NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Entrustable Professional Activities (EPAs) for Specialty Education in Adult Rheumatology

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List of EPAs:

Adult Rheumatology

EPA 1: 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 about 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 techniques 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.

Assessment Plan

Direct observation by supervisor

Assessment 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.

Basis for formal entrustment decisions

Collect 2 observations of achievement.

- At least 1 history
- At least 1 MSK examination

When unsupervised practice is expected to be achieved: PGY1

Relevant task components

1 ME 1.3 Apply knowledge of uncomplicated rheumatologic diseases and symptoms of extra-articular manifestations
2 COM 2.1 Use patient-centered 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
7 COM 2.1 Use patient-centered interviewing skills to effectively gather all relevant information
8 ME 2.2 Interpret findings of the MSK physical exam to differentiate between

inflammatory and non-inflammatory pain

9 ME 2.2 Synthesize patient information from the clinical assessment for the purpose of written or verbal summary

10 COM 5.1 Document the essential elements of a rheumatologic history and MSK physical examination using a structured approach

Adult Rheumatology

EPA 2: Assessing and providing initial diagnosis and treatment plans for patients with uncomplicated rheumatology presentations incorporating shared decision-making

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

Direct observation and/or case review by supervisor

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Case mix: inflammatory arthritis; systemic rheumatologic disease; non-inflammatory MSK condition; crystal arthritis; other (write in).

Basis for formal entrustment decisions

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

When unsupervised practice is expected to be achieved: PGY1

Relevant task components

1 COM 2.1 Use patient-centered 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

Adult Rheumatology

EPA 3: Detecting Rheumatologic and Musculoskeletal Abnormalities through Physical Examination

Key Features: The focus of this EPA is the application of knowledge of musculoskeletal anatomy and rheumatologic disease to perform, describe, interpret, present, and document MSK and rheumatologic physical examination findings in a timely manner.

- This EPA includes assessment of synovitis, joint damage, peripheral and axial joint abnormalities, enthesitis, tenosynovitis, soft tissue abnormalities, small joint abnormalities, and extra-articular manifestations of rheumatologic disease.
- This EPA includes appropriate attention to patient comfort, dignity, privacy, safety, and draping during the physical examination.
- This EPA includes use of standardized disease activity measures, including joint counts, where applicable.
- Observation of this EPA requires direct observation of the MSK physical examination by the supervisor. A STACER or equivalent may be used to assess joint count and comprehensive examination skills.

Assessment Plan

Direct observation of MSK physical examination by supervisor, with case discussion.
Use assessment form and STACER or equivalent where applicable.
Assessment form collects information on:

- Joint or region: shoulder; knee; hip; foot and ankle; elbow; hand and wrist; neck exam; back exam
- Joint count: yes; no
- Case mix: established inflammatory arthritis; early inflammatory arthritis; axial SpA/JSpA; non-inflammatory MSK; other rheumatologic disease
- Extra-articular manifestations: not applicable; skin; eyes; GI; enthesitis; tenosynovitis; other (write in).

Basis for formal entrustment decisions

Collect 7 observations of achievement.

- At least 1 observation of each joint or region
- A variety of the case mix
- At least 2 joint count STACERs or equivalent
- At least 2 assessors

When unsupervised practice is expected to be achieved: PGY1

Relevant Task Components

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 Perform the MSK examination in a focused, time-effective manner without excluding key elements.
5. ME 2.2 Apply appropriate physical examination maneuvers to assess rheumatologic disease and identify abnormal findings.
6. ME 2.2 Assess for synovitis, joint damage, peripheral and axial abnormalities, enthesitis, tenosynovitis, small joint abnormalities, soft tissue abnormalities, and extra-articular manifestations.
7. ME 2.2 Perform a comprehensive joint count for tender and swollen joints where indicated.
8. ME 2.2 Interpret the results of the MSK examination in the context of the patient's presentation.
9. ME 2.2 Apply and integrate evidence with respect to standard disease activity measures.
10. ME 1.4 Present clinical findings in an organized and well-synthesized manner.
11. COM 5.1 Document the essential elements of the MSK and rheumatologic examination, including abnormal findings, in an accurate, complete, clear, and timely manner.

