Methods: A quasi-experimental study was conducted among SLE patients with SM according to the ATP III criteria at Systemic Autoimmune Diseases Research Unit of the Regional General Hospital No. 36 of the Mexican Institute of Social Security, Puebla. Clinical educational intervention in emotional and cognitive domains in the experimental group included classroom activities and outpatient consultation, evaluating healthy lifestyle knowledge that included physical activity, feeding habits and stress management with FANTASTIC instrument. Basal and final measurements were analysed with the Wilcoxon test with SPSS v21.

Results: Eighty nine patients were included. Age 46.1 ± 12.6 years,¹⁷⁻⁷⁰ weight 64.2 ± 14.5 kg,⁴²⁻¹³⁷ 20.2% overweight and 38% obesity, 50% education over 12 years, 49.4% housewife, 39% employed, 67% lived with a partner, SLE disease evolution 12.1 ± 6.9 years and prednisone dose 10.2 ± 10.8 mg/day (0–50). In the retest, disease and comorbidities knowledge was modified. The domains of lifestyle such as physical activity, family-friends and nutrition showed statistical significant changes after the intervention $p < 0.05$.

Conclusions: The educational intervention modified the conceptual perception of SLE and MS as well as some domains of lifestyle.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7025

AB1389

HOW DO WE LEARN TO COMMUNICATE TO OUR PATIENTS? AN INVENTORY STUDY AMONGST RHEUMATOLOGISTS IN TRAINING IN THE NETHERLANDS HOW THEY TRAIN COMMUNICATION SKILLS

L. Kranenburg – Van Koppen¹, M. Hazes¹, W.V.D. Broek², M. Dankbaar².

¹Rheumatology; ²Erasmus MC, Rotterdam, Netherlands

Background: Effective doctor-patient communication, more specific 'Shared Decision Making (SDM)', is essential in high-quality health care. Physicians value the principles of SDM, but the practice is disappointing. Difficult subjects are avoided, options are not equally explained or patients' values remain unclear. As a rheumatologist, communication is an essential and powerful competency. Guidelines endorse SDM for the management of various rheumatic diseases. What we do not know is how we acquire the right communication skills for the task. As rheumatologists we learn a lot about pathophysiology, diagnostic approach and treatment options, but not how to explain these aspects in comprehensible language to our patients.

Objectives: Objective of this study is to investigate how rheumatologists in training acquire communication skills, more specific skills in SDM. How do they rate their communication competency and what can be done to improve.

Methods: An online survey was developed with questions dedicated to evaluate the posed questions. The survey was distributed amongst aspirant members of the Dutch Society for Rheumatology by email with a link to the survey. The survey consists of questions asking for self-reflection and rating on various communication skills regarding different aspects of communication.

Results: These are preliminary results based at the first 23 responses, which is 33% of the total number of rheumatologists in training. From the received responses eleven fellows were in their fourth year, four in their fifth year and seven were in their final year of education. Fellows believe communication is the most important CanMEDS competency after 'Medical Expert'. Self-assessment of communication competency shows an average score of 3.7 on a five-point scale (5=most experienced). When a new diagnosis is explained, fellows rate their skills at levels to be expected for their years of education, except for the diagnose SLE, Systemic Sclerosis and M. Sjögren. Items that are always discussed are the diagnosis and the treatment, but other aspects such as implications for pregnancy, work, social life and sexual intercourse are only discussed on request. Regarding the explanation of treatment options the right words to explain different biological DMARDs seem to run short. When presenting details about treatment fellows always communicate possible treatment effect and side effects, but do not always mention frequency of side-effects. Furthermore, alternatives and preferences of the patient are not always discussed but only on request by 68% of the respondents. Fellows indicate that they think communication and SDM are very important and are interested to acquire further skills. They prefer videos with examples of how to explain certain diagnoses, treatment options and how to deal with various patient types. A specific request was made for a training in Somatic Unexplained Complaints.

