

# **Rheumatology Entrustable Professional Activity Guide**

For a printable Table of Contents, contact [cbd@royalcollege.ca](mailto:cbd@royalcollege.ca).

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## Origins and Use

This document, commonly known as the Rheumatology EPA Guide, was developed by the Royal College's Rheumatology Committee to support the discipline's transition to Competence by Design (CBD). The format and structure of the document is designed specifically to support the development of the Royal College's technical infrastructure. Recognizing, however, that some faculty and residents will benefit from access to the document for teaching and planning purposes, the Royal College has opted to make the technical document available, as is. This material is subject to change. It is the user's responsibility to ensure that he/she is using the latest version, which is accessible via the [Royal College's website](#).

## Structure and Format

The following information provides guidance on navigation and interpretation of the various elements of this technical document.

When working with the electronic version of this document, you will find a navigation bar on the left-hand side of the PDF. This will support quick and easy transition between items.

Many of the items span multiple pages and share common design features. The following table describes the different design elements and should help users navigate through the items.

Feature	Description
<b>Title</b>	<p>The title of each item includes the name of the discipline followed by the stage of training and item number. Items in each stage of training begin at number one.</p> <p>In some cases, there may be a letter after the number (i.e. an A or P). The letter refers to the stream within the discipline to which this item is applicable (e.g. 1AP – Item 1 is applicable to both the adult and pediatric stream).</p>
<b>EPA name</b>	<p>The Entrustable Professional Activity (EPA) name appears immediately after the title. This is a statement about the work of the discipline. It is observable and measurable.</p>
<b>Key features</b>	<p>The key features section describes the EPA and may include:</p> <ul style="list-style-type: none"><li>• the focus of the EPA (e.g. body system, type of injury, safe patient monitoring),</li><li>• different aspects of the observation (E.g. patient assessment and procedural skills, observed in preoperative clinic)</li><li>• pre-learning requirements (E.g. builds on skills previously attained), or</li><li>• procedural requirements (E.g., includes surgical and non-surgical management)</li></ul> <p>This description helps both residents and supervisors better understand the nature and limitations of this professional activity; it may also emphasize requirements for consideration of entrustability.</p>

<p><b>Assessment Plan</b></p>	<p>The assessment plan describes the nature of the information that should be provided to the Competence Committee in order for that group to have enough information that they are able to make a decision regarding entrustment of this professional activity. This includes instruction on who is to provide the observation information (supervisor, delegate, other health professionals), the nature of the observation (e.g., direct or indirect), as well as the suggested ePortfolio observation form(s).</p> <p>This section also lists any additional information that should be collected about the case or observation, such as patient factors, diagnoses, treatments, and/or setting of care. This information helps build the observation form. The various factors included in this section are selected by the specialty committee in order to provide the Competence Committee with the breadth of information required to make a decision regarding entrustment of this EPA.</p>
<p><b>Relevant CanMEDS Milestones</b></p>	<p>Most EPAs are comprised of several CanMEDS milestones. Each milestone is preceded by a series of letters and numbers which link the milestone to the corresponding key and enabling competency within <a href="#">CanMEDS Interactive</a>.</p> <p>For example, if the code is <b>ME 1.6</b>.</p> <p><b>-ME</b> refers to the CanMEDS Role, <i>Medical Expert</i>. Other possibilities are COM= Communicator, COL=Collaborator, L = Leader, HA=Health Advocate, S=Scholar and P = Professional.</p> <p><b>-1.6</b> refers to the Key and enabling competencies within the aforementioned Role.</p>

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# Entrustable Professional Activities for Rheumatology

**2019**  
**VERSION 1.0**

## **Rheumatology: Transition to Discipline EPA # 1AP**

### **Performing histories and physical examinations in uncomplicated patients with rheumatologic disease, including documenting and presenting findings**

#### Key Features:

- The focus of this EPA is the use of an organized approach and appropriate technique for musculoskeletal (MSK) history and physical examination
- This EPA includes a review of systems as it relates to rheumatologic diseases, enquiring for symptoms of extra-articular manifestations, documenting the findings in an organized and well synthesized presentation, and structuring clinical notes for patients with rheumatologic disease
- The EPA also includes demonstrating appropriate technique for joint examinations, including small joints, large joints, temporomandibular joints (TMJs), peripheral and axial joints, and differentiation of inflammatory from non-inflammatory pain
- This EPA does not include interpretation of findings or accuracy of findings
- Observation of this EPA is divided into two parts: history and physical; assessment and documentation

#### Assessment Plan: Adult

##### Part A - History and Physical

Direct observation by supervisor

Use Form 1. Form collects information on:

- Task: *[select all that apply]* rheumatologic history; MSK exam (physical)
- Exam techniques: *[select all that apply]* small joint (MCP, PIP, DIP, wrists, MTP); large joint (knees, hips, ankles, shoulders, elbows); peripheral and axial joint; not applicable

Collect 2 observations of achievement

- At least 1 history
- At least 1 MSK examination

##### Part B – Assessment and documentation

Indirect observation by supervisor

Use Form 1. Form collects information on:

- Type of observation: *[select all that apply]* case presentation; clinical note

Collect 2 observations of achievement

- At least 1 case presentation and 1 clinical note
- At least 2 assessors

Assessment Plan: Pediatric

Part A - History and Physical

Direct observation by supervisor

Use Form 1. Form collects information on:

- Task: *[select all that apply]* rheumatologic history; MSK exam (physical)
- Exam techniques: *[select all that apply]* small joint (MCP, PIP, DIP, wrists, MTP); large joint (knees, hips, ankles, shoulders, elbows); TMJ; peripheral and axial joint; not applicable

Collect 2 observations of achievement

- At least 1 history
- At least 1 MSK examination

Part B – Assessment and documentation

Indirect observation by supervisor

Use Form 1. Form collects information on:

- Type of observation: *[select all that apply]* case presentation; clinical note

Collect 2 observations of achievement

- At least 1 case presentation and 1 clinical note
- At least 2 assessors

Relevant Milestones:

Part A: History and physical

- 1 ME 1.3** Apply knowledge of uncomplicated rheumatologic diseases and symptoms of extra-articular manifestations
- 2 COM 2.1** Use patient-centred interviewing skills to effectively gather all relevant information
- 3 ME 2.2** Elicit a history relevant to the rheumatologic presentation
- 4 ME 2.2** Perform a focused MSK physical exam using appropriate technique for joint examinations
- 5 ME 2.2** Focus the clinical encounter, performing it in a time-effective manner without excluding key elements
- 6 COM 2.2** Provide a clear structure for and manage the flow of the patient encounter

Part B: Assessment and documentation

- 1 COM 2.1 Use patient-centred interviewing skills to effectively gather all relevant information**
- 2 ME 2.2 Interpret findings of the MSK physical exam to differentiate between inflammatory and non-inflammatory pain**
- 3 ME 2.2 Synthesize patient information from the clinical assessment for the purpose of written or verbal summary**
- 4 COM 5.1 Document the essential elements of a rheumatologic history and MSK physical examination using a structured approach**

## **Rheumatology: Transition to Discipline EPA #2AP**

### **Recognizing emergency rheumatologic situations and following up appropriately**

#### Key Features:

- This EPA focuses on the initial assessment of patients with medical emergencies as well as timely and appropriate calls for additional assistance
- Examples include urgencies or emergencies related to: synovial fluid interpretation (including what tests to order and differentiating septic from inflammatory and non-inflammatory disorders); hemophagocytic lymphohistiocytosis (HLH) / macrophage-activation syndrome (MAS); serious infections and conditions related to immune suppression; connective tissue disease emergencies; vasculitis emergencies; and scleroderma emergencies
- This EPA may be observed in a simulation or clinical setting

#### Assessment Plan: Adult

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation; telephone
- Case mix: *[select all that apply]* serious infections and conditions related to immune suppression; CTD emergency; vasculitis emergency; scleroderma emergency; suspected septic arthritis with synovial fluid interpretation; HLH/MAS

Collect 3 observations of achievement

- At least 2 examples of the case mix
- At least 1 suspected septic arthritis with synovial fluid interpretation

#### Assessment Plan: Pediatric

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation; telephone
- Case mix: *[select all that apply]* serious infections and conditions related to immune suppression; CTD emergency; vasculitis emergency; suspected septic arthritis with synovial fluid interpretation; HLH/MAS

