presence of autoantibodies, transcriptome and proteomic analysis will facilitate stratification into defined disease subtypes and help to guide targeted therapies in idiopathic inflammatory myopathies.

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Work and rehabilitation – key priorities for people with RMDs

SP0176 IT WORKS?! EMPLOYMENT SUPPORT FOR PEOPLE WITH RMDs

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Background: In Germany, approximately 17 million people are suffering from RMDs (Rheumatic and Musculoskeletal Diseases). Due to the ageing society, increasing numbers are to be expected. As all people with disabilities and chronic diseases, patients suffering from RMDs have a significantly higher risk of unemployment or invalidity pension and they take slower profit of economic recovery in the job market.

Objectives: Give an overview on german efforts to get patients with RMDs back into work again or to sustain their ability to work

Methods: Main results of recent surveys will be presented. In the light of these Data, current changes of the german social and health legislation will be discussed, as well as connected pilot projects.

Results: The online survey "Rheuma eine Stimme geben" of Deutsche Rheuma-Liga was conducted between March and May 2017 including 930 participants. Work is identified as an important issue and identified as target for highly needed improvements. After medical care and pensions, work is considered the most important topic. Well known problems are reflected: during a rheumatoid flare, still more than 50 percent of patients are waiting more than seven days for an appointment with a rheumatologist. Two of three patients have had problems with the approval of medical rehabilitation. More than 80 percent would appreciate to be entitled to work from home. As benefits, participants name the prolongation of their working life, more flexibility of working hours in accordance with their illness as well as being better able to combine work and necessary therapies. With regard to negative consequences, three out of five patients fear that they (would have to) work also in case of illness. Another problem is stigmatisation: still, one out of five patients does not inform their colleagues and the management. Most important reasons are fears of job loss and fear of troubles in the job.

Following the new ...Bundesteilhabegesetz" (from 01/2018), several measures were introduced to improve access and participation of people with disabilities to work. One of these, the "Budget for work", will improve possibilities for people with disabilities working in sheltered workshops to access the job market. In the spirit of CRPD Article 27, this instrument should be accessible to all people with disabilities, who are capable to work at least some hours a day under normal work conditions. Furthermore, it will be outlined, how the new programme rehapro intends to evaluate new models, methods and measures to prevent an (impending) disability or reduction in earning capacity as early as possible.

Conclusions: Action Plan for People with Rheumatic Diseases (2017)

In order to overcome these problems, the Deutsche Rheuma-Liga, representing 300.000 individual members and 11.000 volunteers, has issued an action plan. Key Claims connected to improvement of work conditions for people with RMDs are ...

- Ensure good and early treatment and improved medical care for people with RMDs in order to maintain their ability to work.
- Promote better collaboration between health care providers and health services (e.g. introduction of DMPs)
- Implement more consequently the principle "rehabilitation instead of invalidity pension" as well as a patient-centred rehabilitation
- Promote knowledge on grants e.g. for work place adjustments or trainee programs
- Optimize job trainings with regard to the real needs of people with RMDs
- Enhance the use of the instrument "Betriebliches Eingliederungsmanagement", especially for small and medium enterprises
- Promote the use of flexible working time models or support workers
- Evaluate and implement new forms of working models for people with chronic diseases
- Create incentives for jobs, that may be combined with partial instead of full invalidity pension

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SP0177

QUALITY OF LIFE AT THE WORKPLACE – HOW EARLY INTERVENTIONS OF HEALTH PROFESSIONALS CAN SUPPORT PEOPLE WITH RMDs

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It is widely acknowledged that work has huge impact on health and well-being. As people affected by rheumatic and musculoskeletal diseases (RMDs) often have problems in participating in work, they should be supported by the multidisciplinary health care team. Health professionals in rheumatology play an important role in early interventions to support people with RMDs at their work places. This presentation will set out to explore important issues which need to be addressed when enabling people with RMDs to stay employed or return to work from the perspective of health professionals in rheumatology. The presentation will focus on paid work, but also include unpaid work.

With reference to ongoing clinical and research work in this field, the author will discuss possibilities and challenges in identifying work related problems, setting goals in a collaborative way, as well as providing different secondary and tertiary preventive strategies, interventions and workplace adaptations. By using a participatory multi-methods approach, facilitating self-management, evaluating and adapting work tasks and the environment, and providing ergonomic devices, people with RMDs can be supported.

And as the right time point for doing something for health and more quality of life at the work place is now, some innovative, easy-to-transfer ideas for patients, health professionals and rheumatologists will also be presented.