HOW DO WE LEARN TO COMMUNICATE TO OUR PATIENTS?

AN INVENTORY STUDY AMONGST RHEUMATOLOGISTS IN TRAINING IN THE NETHERLANDS HOW THEY TRAIN COMMUNICATION SKILLS

Abstract AB1389 – Figure 1

Conclusions: Rheumatologists in training highly value good doctor-patient communication. In daily practice the explanation of certain diseases and treatment options seems difficult. Diagnoses and drugs with possible (side) effects are always explained, but social implications and patients' preferences are only discussed on request. Therefore, additional training of SDM seems important.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5392

AB1390

OSTEOPOROSIS ASSOCIATED MORBIDITY ANALYSIS CAN REVEAL TARGETS FOR BETTER DISEASE DIAGNOSIS AND MANAGEMENT

L. Chicea. Rheumatology, County Hospital, University Lucian Blaga of Sibiu, Romania SIBIU, Sibiu, Romania

Background: Osteoporosis accounts for more disability and life years lost than rheumatoid arthritis. It brings an elevated risk of mortality, morbidity and re-hospitalisation due to fractures and a significant financial and social burden.

A rationale use of diagnostic and therapeutic resources is useful and should be encouraged at all intervention levels. For admitted patients, clinical risk factors for fractures and conditions that are causes for secondary osteoporosis should trigger either the diagnosis approach or the referral to a (Rheumatology/Endocrinology) specialist and treatment should be started during hospitalisation.

Objectives: We aimed to identify targets for educational or protocol interventions in order to improve inpatient osteoporosis diagnosis and subsequent management.

Methods: A retrospective three years (2014–2016) cross-sectional prevalence analysis of comorbidities in all hospitalised patients with osteoporosis in our general hospital was conducted. We used the medical records database of our hospital.

Results: Osteoporosis as a principal diagnosis was found in 46 cases, mostly from the Endocrinology Department (65%). Osteoporosis as a secondary diagnosis was found in 2464 cases, and only 11% were diagnose-associated with fractures. 23% of all comorbidities are of endocrine or diabetic etiology. A small percent of osteoporosis cases have simultaneous skeletal disease, mostly vertebral fractures, osteomalacia or degenerative disease. Only 8,77% of secondary osteoporosis was diagnosed in the Orthopaedic Department. No osteoporosis was mentioned in association with COPD or oncologic disease. Only 65% of patients leaving the hospital had specific recommendation for anti-osteoporotic medication.

Conclusions: Osteoporosis should be mentioned in all cases in the patients medical records that are further sent to the general practitioner. Osteoporosis may be better diagnosed in diabetic, oncologic, COPD, Parkinson disease patients and in a large percent of fracture patients if internal referral protocols will be implemented. Appropriate therapy should be recommended from the hospital specialists.

REFERENCES:

- [1] Vranken L et al. The Phenotype of Patients with a Recent Fracture: A Literature Survey of the Fracture Liaison Service. *Calcif Tissue Int* (2017) 101:248–258
- [2] Briggs AM et al. Hospitalisations, admission costs and re-fracture risk related to osteoporosis in Western Australia are substantial: a 10-year review. *Aust N Z J Public Health*. 2015 Dec;39(6):557–62.
- [3] Svedbom A et al. Epidemiology and economic burden of osteoporosis in Switzerland. *Arch Osteoporos*. 2014;9:187.
- [4] Kanis J.A. European Guidance for the diagnosis and management of osteoporosis in postmenopausal women. *Osteoporosis Int* (2013) 24, 23–57.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7540

AB1391

OBSTACLES FACING EVIDENCE BASED MEDICINE IN PHYSICAL MEDICINE AND REHABILITATION: FROM OPINION AND KNOWLEDGE TO PRACTICE

M. Babaei, S.A. Raeissadat, S.M. Rayegani, M.H. Bahrami. *Physical medicine and rehabilitation research center, Shahid Beheshti university of medical sciences, Tehran, Iran, Islamic Republic of Iran*

Background: Evidence-based medicine (EBM) is a new approach to medicine. Up to now, there have been few available articles about specialists' EBM status, specifically the status of physiatrists in the area of EBM.

