



**U.E.M.S.**

*Union Européenne des Médecins Specialist / European Union of Medical Specialists*

**Section of Rheumatology**

**European Board of Rheumatology**

## **TRAINING RECORD**

**This Training Record is to be used in conjunction with the  
EUROPEAN BOARD OF RHEUMATOLOGY / U.E.M.S  
Core Curriculum for Specialist Training**

**GENERAL KNOWLEDGE**

**1 Basic knowledge**

Demonstrate knowledge of anatomy, biochemistry, physiology, biomechanics, pathophysiology of pain, and cellular and molecular biology and genetics relevant to the rheumatic diseases.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**2 Knowledge of the rheumatic diseases**

Demonstrate a thorough theoretical knowledge of the rheumatic diseases. This includes knowledge of the epidemiology, aetiology, pathogenesis, pathology, clinical features, natural history and management of the diseases listed in Appendix A

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**3.1 Take a history from a patient with a musculo-skeletal disease or disorder**

This includes:

- A. An appreciation of the mode of onset, clinical course and complications of the various rheumatic disorders.
- B. Recognition of the current and past pattern of these
- C. An appreciation of possible constitutional and organ specific extra articular symptoms.
- D. The functional and psycho-social aspects of the disorder with reference to activities of daily living, occupational and leisure activities.
- E. A detailed history of previous therapies with special note of efficacy and side effects.
- F. To discriminate important factors with reference to musculo-skeletal disorders within the family history.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**3.2 Perform a clinical examination with special reference to the musculo-skeletal system**

- A. A general examination with particular attention to the structures which may be affected in systemic rheumatic diseases such as eyes, skin, mucous membranes, heart, lungs, blood vessels and CNS.
- B. Inspection at rest and during selected movements; palpation and stress tests of joints and entheses.
- C. Recognition of deformity, skin changes, swelling, tenderness, muscle wasting, defects of movement, crepitus and stability.
- D. Discriminate between the normal and abnormal with regard to the structural change in the hand, elbow, shoulder, spine and sacro-iliac joints, hip, knee, ankle and foot, and temporomandibular joint.
- E. Perform standard methods of assessment and documentation of disease activity and progression.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**4 Assessment of organ dysfunction in patients with rheumatic diseases**

Demonstrate knowledge of the clinical features and function of target organs in systemic rheumatic diseases: eg kidneys, lungs, etc.

**Quality of module**

Trainee's comments.....

Signature ..... Date.....

Trainer's comments.....

COMPETENT: Signed..... (Trainer) Date.....

**5 Select appropriate laboratory tests, understand the methodology of commonly used immunology tests and interpret the results**

This includes:

Knowledge of haematological, immunological, histopathological and biochemical changes that accompany the rheumatic and bone diseases.

The immunological basis of the auto-immune rheumatic diseases and the methodology involved in performing tests for rheumatoid factor, antinuclear antibodies, anti DNA antibodies, auto-antibodies against nuclear, cytoplasmic, cell surface, ANCA and phospholipid antigens and level of complement components.

**Quality of module**

Trainee's comments.....

Signature ..... Date.....

Trainer's comments.....

COMPETENT: Signed..... (Trainer) Date.....

**6 Demonstrate knowledge of the place of imaging techniques in the investigation of the rheumatic diseases**

This will entail knowledge of indications for diagnosis, following the progression of disease and for assessing the extent of irreversible damage in individual joints or groups of joints, and the spine. The techniques include conventional Xrays, CT scans, MRI scans and radio-isotope techniques. This could be obtained by attendance at Combined Radiology Meetings.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**7 Demonstrate knowledge of the place of measurement techniques using imaging in the investigation of the rheumatic diseases**

This will entail knowledge of indications for and interpretation of measurement techniques such as bone densitometry and ultrasonography in the investigation of the rheumatic diseases.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**8 Understand the role of neurophysiology in the investigation of the rheumatic diseases**

This includes:

- A. Nerve conduction studies.
- B. The investigation of neuropathies and myopathies.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**9 Demonstrate experience of rheumatic disorders throughout the age spectrum**

It is envisaged that this experience could be acquired by contact with appropriate patients over the four year period.