Adult Rheumatology

EPA 4: Completing written documentation and prescriptions for rheumatology patient care

Key Features: This EPA focuses on the timely, clear, accurate, and professional completion of written documentation and prescriptions for rheumatology patient care.

- This EPA includes written communication in a variety of formats, including new patient letters, follow-up letters, inpatient notes, referral letters, and consultation requests.
- This EPA includes documentation for uncomplicated and complex patient encounters, including clear documentation of assessment, clinical reasoning, treatment plan, follow-up plan, and response to the consultation question.
- This EPA includes documentation of medication prescriptions and orders, including DMARDs, biologics, complex or intravenous immunosuppressive medications, and non-DMARD therapies.
- Prescriptions must consider patient-specific factors, including body size, organ function, drug elimination route, monitoring requirements, adherence, medication toxicity, risk mitigation, and patient safety.
- Documents submitted for review must be the sole work of the fellow.

Assessment Plan

Direct observation and/or review of clinical documentation and/or medication orders by supervisor.

Assessment form collects information on

- Documentation type (select all that apply): new patient letter; follow-up letter; inpatient note; referral letter; consultation request; non-DMARD prescription; DMARD prescription; biologic DMARD prescription; complex/intravenous immunosuppressive medication; other (write in).
- Complex case: yes; no

Basis for formal entrustment decisions

Collect 10 observations of achievement.

- At least 2 new patient letters
- At least 2 follow-up letters
- At least 2 documents involving complex patient care
- At least 3 prescriptions.
    - At least 1 non-DMARD prescription
    - At least 1 DMARD or biologic prescription
    - At least 1 complex or intravenous immunosuppressive medication prescription or order
- At least 2 different assessors

When unsupervised practice is expected to be achieved: PGY1

Relevant Task Components

1. ME 2.2 Synthesize and interpret information from clinical assessment.
2. ME 2.2 Interpret clinical information and investigation results for diagnosis and management.
3. ME 2.4 Develop recommendations for management that address the consultation question and consider the patient's status and other health problems.
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, including complex patient presentations.
8. COM 5.1 Use language and terminology that is clear, succinct, accurate, and respectful.
9. COM 5.1 Complete clinical documentation in a timely manner.
10. COL 1.3 Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care.
11. ME 1.3 Apply knowledge of clinical pharmacology as it pertains to therapeutic agents in rheumatologic disease.
12. ME 2.2 Interpret clinical information and investigation results when prescribing treatment.
13. ME 2.4 Adapt dosing recommendations to the patient's condition, body size, organ function, drug elimination route, and clinical context.
14. ME 5.2 Apply risk-mitigation strategies when prescribing medications with significant adverse effects.
15. ME 4.1 Monitor for medication toxicity and response to treatment.
16. ME 5.2 Select medication supply duration based on toxicity risk, monitoring requirements, and risk of non-adherence.
17. COM 5.1 Write prescriptions clearly, with attention to atypical dosing, frequency, monitoring, and safety requirements.
18. P 3.1 Adhere to professional standards related to documentation of prescriptions and medication orders.

Adult Rheumatology

EPA 5: Performing and interpreting joint, bursa, and tendon aspirations and injections

Key Features: This EPA focuses on safely performing joint, bursa, and tendon aspirations and/or injections, and interpreting synovial fluid findings where applicable.

- This EPA includes knowledge of indications and contraindications, informed consent, analgesia, preparation, positioning, aseptic technique, procedural performance, sample handling, selection of appropriate fluid analysis, post-procedural care, documentation, and management of immediate complications.
- This EPA includes knee arthrocentesis and intra-articular injection, as well as aspiration and/or injection of other peripheral joints, bursae, tendons, and soft tissue sites.
- This EPA includes interpretation of synovial fluid findings, including crystal analysis using polarized microscopy.
- The use of ultrasound is not an expectation of this EPA, and a dry aspirate is acceptable.
- Simulation may be used where appropriate, including models, photomicrographs, microscope teaching slides, or procedural simulation.
- This EPA excludes spine, sacroiliac joints, hips, temporomandibular joints, and procedures requiring ultrasound guidance or advanced image-guided technique.

Assessment Plan

Direct observation by supervisor.