Objectives: To determine the present status of physiatrists' attitudes, knowledge and skill in the area of EBM and the existing obstacles

Methods: The cross-sectional study was performed among physiatrists in Iran. The valid and reliable questionnaire contained 25 questions in 8 fields including demographic and professional information, point of view regarding EBM, familiarity with databases, educational history and information about EBM, use of scientific resources, scientific evidence usage, and the amount of access to resources.

Results: One hundred twenty-eight questionnaires were completed (response percentage 52.2%). In total, 48.4% specialists had attended EBM workshops and 89.6% of people were familiar with medical search engines. The amount of familiarity with databases was mostly with MEDLINE/PubMed (52.3%). Respondents mainly had a positive point of view towards EBM. Those who had access to databases at work or somewhere out of home had a more positive attitude ($p=0.002$). Those who had attended EBM workshops and members of faculty also had more positive attitudes ($p=0.003$ and $p=0.01$, respectively). Around 70% of responders had adequate knowledge regarding EBM. Physicians, members of faculty and participants who had spent more time on research, reviewed articles and attended workshops had more knowledge ($p=0.001$).

Conclusions: Results from our study revealed that although there is a significant number of physiatrists who are familiar with the practicality of EBM, they are still not familiar enough with its concepts and applications.

REFERENCES:

- [1] Raeissadat SA, Samadi B, Rayegani SM, Bahrami MH, Mahmoudi H. Survey of Medical Residents' Attitude Toward Physical Medicine and Rehabilitation. *American Journal of Physical Medicine & Rehabilitation*. 2014; 93 (6): 540–7. doi: 10.1097/PHM.0000000000000057. PMID: 24508929.
- [2] Raeissadat SA, Bahrami MH, Rayegani SM, Babaei M, Roshan Pajoh R. Attitude, beliefs and knowledge of Iranian physiatrists towards Evidence Based Medicine and its barriers. A cross-sectional study. *Eur J Phys Rehabil Med*. 2016; 52(5): 755–7. PMID: 27164540.
- [3] Raeissadat SA, Bahrami MH, Rayegani SM, Hassanabadi H, Babaei M, Najafi S, et al. Obstacles facing evidence based medicine in physical medicine and rehabilitation: from opinion and knowledge to practice. *Electronic Physician*. 2017;9(11).

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7008

AB1392

EFFECT OF UNIVERSITY STRUCTURE ON MEDICAL STUDENTS' KNOWLEDGE DURING EXAM PREPARATION

R. Sengeweijn, R. Brinks, G. Pongratz. *POLIKLINIK FÜR RHEUMATOLOGIE, UNIKLINIK DÜSSELDORF, Düsseldorf, Germany*

Background: In 2016 the German Society of Rheumatology found out that only seven faculties out of 37 could be classified as an independent rheumatological teaching unit. Amount of lecture hours and type varied largely between

universities and was usually the most in universities with academic freedom. Besides the lack of lectures in rheumatology, all students have to pass a medical state examination ("Staatsexamen"), which is carried out by the IMPP ("Institut für Medizinische und Pharmazeutische Prüfungsfragen"). The written exam consists of 320 Multiple-Choice IMPP-Questions with only one correct answer out of five possible choices. Approximately five to ten questions, varying from exam to exam, also contain rheumatological content. After each exam questions are published and used by younger students for exam preparation. The e-Learning platform "Amboss" is frequently used by medical students for this reason in Germany.

Objectives: To investigate the effect of university structure on correct answering former IMPP-Questions during exam preparation.