Collect 2 observations of achievement

- At least 1 synovial fluid interpretation

Relevant Milestones:

- 1 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner without excluding key elements**
- 3 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 4 ME 2.2 Select and/or interpret appropriate initial investigations**
- 5 ME 2.4 Develop and implement plans for initial management**
- 6 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 7 COL 3.1 Identify patients requiring handover to other physicians or health care professionals**
- 8 L 2.1 Apply knowledge of local resources for optimal patient care**
- 9 P 1.1 Exhibit appropriate professional behaviours**



**Rheumatology: Foundations EPA #1AP**

**Assessing and providing initial diagnosis and treatment plans for patients with uncomplicated rheumatology presentations**

Key Features:

- This EPA focuses on the initial assessment and management of patients with uncomplicated rheumatologic presentations, including conducting a rational assessment and creating a plan based on appropriate data synthesis and integration

Assessment Plan: Adult

Direct observation and/or case review by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Case mix: inflammatory arthritis; systemic rheumatologic disease; non-inflammatory MSK condition; crystal arthritis

Collect 4 observations of achievement

- At least 2 inflammatory arthritis
- At least 1 systemic rheumatologic disease
- At least 1 non-inflammatory MSK condition
- At least 2 assessors

Assessment Plan: Pediatric

Direct observation and/or case review by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Case mix: inflammatory arthritis; systemic rheumatologic disease; non-inflammatory MSK condition

Collect 3 observations of achievement

- At least 1 inflammatory arthritis
- At least 1 systemic rheumatologic disease
- At least 1 non-inflammatory MSK condition
- At least 2 assessors

Relevant Milestones:

- 1 COM 2.1 Use patient-centred interviewing skills to effectively gather all relevant information**
- 2 ME 2.2 Elicit a history and perform a relevant physical exam**
- 3 ME 2.2 Synthesize patient information to determine diagnosis**
- 4 ME 2.2 Select and/or interpret appropriate investigations**
- 5 ME 2.4 Develop management plans in the context of best evidence and guidelines**
- 6 ME 1.4 Present clinical findings in an organized and well synthesized manner**
- 7 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**
- 8 ME 1.3 Apply knowledge of rheumatologic disease as it pertains to inflammatory arthritides, systemic rheumatologic diseases, and non-inflammatory MSK conditions**
- 9 COM 2.3 Seek and synthesize relevant information from other sources**
- 10 ME 2.2 Apply the clinical implication of test results, sensitivity/specificity, and pre- and post-test probabilities**
- 11 COL 1.3 Communicate effectively with physicians and other health care professionals**

**Rheumatology: Foundations EPA #2AP**

**Triaging and proposing initial management of patients with emergency rheumatologic conditions**

Key Features:

- The focus of this EPA is the recognition and initial management of emergent and urgent conditions
- This includes clinical assessment, ordering of appropriate investigations in a timely manner, follow up, patient and family counselling as indicated, communication with attending physician and other health care providers, and appropriate documentation
- This EPA may be observed in a variety of settings: telephone consult (3-way phone call with supervisor, resident and referring MD); inpatient consult (sharing plan with referring team); clinic visit; ER consult; case discussion; simulation

Assessment Plan: Adult

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Case mix: *[select all that apply]* serious infections and conditions related to immune suppression; SLE/APL emergency; GCA and systemic vasculitis emergency; scleroderma emergency; suspected septic arthritis with synovial fluid interpretation; HLH/MAS

Collect 2 observations of achievement

- No more than 1 in simulation setting
- At least 2 examples of the case mix
- At least 2 assessors

Assessment Plan: Pediatric

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Case mix: *[select all that apply]* serious infections and conditions related to immune suppression; SLE/APL emergency; systemic vasculitis emergency; suspected septic arthritis with synovial fluid interpretation; HLH/MAS

Collect 2 observations of achievement

- No more than 1 in simulation setting
- At least 2 examples of the case mix
- At least 2 assessors

Relevant Milestones:

- 1 ME 2.1 Identify clinical emergencies and prioritize response**
- 2 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 3 ME 2.2 Perform focused clinical assessments in a time-effective manner, without excluding key elements**
- 4 COM 2.3 Seek and synthesize relevant information from other sources**
- 5 ME 2.2 Select and/or interpret appropriate investigations**
- 6 ME 2.4 Develop and implement plans for initial management**
- 7 ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 8 ME 4.1 Coordinate management plans with attending physicians and other health care professionals**
- 9 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 10 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**

**Rheumatology: Foundations EPA #3AP**

**Detecting MSK abnormalities through physical examination**

Key Features:

- The focus of this EPA is the application of knowledge of MSK anatomy and the ability to describe clinical findings and document them in a timely manner
- This EPA includes the assessment of synovitis, joint damage and soft tissue abnormalities, as well as patient comfort and privacy/draping during the physical exam
- This EPA requires the supervisor to directly observe the performance of the MSK exam

Assessment Plan: Adult

Direct observation by supervisor

Use Form 1. Form collects information on:

- Joint: *[select all that apply]* shoulder; knee; hip
- Case mix: established inflammatory arthritis; early inflammatory arthritis; axial SpA/JSa; non-inflammatory MSK

Collect 3 observations of achievement

- At least 1 of each joint
- A variety of the case mix
- At least 2 assessors

Assessment Plan: Pediatric

Direct observation by supervisor

Use Form 1. Form collects information on:

- Joint: *[select all that apply]* spine; knee; hip
- Case mix: established inflammatory arthritis; early inflammatory arthritis; axial SpA/JSa; non-inflammatory MSK

Collect 3 observations of achievement

- At least 1 of each joint
- A variety of the case mix
- At least 2 assessors

Relevant Milestones:

- 1 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, and safety**
- 2 ME 1.3 Apply knowledge of MSK anatomy, including synovial membrane, joints, and soft tissue**
- 3 ME 2.2 Perform the MSK examination in a focused, time-effective manner without excluding key elements**
- 4 ME 2.2 Interpret the results of the MSK examination in the context of the patient's presentation**
- 5 ME 1.4 Present clinical findings in an organized and well synthesized manner**
- 6 COM 5.1 Document the essential elements of an MSK examination, including abnormal findings**

**Rheumatology: Foundations EPA #4A**

**Performing knee arthrocentesis**

Key Features:

- This EPA includes all of the following: knowledge of the indications and contraindications; informed consent; appropriate use of or recommendation for analgesia; preparation; aseptic technique; performance; sample handling and sending fluid for appropriate analysis; and post-procedural care including documentation and management of any immediate complications

Assessment Plan:

Direct observation by supervisor

Use Form 1

Collect 1 observation of achievement

Relevant Milestones:

- 1 ME 3.1 Describe the indications and contraindications for knee arthrocentesis**
  - 2 ME 3.4** Determine and select sedation and local analgesia, as appropriate
  - 3 ME 3.2 Obtain informed consent**
  - 4 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials**
  - 5 ME 3.4** Prepare and position the patient for the procedure
  - 6 ME 3.4** Demonstrate aseptic technique: skin preparation, establishing and respecting the sterile field
  - 7 ME 3.4 Apply knowledge of anatomy, key landmarks and the procedure**
  - 8 ME 3.4 Execute the steps of the procedure in a safe and efficient manner**
  - 9 ME 2.2 Select appropriate fluid analysis**
  - 10 ME 3.4** Handle samples in a safe manner
  - 11 ME 3.4 Optimize patient comfort and safety, including the need for analgesia, and modify the procedure as needed**
  - 12 ME 4.1 Provide discharge instructions and plan for follow-up**
  - 13 COM 5.1 Document the encounter to convey the procedure and outcome**
  - 14 ME 3.4** Prevent and/or manage immediate complications of the procedure
-

**Rheumatology: Foundations EPA #4P**

**Performing knee arthrocentesis**

Key Features:

- This EPA includes all of the following: knowledge of the indications and contraindications; informed consent/assent; appropriate use of or recommendation for analgesia/sedation; preparation; aseptic technique; performance; sample handling, and sending fluid for appropriate analysis; and post-procedural care including documentation and management of immediate complications
- This EPA may be observed in the simulation setting

Assessment Plan:

Direct observation by supervisor

Use Form 1

Collect 1 observation of achievement

Relevant Milestones:

- 1 ME 3.1 Describe the indications and contraindications for knee arthrocentesis**
  - 2 ME 3.4** Determine and select sedation and local analgesia, as appropriate
  - 3 ME 3.2 Obtain informed consent**
  - 4 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials**
  - 5 ME 3.4** Prepare and position the patient for the procedure
  - 6 ME 3.4** Demonstrate aseptic technique: skin preparation, establishing and respecting the sterile field
  - 7 ME 3.4 Apply knowledge of anatomy, key landmarks and the procedure**
  - 8 ME 3.4 Execute the steps of the procedure in a safe and efficient manner**
  - 9 ME 2.2 Select appropriate fluid analysis**
  - 10 ME 3.4** Handle samples in a safe manner
  - 11 ME 3.4 Optimize patient comfort and safety, including the need for sedation and/or analgesia and modify the procedure as needed**
  - 12 ME 4.1 Provide discharge instructions and plan for follow-up**
  - 13 COM 5.1 Document the encounter to convey the procedure and outcome**
  - 14 ME 3.4** Prevent and/or manage immediate complications of the procedure
-



**Rheumatology: Foundations EPA #5AP**

**Counselling patients and/or families regarding diagnosis and treatment plans for uncomplicated rheumatologic diseases**

Key Features:

- The focus of this EPA is the application of communication skills to convey diagnosis and counsel patients
- This includes being sensitive to patient specific factors (age, gender, religion, culture, preferences, etc.), applying a patient/family centred approach, explaining clearly (lack of jargon) and compassionately, discussing alternatives, engaging in shared decision making, respecting patient autonomy, and assessing the patient's understanding
- This EPA includes applying knowledge of the indications and contraindications for prednisone and nonsteroidal anti-inflammatory drug (NSAID) therapy, as well as non-pharmacologic therapies, and utilization of other health professionals

Assessment Plan: Adult

Direct observation by supervisor

Use Form 1. Form collects information on:

- Issue: *[select all that apply]* diagnosis, non-pharmacologic intervention; prednisone; NSAIDs

Collect 3 observations of achievement

- At least 1 discussion of diagnosis
- At least 1 discussion of pharmacologic intervention: prednisone or NSAID
- At least 2 assessors

Assessment Plan: Pediatric

Direct observation by supervisor

Use Form 1. Form collects information on:

- Issue: *[select all that apply]* diagnosis, non-pharmacologic intervention; prednisone; NSAIDs

Collect 2 observations of achievement

- At least 1 discussion of diagnosis
- At least 1 discussion of pharmacologic intervention: prednisone or NSAID
- At least 2 assessors

Relevant Milestones:

- 1 **COM 1.1** Communicate using a patient-centred approach that encourages patient trust and autonomy
- 2 **COM 1.6** Assess a patient's decision-making capacity
- 3 **ME 1.3** Apply knowledge of clinical pharmacology as it relates to therapeutic agents in rheumatologic disease
- 4 **COM 3.1 Convey the diagnosis and treatment in a clear and compassionate manner**
- 5 **ME 3.1 Describe the indications, contraindications, and potential side-effects for NSAID and non-pharmacologic therapies**
- 6 **ME 3.1 Describe the alternatives for a given procedure or therapy**
- 7 **COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- 8 **COM 1.3 Recognize the values, biases, or perspectives of patients and modify the approach to the patient accordingly**
- 9 **COM 4.2 Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health**

**Rheumatology: Foundations EPA #6AP**

**Completing written documentation for uncomplicated patient encounters**

Key Features:

- This EPA focuses on the application of written communication skills, especially in outpatient settings, in a variety of formats: new patient letters; follow up notes; referral letters/consultation requests. This includes clear documentation of the assessment and plan, and timely completion
- This EPA also includes documentation of medication prescriptions that consider patient specific factors (e.g. dose adjustment, adherence to monitoring) and patient safety (e.g. mitigating risk of secondary complications)
- The observation of this EPA is divided into two parts: clinical documentation; prescriptions
- The documents submitted for review must be the sole work of the resident

Assessment Plan: Adult

Part A: Clinical documentation

Review of clinical documentation by supervisor

Use Form 1. Form collects information on

- Document: new patient letter; follow up letter; new consultation request

Collect 4 observations of achievement

- At least 2 new patient letters
- At least 2 follow up letters
- At least 2 different assessors

Part B: Prescriptions

Review of prescription by supervisor

Use Form 1. Form collects information on

- Type of medication: DMARD; non-DMARD

Collect 2 observations

- At least one of each type of medication

Assessment Plan: Pediatric

Part A: Clinical documentation

Review of clinical documentation by supervisor

Use Form 1. Form collects information on

- Document: new patient letter; follow up letter; new consultation request

Collect 3 observations of achievement

- At least 1 new patient letter
- At least 1 follow up letter
- At least 2 different assessors

Part B: Prescriptions

Review of prescription by supervisor

Use Form 1. Form collects information on

- Type of medication: DMARD; non-DMARD

Collect 2 observations

- At least one of each type of medication

Relevant Milestones:

Part A: Clinical documentation

**1 ME 2.2 Synthesize and interpret information from the clinical assessment**

**2 ME 2.2** Interpret clinical information, along with the results of investigations, for the purposes of diagnosis and management

**3 ME 2.4 Develop recommendations for management that address the consult question**

**4 COM 5.1 Organize information in appropriate sections**

**5 COM 5.1 Document all relevant findings and investigations**

**6 COM 5.1 Convey clinical reasoning and the rationale for decisions**

**7 COM 5.1 Provide a clear plan for ongoing management**

**8 COM 5.1 Complete clinical documentation in a timely manner**

**9 COL 1.3** Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care

Part B: Prescriptions

**1 ME 2.2** Interpret clinical information, along with the results of investigations, for the purposes of diagnosis and management

**2 ME 1.3 Apply knowledge of clinical pharmacology as it pertains to therapeutic agents in rheumatologic disease**

**3 ME 2.4 Adapt dosing recommendations for patient's condition and body size and/or drug elimination route, as relevant**

**4 ME 5.2 Apply strategies for risk mitigation when prescribing medications with significant adverse effects (e.g. bisphosphonates with steroids)**

- 5 COM 5.1 Write prescriptions legibly and clearly, with attention to atypical dosing and frequency**
- 6 ME 4.1 Monitor for medication toxicity and/or response to treatment**
- 7 P 3.1 Demonstrate knowledge of professional standards related to documentation of prescriptions**
- 8 ME 5.2 Select duration of medication supply based on risk of toxicity and/or non-adherence**

**Rheumatology: Core EPA #1AP**

**Providing initial assessment, diagnosis, and management for patients with a range of acute and chronic rheumatologic presentations**

Key Features:

- This EPA focuses on consultation for and management of a new patient
- The clinical assessment includes history, comprehensive review of the medical record, physical exam (including extra-articular manifestations), interpretation of rheumatologic investigations, including the interpretation of plain radiographs, disease activity/ outcomes measures, and prognosis
- The management aspects include pharmacologic and non-pharmacologic strategies, advocacy (e.g. access to care and services, psychosocial factors), and patient safety (e.g. counselling and monitoring medication side effects)
- This EPA may be observed across a range of rheumatologic diseases, settings and special situations including fertility peri-operative, and/or co-morbid conditions, and includes a variety of patient factors such as acute, chronic, complicated, uncomplicated, and/or vulnerable populations

Assessment Plan: Adult

Indirect observation by supervisor

Use Form 1. Form collects information on

- Setting: inpatient; ICU; emergency room; ambulatory
- Case mix: chronic inflammatory MSK condition; acute arthritis; non-inflammatory MSK condition; systemic rheumatologic disease; widespread chronic pain syndrome

Collect 12 observations of achievement

- At least 5 chronic inflammatory MSK conditions, 2 acute arthritis, 2 non-inflammatory MSK conditions, 2 systemic rheumatologic diseases, 1 widespread chronic pain syndrome
- At least 1 from each setting
- At least 3 different assessors

Assessment Plan: Pediatric

Indirect observation by supervisor

Use Form 1. Form collects information on

- Setting: inpatient; ICU; emergency room; ambulatory
- Case mix: chronic inflammatory MSK condition; acute arthritis; non-inflammatory MSK condition; systemic rheumatologic disease; widespread chronic pain syndrome
- Age group: child/infant (< 10 years); adolescent (≥ 10 years)

