Overall Competencies for the Pediatric Residency Training Program

RHEUMATOLOGY

Goals and Competencies

PC: Patient Care; MK: Medical Knowledge; PBLI: Practice-Based Learning & Improvement
IC: Interpersonal & Communication Skills; P: Professionalism; SBP: Systems-Based Practice

GOAL 1: Normal Versus Abnormal (Rheumatology). Understand how to distinguish normal or transient disorders from pathological rheumatologic conditions.

COMPETENCIES: (MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Define range of motion of joints			1	2,3
2. Differentiate arthralgia from arthritis.			1	2,3
3. Differentiate benign musculoskeletal pain in childhood from more serious causes		1	2	3
4. Explain the findings on clinical history and examination that suggest rheumatologic disease requiring further evaluation and treatment. Include the factors that differentiate arthralgia from arthritis, benign from pathologic limb pain, and fever patterns suggestive of systemic JIA or other auto-inflammatory syndromes		1	2	3
5. Identify imaging tests that may be helpful in evaluating arthritis in a patients, such as Xrays, MRI and ultrasound. Understand the utility of laboratory tests in Rheumatology, such as ANA, HLA-B27, RF, CCP, anti-DNA and ENA's, CBC, ESR, SF analysis, etc.		1	2	3
6. Describe how well-child care may differ in a child with a rheumatic disease, including avoidance of live virus vaccinations and management of fever in children on immunosuppressive medication.			1	2,3

GOAL 2: Undifferentiated Signs and Symptoms (Rheumatology). Evaluate, treat, and/or refer patients with presenting signs and symptoms that may indicate a rheumatologic disease process.

COMPETENCIES: (MK, PC)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Create a strategy to determine if the following presenting signs and symptoms are caused by a rheumatologic disease and determine if the patient needs treatment or referral.				
a. Limb pain		1	2	3
b. Joint pain			1	2,3
c. Joint swelling			1	2,3
d. Limp			1	2,3
e. Fever			1	2,3
f. Skin rash		1	2	3
g. Muscle weakness		1	2	3
h. Muscle tenderness			1	2,3
i. Red eyes associated with arthritis or arthralgia			1	2,3
j. Fatigue, weight loss			1	2,3
2. Create a strategy to determine if the following lab tests are indicated in a patient with suspected rheumatic disease				
a. ANA			1	2,3
b. RF			1	2,3
c. ASO			1	2,3

GOAL 3: Common Conditions Not Referred (Rheumatology). Understand how to diagnose and manage rheumatologic problems which generally do not require referral.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
Recognize, describe the pathophysiology of, and manage these conditions:				
a. Transient synovitis			1	2,3
b. Pediatric Amplified Musculoskeletal Pain Syndrome (AMPS)			1	2,3
c. "Growing pains" aka Benign Nocturnal Pains of Childhood (BNPC)		1	2	3
d. Hypermobility syndromes		1	2	3
e. Patellofemoral syndrome		1	2	3

f. Drug reactions with associated arthralgias or arthritis (e.g. serum sickness)		1	2	3
g. Typical Henoch-Schonlein Purpura		1	2	3
h Typical Kawasaki disease		1	2	3
i. Mild Raynaud's phenomenon/vasomotor instability not associated with other symptoms		1	2	3

GOAL 4: Conditions Generally Referred (Rheumatology). Understand how to recognize, initiate management of, and refer rheumatologic problems which require referral.

COMPETENCIES: (PC, MK, IC, SBP)	<25%	25-50%	50-75%	75-100%
Recognize, provide initial management of, and refer as needed the following:				
a. All subtypes of juvenile idiopathic arthritis including acute and chronic presentations		1	2	3
b. Spondyloarthropathies, in particular the enthesitis-related arthritis subtype of JIA		1	2	3
c. Arthritis associated with malignancy, inflammatory bowel disease, viral infections, bleeding diatheses		1	2	3
d. Lyme arthritis		1	2	3
e. Systemic lupus erythematosus		1	2	3
f. Dermatomyositis		1	2	3
g. Sclerosing Skin Disorders such as morphea, systemic sclerosis, and eosinophilic fasciitis		1	2	3
h. Mixed Connective Tissue Disease, Undifferentiated Connective Tissue Disease		1	2	3
i. Primary and Secondary Raynauds		1	2	3
j. Vasculitides including atypical or complicated HSP, granulomatosis with polyangiitis		1	2	3
k. Atypical Kawasaki disease		1	2	3
l. Fever of unknown origin, prolonged and periodic fevers, autoinflammatory diseases		1	2	3
m. Amplified musculoskeletal pain syndromes (AMPS), including fibromyalgia and CRPS		1	2	3
n. Sarcoidosis		1	2	3
o. Sjogren's Syndrome		1	2	3

GOAL 5: Child with a Limp (Rheumatology). Understand the management of a child with a limp.

COMPETENCIES: (PC, MK)	**<25%**	**25-50%**	**50-75%**	**75-100%**
Discuss the evaluation, diagnostic work up, differential diagnosis, and initial management of a child with:				
a. Limp			1	2,3
b. Swollen or painful joint			1	2,3
c. Refusal to walk			1	2,3
d. Refusal to use a limb			1	2,3

GOAL 6: Prevention (Rheumatology). Understand the general pediatrician's role in prevention and health maintenance of rheumatologic disorders.

COMPETENCIES: (PC, MK, PBL, IC)	**<25%**	**25-50%**	**50-75%**	**75-100%**
1. Counsel patients in Lyme endemic areas how to reduce risk of exposure to Lyme and how to recognize Lyme disease		1	2	3
2. Counsel patients with streptococcal disease or prior rheumatic fever about the risks of heart disease in patients with either PSRA or ARF and the need for prophylactic antibiotics			1	2,3
3. Explain the role of physical therapy, occupational therapy, and orthotics in JIA		1	2	3
4. Understand the risk factors for developing uveitis in patients with JIA, how to screen for uveitis, and sequelae of undertreated disease				
5. Counsel patients treated with corticosteroids about the importance of calcium and Vitamin D supplementation.		1	2	3
6. Counsel patients with sun-sensitive connective tissue diseases (lupus, dermatomyositis) about the importance of sun protection.		1	2	3
7. Counsel parents of immunosuppressed patients about the importance of vaccines to prevent severe illness.			1	2,3

8. Offer non-live vaccines to all immunosuppressed patients.			1	2,3