SATURDAY, 16 JUNE 2018

Challenging projects in education and training**SP0156 THEORY OF POSTER DESIGN AND PRESENTATION**

M. Boers. *Epidemiology and Biostatistics; Amsterdam Rheumatology and Immunology Center, VU University Medical Center, Amsterdam, Netherlands*

This lecture introduces basic elements of poster design, and is followed after the session by a special poster tour devoted to design. It strongly links to the concepts discussed in my workshop on data visualisation.

To design an effective poster, its message and the intended audience must be clear. Effective posters stand out because they convey their main message almost instantly, and then seduce participants to stay longer and learn more. Much more than oral presentations, posters are about selling your work in competition with all those other people presenting in your session.

In a good poster, all elements work together like a symphony orchestra:

Title, headings, text, tables, graphs, format, colours, layout, handouts, gimmicks, and ... you!

For the design process, you need a good plan (including timelines!), good tools (templates, software!) and a ruthless editor. Editing is about throwing out more and more stuff, until finally you reach the point where throwing out more destroys understanding. So the 'orchestra' has single instrumentation, and is wonderfully transparent.

Posters are not 'comprehensive'! All the details you love can go into a specially designed handout (NOT an exact replica of your poster).

Your role as presenter is special: you must be visible but unobtrusive, and flexible to accommodate different viewer styles, and have different modes of presentation (eg. walkthrough, answer questions, respond to critique). Also make sure your contact details are visible and correct (if no handout, be sure to have business cards). If you are playful you can use gimmicks to increase your visibility: match your clothes to your colour scheme, make something in real 3D on your poster, use sound, etc. But don't overdo it: this is just the icing on the cake: this is a science, not a commercial exhibit.

When we go to assess posters in the upcoming poster tour, we will be looking for the following elements:

1. Overall message clear?
2. Text quality: brevity, clarity
3. Table quality: clear vision, clear understanding
4. Graph quality: clear vision, clear understanding
5. Design elements: layout, choice of font, color
6. Handout: not a replica, elements 1–5 repeated
7. Presenter: style, contact details

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SP0157 THE EULAR SCHOOL OF RHEUMATOLOGY. A CHALLENGING EDUCATIONAL EULAR PROJECT. WHERE ARE WE NOW?

A. Iagnocco. *Scienze Cliniche e Biologiche, Università degli Studi di Torino, Turin, Italy*

EULAR has traditionally been a strong advocate of training and education in rheumatology, which has made EULAR the pre-eminent provider and facilitator of high-quality educational offerings for physicians, health professionals in rheumatology, and people with rheumatic and musculoskeletal diseases. Indeed, the international rheumatology community is set to benefit from high levels of education in rheumatology, with the aim of delivering significant relief to the lives of people with musculoskeletal and rheumatic diseases worldwide.

In June 2017, the EULAR School of Rheumatology was launched at the Annual EULAR Congress. This is as a fully integrated operational entity contained within EULAR which combines all educational offers, whether they are live courses, online courses, books, webinars or any other material, under one roof. This new system has the aim of greatly facilitating access to all products, giving personalised overviews and allowing, for those who sign up for a membership, to use the various incentives and special offers. The School will also provide the members a secure means of storing their gained certifications and other personal information. In addition, members of the EULAR School of Rheumatology will be able to benefit from a new accumulative credit point system, which adds points according to educational hours spent in EULAR courses, either live or on-line. Members will also

be regularly informed regarding the developments of the School and new educational and training materials.

With the purpose of optimising and improving the already very solid educational offerings of EULAR, during the last two years, seven groups of eminent experts in education actively worked to develop new products to be added to the existing educational material of EULAR. Many different projects are currently being developed by these "classrooms" and are addressed to the whole rheumatology community (i.e. rheumatologists, undergraduates, trainees, teachers, researchers, health professionals, and people with rheumatic and musculoskeletal diseases). Indeed, in today's digital era, education and training possibilities are undergoing constant changes with new approaches, products and technologies coming up. Thus, the EULAR School of Rheumatology represents a model of future learning, reflecting the changing needs of the rheumatology community through offering new educational materials across this medical discipline and the greatest levels of access to the highest quality of education in the field.

With the modern developments of the rheumatology discipline, EULAR School of Rheumatology is today taking its educational offerings, services and products to a global audience worldwide.

For information about ongoing and new initiatives of the EULAR School of Rheumatology, please go to www.eular.org/school_of_rheumatology.cfm.

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Recommendation session ESSCA**SP0158 UPDATE OF EULAR RECOMMENDATIONS FOR VACCINATION OF PATIENTS WITH AUTOIMMUNE INFLAMMATORY RHEUMATIC DISEASES**

O. Elkayam, on behalf of Eular task force. *Rheumatology, Tel Aviv Medical Center, Tel Aviv, Israel*

Objectives: A European League Against Rheumatism (EULAR) Task Force was established to update the recommendations for vaccination of patients with autoimmune inflammatory rheumatic diseases (AIIRD) published in 2011.

Methods: Following the latest version of the EULAR Standardised Operating Procedures (SOP), three systematic literature reviews were conducted to present the new evidence published between 2009–2017 regarding the prevalence of vaccine preventable diseases among patients with AIIRD, the efficacy and safety of vaccines recommended for adults, and the effect of disease modifying drugs on the response to vaccines. After the presentation of the new evidence to the Task Force, overarching principles and recommendations were formulated. Evidence was graded in categories I–IV, the strength of recommendations was graded in categories A–D, and Delphi voting was applied to determine the level of agreement between the experts of the Task Force.

Results: A total of 6 overarching principles and 9 recommendations were formulated. The first two overarching principles focus on the responsibility of the treating physician for a yearly assessment of the vaccination status of AIIRD patients. An individualised vaccination program should be suggested and explicitly discussed with all patients. The next overarching principles address the timing of vaccination. Preferably patients are vaccinated during stable disease and prior to planned immunosuppression, in particular prior to B-cell depleting treatment. Non-live vaccines can be safely provided to AIIRD patients under immunomodulating treatments, whereas the administration of live attenuated vaccines should be avoided under immunomodulating treatment, with the possible exceptions of herpes zoster and MMR. Recommendations 1 to 7 refer to the administration of specific vaccines. Influenza and pneumococcal (a combination of PCV 13 and PPSV23) vaccines should be strongly considered for all patients with AIIRD. Herpes zoster, human papilloma virus, hepatitis A and B, yellow fever, and tick-borne encephalitis vaccines should be considered in AIIRD patients at risk. Newly formulated recommendations 8 and 9 address the vaccination approach to household members and newborns of patients with AIIRDs. Immunocompetent household members of patients with AIIRD should be encouraged to receive vaccines according to national guidelines with the exception of oral poliomyelitis vaccine. Live attenuated vaccines should be avoided during the first 6 months of life in newborns of mothers treated with biologics during the second half of pregnancy.

Conclusions: The 2017 EULAR recommendations provide an up-to-date guidance on the management of vaccinations in patients with AIIRDs. The dissemination of the data to health professionals and patients and implementation of the recommendations will help to prevent vaccine preventable diseases in the AIIRD population.

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