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation
- Procedure: aspiration; injection; both
- Anatomy: knee; shoulder; elbow; wrist; ankle; small joint (including MCP, MTP, IP, or CMC)
- Injection site: none; soft tissue; carpal tunnel; bursa, including trochanteric, anserine, or subacromial; tendon, including De Quervain's, trigger finger, or dactylitis; plantar fascia
- Fluid interpretation: calcium pyrophosphate dihydrate; monosodium urate; other (write in)

Basis for formal entrustment decisions

Collect 5 observations of achievement.

- At least 1 knee arthrocentesis and/or intra-articular injection
- At least 4 of the following non-knee anatomic sites: shoulder; elbow; wrist; ankle; small joint
- At least 2 aspirations
- At least 1 shoulder procedure
- At least 1 elbow, wrist, or ankle procedure

- At least 1 bursal or soft tissue injection
- At least 1 small joint procedure
- At least 2 assessors
- At least 2 observations of achievement.
    - At least 1 calcium pyrophosphate dihydrate crystal interpretation
    - At least 1 monosodium urate crystal interpretation

When unsupervised practice is expected to be achieved: PGY1

Relevant Task Components

1. ME 3.2 Describe the indications and contraindications for the procedure.
2. ME 3.2 Obtain informed consent for the procedure and therapy.
3. ME 3.4 Determine and select sedation or local analgesia, as appropriate.
4. ME 3.4 Gather and assess required information prior to the procedure.
5. ME 3.4 Gather and/or manage the availability of appropriate instruments and materials.
6. ME 3.4 Prepare and position the patient for the procedure.
7. ME 3.4 Apply knowledge of anatomy, key landmarks, and the procedure.
8. ME 3.4 Demonstrate aseptic technique, including skin preparation and maintaining the sterile field.
9. ME 3.4 Execute the steps of the procedure in a safe and efficient manner.
10. ME 2.2 Select appropriate fluid analysis.
11. ME 3.4 Handle samples in a safe manner.
12. ME 3.4 Optimize patient comfort and safety, including the need for analgesia, and modify the procedure as needed.
13. ME 3.4 Prevent and/or manage immediate complications of the procedure.
14. ME 4.1 Provide discharge instructions and plan for follow-up.
15. COM 5.1 Document the encounter to convey the procedure and outcome.
16. ME 3.4 Identify normal and abnormal findings using a polarized microscope.
17. COM 5.1 Document all relevant findings.

Adult Rheumatology

EPA 6: Counselling patients and families regarding diagnosis and treatment plans for rheumatologic diseases

Key Features: The focus of this EPA is the application of communication skills to counsel patients and families about rheumatologic diagnoses, prognosis, and treatment plans.

- This includes explaining the diagnosis and treatment options clearly and compassionately, avoiding jargon, assessing understanding, discussing alternatives, engaging in shared decision-making, and respecting patient autonomy.
- This EPA includes sensitivity to patient-specific factors, including age, gender, religion, culture, values, preferences, decision-making capacity, health literacy, and access to care.
- This EPA includes counselling regarding non-pharmacologic therapies, NSAIDs, prednisone, non-biologic and biologic DMARDs, small molecules, cyclophosphamide, and other immunosuppressive medications.
- This EPA includes discussion of indications, contraindications, adverse effects, monitoring requirements, immunizations, reproductive considerations, reimbursement or access barriers, and the role of other health professionals.
- Simulation may be used where appropriate, particularly for complex, emotionally difficult, or high-risk counselling scenarios.
- The observation of this EPA is divided into two parts: counselling on the disease state and counselling on the treatment plan.

Assessment Plan

Direct observation by supervisor.

Assessment form collects information on:

- Case mix: inflammatory arthritis/JIA; connective tissue disease; vasculitis; uncertain diagnosis; chronic non-inflammatory pain; uncomplicated rheumatologic disease; other (write in).
- Issue or treatment discussed: non-pharmacologic intervention; NSAIDs; prednisone; methotrexate; biologics/small molecules; cyclophosphamide; other DMARD or immunosuppressive medication
- Counselling focus: indications; contraindications; adverse effects; monitoring; immunizations; reproduction; reimbursement/access; use of other health professionals

Basis for formal entrustment decisions

Collect at least 3 observations of achievement for counselling of the disease state.

