

# Remi Alfred

## 1. Remi Alfred

### 1.1 Meet Remi Alfred

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## Remi Alfred

Remi Alfred is a healthy 40 year patient with no known medical conditions and not taking any medications.

Remi You Remi Responds

What do you think?

The screenshot shows a learning interface. On the left is a vertical sidebar with four icons: a blue circle with an 'i', a blue circle with a document icon, a white square with a blue border, and a blue circle with a person icon. The main content area has a title 'Remi Alfred' in blue. Below it is a light blue text box containing the text: 'Remi Alfred is a healthy 40 year patient with no known medical conditions and not taking any medications.' At the bottom of the main area are three dark blue buttons labeled 'Remi', 'You', and 'Remi Responds'. Below these buttons is an orange button with the text 'What do you think?'. On the right side of the interface is a vertical panel with a light blue background, featuring a full-body illustration of a woman with dark hair in a bun, wearing a red sleeveless top and blue pants. A speech bubble icon is in the top right corner of this panel.

### Remi (Slide Layer)

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## Remi Alfred

Remi  
"I'm having terrible pains in my joints. I don't know how I am going to continue to teach yoga."

Remi You Remi Responds

What do you think?

This screenshot is identical to the previous one, but with a slide layer open. The slide layer is a light orange rounded rectangle with a small 'x' in the top right corner. It contains the text: 'Remi' followed by a quote: '"I'm having terrible pains in my joints. I don't know how I am going to continue to teach yoga."' The rest of the interface, including the sidebar, title, text box, buttons, and character illustration, remains the same.

## You (Slide Layer)

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### Remi Alfred

**You**  
"I'm sorry to hear that, Remi. Tell me more."

Remi You Remi Responds

What do you think?

The screenshot shows a slide interface for a character named Remi Alfred. On the left, there is a vertical sidebar with icons for home, back, forward, and a profile icon. The main content area features a large orange message bubble with the text "You 'I'm sorry to hear that, Remi. Tell me more.'" Below the bubble are three buttons: "Remi", "You", and "Remi Responds". At the bottom right, there is a yellow button that says "What do you think?". On the right side of the slide, there is a full-body illustration of a woman with dark hair in a bun, wearing a red sleeveless top and blue pants, standing with her hands in her pockets. A speech bubble icon is in the top right corner of the illustration area.

## Remi Responds (Slide Layer)

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### Remi Alfred

**Remi Responds**  
"I've been feeling tired and achy for months. I thought it was all the wedding planning. But it's worse since the wedding two months ago. My hands are stiff and sore. Mornings are the worst. It takes me hours to just feel okay. My wife says it could be Lyme disease!"

Remi You Remi Responds

What do you think?



The screenshot shows the same slide interface as above, but with a different message bubble. The bubble is orange and contains the text "Remi Responds 'I've been feeling tired and achy for months. I thought it was all the wedding planning. But it's worse since the wedding two months ago. My hands are stiff and sore. Mornings are the worst. It takes me hours to just feel okay. My wife says it could be Lyme disease!'" The buttons and layout are identical to the previous slide.

## 1.2 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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With the limited information provided, which of the following would be high on your differential diagnosis?



Select all that apply.


- Polymyalgia Rheumatica
- Lupus
- Rheumatoid arthritis
- Lyme Disease
- Psoriatic arthritis

Submit

## 1.3 Answer

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Remi Alfred



Answer: Rheumatoid arthritis is the correct answer

- Rheumatoid Arthritis
- Polymyalgia Rheumatica
- Lupus
- Lyme Disease
- Psoriatic Arthritis


Click on the buttons to view additional information

Let's Look at More

## RA (Slide Layer)

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### Remi Alfred



**Answer:** Rheumatoid arthritis is the correct answer

- Rheumatoid Arthritis**
- Polymyalgia Rheumatica
- Lupus
- Lyme Disease
- Psoriatic Arthritis


**Rheumatoid Arthritis (RA)**  
The prevalence of RA is about 0.5%. It is 2-3 times more common in women and is usually diagnosed between ages 30-60 years old. It should be suspected in any patients with polyarticular arthritis, especially if it involves the small joints of the hands and feet.

[Let's Look at More](#)

## PR (Slide Layer)

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### Remi Alfred



**Answer:** Rheumatoid arthritis is the correct answer

- Rheumatoid Arthritis**
- Polymyalgia Rheumatica
- Lupus
- Lyme Disease
- Psoriatic Arthritis


**Polymyalgia Rheumatica (PMR)**  
PMR presents primarily as morning stiffness and aching of the neck, shoulders and pelvis. Prevalence is less relevant as PMR can resolve. Female lifetime risk is 2.4% (men 1.7%). It peaks at age 7-80 and is very rare before age 50.

