

Assessment Blueprint for Rheumatology

Curriculum Area	Exam	Mini-CEX	DOPS	MSF	CBD	Structured Educational supervisor report	Portfolio*	Patient Survey
<p>2.1 Knowledge</p> <p>The overall aim is to acquire a sound knowledge of the natural history and pathophysiology of rheumatological disease and the basic scientific principles and evidence base underpinning the current practice of rheumatology. This knowledge base will be applied to ensure safe and competent clinical practice.</p>								
1. Basic science underpinning the musculoskeletal and immune systems	√							
2. Pharmacology underpinning rheumatological practice:	√	√			√			
Knowledge of the pharmacology of all drugs used in rheumatological practice, including analgesics, non-steroidal anti-inflammatory drugs, slow acting anti-rheumatic drugs, immunosuppressive agents, biologic agents, drugs used in treating patients with metabolic bone diseases, non-analgesic drugs used in the management of patients with chronic pain, drugs used in the management of gout, corticosteroids	√	√			√			
Ability to identify and evaluate information on new drugs							√	
Ability to identify, evaluate and notify appropriate authorities of, potential adverse drug effects noticed within their clinical practice	√						√	

* Appropriate portfolio evidence – this could be a case description and copy of notification to Committee of Safety of Medicines

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3. Rheumatological Disorders (see section 2.1.3 for full details)								
For each of the following conditions, the trainee should demonstrate knowledge of: -epidemiology -aetiology -pathogenesis -pathology -clinical features -natural history -potential impact, physical, psychological and functional on the individual -potential impact on the individual's carers -potential impact on society -investigation -pharmacological and non-pharmacological management, including - the evidence base thereof								
Musculoskeletal pain problems and soft tissue rheumatism	√	√			√		√	
Osteoarthritis and related conditions	√	√			√		√	
Crystal associated arthropathies	√	√			√		√	
Rheumatoid arthritis	√	√			√		√	
Spondyloarthropathies	√	√			√		√	
Juvenile idiopathic arthritis in relation to young adult and adult patients	√	√			√		√	
Autoimmune connective tissue diseases	√	√			√		√	
Bone disorders	√	√			√		√	
Metabolic, endocrine and other disorders	√	√			√		√	
Infection and arthritis	√	√			√		√	
Neoplastic disease	√	√			√		√	
Miscellaneous disorders	√	√			√		√	
4. Rheumatological disorders of the elderly	√	√			√		√	
5. Paediatric and adolescent rheumatology in relation to young adult and adult patients	√	√			√		√	

* Appropriate portfolio evidence – this could be case descriptions

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6. Investigations used in Rheumatological practice (see section 2.1.6 for full details) For each of the following investigations the trainee will be able to: -Select the appropriate investigation in the light of their clinical assessment of a given patients -Provide a rationale for the investigation -Interpret the investigation result in the context of the given patient								
Haematological tests	√	√			√			
Biochemistry tests	√	√			√			
Immunological tests	√	√			√			
Synovial fluid analysis	√	√	√		√			
Microbiology/Serology	√	√			√			
Pathology	√	√			√			
Imaging	√	√			√			
Neurophysiology	√	√			√			
7. The role and activities of other members of the multi-disciplinary team. For the team members, the trainee will be able to: -Describe their role -Describe , in principle, their activities -Identify which patients may benefit from their input -Recognise effective ways of communicating with them				√	√			

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<p>8. Orthopaedic surgery in the context of Rheumatological practice.</p> <p>The trainee will be able to:</p> <ul style="list-style-type: none"> -Identify circumstances in which orthopaedic referral is appropriate -Describe the indications for, principles of and complications of, those orthopaedic procedures commonly carried out on patients with rheumatological conditions -Recognise effective ways of communicating with orthopaedic surgeons, including the role of combined clinics 	√	√		√	√	√		
<p>9. Other medical specialties in the context of rheumatological practice</p> <p>The trainee will be able to:</p> <ul style="list-style-type: none"> -Identify circumstances in which referral to other specialists is appropriate -Describe the principles of the specialist help provided by other specialists -Recognise ways of communicating effectively with other specialists 	√	√		√	√	√		
<p>10. Complementary therapy and unconventional treatment approaches</p> <p>The trainee will be able to:</p> <ul style="list-style-type: none"> -Describe, in principle, the main activities of these treatment approaches -Identify and evaluate the evidence base underlying these approaches -Identify, in principle, the potential advantages and disadvantages of these approaches 	√							

