

biologic clinic. We have also hired a part-time pharmacist, social worker, and a physiotherapist.

The Central Triage program has allowed us to prioritize patient appointments and initially reduced wait-times by 30%. Although our wait-times have increased since the initiation of Central Triage, we are still able to address urgent referrals in a more efficient manner than before. We have developed educational programs for newly diagnosed rheumatoid arthritis (RA) which are delivered bi-weekly in an interactive class environment at the clinic by our pharmacist and physiotherapist. These classes have helped patients and their significant others gain a better understanding of the disease and its treatment.

The development of the EIA clinic has allowed us to evaluate our care of patients with early disease and given our trainees an opportunity to undertake quality improvement and other clinical studies in these patients, which has subsequently led to a number of publications. The biologic clinic has allowed us to monitor patients very closely. The nurses who manage the clinics are a tremendous resource for patients taking biologic treatments. The EIA clinic has also provided us with significant research opportunities; the data that we collect have been instrumental in allowing us to publish outcomes results, in collaboration with our University of Alberta colleagues, on biologic therapies in patients with severe RA.

Education has always been an important part of our activities at the University of Calgary and the AARP has increased the opportunities for clinical members to contribute to the education of undergraduate and postgraduate physicians. In the past, clinical members were not compensated for their important contribution to teaching; however, through the AARP this issue has been addressed, making it much easier to include our clinical members in our education activities.

In summary, the AARP has provided us in the Division of Rheumatology, and in the Department of Medicine in general, with significant opportunities to improve the way we manage patients with complex medical conditions. It has also allowed us to recruit rheumatologists and allied health providers to address the needs of our community.

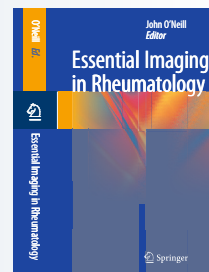
#### Suggested Reading

For further information on the AARP, please visit: [www.ucalgary.ca/albertapaarp/faqs](http://www.ucalgary.ca/albertapaarp/faqs).

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## Book Review

# Essential Imaging in Rheumatology



Editor: John O'Neil  
Publisher: Springer  
Date: 2015

Imaging is an essential component in both the diagnosis and management of rheumatic disease, and imaging interpretation is a skill every rheumatologist strives to master. As a rheumatology fellow, imaging was one of the most daunting and challenging areas of the specialty. Useful comprehensive resources were and are both welcome and appreciated.

A new rheumatology title, *Essential Imaging in Rheumatology*, is a valuable resource in our field. The book's editor is Dr. John O'Neill, an Associate Professor of Radiology at McMaster University, Hamilton, Ontario. The other contributions are all rheumatologists from McMaster, making this a decidedly Canadian publication!

*Essential Imaging in Rheumatology* explores all current methods of imaging and imaging techniques related to common rheumatic symptoms and specific rheumatic diseases. This is a well-written and comprehensive resource in its coverage of the rheumatic diseases as well as its description of multiple imaging modalities, including radiographs, ultrasound, bone scan, CT, and MRI. Each section starts with an overview of the clinical aspects of the disease followed by an in-depth discussion of the imaging modalities, including examples of high-resolution images, used in diagnosis and management.

The authors have done an excellent job tying the clinical aspects of rheumatic diseases to the radiographic findings. This is an important feature for new learners as they appreciate the relationship between clinical and radiographic findings. The more experienced learner will appreciate exploring some of the more rare diseases or more esoteric radiographic findings.

This book should be recommended to all PGY-4 and -5 rheumatology trainees as essential reading. It is a concise reference source for radiologists and rheumatologists delivering up-to-date and complete information on the imaging of rheumatic disease.

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