[Let's Look at More](#)

## Lupus (Slide Layer)

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### Remi Alfred



Answer: Rheumatoid arthritis is the correct answer

- Rheumatoid Arthritis**
- Polymyalgia Rheumatica
- Lupus
- Lyme Disease
- Psoriatic Arthritis


**Systemic Lupus Erythematosus (SLE, "lupus")**  
The prevalence of SLE is 20-150 cases per 100,000 and is about ten times more common in females over males. Variability in the clinical presentation can result in diagnostic challenges. Arthralgia is a common symptom so exclusion of other SLE features is still important.

Let's Look at More

## Lyme (Slide Layer)

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### Remi Alfred



Answer: Rheumatoid arthritis is the correct answer

- Rheumatoid Arthritis**
- Polymyalgia Rheumatica
- Lupus
- Lyme Disease
- Psoriatic Arthritis


**Lyme Disease**  
The incidence of Lyme disease is about four cases per 100,000 in Canada. Lyme disease can present with arthralgia (early migratory and then one or a few joints, often knee) but diagnosis includes other features and tick exposure risk.

Let's Look at More

## Pso arth (Slide Layer)

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### Remi Alfred



**Answer:** Rheumatoid arthritis is the correct answer

- Rheumatoid Arthritis
- Polymyalgia Rheumatica
- Lupus
- Lyme Disease
- Psoriatic Arthritis

**Psoriatic Arthritis**  
The prevalence of psoriatic arthritis is 0.1-0.25% in the general population but 20-30% among patients with psoriasis. Involved joints are usually asymmetric, and unlike RA, distal interphalangeal joints are commonly involved.

Let's Look at More

## 1.4 Remi Alfred

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### Remi Alfred

You ask Remi some clarifying questions.

You Remi You Respond

Remi Responds Review

What do you think?



## You (Slide Layer)

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### Remi Alfred

**You**  
"Remi, have you had psoriasis, or a persistent skin condition or rash?"

**You** **Remi** **You Respond**  
**Remi Responds** **Review**

What do you think?

The screenshot shows a slide layer interface. On the left is a vertical toolbar with icons for home, back, forward, and user profile. The main content area has a title 'Remi Alfred' and a large orange speech bubble containing a question from 'You'. Below the speech bubble are five dark blue buttons: 'You', 'Remi', 'You Respond', 'Remi Responds', and 'Review'. At the bottom right is an orange button that says 'What do you think?'. On the right side of the slide is a vertical panel with a blue background, featuring an illustration of a woman in a red top and blue pants, and a speech bubble icon in the top right corner.

## Remi (Slide Layer)

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### Remi Alfred

**Remi**  
"No, not really. Sometimes I get a rash when I shave my underarms."

**You** **Remi** **You Respond**  
**Remi Responds** **Review**

What do you think?

This screenshot is similar to the first one but shows a response from 'Remi'. The orange speech bubble now contains the text: "No, not really. Sometimes I get a rash when I shave my underarms." The rest of the interface, including the toolbar, buttons, and the woman illustration on the right, remains the same.

## You Respond (Slide Layer)

The screenshot shows a slide titled "Remi Alfred" with a vertical navigation bar on the left containing icons for Home, Back, Forward, and Profile. The main content area features a large orange speech bubble with the text "You Respond" and "Do you recall ever getting a tick bite?". Below the speech bubble are five dark blue buttons: "You", "Remi", "You Respond", "Remi Responds", and "Review". An orange button labeled "What do you think?" is positioned at the bottom right of the interaction area. On the right side of the slide, there is a vertical panel with a blue background, a character illustration of a woman in a red top and blue pants, and a speech bubble icon in the top right corner.

## Remi Responds (Slide Layer)

The screenshot shows the same slide titled "Remi Alfred" but in a different interaction state. The large orange speech bubble now contains the text "Remi Responds" and "No. And that's the thing - we don't really ever go camping or anything. The woods makes me nervous!". The dark blue buttons below the speech bubble are "You", "Remi", "You Respond", "Remi Responds", and "Review". The orange "What do you think?" button remains at the bottom right. The right-side vertical panel with the character illustration and speech bubble icon is identical to the previous screenshot.



## Review (Slide Layer)

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### Remi Alfred


**Review**

- Lupus and psoriatic arthritis both seem less likely
- Remi's symptoms are wrong (and 10 years too early) for Polymyalgia Rheumatica.
- Exposure for Lyme disease is low to absent.
- Physical exam would be important.