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2.2 Clinical Skills and Attitudes	Exam	Mini-CEX	DOPS	MSF	CBD	Structured Educational supervisor report	Portfolio	Patient Survey
1. Overview								
<p>History – To be able to elicit and correctly interpret a history of:</p> <ul style="list-style-type: none"> ▪ the presenting symptoms of rheumatological disease ie pain, stiffness, weakness, loss of function & non-articular manifestations ▪ the impact on the individual of the rheumatological disease ▪ the psychosocial problems associated with rheumatological disease ▪ other general medical problems 		√						
<p>Examination - To identify</p> <ul style="list-style-type: none"> ▪ the normal musculoskeletal system and its variations including at extremes of age ▪ the surface anatomical features of the shoulder girdle, elbow, hand/wrist, hip/pelvis, knee, ankle/foot, spine ▪ the normal range of movement (active and passive) of these joints ▪ the actions of major muscle/tendons acting on these joints 		√						
<ul style="list-style-type: none"> ▪ the clinical signs associated with inflammation or structural damage of joints & periarticular structures (muscles, tendons, entheses, bursae and bone) ▪ non-articular, systemic and other features of rheumatic disease ▪ general medical complications of rheumatological disease ▪ diffuse or regional pain disorders or somatisation disorders 		√						

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All trainees should be able to perform and demonstrate a GALS (Gait Arms Legs Spine) screening examination All trainees should be able to perform and demonstrate a regional musculoskeletal examination (REMS)		√						
Attitudes To respect the patient and their perspective of their problem; to value good communication with the patient				√				
2. History taking and clinical examination: Regional musculoskeletal examination: Identifying and interpreting abnormalities (see section 2.2.2. for details)								
Shoulder pathology	√	√			√			
Elbow pathology	√	√			√			
Hand and wrist pathology	√	√			√			
Hip/pelvic pathology	√	√			√			
Knee pathology	√	√			√			
Ankle and foot pathology	√	√			√			
Spinal pathology	√	√			√			
Extra-articular pathology	√	√			√			

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<p>3. For each of the following presentations, the trainee will demonstrate the skills and attitudes identified in the grid below:</p> <p>Patients presenting with:</p> <ul style="list-style-type: none"> • A monoarthropathy • An oligoarthropathy • A polyarthropathy • An axial arthropathy • An inflammatory multi-system disorder • Muscle weakness • Regional limb pain • Spinal musculoskeletal pain disorders • Unexplained musculoskeletal pain • Rheumatological emergencies 								
Skills:								
On the basis of history and examination, arrives at an appropriate differential diagnosis	√	√			√			
Chooses and interprets the appropriate investigations	√	√			√			
Formulates an appropriate management plan.	√	√			√			
Communicates the diagnosis, its implications and the treatment options to the patient and facilitates the patient in agreeing a management plan				√				√
Involves and refers to the members of the multi-disciplinary team and other specialists appropriately		√			√	√		
Makes appropriate arrangements for follow up and monitoring of the patient		√			√	√		
Communicates effectively and appropriately with other members of the team, with the patient's GP and with the patient's family or carers; Documents clearly in the patient record				√		√	√	

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Attitudes:								
Respects the patient; Values the need for careful and accurate clinical assessment		√		√				√
Respects the need for an accurate diagnosis but also for effective use of scarce and (where relevant) potentially toxic, resources		√			√	√		
Relates theoretical knowledge to patient management. Ensures an evidence-based approach is employed	√	√			√			
Keeps up to date with published medical evidence	√	√			√			
Respects the patient's perspective and autonomy; appreciates the potential impact on the patient and their family				√				√
Values the skills and knowledge of colleagues				√		√		
Maintains the patient's interests as paramount; values optimal resource allocation					√	√		√
Respects the patient's wishes and needs regarding communication with relatives etc; respects the need for effective communication with the primary care team; respects the need for accurate record keeping		√				√	√	√

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<p>4. For each of the following conditions, the trainee demonstrates the skills and attitudes identified below:</p> <p>Patients with:</p> <ul style="list-style-type: none"> A regional musculoskeletal pain problem (2.1.3.a) A spinal musculoskeletal pain problem (2.1.3.a) Osteoarthritis (2.1.3.b) A crystal arthropathy (2.1.3.c) Rheumatoid arthritis (2.1.3.d) A spondyloarthropathy (2.1.3.e) An autoimmune connective tissue disease (2.1.3.g) A bone disorder (2.1.3.h) A rheumatological manifestation of a metabolic or endocrine disorder (2.1.3.i) An arthritis or rheumatological condition secondary to infection, including septic arthritis (2.1.3.j) One of the miscellaneous disorders identified in Section 2.1.3.l 								
Skills								
Communicates to the patient the diagnosis, prognosis and treatment options, using patient literature and other media, as appropriate	√	√		√				√
Identifies and discusses, the patient's views on causation and management of the patient's condition		√						√
Agrees a management plan with the patient, including discussion of the risks and benefits of treatments	√	√			√			√
To refer to, and communicate with, other members of the multi-disciplinary team, as appropriate		√		√		√		
Selects and make appropriate arrangements for long term follow up of the patient. This may involve monitoring for treatment- and disease-related complications	√	√		√	√	√		

