

Training Our Colleagues–McMaster Clinical Day in Rheumatology

By Raj Carmona, MBBS, FRCPC

In addition to training the rheumatologists of tomorrow, the McMaster Division of Rheumatology recognizes the need to equip our primary care allies to better care for patients with rheumatic diseases. In pursuit of this goal, the inaugural McMaster Clinical Day in Rheumatology was held on November 4th, 2016, at the Hamilton Convention Centre.

The idea of this clinical day originated from discussions at our annual divisional retreat, and planning began eight months prior to the day. I had the esteemed privilege of leading the Planning Committee and co-chairing the conference with Dr. Alf Cividino, our divisional chair. Given that primary care allies were a main target, we invited two family-physician colleagues (Dr. Lauren Cameron and Dr. Rick Black) to join us on the committee. Their perspectives were important in shaping the contents of the program. To assist with advertising, behind-the-scenes logistics and actual roll-out of the conference, we recruited the McMaster Faculty for Continuing Health Sciences Education (CHSE). Rennée Tremblay, our Rheumatology Program Coordinator, was also instrumental in these roles. We partnered with a number of industry sponsors whose contributions were invaluable to the delivery of the program.

Since I am certain that no one will accuse me of any bias whatsoever, I can declare that the program's agenda was super stellar! Equally stellar was the theme of the day – “The Pearls You Need To Know”. This theme guided all sessions, as we sought to provide our attendees with high-yield pearls to benefit their daily clinical practice. Topics included Approach to Inflammatory Arthritis (Dr. Kim Legault), Lab Tests in Rheumatic Diseases (Dr. Mark Matsos), Treatment of Rheumatoid Arthritis (Dr. Alf Cividino), Bio-



logics and Safety (Dr. Raj Carmona), Connective Tissue Diseases in Primary Care (Dr. Maggie Larché), Vasculitis in Primary Care (Dr. Nader Khalidi), Osteoporosis (Dr. Arthur Lau), Back Pain (Dr. Raj Carmona), Osteoarthritis (Dr. Lawrence Hart), and Emergencies in Rheumatology (Dr. Sankalp Bhavsar). Break-out sessions on physical examination skills were a major attraction. We focused on key examination pearls to help our participants detect swollen joints and diagnose common musculoskeletal conditions.

The rapid registration for the conference was also a testament to the stellar curriculum offered, and maybe, *just maybe*, the keen yearning for rheumatology knowledge among our primary care colleagues. Based on discussions with CHSE about inaugural events, we had anticipated about 125 registrants. However, we had to close off registration more than two weeks prior to the conference. This is usually when most programs accelerate their marketing to reach target registration. Due to the logistics of running break-out clinical skills sessions, we stopped registration at 210 participants. Amongst others, this included 114 physicians (mostly family doctors) and 61 allied healthcare professionals.

Feedback was overwhelmingly positive. The talks were all highly rated (as highly as the food, and probably better than the cannolis!) The clinical skills sessions were also highly valued. Many respondents indicated that the conference improved their skills in taking a rheumatological history, their confidence in musculoskeletal physical examinations, their ability to Choose Wisely in ordering investigations, and their confidence in interpreting test results. Many suggestions for future topics were received, as well as requests to make this an annual conference.

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(RITAZAREM, ClinicalTrials.gov NCT01697267; last inclusion in November 2016) may confirm the role of rituximab for maintenance, but will not be available before late 2018.

The fact that more studies have been conducted and several recommendations developed over the past decade are good signs for patients with vasculitis, their physicians, and researchers. Those achievements may help vasculitis gain a more visible place in the Canadian rheumatology landscape, especially related to provincial payers and research funding agencies.

As new therapeutic options are currently under investigation, an update of the CanVasc recommendations will be needed when major developments occur. Until then, our medical community needs to be aware of and use the CanVasc recommendations for guidance in the management of patients with AAV. Several tools are under development to further promote their use and inclusion in the training and continuous learning of physicians managing vasculitis patients, including the forthcoming book, *Canadian Vasculitis Learning Initiative (CaVALI): An Approach to Vasculitis Through Interactive Clinical Cases*. For more information, please visit www.canvasc.ca.

References

1. Baldwin C, Carrette S, Pagnoux C. Linking classification and therapeutic management of vasculitides. *Arthritis Res Ther* 2015; 17:138.
2. Fomora L, Twilt M, Barra L, et al. Development of Canadian recommendations for the management of ANCA-associated vasculitides: Results of the national needs assessment questionnaire. *Open Rheumatol J* 2015; 9:16-20.
3. McGeoch L, Twilt M, Fomora L, et al. CanVasc recommendations for the management of antineutrophil cytoplasm antibody-associated vasculitides. *J Rheumatol* 2016; 43:97-120.
4. CanVasc Recommendations for ANCA-Associated Vasculitis. 2016. (Accessed 19/01/2017, at <http://rheumnow.com/content/canvasc-recommendations-anca-associated-vasculitis>).
5. Csernok E, Kempin N, Hellmich B. Paradigm shift in ANCA diagnostics : new international consensus recommendations. *Z Rheumatol* 2017 [Epub ahead of print].
6. Yates M, Watts RA, Bajema IM, et al. EULAR/ERA-EDTA recommendations for the management of ANCA-associated vasculitis. *Ann Rheum Dis* 2016 [Epub ahead of print].
7. Guerry MJ, Brogan P, Bruce IN, et al. Recommendations for the use of rituximab in anti-neutrophil cytoplasm antibody-associated vasculitis. *Rheumatology (Oxford)* 2011; 51:634-43.
8. Guideline for management of vasculitis syndrome (JCS 2008). Japanese Circulation Society. *Circ J* 2008;75:474-503.
9. Menahem S, Hiremagalur B, Mudge D, et al. The CARL guidelines. Induction and maintenance therapy in ANCA-associated systemic vasculitis. *Nephrology (Carlton)* 2008;13 Suppl 2:S24-36.
10. Kidney Disease: Improving Global Outcomes (KDIGO) Glomerulonephritis Work Group. KDIGO Clinical practice guideline for glomerulonephritis. *Kidney inter* 2012;139-274.
11. Guillevin L, Pagnoux C, Karras A, et al. Rituximab versus azathioprine for maintenance in ANCA-associated vasculitis. *N Engl J Med* 2014; 371:1771-80.

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By any measure, the inaugural McMaster Clinical Day in Rheumatology was a resounding success. Based on the feedback we received, we are confident that we fulfilled our overarching objective of equipping our primary care allies to better care for patients with rheumatic diseases. Planning is well underway for the 2017 iteration (fhs.mcmaster.ca/conted).

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