You Remi You Respond

Remi Responds Review


What do you think?



## 1.5 Investigations

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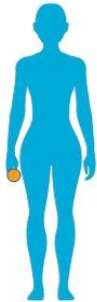
### Investigations



Physical Findings

Remi's Comment

Physical Findings 2



You ask Remi if you can take a look at her hands and she agrees. You ask her to extend her fingers as much as possible.

*Click on the circle on the figure for physical findings.*

Moving Forward

## Physical (Slide Layer)

The screenshot shows a slide titled "Investigations" with a blue header. On the left, there is a vertical sidebar with icons for information, a list, a document, and a person. Below these icons are three buttons: "Physical Findings", "Remi's Comment", and "Physical Findings 2". A blue silhouette of a person is shown with a small orange dot on the right hand. To the right of the silhouette is a light blue box titled "Physical Findings - I" containing a bulleted list of findings. At the bottom right of the slide is an orange "Moving Forward" button.

**Investigations**

**Physical Findings**

**Remi's Comment**

**Physical Findings 2**

**Physical Findings - I**

- Similar but slightly less swelling in the right hand
- Reduced range of motion of both wrists
- Tenderness and possible swelling of the feet metatarsal phalangeals (MTPs)
- Possible fluid in her left knee but the rest of the joints appear normal.

**Moving Forward**

## Remi's Comment (Slide Layer)

The screenshot shows a slide titled "Investigations" with a blue header. On the left, there is a vertical sidebar with icons for information, a list, a document, and a person. Below these icons are three buttons: "Physical Findings", "Remi's Comment", and "Physical Findings 2". A blue silhouette of a person is shown with a small orange dot on the right hand. To the right of the silhouette is a light orange box titled "Remi" containing a text comment. At the bottom right of the slide is an orange "Moving Forward" button.

**Investigations**

**Physical Findings**

**Remi's Comment**

**Physical Findings 2**

**Remi**



"I haven't been able to get my wedding ring off for three weeks!"

**Moving Forward**

## Physical 2 (Slide Layer)

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# Investigations



Physical Findings  
Remi's Comment  
Physical Findings 2

**Physical Findings II**



- You do not see a rash typical of lupus (malar/discoid rash).
- No psoriasis is seen, including areas Remi might have missed (scalp, buttocks, genitals).
- You do not identify any nodules or tendon thickening.

Moving Forward


## Hands (Slide Layer)

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# Investigations



Physical Findings  
Remi's Comment  
Physical Findings 2



Moderate swelling

Severe swelling, reduced extension



Moving Forward

## 1.6 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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What features of Remi's history and physical exam coincide with the Rheumatoid Arthritis 2010 ACR/EULAR scoring system?



Select all that apply.


- She has morning stiffness.
- She has no rash.
- Her symptoms have lasted more than six weeks.
- She has more than 10 joints involved with at least one small joint.

Submit

## 1.7 Answer

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Remi Alfred



Answer: C & D are the correct answers

- Scoring System
- Diagnosis
- Remi's Score
- You
- Remi

Click on the buttons to view additional information

Let's Look at More

## Scoring (Slide Layer)

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# Remi Alfred

**Answer:** C & D are

**Scoring System**

**Diagnosis**

**Remi's Score**

**You**

**Remi**

Joints	Score	Feature	Score
1 large joint	0	Low-positive RF / ACPA	2
2-10 large joints	1	High positive RF / ACPA	3
1-3 small joints	2	Normal CRP and ESR	0
4-10 small joints	3	Abnormal CRP or ESR	1
> 10 joints with ≥1 small joint	5	Duration less than 6 wks	0
Negative RF / ACPA	0	Duration more than 6 wks	1

[Let's Look at More](#)

## Diagnosis (Slide Layer)

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# Remi Alfred

**Answer:** C & D are the correct answers

**Scoring System**

**Diagnosis**

**Remi's Score**

**You**

**Remi**

**Diagnosis**

There are no diagnostic "gold standard" criteria for RA, a multisystem disorder of poorly understood etiology and with heterogeneous clinical presentations.


The 2010 CR/EULAR classification criteria were defined to delineate a homogenous population of patients with RA for clinical studies (score ≥6). In a systematic review, sensitivity was 80% for initiation of DMARDS, specificity 65%.

[Let's Look at More](#)

## Remi Score (Slide Layer)

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### Remi Alfred



Answer: C & D are the correct answers

- Scoring System
- Diagnosis
- Remi's Score**
- You
- Remi


**Remi's Score**  
Remi already scores six points so she has a high probability of rheumatoid arthritis and will need a referral.