It is also considered important for the trainee to have knowledge of the management of patients with rheumatic disease who become pregnant.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**10 Rheumatological and patient emergencies**

During the course of the training programme it is envisaged that the trainee will recognise and take appropriate steps with the following rheumatological and patient emergencies:

Rheumatological emergencies

- A Acute septic arthritis and septic spondylitis.
- B Cervical myelopathy in chronic rheumatoid neck.
- C Acute presentation of auto-immune diseases eg acute lupus, renal crisis in scleroderma.
- D Sudden bone marrow suppression in a patient on disease modifying drugs.
- E Cauda equina syndrome and acute sciatica.
- F Acute temporal arteritis.
- G Acute osteoporotic vertebral collapse.
- H Acute synovial rupture of the knee with calf swelling.
- I Collapse after gastroenteritis in a patient on continuous corticosteroids for more than two years.
- J Sudden onset of peripheral nerve lesion or gangrene of an extremity in a patient with rheumatoid arthritis and vasculitis.

Emergencies for the patient

- A Acute crystal synovitis.
- B Acute calcific tendonitis of the shoulder.
- C Acute carpal tunnel syndrome.
- D Stress fracture.
- E Acute haemarthrosis eg haemophilia.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....



**11 Understand the indications, actions and monitoring of drugs used in the rheumatic diseases**

These include:

- A. Acetylsalicylic acid and its various formulations and other salicylates.  
Non-steroidal anti-inflammatory drugs and the different classes to which they belong.
- B. Disease modifying drugs including sulphasalazine, antimalarials, gold compounds and penicillamine with knowledge of the necessary monitoring procedures.
- C. Cytotoxic/immunosuppressive/immunomodulatory drugs such as azathioprine, methotrexate, cyclophosphamide, cyclosporin and biologic agents with emphasis on monitoring and long term side effects.
- D. Corticosteroids - low dose oral therapy or high dose oral, depot or intravenous therapy.
- E. Analgesics - non-narcotic and narcotic.
- F. Psychotropic drugs - benzodiaepines, tranquillisers and antidepressants.
- G. Gastroprotective agents - antacids, H2 histamine blockers, proton pump inhibitors and prostaglandin analogues.
- H. Prevention and treatment of osteoporosis and other bone diseases with calcium, vitamin D analogues, oestrogens, bisphosphonates and other agents.
- I. Drugs used in acute gout and allopurinol and uricosurics.
- J. Muscle relaxants and local anaesthetics.
- K. New insights in the treatment of the rheumatic diseases.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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**12 Understand the role of the professions allied to medicine in the management of rheumatic disorders (specialist nursing, physiotherapy, occupational therapy, podiatry and psychology)**

Demonstrate a clear understanding of:

- A. Methods frequently used by Occupational Therapists and Physiotherapists in the treatment and rehabilitation of patients with rheumatic diseases eg splinting, joint preservation, aids and appliances and physical modes of treatment such as hydrotherapy and balneotherapy where appropriate.
- B. Orthotic devices and techniques for upper and lower limbs used in the rehabilitation of rheumatic and musculo-skeletal problems.
- C. Community, social and psychological consequences of rheumatological disorders and their management, eg education, housing benefits, employment, etc.
- D. Management of mobility including driving, wheelchairs and special seating.
- E. The place of clinical psychologists in the management of the rheumatic disorders.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**13 Understand the role of manipulative and mobilisation techniques as practised by physicians**

It is envisaged that the knowledge could be gained by attending specific medically approved courses or clinics devoted to the subject prospectively approved by the appropriate national authority.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**14 Understand the role of allied medical specialties such as orthopaedics, anaesthetics and rehabilitation**

This includes:

- A. Attendance at orthopaedic combined clinics, pain clinics and observation of procedures in theatre.
- B. A knowledge of the indications, expected results and limitation of operative techniques.
- C. A knowledge of complications of surgery and their medical and surgical management.
- D. Knowledge of the role of anaesthetists in pain management and the techniques used (TENS, acupuncture, opiates, nerve root and epidural injections).

