

Abbott Chair in Education in Rheumatology: Dr. Alfred Cividino

What areas of research are of the greatest interest to you at the present time and why?

New oral agents for rheumatoid arthritis (RA) represent a significant advance in therapy. Current treatment options are impressive and have transformed patients' lives and the field of rheumatology. We are at the brink of a new and significant advance.

I am also interested in educational research. Our students are sometimes reluctant subjects, but now more than ever we need to evaluate how we teach them and evaluate how they learn. While the subjects remain the same, each medical school has its own curriculum. Faculties joust for control of the content and the musculoskeletal (MSK) curriculum is particularly vulnerable.

From an educator's perspective, what do you believe can be done to ensure better care for people with arthritis?

We are in the information age. Patients seek information but are perplexed by what they find on the internet and from alternative health care providers. There continues to be misinformation about arthritis care. This represents an opportunity for the medical community to once again affirm our role as the prime source of information.

Is your department working on anything you think your colleagues across the country should know more about?

As we have had some success with our undergraduate and postgraduate programs, the frontier will be the community around us. We intend to develop programs for family physicians (FPs) and general practitioners (GPs), and also patient-centered programs with disease-specific foci. A recent event for patients with scleroderma was



very successful and clearly demonstrated a need for such opportunities.

Dr. Adachi and his team are looking at bone structure and quality using novel imaging and modeling with CT scans and magnetic resonance imaging (MRI) in osteoporosis and osteoarthritis (OA).

How are educators in the field of rheumatology learning from each other?

There certainly has been collaboration. Dr. Heather McDonald-Blumer and I have worked closely with Dr. Veronica Wadey, an orthopedic surgeon at the University of Toronto (U of T) on an online teaching module for inflammatory arthritis. This will be presented at the Canadian Rheumatology Association (CRA) Annual Scientific Meeting in abstract form. The rheumatology fellows' weekend and our own collaboration, spearheaded by Dr. Nader Khalidi with the University of Western Ontario (UWO) for internal medicine residents, are further examples of collaboration. More can be done, as we see educational staffing at the medical schools varies across the country. Developing teaching modules in common would be a boon to those faculties with fewer staff. We will be developing more web-based modules and I hope to export them to other programs. Having a national curriculum team would be an asset.

What have been the most profound changes you have observed in rheumatology over the course of your career?

Moving from what now seems to have been the "Dark Ages" to the modern era of rheumatology with research and development of new treatment options in inflammatory arthritis and systemic lupus and osteoporosis has been the

most significant advance for our patients. There remains much to do, however, as OA treatment has lagged behind.

The most unexpected development has been the notion that blocking a single cytokine could have such a dramatic effect on disease activity and joint damage in RA. One thing that has been lost is the Rheumatic Disease Unit (RDU). Now, more than ever, we see sicker patients with lupus, scleroderma and vasculitis being admitted to hospital; a specialized unit to care for these

patients makes sense and is appropriate when trying to provide best care.

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