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Performs appropriate follow up medical services. Includes tailoring the approach to the specific needs of a patient in the context of the known impact and complications of the given condition	√	√			√			
Refers appropriately to other specialists. This will particularly require a close liaison with orthopaedic surgeons	√	√		√	√	√		
Where a patient indicates a desire to, discusses the risks and benefits of complementary or unconventional treatment approaches	√	√						√
Identifies and accesses non-NHS agencies, as appropriate, for patients. This may include patient self-help groups, social services, housing departments, Citizens advice bureaux, disablement resettlement officers	√	√		√	√			
Attitudes								
Respects patients. Appreciates the importance of effective communication by all appropriate means		√		√				√
Values the patient's perspective								√
Respects the need for a collaborative approach with patients		√		√				√
Respects other members of the team and the need to communicate professionally with them				√		√		
Values the importance of appropriate follow up arrangements. Takes responsibility for ensuring adequate follow up and monitoring	√	√				√		
Respects the individual's autonomy. Keeps up to date with current best practice		√						
Values the role of other specialists; respects the importance of effective communication with other specialists	√	√		√		√		
Respects the patient's wishes to discuss other approaches								√
Values the need for a holistic approach; respects the role of other agencies; values the need for effective communication with other agencies				√		√		

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5. Practical procedures								
To identify, in a given patient, the need for: -joint aspiration and/or injection with corticosteroid and/or local anaesthetic -soft tissue injection with corticosteroid and/or local anaesthetic	√	√		√				
To recognise the macroscopic appearance of normal and abnormal synovial fluid	√		√					
To identify synovial fluid crystals on polarised microscopy			√					
Competency is required in all of the following procedures*:								
PIP injection			√					
MCP injection			√					
Wrist injection			√					
Carpal tunnel injection			√					
Extensor and flexor sheath injections			√					
Elbow joint injection			√					
Elbow enthuses injection			√					
Olecranon bursa injection			√					
Glenohumeral joint injection			√					
Acromio-clavicular joint injection			√					
Sub-acromial bursal injection			√					
Hip bursal injection			√					
Knee joint injection			√					
Knee bursal injection			√					
Ankle joint injection			√					
MTP joint injection			√					
Plantar fascial injection			√					

* Satisfactory DOPS should be documented in at least 8 of these required techniques which must include knee, shoulder and wrist intra-articular injection

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The following procedures are optional, but formal assessment must be completed in any to be practised by the trainee autonomously:								
Injections under X ray guidance:			√					
Hip joint			√					
Sacro-iliac joint			√					
Facet joint			√					
Sub-talar joint			√					
Ultra sound guided injections			√					
Caudal epidural injections			√					
Occipital nerve block			√					
Suprascapular nerve block			√					
Nailfold capillaroscopy			√					
Intra-articular injections of Yttrium			√					
Punch skin biopsy			√					
Needle muscle biopsy			√					
Minor salivary gland biopsy			√					

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2.3 Lifelong learning						√	√ Appropriate evidence would include critical reflections on courses and conferences attended and on reading. Evidence of planning such as a personal development plan	
2.4 Professional behaviour				√		√	√ Appropriate evidence would include reflections on encounters with important legal or ethical elements, attendance of learning objectives via courses	√
2.5 Working with colleagues				√		√		
2.6 Teamworking and leadership				√		√	√ Appropriate evidence would include committees chaired and participated in, together with relevant reflections on these activities, completion of accredited courses.	
2.6 Teaching and Educational supervision						√	√ Appropriate evidence would include teaching activities with evaluation by learners, observed teaching, reflection on teaching, feedback from junior trainees, educational qualifications	

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2.7 Research	√						√ Appropriate evidence would include published studies and abstracts, grant applications, individual paper and literature reviews, completion of accredited courses, presentations to learned societies, Masters degree, MD, PhD	
2.8 Clinical Governance							√ Appropriate evidence would include completed audits (presented and/or published), development of guidelines, reflections on experiences relevant to clinical governance.,	