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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**15 Appreciate the role of patient education and staff management in rheumatic disorders**

It is expected that this will be an ongoing process of acquired knowledge to include topics such as patient organisations and education through the period of specialist training.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**16 Understand the socioeconomic and legal aspects of rheumatic disorders**

This will involve knowledge of disability benefits, housing priorities, and other rights for those with rheumatic disorders. It will include continuous contact with the medical social worker and other groups involved in work for the disabled, eg self help groups. A knowledge of and experience in writing legal reports is also included.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**17 Demonstrate knowledge of non-conventional medicine in rheumatic disorders**

The trainee should be aware of non-conventional therapies and treatments available to patients with rheumatic disorders.

**Quality of module**

Trainee's comments.....

Signature ..... Date.....

Trainer's comments.....

COMPETENT: Signed..... (Trainer) Date.....

**18 Develop research experience**

This includes training in the analysis of data and an understanding of the principles and practice of clinical research, literature research and review. Eventually the individual should be able to promote and supervise research and the completion of a successful research project or programme.

**Quality of module**

Trainee's comments.....

Signature ..... Date.....

Trainer's comments.....

COMPETENT: Signed..... (Trainer) Date.....

**19 Teaching Experience**

Demonstrate ability to teach medical and paramedical staff by experience and attending specific courses.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**SKILLS**

**1 Aspirate and inject synovial joints and analyse synovial fluid**

This includes:

A. Ability to aspirate or inject:

MCPs and PIPs

Elbow

Wrist

Shoulder

Knees

Subtalar

Ankle

First metatarsal joint

Acromio-clavicular joint

Temporomandibular joint

Hip joint

Sacroiliac joint

B. Recognition of the macroscopic appearance of the four major fluid types:

Non-inflammatory

Inflammatory

Septic

Haemorrhagic

C. Performance of the following tests:

Detection of crystals by compensated polarised light microscopy

Awareness of other components of fluid analysis such as: gram stain and other microbiological tests.

**Quality of module**

Trainee's comments.....

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Signature .....

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COMPETENT: Signed..... (Trainer)

Date.....

**2 Perform a needle biopsy of synovium**

Demonstrate competence to perform a needle biopsy of synovium.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**3 Perform soft tissue injections**

This includes:

- Tennis/golfers elbow
- Carpal tunnel
- Tenosynovitis / flexor tendon nodules in the hand
- Bursitis (eg trochanteric )
- Tendonitis (eg supraspinatus tendinitis )
- Plantar fasciitis

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....



**4 Acquire counselling and communication skills**

It is expected that this will be an ongoing acquisition throughout the period of specialist training and should be demonstrable. It should culminate in the ability to counsel patients, relatives and health professionals in the many varied situations in clinical rheumatology.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**5 Acquire management skills in running a Rheumatology Unit**

There is an increasing requirement for this skill which may need attendance at courses for which the trainee should be given sufficient time and financial support.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**6 Recognise the value of audit methodology and specific outcome measures**

This includes attendance and participation in local clinical audit meetings and national specialty meetings and acquire knowledge and skills of specific outcome measures relevant to rheumatic disorders.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**OPTIONAL SKILLS OF SPECIALITY**

**1 Demonstrate ability to perform biopsies**

The trainee will be required to demonstrate competence at performing one or more of the biopsies such as detailed:

1. skin	COMPETENT Initialed (trainer).....
2. bone	COMPETENT Initialed (trainer).....
3. minor salivary gland	COMPETENT Initialed (trainer).....
4. muscle	COMPETENT Initialed (trainer).....
5. subcutaneous fat	COMPETENT Initialed (trainer).....
6. other .....	COMPETENT Initialed (trainer).....
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**Quality of module**

Trainee's comments.....

Signature ..... Date.....

Trainer's comments.....

COMPETENT: Signed..... (Trainer) Date.....

**2 Demonstrate ability to perform and interpret bone densitometry**

The trainee will be required to demonstrate competence at performing and interpreting bone densitometry.

**Quality of module**

Trainee's comments.....

Signature ..... Date.....

Trainer's comments.....

COMPETENT: Signed..... (Trainer) Date.....

**3 Demonstrate ability to perform and interpret ultrasonographic examination for imaging the musculoskeletal system**

The trainee will be required to demonstrate competence at performing and interpreting ultrasonographic examination for imaging the musculoskeletal system

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**4 Demonstrate ability to perform and interpret electromyographic studies**

The trainee will be required to demonstrate competence at performing and interpreting electromyographic studies.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer) Date.....