Methods: We analysed former IMPP-Questions answered by students over a four-year period recorded on "Amboss" Oct. 2012 – Oct. 2016. First time answered questions with rheumatological content from students during exam preparation were identified and extracted from the total record. Students with only a single or very few questions answered were not considered as being in exam preparation and excluded. A sensitivity analysis was done after exclusion. Students from independent (Group A) and non-independent (Group B) medical faculties were divided into two groups and investigated for the rate of correct answering IMPP-Questions. Statistical Analysis was done with the Statistical Software R (The R-Foundation for Statistical Computing; Version 3.4.1).

Results: A total of 176 questions with rheumatological content were identified. 32.166 students answered those questions or a subset of these (in total 2.610.217 questions). After excluding students not being in exam preparation 14.739 students were left, answering those questions 2.148.801 times. On an average 68,3% of the questions were answered correctly. The sensitivity analysis did not show a significant difference. 3330 students from Group A answered 495.614 questions, on an average 69,4% correct. 11.409 students from Group B answered 1.963.066 questions, on an average 68% correct. The difference between both groups was significant ($p<0.01$).

Conclusions: Students from independent faculties answered more questions correct than from non-independent faculties. The difference was significant, but taking into account the few questions asked in the real exam the difference would have no relevance.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.5388

AB1393

EFFECT OF AN EDUCATIONAL INTERVENTION BASED ON CLINICAL SIMULATION IN THE DIAGNOSIS OF RHEUMATOID ARTHRITIS IN LATIN AMERICAN NON-RHEUMATOLOGISTS PHYSICIANS

S.A. Mora Alfonso^{1,2}, D.G. Fernández Ávila^{2,3}. ¹Rheumatology, Universidad de la Sabana; ²Rheumatology, Sociedad para la Investigación, atención y educación en enfermedades reumáticas INVEDER SAS; ³Pontificia Universidad Javeriana – Hospital Universitario San Ignacio. Bogotá, Colombia, Bogotá, Colombia

Background: Previously our group demonstrated the effectiveness of an educational intervention based on clinical simulation to improve the diagnostic approach to RA (Rheumatoid Arthritis) ⁽¹⁾ so we wanted to apply this same principle in the learning of RA among a group of Latin American non-Rheumatologists

Objectives: This paper wants to quantify the rate of improvement in the diagnosis of Rheumatoid Arthritis (RA) among a group of Latin American non-Rheumatologists (general practitioners, internists, physiatrists, orthopedists, neurosurgeons, dermatologists) who received an educational intervention based on clinical simulation.

Methods: Observational study before and after

Results: 286 Latin American non-rheumatologists physicians received an educational intervention based on clinical simulation. The topic of this educational intervention was based on Rheumatoid Arthritis. They reviewed a workshop that includes clinical simulation models of 5 hands and each hand, had various semiological findings of RA (synovitis, pannus, joint deformities). The workshop lasted 5 hours and it was divided into two parts: the first was about the clinical approach of joint pain and relevant aspects of RA. The second part focused on clinical cases applied to clinical simulation models, applying the knowledge acquired during the theoretical phase. Participants made a several stations where they could appreciate for periods of 20 min each simulator and improve their visual and tactile sensitivity in each semiologic findings for the diagnosis of RA. The participants filled out a pre and post test, which included 6 (six) clinical cases with simulators and photographs of hands of patients with suspected RA. 286 non-rheumatologists (general practitioners, internists, physiatrists, orthopedists, neurosurgeons, dermatologists) from 3 Latin American countries (Colombia, Costa Rica and Dominican Republic) participated in the study, 71% women, average age 40,3 years (SD 7,5 years). Non-rheumatologists physicians obtained an improvement in the correct diagnosis of RA of 45,6% (the correct diagnosis increased from 44,5% to 90,1%). The total number of exams requested in the cases presented decreased significantly, from an average of 7 to 3 exams requested by each clinical case presented. 95% of participants would recommend to other colleagues to make this