NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

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

Draft version 1

20/07/2026

List of EPAs

Pediatric 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 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 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 with review of case presentation; clinical note by supervisor

Assessment form collects information on:

- Activity [select all that apply]: rheumatologic history; MSK exam (physical)
- Joint [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.

Basis for formal entrustment decisions

Collect 3 observations of achievement.

- At least 1 history
- At least 1 MSK examination
- At least 1 case presentation and 1 clinical note
- At least 2 assessors

When is unsupervised practice expected to be achieved: PGY 1

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

Pediatric Rheumatology

EPA 2: 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

Direct or indirect observation by supervisor

Assessment 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

Basis for formal entrustment decisions

Collect 2 observations of achievement.

- At least 1 synovial fluid interpretation

When is unsupervised practice expected to be achieved: PGY 1

Relevant task components

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

Pediatric Rheumatology

EPA 3: 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

Direct observation by supervisor

Assessment form collects information on:

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

Basis for formal entrustment decisions

Collect 3 observations of achievement.

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

When is unsupervised practice expected to be achieved: PGY 1

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 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

Pediatric Rheumatology

EPA 4: 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 fellow.

Assessment Plan

Review of clinical documentation and prescription by supervisor

Assessment form collects information on

- Document: new patient letter; follow up letter; new consultation request
- Medication: DMARD; non-DMARD

Basis for formal entrustment decisions

Collect 5 observations of achievement.

- At least 1 new patient letter
- At least 1 follow up letter
- At least 2 different assessors
- At least 2 prescriptions
- At least one prescription for each type of medication

When is unsupervised practice expected to be achieved: PGY 1

Relevant task components

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
10 ME 2.2 Interpret clinical information, along with the results of investigations, for the

purposes of diagnosis and management

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

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

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

14 COM 5.1 Write prescriptions legibly and clearly, with attention to atypical dosing and frequency

15 ME 4.1 Monitor for medication toxicity and/or response to treatment

16 P 3.1 Demonstrate knowledge of professional standards related to documentation of prescriptions

17 ME 5.2 Select duration of medication supply based on risk of toxicity and/or non-adherence

Pediatric Rheumatology

EPA 5: 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 and 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
- Patient age: child/infant (< 10 years); adolescent (≥ 10 yearss)

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY 1

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 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

Pediatric Rheumatology

EPA 6: 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

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

Use Assessment form, and a STACER* or equivalent.

Form collects information on:

- Joint: 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 (write in).

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY 1

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 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

Pediatric Rheumatology

EPA 7: Completing written documentation for complex patient care

Key Features: 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.

Assessment form collects information on:

- Document [select all that apply]: new patient letter; follow up letter; inpatient notes; complex prescription.
- Medication: DMARD (biologic); complex/intravenous immunosuppressive medication; not applicable.
- Case complexity: low; medium; high

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY 1

Relevant task components

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 Document all relevant findings and investigations
4 COM 5.1 Document clinical encounters to convey clinical reasoning and the rationale for decisions
5 COM 5.1 Provide a clear plan for ongoing management of complex patient presentations
6 COM 5.1 Use language and terminology that is clear, succinct, accurate and respectful
7 COL 1.3 Provide written documentation in a timely manner
8 COL 1.3 Share expertise when acting in the consultant role, using referral as an opportunity to improve quality of care
9 P 3.1 Adhere to professional standards related to documentation of prescriptions

Pediatric Rheumatology

EPA 8: 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

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; other (write in)

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY 2

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

Pediatric Rheumatology

EPA 9: 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, fellow and referring MD); inpatient consult (sharing plan with referring team); clinic visit; ER consult; case discussion; simulation.

Assessment Plan

Direct or indirect observation by supervisor

Assessment form collects information on:

- Setting: inpatient; outpatient; telephone consult: 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; other (write in)

Basis for formal entrustment decisions

Collect 2 observations of achievement.

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

When is unsupervised practice expected to be achieved: PGY 2

Relevant task components

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

Pediatric Rheumatology

EPA 10: Performing knee arthrocentesis

Key Features: This EPA includes all 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

Assessment form collects information on:

- Setting: clinical setting; simulation.

Basis for formal entrustment decisions

Collect 1 observation of achievement exclusive simulation.

When is unsupervised practice expected to be achieved: PGY 2

Relevant task components

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

Pediatric Rheumatology

EPA 11: 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 centered 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

Direct observation by supervisor

Assessment form collects information on:

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

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY 2

Relevant task components

1 COM 1.1 Communicate using a patient-centered 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

Pediatric Rheumatology

EPA 12: Performing and interpreting the results of joint aspirations and/or injections

Key Features: This EPA includes all 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, 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.

Assessment Plan

Direct observation by supervisor

Assessment form collects information on:

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

Basis for formal entrustment decisions

Collect 4 observations of achievement.

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

When is unsupervised practice expected to be achieved: PGY 2

Relevant task components

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
14 ME 3.4 Identify normal and abnormal findings using a polarized microscope

15 COM 5.1 Document all relevant findings

Pediatric Rheumatology

EPA 13: 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; autoinflammatory disease; systemic rheumatologic disease; SLE; vasculitis; myositis; scleroderma/morphea.
- Patient age: child/infant (< 10 years); adolescent (≥ 10 years); adult

Basis for formal entrustment decisions

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

When is unsupervised practice expected to be achieved: PGY 2

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

Pediatric Rheumatology

EPA 14: 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

- Setting: inpatient; outpatient
- Case mix [select all that apply]: chronic inflammatory MSK condition; autoinflammatory disease; SLE; vasculitis; uveitis flare; infection related; medication side effect; disease flares.
- Anatomy [select all that apply]: axial; peripheral; non-articular.
- Patient age: child/infant (<10 years); adolescents (≥10 years)

Basis for formal entrustment decisions

Collect 7 observations of achievement.

