

Rheumatology ITP post

GP Curriculum statements – 3.20

Care of People with Musculoskeletal Problems

Learning Outcomes that could be delivered in Secondary care

1. Manage common and important Musculoskeletal conditions in adults and children including emergency care.
2. Define the mechanism of injury when considering diagnosis.
3. Demonstrate the complete examination of the neck, back, shoulder, elbow wrist, hand, hip, knee & ankle.
4. Define the indications for plain radiography, ultrasound, CT & MRI scans including the use of tools such as the 'Ottawa Rules'.
5. Describe the indications for, and demonstrate the skills for joint injections and aspirations appropriate for general practice e.g. shoulder & knee joints & injections for tennis & golfer's elbow.
6. Describe the principals of treatment for common musculoskeletal conditions including the use & monitoring of NSAIDs & disease-modifying drugs.
7. Describe the systems of care for rheumatological conditions including the roles of primary & secondary care, shared care arrangements, multidisciplinary teams & patient involvement.
8. Describe the physical, psychological & social impact of Musculoskeletal conditions on individuals & their carers. Include the role of occupation in causation & the likely effect on prognosis.
9. Describe the roles of allied health care practitioners in the care of patients with musculoskeletal problems.
10. Make timely referrals to the most appropriate healthcare practitioner e.g. GPwSI, physiotherapist, podiatrist, orthopaedic surgeon and rheumatologist.

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-20-Musculoskeletal-Problems.ashx>

Top Tips

- Follow the Registrar on ward reviews – n.b. referrals are not that common – so make sure you ask the Reg/Consultant if there is anyone to see
- Dr Lillicrap and others are very keen to teach – especially consultations skills – so it is useful to revise consultation skills beforehand
- Make sure you let the consultants know your level of knowledge . They are very keen to teach you.
- Be aware of curriculum and make sure that you try to meet your learning needs

Experience gained:

- Consultation skills
- Joint examinations – especially shoulders, knees, hands (Dr Lillicrap is particularly good at teaching these and i.m. injections)

- Differential diagnoses of common musculoskeletal disorders and their management
- Appropriate referrals
- Appropriate investigations
- Rheumatological emergencies – eg- connective tissue disorders
- Multidisciplinary team involvement
- Joint injections when appropriate.

Top Tips:

- This is a great speciality because basically you learn everything by sitting in clinics...
- Clinic on Tuesday morning, followed by ward referrals review with Registrar. Clinic on a Thursday morning.
- Department meetings on Tuesday afternoon and Xray meeting also Tuesday afternoon
- Make sure you complete mini-CEXs during clinic and concentrate on CBDs in GP
- Helpful to go on ward reviews with registrar / consultant when possible
- Helpful to sit in with one of the two Nurse Practitioners
- Try to arrange to sitting in with Musculoskeletal Assessment Services, Physio Direct, OT Services and Podiatry during your placement – you can just ring up or email the Physio department to sort this out. Alison Taylor is very helpful.
- Joint Examination – Worth reading the Arthritis Research Council booklet on this before starting the placement http://www.arthritisresearchuk.org/arthritis_information/information_for_medical_profes/student_handbook.aspx
- It is worth attending Paediatric Rheumatology Clinic at least once if possible
- Dr Hall's special interest is SLE
- Dr Abdullah is keen for Trainees to visit the Orthopaedic Fracture Clinic and/or the Back Pain Assessment Clinic occasionally
- Useful e-learning for TCGP and ARC on MSK problems with corresponding course on MSK examinations (about £150 for the day)
- Joint injections course run by RCGP

Consider your colleagues in other rotations and if you are sitting in the mess alone, the reason may be that everyone else is snowed under with jobs and stress – think about popping to neighbouring wards to offer your time to do a few tasks to help out like discharge summaries, cannulas, and other little bits. You may find that others will do the same for you when you are busy, although they are sometimes concentrating on their exams etc.