Collect 8 observations of achievement

- At least 3 chronic inflammatory MSK conditions, 1 acute arthritis, 1 non-inflammatory MSK condition, 2 systemic rheumatologic diseases, 1 widespread chronic pain syndrome

- At least 1 from each setting
- At least 1 child/infant, and 1 adolescent
- At least 2 different assessors

Relevant Milestones:

- 1 ME 1.3 Apply clinical and biomedical knowledge to manage the breadth of rheumatologic presentations**
- 2 ME 1.4** Perform clinical assessments that address all relevant issues
- 3 ME 2.2 Elicit a history and perform a physical exam, identifying extra-articular manifestations**
- 4 ME 2.2** Perform comprehensive medical record reviews
- 5 COM 2.3** Seek and synthesize relevant information from other sources
- 6 ME 2.2 Synthesize patient information to determine diagnosis**
- 7 ME 2.2 Select and/or interpret appropriate investigations**
- 8 ME 2.2** Interpret the results of plain radiographs in the context of the patient's presentation
- 9 S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 10 ME 2.4 Develop and implement management plans including both non-pharmacologic and pharmacologic modalities, as appropriate**
- 11 ME 4.1 Establish plans for monitoring the patient's condition and medication side effects**
- 12 COL 1.2** Consult as needed with other health care professionals, including other physicians
- 13 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**
- 14 L 2.2** Apply evidence and guidelines with respect to resource utilization
- 15 HA 1.1 Facilitate timely patient access to services and resources**

**Rheumatology: Core EPA #2AP**

**Detecting rheumatologic disease abnormalities through physical examination**

Key Features:

- The focus of this EPA is the application of knowledge of musculoskeletal (MSK) anatomy across all patient presentations, and the ability to describe findings and document them in a timely manner including synovitis, joint damage, peripheral and axial, enthesitis, and soft tissue abnormalities including small joint abnormalities, as well as extra-articular manifestations
- This EPA includes MSK physical examination, standardized disease activity measures (e.g. disease activity score), documentation, and patient comfort and privacy/draping
- Observation of this EPA may include using a STACER to assess the joint count

Assessment Plan: Adult

Direct observation of MSK physical exam, with particular focus on every joint and enthesitis, and case discussion by supervisor

Use Form 1, and a STACER\* or equivalent. Form collects information on:

- Joint: hip; foot and ankle; elbow; hand and wrist; neck exam; back exam
- Joint count: yes; no
- Extra-articular manifestations: [*write in*] not applicable; skin; eyes; GI; enthesitis; tenosynovitis; other

Collect 7 observations of achievement

- At least 1 of each joint
- At least 2 joint count STACER or equivalent
- At least 2 assessors

Assessment Plan: Pediatric

Direct observation of MSK physical exam with particular focus on every joint and enthesitis, and case discussion by supervisor

Use Form 1, and a STACER\* or equivalent. Form collects information on:

- Joint exam: large joint (hip, knee, subtalar, ankle, shoulder, elbow, wrist); small joint (hand, feet); axial (spine, sacroiliac); TMJ
- Joint count: yes; no
- Extra-articular manifestations: [*write in*] not applicable; skin; eyes; GI; enthesitis; tenosynovitis; other

Collect 6 observations of achievement

- At least 1 of each large joint, small joint, axial and TMJ
- At least 2 joint count STACER or equivalent
- At least 2 patients with extra-articular manifestations
- At least 2 assessors



\* STACER is not available as an observation form in ePortfolio

Relevant Milestones:

- 1 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, and safety**
- 2 ME 1.3 Apply knowledge of MSK anatomy, including synovial membrane, joints, and soft tissue**
- 3 ME 1.3 Apply clinical knowledge of rheumatologic diseases and associated extra-articular manifestations**
- 4 ME 2.2 Apply physical examination maneuvers to assess and diagnose rheumatologic disease**
- 5 ME 2.2 Perform an MSK exam, identifying abnormal findings**
- 6 ME 2.2 Perform the MSK examination in a focused, time-effective manner without excluding key elements**
- 7 ME 2.2 Perform a comprehensive joint count for tender joints**
- 8 ME 2.2 Perform a comprehensive joint count for swollen joints**
- 9 ME 2.2 Apply and integrate evidence with respect to standard disease activity measures**
- 10 COM 5.1 Document clinical encounters in an accurate, complete, clear, and timely manner**

**Rheumatology: Core EPA #3A**

**Performing and interpreting the results of joint, bursa and tendon aspirations and/or injections**

Key Features:

- This EPA includes all of the following: knowledge of the indications and contraindications; informed consent; preparation; aseptic technique; performance; sample handling, and sending fluid for appropriate analysis; and post-procedural care including documentation and managing any immediate complications
- This EPA does not include knees, which were previously assessed in Foundations, nor the spine, sacroiliac joint (SI) joints, hips, nor temporomandibular joints (TMJ)
- The use of ultrasound is not an expectation of this EPA, and a dry aspirate is acceptable
- This EPA includes crystal analysis
- The observation of this EPA is divided into 2 parts: performing the procedure; interpretation of results
- A logbook to track the procedures performed is an optional feature of this EPA

Assessment Plan:

Part A: Aspiration/Injection

Direct observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Procedure: aspiration (dry aspirate acceptable); injection (no ultrasound); both
- Anatomy: shoulder; elbow; wrist; ankle; small joint (MCP, MTP, IP or CMC)
- Injection site: none; soft tissue (carpal tunnel, bursae (trochanteric, anserine, subacromial)); tendons (DeQuervain's, trigger fingers, dactylitis); plantar fasciitis

Collect 4 observations of achievement

- At least 4 of the 5 anatomic sites
- At least 2 aspirations
- At least 1 shoulder
- At least 1 elbow, wrist, or ankle
- At least 1 bursal or soft tissue injection
- At least 1 small joint procedure
- At least 2 assessors

Part B: Interpretation of results

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation including models, photo micrographs and microscope teaching slides
- Fluid interpretation: calcium pyrophosphate dehydrate (CPPD); monosodium urate (MSU); other

Collect 2 observations of achievement

- At least 1 CPPD
- At least one MSU

Part C: Logbook (optional)

Submit logbook of procedures

Logbook must track

- Procedure performed: aspiration; injection
- Site:
- Findings:

Relevant Milestones:

Part A: Aspiration/Injection

- 1 ME 3.2 Obtain informed consent for the procedure and therapy**
- 2 ME 3.2 Describe the indications and contraindications for the procedure**
- 3 ME 3.4 Gather and assess required information prior to the procedure**
- 4 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials**
- 5 ME 3.4 Prepare and position the patient for the procedure**
- 6 ME 3.4 Apply knowledge of anatomy, key landmarks and the procedure**
- 7 ME 3.4 Demonstrate aseptic technique: skin preparation, establishing and respecting the sterile field**
- 8 ME 3.4 Execute the steps of the procedure in a safe and efficient manner**
- 9 ME 2.2 Select appropriate fluid analysis**
- 10 ME 3.4 Optimize patient comfort and safety, including need for analgesia, and modify the procedure as needed**
- 11 ME 4.1 Provide discharge instructions and plan for follow-up**
- 12 ME 3.4 Prevent and/or manage immediate complications of the procedure**
- 13 COM 5.1 Document the encounter to convey the procedure and outcome**

Part B: Interpretation of results

- 1 ME 3.4 Identify normal and abnormal findings using a polarized microscope**
- 2 COM 5.1 Document all relevant findings**

**Rheumatology: Core EPA #3P**

**Performing and interpreting the results of joint aspirations and/or injections**

Key Features: Pediatric

- This EPA includes all of the following: knowledge of the indications and contraindications; informed consent/assent; appropriate use of or recommendation for analgesia/sedation; preparation; aseptic technique; performance; sample handling, and sending fluid for appropriate analysis; and post-procedural care including documentation and managing any immediate complications
- This EPA does not include knees, which were previously assessed in Foundations, nor the spine, sacroiliac joint (SI) joints, hips, nor temporomandibular joints (TMJ)
- The use of ultrasound is not an expectation of this EPA, and a dry aspirate is acceptable
- A logbook to track the procedures performed is an optional feature of this EPA

Assessment Plan:

Part A: Aspiration/Injection

Direct observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Case mix: aspiration (dry aspirate acceptable); injection (no ultrasound); both
- Anatomy: shoulder; elbow; wrist; ankle; MCP/MTP; subtalar; PIP/DIP; IP (thumb/toe)