- At least 1 inflammatory arthritis/JIA
- At least 1 chronic non-inflammatory pain
- At least 1 connective tissue disease or vasculitis
- At least 2 assessors

Collect at least 3 observations of achievement for treatment plan counselling.

- At least 1 methotrexate discussion
- At least 1 biologic or small molecule discussion
- At least 1 cyclophosphamide discussion
- At least 1 discussion involving NSAID, prednisone, or non-pharmacologic therapy
- At least 2 assessors

When unsupervised practice is expected to be achieved: PGY2

Relevant Task Components

1. COM 1.1 Communicate using a patient-centered approach that encourages patient trust and autonomy.
2. COM 1.3 Recognize the values, biases, or perspectives of patients and modify the approach to the patient accordingly.
3. COM 1.5 Recognize when strong emotions are affecting an interaction and respond appropriately.
4. COM 1.6 Assess decision-making capacity and tailor approaches to patient capacity, values, and preferences.
5. COM 3.1 Convey diagnosis, prognosis, and treatment information clearly, accurately, and compassionately.
6. COM 3.1 Check patient and family understanding during counselling.
7. COM 4.1 Use communication skills and strategies that help the patient make informed decisions.
8. COM 4.2 Assist patients and families to identify, access, and use information and communication technologies to support their care and manage their health.
9. ME 1.3 Apply knowledge of clinical pharmacology as it relates to therapeutic agents in rheumatologic disease.
10. ME 3.1 Describe the indications, contraindications, alternatives, and potential adverse effects of NSAIDs, prednisone, non-pharmacologic therapies, DMARDs, biologics, small molecules, cyclophosphamide, and other immunosuppressive medications.
11. ME 4.1 Establish plans for ongoing care.
12. ME 4.1 Implement a plan for monitoring and adjusting DMARD, biologic, small molecules, or immunosuppressive treatment plans.
13. HA 1.1 Identify barriers to access in the health care and social service system for individual patients.
14. HA 1.3 Incorporate prevention, health promotion, health surveillance, immunization counselling, and reproductive considerations into patient interactions.

Adult Rheumatology

EPA 7: Recognizing, triaging, and initiating management of emergency rheumatologic conditions

Key Features: This EPA focuses on recognition, triage, initial assessment, and timely escalation of care for patients with urgent or emergency rheumatologic conditions.

- It includes focused clinical assessment, development of an appropriate differential diagnosis, ordering and interpretation of initial investigations, initiation of first-line management, timely communication with the attending physician and other health care professionals, follow-up of investigation results and treatment response, patient and family counselling where indicated, and appropriate documentation.
- Examples include suspected septic arthritis with synovial fluid interpretation, including tests to order and differentiation of septic from inflammatory and non-inflammatory disorders; hemophagocytic lymphohistiocytosis/macrophage activation syndrome; serious infections and conditions related to immunosuppression; connective tissue disease emergencies, including SLE/APL-related emergencies; vasculitis emergencies, including GCA and systemic vasculitis; and scleroderma emergencies.
- This EPA may be observed in clinical or simulation settings, including telephone consultation, inpatient consultation, emergency room consultation, outpatient clinic visit, or simulation.

Assessment Plan

Direct or indirect observation by supervisor.

Assessment form collects information on:

- Setting: inpatient; outpatient; emergency room; simulation; telephone consultation.
- Case mix: serious infections and conditions related to immunosuppression; connective tissue disease emergency; SLE/APL emergency; GCA or systemic vasculitis emergency; scleroderma emergency; suspected septic arthritis with synovial fluid interpretation; HLH/MAS; other (write in)

Basis for formal entrustment decisions

Collect 3 observations of achievement.

- No more than 1 observation in a simulation setting
- At least 2 examples of the case mix
- At least 1 suspected septic arthritis with synovial fluid interpretation
- At least 2 assessors

When unsupervised practice is expected to be achieved: PGY2

Relevant Task Components

1. ME 2.1 Identify clinical emergencies and priorities 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 Develop a differential diagnosis relevant to the patient's presentation.
6. ME 2.2 Select and/or interpret appropriate initial investigations.
7. ME 2.4 Develop and implement plans for initial management.
8. ME 4.1 Ensure follow-up on results of investigation and response to treatment.
9. ME 4.1 Coordinate management plans with attending physicians and other health care professionals.
10. COL 1.3 Communicate effectively with physicians and other health care professionals.
11. COL 3.1 Identify patients requiring handovers to other physicians or health care professionals.
12. L 2.1 Apply knowledge of local resources for optimal patient care.
13. COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions.