- At least 3 chronic inflammatory MSK conditions
  - At least 1 axial and 1 peripheral
- At least 3 systemic rheumatologic diseases
  - 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 children/infants and 2 adolescents
- At least 2 assessors

When is unsupervised practice expected to be achieved: PGY 2

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

Pediatric 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 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: PGY 2

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

Pediatric Rheumatology

EPA 16: 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 centered 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.

Assessment Plan

Direct observation by supervisor

Assessment form collects information on:

- Case mix: IA/JIA; CTD; vasculitis; uncertain diagnosis; chronic non- inflammatory pain; other [open text]
- Medication: MTX; biologics/small molecules; cyclophosphamide; IVIG

Basis for formal entrustment decisions

Collect 7 observations of achievement.

- At least 1 each of IA/JIA; chronic non-inflammatory pain, and CTD/vasculitis
- At least 1 of each of the following medications: MTX; biologics/small molecules; cyclophosphamide; IVIG
- At least 2 assessors

When is unsupervised practice expected to be achieved: PGY 2

Relevant task components

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

Pediatric Rheumatology

EPA 17: 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 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: PGY 2

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

Pediatric Rheumatology

EPA 18: 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

Assessment form collects information on:

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

Basis for formal entrustment decisions

Collect 2 observations of achievement.

- At least 1 review of a transition of care letter

When is unsupervised practice expected to be achieved: PGY 2

Relevant task components

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

Pediatric Rheumatology

EPA 19: 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 documents (forms or letters) by supervisor.

Assessment form collects information on:

- Request type: biologics; insurance; homecare; disability; school; government supplements; other (write in)
- Setting: clinical setting; simulation.

Basis for formal entrustment decisions

Collect 2 observations of achievement.

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

When is unsupervised practice expected to be achieved: PGY 2

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

Pediatric Rheumatology

EPA 20: 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; consult service

Basis for formal entrustment decisions

Collect 2 observations of achievement.

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

When is unsupervised practice expected to be achieved: PGY 2

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 resource.

Pediatric Rheumatology

EPA 21: Leading and coordinating care for patients on a rheumatology service

Key Features: This EPA focuses on the fellow's ability to lead the provision of care for patients on a rheumatology service and coordinate complex care with physicians, interprofessional team members, learners, and other services.

The EPA includes:

- Managing urgent and routine rheumatology consultation requests.
- prioritizing patient care responsibilities across the rheumatology service.
- Coordinating investigation, treatment, follow-up, and continuity of care across inpatient, outpatient, and transition settings.
- Collaborating effectively with physicians and interprofessional team members to develop and implement patient-centered management plans including continuity across care settings.
- Leading handovers, team discussions, service meetings, and interprofessional care-planning discussions.
- Integrating input from other health care professionals into management plans.
- Supervising, teaching, supporting, and providing feedback to learners and junior team members.
- Demonstrating professionalism, respectful communication, accountability, and safe delegation.

This EPA applies to rheumatology service leadership, inpatient consultation, interprofessional care coordination and patient transitions.

Assessment Plan

Direct and/or indirect observation by a supervisor, with feedback from physicians, interprofessional team members, junior trainees, peers, or learners.

Assessment form collects information on:

- Observer role: rheumatologist; other physician; other health care professional; junior trainee; peer; learner
- Setting: inpatient consultation service; ward; handover meeting; interprofessional meeting; outpatient/transition setting; telephone/electronic consultation
- Case mix: urgent consultation; complex inpatient care; interprofessional care coordination; transition of care; learner supervision; service leadership; conflict or communication challenge

Basis for formal entrustment decisions

Collect 2 observations at least 3 months apart.

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

When unsupervised practice is expected to be achieved: PGY 3

Relevant task components

1 ME 1.1 Demonstrate responsibility and accountability for decisions regarding patient care, acting in the role of most responsible physician
2 ME 3.1 Determine the most appropriate procedures or therapies for the purpose of assessment and/or management
3 ME 4.1 Coordinate investigation, treatment and follow-up when multiple physicians and health care professionals are involved
4 P 1.1 Intervene when behaviors toward colleagues and/or learners undermine a respectful environment
5 COL 1.2 Make effective use of the scope and expertise of other health care professionals
6 COL 1.1 Respond appropriately to input from other health care professionals
7 ME 2.4 Integrate recommendations from other health care professionals into management plans
8 COL 1.1 Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centered collaborative care
9 COL 1.3 Communicate effectively with physicians and other health care professionals
10 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
11 COL 1.3 Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
12 COL 1.3 Use referral and consultation as opportunities to improve quality of care
13 COL 1.3 Communicate effectively with physicians and other health care professionals
14 COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
15 COL 3.2 Provide safe handovers of care during patient transition out of the hospital setting
16 P 1.1 Exhibit appropriate professional behaviors
17 S 2.1 Use strategies for deliberate, positive role-modelling
18 L 3.1 Demonstrate leadership skills to enhance health care
19 L 4.1 Set priorities and manage time to fulfil diverse responsibilities including clinical, administrative, supervisory, and teaching responsibilities
20 L 4.2 Demonstrate efficiency and effectiveness in leading the interprofessional team


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