Collect 4 observations of achievement

- At least 1 each of subtalar, PIP/DIP and IP (thumb/toe)
- At least 1 assessor

Part B: Interpretation of results

Direct or indirect observation by supervisor

Use Form 1. Form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation including models, photo micrographs and microscope teaching slides

Collect 1 observation of achievement

Part C: Logbook (optional)

Submit logbook of procedures

Logbook must track

- Procedure performed: aspiration; injection
- Site:
- Findings:

Relevant Milestones:

Part A: Aspiration/Injection

- 1 ME 3.2 Obtain informed consent for the procedure and therapy**
- 2 ME 3.2 Describe the indications and contraindications for the procedure**
- 3 ME 3.4** Gather and assess required information prior to the procedure
- 4 ME 3.4 Gather and/or manage the availability of appropriate instruments and materials**
- 5 ME 3.4** Prepare and position the patient for the procedure
- 6 ME 3.4 Apply knowledge of anatomy, key landmarks and the procedure**
- 7 ME 3.4** Demonstrate aseptic technique: skin preparation, establishing and respecting the sterile field
- 8 ME 3.4 Execute the steps of the procedure in a safe and efficient manner**
- 9 ME 2.2 Select appropriate fluid analysis**
- 10 ME 3.4 Optimize patient comfort and safety, including need for sedation and/or analgesia, and modify the procedure as needed**
- 11 ME 4.1 Provide discharge instructions and plan for follow-up**
- 12 ME 3.4 Prevent and/or manage immediate complications of the procedure**
- 13 COM 5.1 Document the encounter to convey the procedure and outcome**

Part B: Interpretation of results

- 1 ME 3.4 Identify normal and abnormal findings using a polarized microscope**
- 2 COM 5.1 Document all relevant findings**

**Rheumatology: Core EPA #4AP**

**Providing ongoing management for patients with stable, chronic and/or complex conditions**

Key Features:

- This EPA focuses on the recognition of patients with a stable clinical course and their ongoing management that includes implementing screening, ordering and interpreting rheumatologic investigations including plain radiography, discussing findings with patients, surveillance or monitoring strategies, assessing medication adherence and effects, and addressing patient concerns, education and appropriate follow up
- This EPA must be observed in a range of rheumatologic diseases and may be completed in the inpatient or outpatient setting

Assessment Plan: Adult

Indirect observation by supervisor

Use Form 1. Form collects information on

- Case mix: *[select all that apply]* chronic inflammatory axial MSK condition; chronic inflammatory peripheral MSK condition; systemic rheumatologic disease; SLE; vasculitis; myositis; Sjögren's; scleroderma/morphea
- Comorbidities: *[select all that apply]* none; anticoagulation issues; multiple comorbid diseases; extra-articular manifestations of rheumatologic disease; chronic liver disease; chronic kidney disease; child bearing age with preconception consideration; pregnancy; malignancy; significant social barriers to health care; cultural, language and/or religious barriers to communication and/or care; pre-op

Collect 7 observations of achievement

- At least 1 female patient with preconception consideration
- At least 1 pregnant patient
- At least 4 patients with comorbidities
- At least 1 pre-op
- At least 3 different assessors

Assessment Plan: Pediatric

Indirect observation by supervisor

Use Form 1. Form collects information on

- Case mix: *[select all that apply]* chronic inflammatory axial MSK condition; chronic inflammatory peripheral MSK condition; autoinflammatory disease; systemic rheumatologic disease; SLE; vasculitis; myositis; scleroderma/morphea
- Age group: child/infant (< 10 years); adolescent (≥ 10 years); adult

Collect 6 observations of achievement

- At least 1 child/infant and 1 adolescent
- At least 1 adult (during adult rheumatology rotation)
- At least 2 different assessors

Relevant Milestones:

- 1 ME 1.4 Perform clinical assessments that address all relevant issues**
- 2 ME 1.3** Apply knowledge of physiology and pathophysiology of chronic rheumatologic disease and its progression
- 3 ME 2.1** Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient's situation evolves
- 4 ME 2.2 Select and interpret rheumatologic investigations, including plain radiography**
- 5 ME 2.2 Assess medication adherence, response to therapy and adverse effects**
- 6 ME 2.3** Establish goals of care, which may include slowing disease progression, improving function or palliation
- 7 ME 2.4 Develop and implement management plans including both non-pharmacologic and pharmacologic modalities, as appropriate**
- 8 COM 1.6 Adapt communication to the unique needs and preferences of the patient**
- 9 HA 1.2** Recognize potential barriers such as illness, health literacy, cultural practice/beliefs and language skills
- 10 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- 11 ME 4.1 Implement a plan for ongoing care, follow-up on investigations, response to treatment and monitoring for disease progression**
- 12 HA 1.2** Select patient education resources related to rheumatology
- 13 HA 1.2** Work with patients to increase their understanding of their condition and associated comorbidities, supporting their active role in their disease management

**Rheumatology: Core EPA #5AP**

**Managing patients with exacerbations, disease progression, and/or complications of chronic rheumatologic diseases and/or treatment**

Key Features:

- The focus of this EPA is the identification, assessment and management of patients with a changing clinical course.
- This EPA includes ordering and interpreting rheumatologic investigations, including serologic and genetic testing, radiologic testing, tissue diagnostics, and interpretation of plain radiographs, managing complications resulting from the disease or from treatment, recognizing the need for change or escalation of therapy and implementing a therapeutic plan
- This EPA may be observed in the inpatient or outpatient setting and must be observed in a range of rheumatologic diseases

Assessment Plan: Adult

Indirect observation by supervisor

Use Form 1. Form collects information on

- Diagnosis: *[select all that apply]* chronic inflammatory MSK condition; SLE; vasculitis; PMR; gout; infection related; medication side effect; disease flares
- Anatomic site: *[select all that apply]* axial; peripheral; non-articular

Collect 10 observations of achievement.

- At least 5 chronic inflammatory MSK conditions
  - o At least 1 axial and 1 peripheral
- At least 5 systemic rheumatologic diseases
  - o At least 1 SLE, 1 vasculitis, and 1 PMR
- At least 1 infection related
- At least 1 medication side effect
- At least 2 disease flares
- At least 1 non-articular disease flare
- At least 3 assessors

Assessment Plan: Pediatric

Indirect observation by supervisor

Use Form 1. Form collects information on

- Diagnosis: *[select all that apply]* chronic inflammatory MSK condition; autoinflammatory disease; SLE; vasculitis; uveitis flare; infection related; medication side effect; disease flares
- Anatomic site: *[select all that apply]* axial; peripheral; non-articular
- Age group: child/infant (<10 years); adolescents (≥10 years)



Collect 7 observations of achievement

- At least 3 chronic inflammatory MSK conditions
  - o At least 1 axial and 1 peripheral
- At least 3 systemic rheumatologic diseases
  - o At least 1 SLE and 1 vasculitis
- At least 1 infection related
- At least 1 medication side effect
- At least 2 disease flares
- At least 1 non-articular disease flare
- At least 2 child/infant and 2 adolescent
- At least 2 assessors

Relevant Milestones:

- 1 ME 1.3** Apply knowledge of physiology and pathophysiology of chronic rheumatologic disease and its progression
- 2 ME 1.4 Perform clinical assessments that address all relevant issues**
- 3 ME 1.6 Adapt care as the complexity and uncertainty of the patient's clinical situation evolves**
- 4 ME 1.6** Seek assistance in situations that are new or complex
- 5 ME 2.1 Prioritize which issues need to be addressed**
- 6 ME 2.3** Establish goals of care, which may include slowing disease progression, improving function or palliation
- 7 ME 2.2 Interpret the results of investigations identifying disease progression, activity, and complications**
- 8 ME 2.2 Interpret the results of investigations identifying complications from treatment**
- 9 ME 2.2 Synthesize and interpret information from the clinical assessment**
- 10 ME 2.2 Determine the severity and/or stage of the patient's condition, activity of disease, and risk of progression**
- 11 ME 2.4 Develop and implement management plans including both non-pharmacologic and pharmacologic modalities, as appropriate**
- 12 ME 1.3** Apply knowledge of clinical pharmacology as it relates to therapeutic agents in rheumatologic disease
- 13 ME 4.1** Prevent and/or manage complications of chronic rheumatologic diseases
- 14 ME 3.1** Identify indications, timing and suitable non-pharmacologic and pharmacologic therapies