Adult Rheumatology

EPA 8: 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

Direct or indirect observation by supervisor

Assessment 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; other (write in)

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY2

Relevant task components:

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 images, including plain radiographs, MRI, US 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

Adult Rheumatology

EPA 9: 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

Direct or indirect observation by supervisor

Assessment 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; other (write in)
- Comorbidities [select all that apply]: none; anticoagulation issues; multiple comorbid diseases; extra-articular manifestations of rheumatologic disease; chronic liver disease; chronic kidney disease; childbearing 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; other (write in)

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY2

Relevant task components

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

Adult Rheumatology

EPA 10: 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

Direct or indirect observation by supervisor

Assessment form collects information on

- Case mix [select all that apply]: chronic inflammatory MSK condition; SLE; vasculitis; PMR; gout; infection related; medication side effect; disease flares; other (write in)
- Anatomic site [select all that apply]: axial; peripheral; non-articular.

Basis for formal entrustment decisions

Collect 10 observations of achievement.

- At least 5 chronic inflammatory MSK conditions
  - At least 1 axial and 1 peripheral
- At least 5 systemic rheumatologic diseases
  - 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

When is unsupervised practice expected to be achieved: PGY2

Relevant task components

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

EPA 11: Managing a longitudinal clinic, including virtual care and telehealth modalities

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 Assessment form.

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY2

Relevant task components

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

Adult Rheumatology

EPA 12: Recognizing and triaging presentations of common pediatric rheumatologic diseases and facilitating transition to adult care

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 centered approach.

Assessment Plan

Direct observation by pediatric rheumatologist (supervisor)

Assessment 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)

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY2

Relevant task components

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

Adult Rheumatology

EPA 13: 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

Review of completed documents (forms or letters) by supervisor.

Assessment form collects information on:

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

Basis for formal entrustment decisions

Collect 2 observations of achievement.

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

When is unsupervised practice expected to be achieved: PGY2

Relevant task components

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

Adult Rheumatology

EPA 14: 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:

Review of written transfer of care plan by supervisor

Assessment 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; consultation service; other (write in)

Basis for formal entrustment decisions:

Collect 2 observations of achievement.

- At least 2 complex patients

When is unsupervised practice expected to be achieved: PGY2

Relevant task components

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

Adult Rheumatology

EPA 15: 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 clinical assessment and management as well as effective communication of uncertainty to the patient/family and primary care or referring physician.
- This EPA also includes evidence-informed decision-making, critical appraisal, and synthesis of literature, thus modeling lifelong learning.

Assessment Plan

Case discussion and/or review of consult note/written communication or other clinical documentation by supervisor

Use assessment form

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY3

Relevant task components

1 ME 2.2 Synthesize and interpret information from the clinical assessment
2 ME 2.2 Revise the differential diagnosis in response to new clinical information, or response to treatment
3 ME 2.4 Demonstrate flexibility in clinical reasoning, in the setting of clinical uncertainty
4 P 1.1 Identify limits in their own expertise
5 S 3.3 Critically evaluate the integrity, reliability, and applicability of health-related research and literature
6 S 3.4 Integrate best evidence and clinical expertise into decision-making
7 ME 2.4 Establish a patient centered management plan despite limited, non-diagnostic, or conflicting clinical data
8 COM 3.1 Convey information related to the uncertainty in diagnosis and/or treatment in a clear, timely and transparent manner
9 COM 4.1 Use communication skills and strategies that help the patient make informed decisions
10 HA 1.2 Recognize potential barriers such as illness, health literacy, cultural practice/belief and language skills

11 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions

Adult Rheumatology

EPA 16: 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 Assessment form.

Basis for formal entrustment decisions

Collect feedback on at least 2 occasions.

- At least 2 assessors

When is unsupervised practice expected to be achieved: PGY3

Relevant task components

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 learner


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