

## Education Committee Report

By Elizabeth M. Hazel, MD, FRCPC; and Raheem B. Kherani, BSc (Pharm), MD, FRCPC, MHPE

### “Zooming” towards on-line learning for all!

The CRA Education Committee is embracing the challenges of delivering high quality education to our membership during a pandemic. In 2017, the committee was restructured, and the subcommittees have continued to improve productivity. The CRA conducted an educational audit this year and identified goals for continuous improvement of our educational offerings. The audit’s recommendations will help to guide the subcommittees in their future projects, along with expanded leadership of the committee.

demographic curricula. Peer-reviewed resources will be uploaded onto the CRA website and made available to the target audiences. The first set of resources includes immunology videos, musculoskeletal radiology videos and physical exam resources. They have found a way to appropriately acknowledge the authors. Their longer-term project is to create a national immunology curriculum.

The National Written In-Training Exam (NWRITE) subcommittee has revised their timeline to reflect the advancement of the Royal College Exam to the end of trainees’ R5 year. This practice exam provides trainees and program directors with valuable information on how to best prepare for their final exams.

#### CanREAL Subcommittee

Our experts in medical education scholarship continue to share their expertise with CRA members of our rheumatology community through collaboration with ongoing projects. CRA members are encouraged to reach out to this advisory subcommittee when there is expertise or consultation required on medical education matters.



#### Undergraduate Subcommittee

This committee has taken on an ambitious project to define important components of the undergraduate medical school curriculum, as they pertain to rheumatology. In developing the National Undergraduate Rheumatology Curriculum (NURC), they have consulted stakeholders from across the country. They are in the midst of conducting Delphi exercises to analyze their data, and their plan is to have a report available for dissemination in 2021.

#### Postgraduate Subcommittee

With ongoing changes in residency training, including Competence by Design (CBD), the postgraduate subcommittee is developing shared educational resources to supplement university residency programs’ current aca-

#### Continuing Professional Development Subcommittee

While the CRA used to concentrate educational offerings at our in-person Annual Scientific Meeting, the Continu-

ing Professional Development (CPD) Committee is exploring alternative educational offerings. They continue to provide accreditation of Section 1 and 3 activities, as well as assist CRA members and committees in the development of CRA-accredited activities. The over-arching goal is to review input from the membership to respond to their needs. For example, at the start of the global COVID-19 pandemic, they helped to coordinate a Webinar series to address the needs of the membership. They are addressing the changing landscape to move to assist the virtual delivery of content through podcasts, webinars, and educational offerings throughout the year. The committee also plans to scan the patient perspective to ensure patient/stakeholder involvement in CPD development and continue to work with other

CRA committees. We look forward to post-pandemic education that will build on virtual and in-person collaboration.

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## Quality Care Committee Update

By Amanda Steiman, MD, MSc, FRCPC

Writing about the Quality Care Committee's 2020 year in review demands reflecting on a year that has fundamentally changed the fabric of our society and the way we live. The pandemic has upended the way we interact, practice medicine, learn, and teach. I both marvel and cringe at how close we were to the edge of the pandemic precipice as we socialized, celebrated and learned together at the CRA Annual Scientific Meeting (ASM) in Victoria.

Winston Churchill is credited with saying that one should "never let a good crisis go to waste." Indeed, this sentiment has never rung more true, as members of the Quality Care Committee have worked to simultaneously usher pre-pandemic initiatives through a changed world, and pivot to others that focus on virtual care delivery in the context of the traditionally high-touch/low-tech specialty that we love.

I want to take a moment to laud Cheryl Barnabe's outstanding and sustained leadership as past Quality Care Committee Chair, and her ongoing work as the Equity Subcommittee Chair. She wears impossibly big shoes to fill with both exceptional poise and measured tenacity, and we have all benefitted from her vision and determination. Claire Barber and Shirley Chow continue to lead the Quality and Resource Stewardship Subcommittees, respectively, and I continue to lead Access.

It has been a year that has highlighted the power of collaboration on many fronts, with continued delivery of Indigenous Health Education sessions, continued work on generation of a Quality Report Card for rheumatologic care, and collaboration on rheumatoid arthritis guide-

line development with a focus on equity for marginalized/at-risk patient populations. Collaborations with the Education Committee have resulted in pragmatic guidance, shared with members via the CRA COVID portal and through presentations on return-to-work strategies in the setting of COVID-19. Finally, in collaboration with the Pediatrics Committee, we have embarked on work to improve awareness and bolster support for transition to adult care, with a publication outlining the results of a needs assessment exercise and next steps forward, in press. We look forward to fruitful multi-committee collaboration in building a Telemedicine Working Group, born out of collaboration between the Quality Care and Pediatrics committees, which will strive to deliver pragmatic and, to the extent possible, evidence-based guidance and support to CRA members in care delivery through these unprecedented times.

We will continue to work and grow and learn in the setting of this most unwelcome global turn of events, with a steadfast commitment to the quality of care we deliver – under any circumstances – to patients with rheumatic diseases.

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