

Rheumatology Goals	Objectives by Competency and Level of Training			Assessment Methods
	PL-1	PL-2	PL-3	
GOAL 1: Prevention, Counseling and Screening. Understand the role of the pediatrician in preventing rheumatologic, and in counseling and screening individuals at risk for these diseases.	Patient Care: Provide routine prevention counseling about rheumatologic diseases to all parents and patients, addressing: <ul style="list-style-type: none"> •Reducing exposure to Lyme disease in endemic areas •Importance of completion of antibiotic course to reduce likelihood of acute rheumatic fever •Recommendations by age and the role of optimal calcium intake in the prevention of future osteoporosis •Use of proper sports safety equipment to prevent bone and joint injuries that may lead to future disability 		Patient Care: Provide prevention counseling to parents and patients with specific rheumatologic conditions that addresses the role of physical therapy, occupational therapy and routine eye exams in various types of juvenile arthritis	Direct Observation Global Eval
	Medical Knowledge: 1.Describe the normal range of motion of joints and changes in bone and joint alignment at various stages of normal physical development, including physiologic genuvarum, genuvalgum, tibial torsion and femoral anteversion.. 2.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 who are taking immunosuppressive medication.	Medical Knowledge: 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 juvenile rheumatoid arthritis (JRA).	Medical Knowledge: Interpret clinical and laboratory tests associated with rheumatologic diseases. These tests should include: joint X-rays for evidence of arthritis, CBC, ESR, complement, rheumatoid factor, ANA, anti-DNA, HLA B27, synovial fluid analysis.	Direct Observation In-Training Exam Global Eval
GOAL 2: Diagnose and manage patients with rheumatologic problems that generally do not require referral. 1.Benign musculoskeletal pain 2.Drug reactions with associated arthralgias or arthritis (e.g., serum sickness) 3.Growing pains (idiopathic limb pains of childhood) 4.Fibromyalgia 5.Henoch-Schonlein purpura 6.Hypermobility syndrome 7.Patellofemoral syndrome 8.Transient synovitis	Patient Care: 1.Obtain accurate, relevant history efficiently, demonstrating a developmentally appropriate and prioritized approach. 2.Perform accurate, targeted but thorough PE which is developmentally appropriate 3.Synthesize all available clinical information into a treatment plan	Patient Care: 1.Obtain relevant historical subtleties that inform and prioritize differential diagnoses and diagnostic information 2.Accurately track changes in PE over time 3.Develop a prioritized differential diagnosis and diagnostic and therapeutic plan	Patient Care: 1.Role model gathering subtle and reliable information from patient and family 2.Routinely identify subtle or unusual PE findings, demonstrating an understanding of how they influence clinical decision making 3.Modify differential diagnosis and therapy based upon clinical course 4.Recognize disease patterns which deviate from common patterns and require complex decision making 5.Independently manage patient with a broad spectrum of common rheumatologic disorders	Direct Observation Global Eval
GOAL 3: Recognize and initiate management of patients with rheumatologic problems that require referral to a rheumatologist or other subspecialist. 1.Acute rheumatic fever 2.Arthritis associated with malignancy, inflammatory bowel disease, viral infections, bleeding diatheses 3.Dermatomyositis 4.Juvenile rheumatoid arthritis 5.Kawasaki's syndrome 6.Lyme (arthritis, carditis) 7.Mixed connective tissue disease 8.Pain and somatization syndromes 9.Reflex sympathetic dystrophy 10.Scleroderma, local and systemic 11.Spondyloarthropathies 12.Systemic lupus erythematosus 13.Vasculitis, PAN, Wegener's 14.Post-streptococcal reactive arthritis	Patient Care: 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. <ol style="list-style-type: none"> 1.Limb pain 2.Joint pain 3.Joint swelling 4.Limp 5.Fever 6.Skin rash 7.Muscle weakness 8.Muscle tenderness 9.Red eyes 10.Fatigue, weight loss 	Patient Care: Identify, explain, provide initial management and support, and seek urgent referral when these conditions are suspected	Patient Care: 1.Recognize immediate life-threatening complications associated with the diagnosis and treatment of infectious disorders. Refer for intensive care as indicated. 2.Review the role and thought process of the specialist when dealing with patients who have complex or life threatening illnesses, such as the use of static vs. bactericidal drugs, drug combinations and synergies, and monitoring patients for toxicity and efficacy.	Direct Observation Global Eval