- 15 ME 3.3** Triage procedures or therapies taking into account clinical urgency and potential for deterioration
- 16 ME 1.3** Apply knowledge of the risks and benefits of therapeutic options in rheumatologic disease
- 17 COM 3.1** Provide information on diagnosis and/or prognosis clearly and compassionately
- 18 HA 1.1** Work with patients to identify and implement strategies for health promotion
- 19 P 1.1** Respond punctually to requests from patients or other health care professionals
- 20 P 1.1** Exhibit appropriate professional behaviors

**Rheumatology: Core EPA #6AP**

**Assessing and managing patients in whom there is uncertainty in rheumatologic diagnosis and/or treatment**

Key Features:

- The focus of this EPA is recognizing uncertainty, developing a plan to care for the patient, and recognizing when patients may benefit from referral to a specialty clinic or investigational protocol
- This EPA includes the clinical assessment and management as well as effective communication of uncertainty to the patient/family and primary care or referring physician
- This EPA also include evidence-informed decision-making, and critical appraisal and synthesis of literature, thus modeling lifelong learning

Assessment Plan:

Case discussion and/or review of clinical documentation by supervisor

Use Form 1. Form collects information on:

- Type of observation: consult note/written communication; case discussion

Collect 2 observations of achievement

- At least 1 review of consult note/written communication to other MD
- At least 1 case discussion of management plan following literature review and decision-making

Relevant Milestones:

- 1 ME 1.6** Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice
- 2 ME 2.2** Synthesize and interpret information from the clinical assessment
- 3 ME 2.2** **Revise the differential diagnosis in response to new clinical information, or response to treatment**
- 4 ME 2.4** **Demonstrate flexibility in clinical reasoning, in the setting of clinical uncertainty**
- 5 P 1.1** **Identify limits in their own expertise**
- 6 S 3.3** Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 7 S 3.4** **Integrate best evidence and clinical expertise into decision-making**
- 8 ME 2.4** **Establish a patient centred management plan despite limited, non-diagnostic, or conflicting clinical data**

- 9 COM 3.1 Convey information related to the uncertainty in diagnosis and/or treatment in a clear, timely and transparent manner**
- 10 COM 4.1 Use communication skills and strategies that help the patient make informed decisions**
- 11 HA 1.2** Recognize potential barriers such as illness, health literacy, cultural practice/belief and language skills
- 12 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**

**Rheumatology: Core EPA #7AP**

**Counselling patients/families regarding diagnosis and treatment plans for a broad range of rheumatologic diseases**

Key Features:

- The focus of this EPA is the application of communication skills to convey diagnosis and counsel patients regarding treatment; this includes being sensitive to patient specific factors (e.g. age, gender, religion, culture, preferences) applying a patient/family centred approach, explaining clearly (lack of jargon) and compassionately, discussing alternatives, engaging in shared decision making, respecting patient autonomy, and assessing the patient's understanding
- This EPA includes discussing indications, adverse events, monitoring requirements, immunizations, reproduction, reimbursement for non-biologic and biologic disease-modifying antirheumatic drugs (DMARDs) and other immunosuppressive medications, non-pharmacologic therapies and appropriate immunization counselling
- This EPA also includes counselling regarding biologics/DMARDs medications
- This EPA may be observed in the simulation setting
- The observation of this EPA is divided into two parts: diagnosis and counselling on disease state; and counselling on the treatment plan

Assessment Plan: Adult

Part A: Counselling on the disease state

Direct observation by supervisor

Use Form 1. Form collects information on:

- Diagnosis: IA/JIA; CTD; vasculitis; uncertain diagnosis; chronic non-inflammatory pain; other [open text]

Collect 3 observations of achievement

- At least 1 each of IA/JIA; chronic non-inflammatory pain, and CTD/vasculitis
- At least 2 assessors

Part B: Counselling on the treatment plan

Direct observation by supervisor

Use Form 1. Form collects information on:

- Medication: MTX; biologics/small molecules; cyclophosphamide

Collect 3 observations of achievement

- At least 1 of each of the following medications: MTX; biologics/small molecules; cyclophosphamide
- At least 2 assessors

Assessment Plan: Pediatric

Part A: Counselling on the disease state  
Direct observation by supervisor

Use Form 1. Form collects information on:

- Diagnosis type: IA/JIA; CTD; vasculitis; uncertain diagnosis; chronic non-inflammatory pain; other [open text]

Collect 3 observations of achievement

- At least 1 each of IA/JIA; chronic non-inflammatory pain, and CTD/vasculitis
- At least 2 assessors

Part B: Counselling on the treatment plan  
Direct observation by supervisor

Use Form 1. Form collects information on:

- Medication: MTX; biologics/small molecules; cyclophosphamide; IVIG

Collect 4 observations of achievement

- At least 1 of each of the following medications: MTX; biologics/small molecules; cyclophosphamide; IVIG
- At least 2 assessors

Relevant Milestones:

Part A: Counselling on the disease state

- 1 ME 4.1 Establish plans for ongoing care**
- 2 COM 1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy**
- 3 COM 1.5 Recognize when strong emotions are affecting an interaction and respond appropriately**
- 4 COM 1.6 Tailor approaches to decision-making to patient capacity, values and preferences**
- 5 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- 6 COM 3.1 Provide information on diagnosis and/or prognosis clearly and compassionately**
- 7 HA 1.1 Identify barriers to access in the health care and social service system for individual patients**
- 8 L 1.2 Contribute to a culture that promotes patient safety**
- 9 HA 1.3 Incorporate prevention, health promotion and health surveillance into patient interactions**

Part B: Counselling on the treatment plan

- 1 ME 3.2 Apply knowledge of the indications and contraindications , and positive and adverse effects of biologics or DMARD medications**
- 2 ME 4.1 Implement a plan for monitoring and adjusting biologics or DMARD medication prescriptions and treatment plans**
- 3 ME 4.1** Establish plans for ongoing care
- 4 COM 1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy**
- 5 COM 1.5 Recognize when strong emotions are affecting an interaction and respond appropriately**
- 6 COM 1.6 Tailor approaches to decision-making to patient capacity, values and preferences**
- 7 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**
- 8 COM 4.1** Use communication skills and strategies that help the patient make informed decisions
- 9 HA 1.1** Identify barriers to access in the health care and social service system for individual patients
- 10 L 1.2** Contribute to a culture that promotes patient safety
- 11 HA 1.3 Incorporate prevention, health promotion and health surveillance into patient interactions**

**Rheumatology: Core EPA #8AP**

**Completing written documentation for complex patient care**

Key Features:

- Building on the skills of Foundations, this EPA includes writing consult letters and new patient letters for complex patients, and communicating complex treatment and follow up plans
- This EPA focuses on the timely and clear documentation of an assessment and treatment plan, as well as documentation of complex prescriptions and orders

Assessment Plan:

Review of new patient letters, follow up notes, and prescriptions by supervisor

Use Form 1. Form collects information on:

- Documentation type: *[select all that apply]* new patient letter; follow up letter; inpatient notes; complex prescription
- Prescription type: not applicable; DMARD (biologic); complex/intravenous immunosuppressive medication
- Complex case: yes; no

Collect 6 observations of achievement

- At least 2 new patient letters for a complex case
- At least 2 follow up letters for a complex case
- At least 1 of each prescription type
- At least 2 assessors

Relevant Milestones:

- 1 ME 2.2 Synthesize and interpret information from the clinical assessment**
- 2 ME 2.4 Develop recommendations for management that address the consult question and consider the patient's status and other health problems**
- 3 COM 5.1 Organize information in appropriate sections**
- 4 COM 5.1 Document all relevant findings and investigations**
- 5 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**
- 6 COM 5.1 Provide a clear plan for ongoing management of complex patient presentations**
- 7 COM 5.1 Use language and terminology that is clear, succinct, accurate and respectful**



**8 COL 1.3 Provide written documentation in a timely manner**

**9 COL 1.3** Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care

**10 P 3.1 Adhere to professional standards related to documentation of prescriptions**

**Rheumatology: Core EPA #9AP**

**Leading the provision of care for patients on a rheumatology service**

Key Features:

- This EPA includes all aspects of leading an inpatient consultation service including responsibility for urgent consultation requests, patient handover, collaboration with other services, continuity of care, and professionalism
- This EPA also includes managing, teaching and providing feedback to the other learners on the team
- The observation of this EPA must be based on both direct (3-way telephone consult, handover meeting, rheumatology service team meeting) and indirect (review of handover notes, case discussion, feedback from junior trainees or peers) observation

Assessment Plan:

Direct and/or indirect observation by supervisor, incorporating feedback from other physicians and/or learners

Use Form 1.