**5 Demonstrate ability to perform arthroscopy**

The trainee will be required to demonstrate competence at performing diagnostic and therapeutic arthroscopy.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**6 Demonstrate ability to perform closed non-surgical synovectomy**

The trainee will be required to demonstrate competence at performing radio-isotope, chemical and other techniques of closed non-surgical synovectomy.

**Quality of module**

Trainee's comments.....  
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Signature ..... Date.....

Trainer's comments.....  
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COMPETENT: Signed..... (Trainer) Date.....

**7      Demonstrate ability to perform epidural and regional nerve blocks**

The trainee will be required to demonstrate competence at performing epidural and regional nerve blocks.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer)      Date.....

**8      Demonstrate ability to perform manipulation and mobilisation techniques**

The trainee will be required to demonstrate competence at performing manipulation and mobilisation techniques

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer)      Date.....

**9      Demonstrate ability to perform and interpret capillaroscopy**

The trainee will be required to demonstrate competence at performing and interpreting capillaroscopy.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer)      Date.....

**10      Demonstrate ability to perform intervertebral disc aspiration, injection or nucleolysis**

The trainee will be required to demonstrate competence at performing intervertebral disc aspiration, injection or nucleolysis.

**Quality of module**

Trainee's comments.....

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Signature ..... Date.....

Trainer's comments.....

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COMPETENT: Signed..... (Trainer)      Date.....

## **APPENDIX A**

See Chapter XIII M00 - M99, ICD-10, WHO

### **1 Musculoskeletal pain problems and soft tissue rheumatism**

For example:

Neck pain  
Spinal pain  
Spinal stenosis  
Whiplash injury  
Pain in the upper and lower limbs and limb girdles  
Algodystrophy  
Chest wall pain  
Bursitis and enthesiopathies including plantar fasciitis  
Fibromyalgia  
Hypermobility syndrome  
Pain arising from work, motion, sport and torture

### **2 Osteoarthritis and related conditions**

Osteoarthritis of large joints  
Generalised osteoarthritis  
DISH and neuropathic arthritis  
Crystal arthropathies - gout, CPPD, apatite deposition disease  
Endocrine and haemoglobinopathies  
Acromegaly  
Bone and joint abnormalities in thyroid disease

### **3 Rheumatoid arthritis**

Early, progressive and late disease  
Systemic involvement, for example vasculitis, chest, eye, neurological, and Felty's Syndrome

#### **Complications of rheumatoid arthritis**

Cervical myelopathy  
Septic arthritis  
Ruptured Baker's cyst  
Amyloid

### **4 Juvenile chronic arthritis**

Clinical features  
Management  
Adult Still's disease



## **5 Spondyloarthropathies**

Ankylosing spondylitis  
Psoriatic arthritis  
Enteropathic arthropathies  
Reactive arthritis, Reiter's syndrome  
Whipple's

## **6 Autoimmune connective tissue diseases**

Systemic lupus erythematosus  
Systemic sclerosis  
Sjogren's syndrome  
Overlap syndromes  
Inflammatory muscle disease  
Vasculitides, for example:  
    Polyarteritis  
    Polymyalgia rheumatica and giant cell arteritis  
    Wegener's granulomatosis  
    Churg-Strauss syndrome  
    Takayasu's arteritis  
    Panniculitis  
    Cutaneous vasculitis  
    Vasculitis in children (eg Henoch-Schonlien purpura, Kawasaki syndrome)

## **7 Bone disorders**

Osteoporosis  
Rickets and osteomalacia  
Renal bone disease  
Paget's  
Hypertrophic pulmonary osteoarthropathy  
Osteonecrosis  
Legg Perth's disease  
Tumours of bone  
Heritable collagen disorders  
Bone and joint dysplasias

**8 Infection and arthritis**

Septic bone and joint lesions  
Lymedisease  
Mycobacterial, fungal and parasitic arthropathies  
Viral arthritis  
Acquired autoimmune deficiency syndrome

**9 Miscellaneous disorders**

Sarcoid  
Behcets  
Overlap syndromes  
Eosinophilic fasciitis and eosinophilic myalgia syndrome  
Familial mediterranean fever  
Relapsing polychondritis  
Antiphospholipid syndrome  
Hypogammaglobulinaemia and arthritis