

# Rising Star: Dr. Sahil Koppikar

**T**hank you to the *CRAJ* Editorial Board and the editor-in-chief, Dr. Philip Baer, for inviting me to write a piece for this issue. As a medical student, I was taught that mentorship was critical in influencing and shaping careers in medicine. How true this was! As an early-career rheumatologist, the path I have carved out is largely due to the guidance and support of my mentors (and lots of luck!). While there have been many helping hands, I'd like to highlight a few; Drs. Averno and Joneja (for planting the seed of rheumatology when I was a student), Drs. Jerome, Gakhal and Eder (for patiently guiding me, fostering my clinical interests, being my advocates, and opening so many doors), and Dr. Rubin (for demonstrating a commitment to a cause and trusting me to take over three decades of your work).

I work at the University of Toronto (U of T), as a clinician-teacher. While patient care remains the crux of the job, much of my work has been built around two main areas: 1) regional and remote models of care (MOC); and 2) point-of-care MSK ultrasound (MSKUS).

As a PGY-5, I had the opportunity to make several visits to a longstanding Northern Ontario clinic in Timmins. This allowed me to appreciate the inequities in care due to location, resources, and cultural backgrounds. When I took over the clinic as staff, we looked at ways of optimizing the MOC which improved access and wait times for these patients. We continue offering this as an elective rotation to trainees. This work led to me becoming the Northern Ontario Committee (NOC) chair at the Ontario Rheumatology Association. Over the last few years, we have been advocating to Ontario Health through a business case, for an evidence-based MOC that leverages the use of extended-role practitioners (ERPs), working with rheumatologists, in a "hub-and-spoke" model to improve access and outcomes. This year, we were successful in obtaining pilot funding from the ministry to implement the model in Thunder Bay and also for capacity building to train Advanced Clinical Practitioners in Arthritis Care (ACPACs) from the north. While it was a tremendous amount of work, it has been immensely gratifying given the inequities I regularly see affecting my northern patients and, hopefully, acts as a step in narrowing that gap.



My other passion, ever since observing its use with Dr. Averno as a student, has been point-of-care MSKUS. I personally think it improves our diagnostic and therapeutic capabilities, and I completed a fellowship in MSKUS in inflammatory arthritides. This allowed me to offer this expertise locally, to my own and colleagues' patients. I am collaborating with clinician-investigators, such as Dr. Eder, on research involving MSKUS, allowing us to better understand its role in improving early diagnosis. This led to me co-directing the CRUS Basic Course, where we are developing a pathway leading to MSKUS certification, similar to that offered to American and European rheumatologists.

The work to date has provided variety and allowed me to collaborate with some fantastic colleagues while helping me learn and grow. I

am grateful for the opportunities and to everyone who has helped me along the way. Our field continues to evolve, and I look forward to the future opportunities this brings to all of us.

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