Collect feedback on at least 2 occasions

- At least 2 assessors

Relevant Milestones:

- 1 ME 1.4 Perform relevant clinical assessments in a time-effective manner**
- 2 ME 3.1** Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
- 3 S 3.4** Integrate best evidence and clinical expertise into decision-making
- 4 COL 1.3** Use referral and consultation as opportunities to improve quality of care
- 5 ME 4.1** Coordinate investigation, treatment and follow-up when multiple physicians and health care professionals are involved
- 6 COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner**
- 7 L 2.1** Allocate health care resources for optimal patient care
- 8 HA 1.1** Facilitate timely patient access to services and resources
- 9 COL 3.2 Provide safe handover of care during patient transition out of the hospital setting**

- 10 COL 2.1 Show respect toward other health professionals**
- 11 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 12 L 4.1 Set priorities and manage time to fulfil diverse responsibilities including clinical, administrative, supervisory and teaching responsibilities**
- 13 S 2.3 Balance supervision and graduated responsibility, ensuring the safety of patients and learners**
- 14 S 2.1** Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners

**Rheumatology: Core EPA #10AP**

**Managing a longitudinal clinic**

Key Features:

- This EPA is focused on practice management and professionalism
- This EPA includes scheduling, pre-clinic preparation, time management, direct patient communication (phone calls), following up and acting on investigations, and communication with clinic staff

Assessment Plan:

Direct and indirect observation by supervisor, with input from administrator/clerk, patient, and/or other health care professional and self-evaluation

Use Form 2

Collect observations of achievement on at least 2 occasions at least 1 month apart

Relevant Milestones:

- 1 ME 1.5 Prioritize patients based on the urgency of clinical presentations**
  - 2 L 4.2 Manage clinic scheduling**
  - 3 P 1.2 Prepare for clinical responsibilities, reviewing the list of planned patient visits**
  - 4 ME 1.4 Perform relevant clinical assessments in a time-effective manner**
  - 5 ME 2.2 Select investigation strategies demonstrating awareness of availability and access in the outpatient setting**
  - 6 ME 2.4 Formulate evidence-based treatment plans that are suitable for implementation in the outpatient setting**
  - 7 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions**
  - 8 L 4.1 Manage time effectively to maintain clinic flow**
  - 9 COL 1.3 Address the questions and concerns of the referring/primary care physician when acting in the consultant role**
  - 10 COL 1.3 Use referral and consultation as opportunities to improve quality of care**
  - 11 L 4.1 Review and act on test results in a timely manner**
  - 12 P 1.1 Respond punctually to requests from patients or other health care professionals**
  - 13 P 1.1 Exhibit appropriate professional behaviors**
  - 14 COL 2.1 Delegate tasks and responsibilities in an appropriate and respectful manner**
-

**Rheumatology: Core EPA #11AP**

**Delivering scholarly teaching to a variety of audiences, including peers, junior trainees and/or other health professionals**

Key Features:

- This EPA includes both small and large group formal teaching, as well as informal bedside teaching to junior learners
- The observation of this EPA is divided into two parts: observation of formal teaching; and observation of clinical teaching

Assessment Plan:

Part A: Formal teaching

Direct observation by supervisor, incorporating feedback from learners

Use Form 1. Form collects information on:

- Type of activity: journal club; rounds; academic half day; other

Collect 2 observations of achievement

- At least 1 observation by a rheumatologist

Part B: Clinical teaching

Direct observation by supervisor, incorporating feedback from junior learners

Use Form 1. Form collects information on

- Audience: *[select all that apply]* peer(s); junior trainee(s); other health professional(s)

Collect 2 observations of achievement

- Junior trainee at least once

Relevant Milestones:

Part A: Formal teaching

- 1 S 2.4 Develop learning objectives for a teaching activity**
- 2 S 3.3 Critically evaluate the integrity, reliability and applicability of health related research and literature**
- 3 S 2.4 Present the information in an organized manner to facilitate understanding**
- 4 S 2.4 Use audiovisual aids effectively**
- 5 S 2.4 Provide adequate time for questions and discussion**

Part B: Clinical teaching

- 1 S 2.1** Use strategies for deliberate, positive role-modelling
- 2 S 2.2** Create a positive and safe learning environment for all members of the team
- 3 S 2.3** Balance supervision and graduated responsibility, ensuring the safety of patients and learners
- 4 S 3.4** Integrate best evidence and clinical expertise
- 5 S 2.5** Provide feedback to enhance learning and performance
- 6 L 4.1** Integrate supervisory and teaching responsibilities into the overall management of the clinical service

**Rheumatology: Core EPA #12A**

**Recognizing and triaging presentations of common pediatric rheumatologic diseases and identifying when to refer**

Key Features:

- The focus of this EPA is the assessment of pediatric patients with presentations of rheumatologic disease and the recognition of cases that need urgent intervention
- This includes diagnosing common pediatric rheumatologic diseases, applying knowledge of the disease course, and recognizing differences in practice/management as the patients transition to adult care
- It also includes counselling about disease or management using a child and family centred approach

Assessment Plan:

Direct observation by pediatric rheumatologist (supervisor)

Use Form 1. Form 1 collects information on:

- Focus of encounter: *[select all that apply]* history; joint examination; transition of care
- Presentation: JIA; JDM; HSP; periodic fever syndrome; Kawasaki; other
- Age of child: *(write in)*

Collect 3 observations of achievement

- At least 1 of each encounter: history; joint examination; transition of care
- At least 1 case with a child under 12
- At least 1 case with JIA

Relevant Milestones:

- 1 ME 1.3 Apply knowledge of common rheumatologic disease as it pertains to pediatric patients**
- 2 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**
- 3 ME 4.1 Assess the need, timing, risk and benefits of referring a patient to another health professional and/or care setting**
- 4 ME 2.2 Elicit a history relevant to the pediatric rheumatologic presentation**
- 5 ME 2.2 Perform a focused MSK exam using appropriate technique for joint examinations in pediatrics**
- 6 ME 2.2 Adapt the clinical assessment to the child's age and development**
- 7 ME 2.2 Select and interpret appropriate investigations in the context of the child's age**

- 8 COM 2.3** Seek and synthesize relevant information from other sources
- 9 ME 2.4 Determine the setting of care appropriate for the patient's health needs**
- 10 COM 3.1 Share information and explanations that are clear and accurate while checking for understanding**



**Rheumatology: Core EPA# 12P**

**Supporting adolescents/young adults with rheumatologic disease in the transition from the pediatric to adult care setting**

Key Features:

- This EPA focuses on the unique aspects of developmental readiness and risks that occur as adolescents/young adults progress to autonomy for their health care needs
- The nature of the rheumatologic disease is not relevant for this EPA

Assessment Plan:

Direct and/or indirect observation by supervisor

Use Form 1. Form collects information on:

- Type of observation: (*select all that apply*) direct; case discussion; review of transition of care letter; other

Collect 2 observations of achievement

- At least 1 review of a transition of care letter

Relevant Milestones:

- 1 ME 2.2 Assess the patient's health literacy and developmental readiness for the demands of the adult care setting**
- 2 ME 2.2 Assess psychosocial issues that may affect health and/or access to services**
- 3 ME 2.2 Assess adherence to treatment and monitoring plans**
- 4 ME 2.4 Determine the setting of care appropriate for the patient's health needs
- 5 HA 1.2 Work with the patient to increase their understanding of their illness, health care needs, and opportunities for self-care
- 6 COM 4.3 Use communication skills and strategies that help the patient make informed decisions**
- 7 ME 2.4 Anticipate, prevent and manage changes in health status at the time of transition
- 8 ME 2.4 Establish a plan for ongoing care in the local setting and/or for care prior to and during transfer**
- 9 ME 4.1 Establish plans for ongoing care that include monitoring health status and managing adherence

