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AB1391

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

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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.

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AB1392

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

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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 of 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.

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AB1393

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

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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