr>
<tr>
<td>• Accurate</td>
<td>Medication doses, risks explained (if applicable)</td>
</tr>
<tr>
<td></td>
<td>Arthrocentesis, risks explained (if applicable)</td>
</tr>
<tr>
<td></td>
<td>Follow-up arrangements: what, by whom, when</td>
</tr>
</tbody>
</table>

Follow-up Clinic Letters are written neatly on the templates provided. Please use black or blue pen and write legibly since these notes are faxed to the family physician and specialists. Please include:

1. Current Diagnosis
2. Current status (eg. stable, improved, worse)
3. Major concerns (eg. active disease- specific joint or organ, compliance, drug monitoring, none)
4. Current Medications
5. Recent lab/ x-ray results
6. Today’s Assessment
7. Plan: a) Tests  
   b) Meds  
   c) Consults (eg. PT/OT etc)
8. Follow Up

In your clinical notes, it is helpful to document the MSK physical exam using a “homunculus” stamp. Create a legend indicating the tender (X), swollen (●), damaged (D), or replaced (≠) joints and mark this directly on the skeleton.

![Homunculus Diagram]
**General schedule:**
The general weekly clinic schedule is as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:30 am</td>
<td>Needs-based seminar and Handover M1-404</td>
<td>Intracity Rounds on alternating wks</td>
<td>Immunology Teaching (Fellow Downtown)</td>
<td></td>
<td>Core teaching (Fellow Downtown)</td>
</tr>
<tr>
<td>9 – 12 pm</td>
<td>Ambulatory clinic (Bell, Chow, Sandhu)</td>
<td>Ambulatory clinic (Choy, Sandhu)</td>
<td>Ambulatory clinic (Bell, Chow, Choy)</td>
<td>Fellow urgent clinic Ambulatory clinic (Bell, Chow, Choy, Sandhu)</td>
<td>Fellow academic half-day Ambulatory clinic (Bell, McKeown)</td>
</tr>
<tr>
<td>12 pm – 1 pm</td>
<td></td>
<td></td>
<td>Grand Medical Rounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 pm – 3 pm</td>
<td>Ambulatory clinic (Chow, Choy, McKeown, Sandhu)</td>
<td>Ambulatory clinic (Chow, Sandhu)</td>
<td>Ambulatory clinic (Bell, McKeown)</td>
<td>Fellow urgent clinic Ambulatory clinic (Chow, Choy, Sandhu)</td>
<td>Fellow teaching clinic Ambulatory clinic (Bell, Choy)</td>
</tr>
<tr>
<td>3 pm – 5 pm</td>
<td>Consults / Teaching rounds Research Mentoring: Residents/Fellow</td>
<td>Consults / Teaching rounds</td>
<td>Consults / Teaching rounds</td>
<td></td>
<td>Consults / Teaching rounds</td>
</tr>
</tbody>
</table>

**Core/Fellow Teaching**
- Schedule to be adjusted based on other commitments of trainees during the week (half-days, post-call days...)

**Other teaching activities:**
- Journal Club (Monthly, Tues evening)
- Literature search
Structured Education:

At the beginning of the rotation, each trainee should set some own personal learning objectives. This can be reviewed with the rotation coordinator.

Teaching sessions occur once per week on Monday mornings at 8:30am (see schedule). This will be based on topics the trainee identifies as an area of personal interest. Each resident will be expected to present once during the duration of their rotation. Please let the rotation coordinator know the title of your talk.

Consults/ Teaching rounds are held several times each week. Cases will be reviewed in depth during these rounds so please ensure that patients will be present on the ward and all bloodwork and x-rays are available to review.

Throughout the rotation “Rheumatology for the General Internist” curriculum will be discussed. This has been designed specifically for the GIM trainee. A schedule of teaching times will be distributed at the start of the rotation.

Intracity Rheumatology rounds are city-wide rheumatology rounds held at the Hospital for Sick Children the 2nd and 4th Tuesday of each month from 8am to 9am. These are broadcast live through the internet and can be accessed online in the conference room. Please see staff about setting this up.

Other educational sessions include rheumatology journal club sessions 1×/month.

Evaluations

The goals and objectives for this rotation are found in this orientation manual. You should review this document at the beginning of the rotation in order to monitor your progress toward meeting them.

- Formative feedback will be provided halfway through your rotation and will also be given at the end of clinics.
- A written end of rotation evaluation will be done at the end of your rotation and will include the feedback by the different rheumatologists that you have worked with. A final ITER on the POWER system will be provided.

Feedback

The quality of the rotation can only be improved by ongoing evaluation and adaptation to needs of the resident. Please provide feedback by filling out staff evaluations and rotation evaluations.

Awards

Each year, one resident will be awarded the Sunnybrook Department of Medicine Rheumatology Award. The award will presented in June of each year.

Choose Rheumatology!

If you are interested in learning more about becoming a rheumatologist, speak to any of the staff. Find out why Rheumatology is such a rewarding career and why rheumatologists are one of the happiest physicians! http://www.webmd.com/balance/news/20120322/which-doctors-are-happiest-healthiest
Research Activities

The Division of Rheumatology is actively involved in peer review research in arthritis care and education. Current topics of study include consult service assessment, quality of care in gout, quality improvement, peer mentorship of patients and innovative methods of delivering MSK education. Every trainee on service will be encouraged to have a research experience while on service. This may take the form of case reports, chart audits, literature review, case series meta analysis, and peer review abstract submission, protocol development and publications are often outcomes of this experience.

Trainees who are potentially interested in pursuing an academic research career in rheumatology, or simply who would like some exposure to research during their training, are encouraged to participate in research activities. There has been discussion among the members of the Division over the past few years regarding mechanisms to ensure that such research experiences are optimal for all trainees. With this in mind, we would suggest that trainees interested in completion of a research project during their fellowship training take the following points into consideration when choosing a supervisor and topic for the research project:

• Ideally, the project undertaken should result in either a peer-review publication, or serve as pilot data for development and submission of a peer-review grant. Projects that have the potential for neither of these outcomes should be discouraged.

• The faculty supervisor/mentor should have the methodological expertise required to ensure the scientific quality of the proposed research. Where this is not the case, we would encourage co-supervision by a clinician and researcher.

• Before the project is begun, the supervisor and student should prepare a one- to two-page outline of the proposed project. The outline should include:
  o clear objective and hypothesis
  o background and rationale (what do we know, what don’t we know, and why do we need to know it)
  o methodology to be used
  o analysis plan and sample size or power calculation
  o a statement of the relevance (so what?) of the project
  o the amount of time that the trainee will have protected from clinical responsibilities in order to complete the project
  o Ethics review, if needed (it usually will be!), must be received before commencing with the project.