Let's Look at More

## You (Slide Layer)

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### Remi Alfred



Answer: C & D are the correct answers

- Scoring System
- Diagnosis
- Remi's Score
- You**
- Remi

**You**  
"Remi, I'm concerned that this may be early rheumatoid arthritis. The next step is to do a few tests and refer you to a joint doctor, a rheumatologist."

Let's Look at More

## Remi (Slide Layer)

SCPCLearn

### Remi Alfred

Answer: C & D are the correct answers

Scoring System

- Diagnosis
- Remi's Score
- You
- Remi

Remi  
"Oh no, I hope it's not that."

Let's Look at More

### 1.8 Multiple choice question

(Multiple Response, 10 points, 1 attempt permitted)

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### Which of the following statements is true regarding rheumatoid arthritis (RA) tests?

Rheumatoid factor (RF); Anti-citrullinated peptide antibody (ACPA)


- RF is better than ACPA to confirm the diagnosis of RA.
- ACPA is better than RF to exclude the diagnosis of RA.
- A diagnosis of RA can only be made with positive serological testing.
- RF is better than ACPA to exclude the diagnosis of RA.
- ACPA is better than RF to confirm the diagnosis of RA.

Submit

## 1.9 Answer

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### Remi Alfred



**Answer:** The correct answer is "ACPA is better than RF to confirm the diagnosis of RA."

- ACPA and RF
- Sensitivity
- Specificity
- ANA, X-Rays
- Early Management


Click on the buttons to view additional information

Let's make a plan

## Diagnosis (Slide Layer)

SCFPCLearn

### Remi Alfred



**Answer:** The correct answer is "ACPA is better than RF to confirm the diagnosis of RA."

- ACPA and RF
- Sensitivity
- Specificity
- ANA, X-Rays
- Early Management

**ACPA and RF**  
There are no tests that can reliably diagnose RA.

ACPA, with 96% specificity and a positive likelihood ratio of about 14, is good for ruling in RA but a negative test does NOT rule out RA.

RF has low sensitivity (50-70%) and moderate specificity (85%) for RA. Positive RF and ACPA can predict a more aggressive disease.


Let's make a plan



## Sensitivity (Slide Layer)

SCFPCLearn

### Remi Alfred



**Answer:** The correct answer is "ACPA is better than RF to confirm the diagnosis of RA."

- ACPA and RF
- Sensitivity**
- Specificity
- ANA, X-Rays
- Early Management


**Sensitivity**  
A **sensitive test** means **less false negatives** (patients who have the disease but for whom the test is negative). It is helpful to **rule out** a disease: if the test is negative, you are confident that your patient does not have the disease.

Let's make a plan

## Specificity (Slide Layer)

SCFPCLearn

### Remi Alfred



**Answer:** The correct answer is "ACPA is better than RF to confirm the diagnosis of RA."

- ACPA and RF
- Sensitivity
- Specificity**
- ANA, X-Rays
- Early Management


**Specificity**  
A **specific test** means **less false positives** (patients who do not have the disease but for whom the test is positive). It is helpful to **rule in** a disease: if the test is positive, you are confident that your patient has the disease.

Let's make a plan

## ANA, X-rays (Slide Layer)

SCFPCLearn

### Remi Alfred



**Answer:** The correct answer is "ACPA is better than RF to confirm the diagnosis of RA."

- ACPA and RF
- Sensitivity
- Specificity
- ANA, X-Rays**
- Early Management

**ANA** is not indicated unless another disease process such as lupus is on the differential.


**Serial X-Rays** may be used to monitor disease activity but are not likely to be helpful in early disease.

Let's make a plan

## Early Management (Slide Layer)

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### Remi Alfred



**Answer:** The correct answer is "ACPA is better than RF to confirm the diagnosis of RA."

- ACPA and RF
- Sensitivity
- Specificity
- ANA, X-Rays
- Early Management**

**Early Management**  
The early management of RA is important. Early diagnosis and treatment prevent irreversible joint damage in 90% of patients. In fact, some guidelines (NICE) suggest referring patients with unexplained synovitis involving >+ 2 joints or the small joints of the hands and feet (even when CRP, RF and ACPA are negative).

Let's make a plan

## 1.10 Create a Plan

**Let's Make a Plan**

Using what you have learned write a plan for Remi. It can include any/all of the following: lifestyle intervention(s), prescription intervention(s), lab(s)/test(s) required, follow up appointment time frame, and referral required.

Fill in your plan for the patient here

See how your plan compares

## 1.11 Plan Answers

**Treatment Plan**

This is the proposed plan for the patient. How does your plan compare?