- 10 L 2.1 Apply knowledge of health care resources available in other care settings
- 11 **ME 4.1 Assess the need, timing, risk and benefits of referring a patient to another health professional and/or care setting**
- 12 COL 1.2 Consult as needed with other health care professionals, including other physicians
- 13 HA 1.1 Facilitate timely patient access to services and resources
- 14 COL 3.1 Organize the handover of care to the most appropriate physician
- 15 **COL 3.2 Summarize the patient's issues including plans to deal with ongoing concerns**
- 16 COL 3.2 Recognize and act on patient safety issues in the transfer of care
- 17 COL 1.1 Establish and maintain positive relationships with colleagues and other health care professionals

**Rheumatology: Core EPA #13P**

**Working with the interprofessional team to coordinate the care of patients with rheumatologic disease**

Key Features:

- The focus of this EPA is the role of the rheumatologist in coordinating the complex care needs of patients with rheumatologic disease
- This includes collaboration with an interprofessional team as well as ensuring continuity across care settings
- The observation of this EPA is based on the resident's performance in leading meetings/discussions that involve at least 2 types of health care professionals other than physicians. Observations may be collected from any member of the interprofessional team, and should be documented at least twice during training (at least 3 months apart)

Assessment Plan:

Direct observation by supervisor or other health care providers (e.g. other health care professionals, other specialists)

Use Form 3. Form collects information on:

- Observer role: rheumatologist; other physician; other health care professional

Collect 2 observations at least 3 months apart

- At least 1 observed by someone other than a rheumatologist
- At least 2 assessors

Relevant Milestones:

- 1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician**
- 2 P 1.1** Intervene when behaviours toward colleagues and/or learners undermine a respectful environment
- 3 COL 1.2 Make effective use of the scope and expertise of other health care professionals**
- 4 COL 1.1 Respond appropriately to input from other health care professionals**
- 5 ME 2.4 Integrate recommendations from other health care professionals into management plans**
- 6 COL 1.1** Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care

- 7 COL 1.3 Communicate effectively with physicians and other health care professionals**
- 8 COM 1.3 Recognize when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care and modify the approach to the patient accordingly**
- 9 COL 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions**
- 10 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture**
- 11 P 1.1 Exhibit appropriate professional behaviours**
- 12 S 2.1 Use strategies for deliberate, positive role-modelling**
- 13 L 3.1 Demonstrate leadership skills to enhance health care**
- 14 L 4.2 Demonstrate efficiency and effectiveness in leading the interprofessional team**

**Rheumatology: TTP EPA #1AP**

**Facilitating access to treatments and/or services for individual patients**

Key Features:

- This EPA focuses on facilitating timely access to pharmacological and non-pharmacological treatments, and/or financial, psychological, social support
- This EPA may include special authorizations, disability applications, disability forms, and appeals
- This EPA can be observed using a simulated case or issue

Assessment Plan: Adult

Review of completed documents (forms or letters) by supervisor

Use Form 1. Form collects information on:

- Request type: biologics; insurance; homecare; disability; government supplements; other

Collect 2 observations of achievement

- At least 1 request for biologics
- At least 1 disability or insurance request

Assessment Plan: Pediatric

Review of completed documents (forms or letters) by supervisor

Use Form 1. Form collects information on:

- Request type: biologics; insurance; homecare; disability; school; government supplements; other

Collect 2 observations of achievement

- At least 1 request for biologics
- At least 1 school letter

Relevant Milestones:

- 1 HA 1.1 Facilitate timely patient access to services and resources**
- 2 HA 1.1 Apply the criteria for reimbursement of pharmacologic and non-pharmacologic benefits**
- 3 L 2.1 Allocate health care resources balancing optimal patient care and resource stewardship**
- 4 L 2.2 Apply evidence and management processes to achieve cost-appropriate care**

- 5 COL 1.2** Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 6 P 2.1** Fulfil clinical administrative responsibilities
- 7 P 1.1** Demonstrate honesty and integrity in all aspects of clinical work
- 8 COM 5.1** Complete third party clinical documentation in a thorough, responsible and timely manner

**Rheumatology: TTP EPA #2AP**

**Planning and implementing transfers of care through the health care system**

Key Features:

- The focus of this EPA is the transfer of professional responsibility for patient care from one physician to another
- This EPA can be observed through simulation of a written transfer or care plan appropriate for setting/context

Assessment Plan: Adult

Review of written transfer of care plan by supervisor

Use Form 1. Form collects information on:

- Case complexity: medium; high
- Setting: longitudinal clinic (continuity of care); transitional clinic (from pediatrics to adult care); leave of absence; patient moving jurisdiction; consult service

Collect 2 observations of achievement

- At least 2 complex patients

Assessment Plan: Pediatric

Review of written transfer of care plan by supervisor

Use Form 1. Form collects information on:

- Case complexity: medium; high
- Setting: longitudinal clinic (continuity of care); transitional clinic (from pediatrics to adult care); leave of absence; patient moving jurisdiction; consult service

Collect 2 observations of achievement

- At least 2 complex patients
- At least 1 transitional clinic

Relevant Milestones:

- 1 L 2.1** Apply knowledge of health care resources available in other care settings
- 2 ME 4.1** Assess the need, timing, risk and benefits of referring a patient to another health professional and/or care setting
- 3 COL 3.1** Facilitate the handover of care to the most appropriate physician
- 4 COL 3.2** Summarize the patient's issues including plans to deal with ongoing concerns as well as anticipated changes in the clinical course
- 5 HA 1.1** Work with patients to facilitate access to needed health services or resources

**Rheumatology: TTP EPA #3AP**

**Advancing the discipline through scholarly activities**

Key Features:

- This EPA includes active participation in the key aspects of performing scholarly work including identification of a question for investigation, literature review, data gathering, data analysis, reflective critique, and presentation or dissemination of the scholarly work locally or nationally
- This may include research, quality improvement, or educational projects
- The assessment of this EPA is based on the submission of a completed scholarly project, and may also include observation of the presentation of the scholarly work

Assessment Plan:

Review of submitted report of scholarly activity by supervisor

Use Form 1. Form collects information on:

- Activity: research; quality improvement; educational project
- Components completed: *[select all that apply]* identification of a question for investigation; literature review; protocol development; grant application; development of research ethics proposal; data gathering; data analysis; reflective critique; and dissemination
- Format of dissemination: presentation; abstract; report; manuscript; publication

Collect 1 observation of achievement

- At least 2 parts of the scholarly cycle

Relevant Milestones:

- 1 L 4.1 Organize work to manage clinical, scholarly and other responsibilities**
  - 2 S 4.4 Identify, consult and collaborate with content experts and others in the conduct of scholarly work**
  - 3 S 4.4 Articulate focused questions for scholarly investigation**
  - 4 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature**
  - 5 S 4.5 Summarize the findings of a literature review**
  - 6 S 4.4 Select appropriate methods of addressing a given scholarly question**
  - 7 S 4.2 Identify ethical principles in research**
  - 8 S 4.4 Collect data for a scholarly project**
  - 9 S 4.4 Perform data analysis**
  - 10 S 4.5 Summarize and communicate the findings of a scholarly project**
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**Rheumatology: TTP EPA #4AP**

**Developing a personal learning plan for future practice and ongoing professional development**

Key Features:

- This EPA focuses on identifying and addressing a knowledge gap and demonstrating familiarity with Maintenance of Certification program (MOC) requirements for certification/license to practice
- This EPA includes initiating a personal learning portfolio to document continuing professional development, e.g. providing a written plan for personal learning (conferences, reading, rounds, self-reflection, practice and/or personal assessment, peer review). This includes understanding Royal College MOC requirements if in Canada
- The observation of this EPA requires the resident to submit a learning plan to a supervisor, mentor, academic advisor or equivalent, and includes discussion of the resident's plan for practice and ongoing professional development

Assessment Plan:

Review of resident's submitted learning plan by supervisor, mentor, academic advisor or equivalent

Use Form 4

Collect 1 observation of achievement

Relevant Milestones:

- 1 S 1.2** Identify a specific area for improvement related to the needs of the intended community and/or career goals
- 2 S 1.1** Create and implement a learning plan that includes a structured approach to monitor progress of learning, including identifying timelines and accountabilities
- 3 S 1.1** Develop clear outcomes to assess progress of learning
- 4 L 4.2** Adjust educational experiences to gain competencies necessary for future practice
- 5 P 2.1** Demonstrate a commitment to maintaining and enhancing competence
- 6 P 2.1** Demonstrate accountability by recognizing and responding to societal expectations of the profession