Click on the buttons to see suggested answers

Referrals  
Blood Work  
Blood Work - Details  
Prescription  
Follow Up

What's in a name?

Next Patient Back to Day Sheet

## Referrals (Slide Layer)

The screenshot shows a 'Treatment Plan' interface for a patient. On the left, there is a vertical sidebar with the 'SCFPC Learn' logo at the top and several navigation icons. The main content area has the title 'Treatment Plan' and a patient profile picture. Below the title, a text prompt asks, 'This is the proposed plan for the patient. How does your plan compare?'. A list of five blue buttons is displayed: 'Referrals', 'Blood Work', 'Blood Work - Details', 'Prescription', and 'Follow Up'. A green button labeled 'What's in a name?' is positioned below the list. A light blue modal window is open, showing a 'Referrals' icon and the text: 'Send an expedited referral to rheumatology.' At the bottom of the modal are two orange buttons: 'Next Patient' and 'Back to Day Sheet'.



## Blood Work (Slide Layer)

The screenshot shows the same 'Treatment Plan' interface as above, but with the 'Blood Work' slide layer selected. The modal window now displays a 'Blood Work' icon and the text: 'Order CBC, creatinine, urinalysis, ACR, CRP, RF and ACPA (note that ACPA is not covered in some areas).' The 'Next Patient' and 'Back to Day Sheet' buttons remain at the bottom of the modal.

## Blood Work - Details (Slide Layer)

SCFPC Learn

### Treatment Plan



This is the proposed plan for the patient. How does your plan compare?

- Referrals
- Blood Work
- Blood Work - Details**
- Prescription
- Follow Up

*What's in a name?*

#### Blood Work - Details



- CRP, RF and ACPA are ordered as workup for RA.
- ESR is generally discouraged in most jurisdictions in Canada so CRP will be done first
- CBC, creatinine, urinalysis ACR are ordered to check for signs of lupus and relevant for future prescribing.
- The rheumatologist will likely order x-rays of the hands and to avoid repeating the films, they will not be ordered now.

[Next Patient](#) [Back to Day Sheet](#)

## Prescription (Slide Layer)

SCFPC Learn

### Treatment Plan



This is the proposed plan for the patient. How does your plan compare?

- Referrals
- Blood Work
- Blood Work - Details
- Prescription**
- Follow Up

*What's in a name?*

#### Prescription

You prescribe naproxen 250mg  
1-2 tabs BID for pain.

[Next Patient](#) [Back to Day Sheet](#)

## Follow Up (Slide Layer)

SCFPC Learn

### Treatment Plan

This is the proposed plan for the patient. How does your plan compare?

- Referrals
- Blood Work
- Blood Work - Details
- Prescription
- Follow Up

What's in a name?

**Follow Up**  
Schedule an appointment for follow up in two weeks time.

Next Patient Back to Day Sheet

Detailed description: This is a screenshot of a software interface titled 'Treatment Plan'. On the left, there is a vertical sidebar with the logo 'SCFPC Learn' and several icons. Below the icons is a list of menu items: 'Referrals', 'Blood Work', 'Blood Work - Details', 'Prescription', and 'Follow Up'. At the bottom of the sidebar is a green button labeled 'What's in a name?'. The main content area features a patient's profile picture in a circular frame and a small icon of a scale. Below this, a text prompt asks 'This is the proposed plan for the patient. How does your plan compare?'. A light blue slide layer is open, displaying a 'Follow Up' notification with a clock icon and the text 'Schedule an appointment for follow up in two weeks time.' At the bottom of the slide layer are two orange buttons: 'Next Patient' and 'Back to Day Sheet'.

## Name (Slide Layer)

SCFPC Learn

### Treatment Plan

This is the proposed plan for the patient. How does your plan compare?

- Referrals
- Blood Work
- Blood Work - Details
- Prescription
- Follow Up

What's in a name?

**Meaning Behind the Name: Remi Alfred**  
The last name, Alfred, is for Alfred Barrington Garrod (1819-1907) who selected the name "rheumatoid arthritis" for the condition.  
"Remi" is as close as we could get to "rheum."  
Lastly her initials RA gave the hint for the case.

Next Patient Back to Day Sheet

Detailed description: This is a screenshot of the same 'Treatment Plan' software interface as above. The sidebar and menu items are identical. The light blue slide layer is now open to a different notification titled 'Meaning Behind the Name: Remi Alfred'. The notification text explains the origin of the name 'Alfred' (referencing Alfred Barrington Garrod) and the name 'Remi' (a play on 'rheum' and 'RA'). At the bottom of the slide layer are the same two orange buttons: 'Next Patient' and 'Back to Day Sheet'.