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SP0178

THE CONTRIBUTION OF OCCUPATIONAL SAFETY AND HEALTH TO WORKING WITH RMDs

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Too often chronic illness leads to early exit from the workplace. However, with the right employer attitudes and workplace adjustments combined with support from the public health system many can continue working. Occupational safety and health (OSH) has an important role to play in a multidisciplinary approach to facilitating individuals with chronic diseases to continue working. This paper covers: European Union OSH policy and directives; findings from a European Parliament pilot project on older workers and OSH, carried out by EU-OSHA and EU-OSHA's work on musculoskeletal disorders (MSDs).

At EU level the key policy covering workplace safety and health is the Occupational Safety and Health Strategic Framework 2014–2020. The European Commission's 2017 Communication 'Safer and Healthier Work for All – Modernisation of the European Union OSH Legislation and Policy' sets out actions for the Strategic Framework. Of relevance is the need to tackle better issues of growing concern, such as work-related MSDs, psychosocial risks and work-force ageing, by exploiting the full potential of the OSH framework. A top action is helping business with diversity-sensitive risk assessment, e.g. in relation to older workers, gender, or disability and working with chronic diseases.

Safe and healthy working conditions are a key component of retaining older workers and workers with chronic diseases and making work sustainable across the life-course. The OSH role is to ensure work does not worsen conditions and to promote health and wellbeing. The EU 'framework' directive on occupational safety and health provides a management system for this based on risk assessment by employers. The first priority is to take collective measures which will make work safer, healthier and easier for all the workforce. The directive also includes the general principle of adapting work to the worker. Eliminating and reducing the risks of work-related MSDs and stress management measures are examples of risk reduction that would benefit all the workforce, but could be particularly important for RMD sufferers. The framework directive also requires employers to assess the risks to any 'vulnerable' workers. Additional health and safety measures should be provided where necessary. Often measures for vulnerable workers will make work easier for all workers, such as equipment to reduce the physical effort of work. Measures can often be very simple such as a different kind of mouse or keyboard. The OHS risk assessment process is appropriate for determining what workplace adaptations may be needed for those with reduced or changed work ability to continue working. Thus OSH directives complement the requirement in disability discrimination legislation for employers to make workplace accommodations for individual workers with disabilities.

One health and safety measure that could benefit all workers as well as RMD sufferers would be to take measures to avoid prolonged working in constrained and static postures and promote a moving routine in the office. Prolonged sitting is problematic however ergonomic chair. One measure is to use sit-stand desks. Office cultures and routines need to change, e.g. going into the next door office to speak to a colleague instead of sending an email.

To support an agreement of the European Parliament on older workers, EU-OSHA carried out a project on OSH in the context of the ageing workforce. Key conclusions concerning return-to-work were as follows:

- Early intervention is key with a focus on staying in existing work
- Multidisciplinary programmes are needed to support companies and employees
- Return-to-work should be a clinical (treatment) outcome
- A greater public health focus is needed on non-life threatening chronic diseases, e.g. MSDs
- Joined-up policy, interventions and budgets are needed
- For early detection and prevention, access to occupational health services, work health surveillance and workplace health promotion is needed for the whole working population.

EU-OSHA has begun a major project on MSDs, culminating in a European Campaign in 2020–2021. Working with chronic MSDs is part of this work.

Concluding messages:

- OSH measures which make work easier for all the workforce can enable an individual with reduced work capacity to remain in employment
- Simple measures to support an individual remain in work can often benefit the whole workforce
- With the right employer attitudes and workplace adjustments combined with support from public health services many RMD sufferers can continue working
- OSH has an important role to play in a multidisciplinary approach
- This requires a strong and progressive OSH system, extended to wellbeing and sustainable work, which provides full access to occupational services for all workers and small businesses.

<https://osha.europa.eu/en/themes/osh-management-context-ageing-workforce/ep-osh-project>

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The challenges of rheumatology trainees in the clinical learning environment

SP0179 WHAT COULD CLINICIANS DO BETTER IN CLINICAL COMMUNICATION?

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Through personal experience and study I am a patient expert in the area of communication between clinicians and patients in clinical situations.

Therefore I am in a position to provide constructive suggestions on how this interpersonal relationship can be improved

As a patient with systemic RA, fibromyalgia, Raynaud's, IBD and non-obstructive sleep apnoea I have extensive experience in dealing with HCPs in clinical settings.

I studied communications and media at university and post-graduate level and I am a sought-after speaker on communications models on a national and European level.

I will seek to give examples of both positive and negative patient experiences with clinicians. I will explain communications models such as Shannon's and Berlo's as they pertain to clinical settings

I will then look to suggest changes and improvements that can be made in clinical situations by both clinicians and patients.

By using the communication models I will illustrate the personal experiences I have had in clinical settings – both positive and negative. Improving communication is a joint effort between both the clinician and the patient.

At the conclusion of the presentation, delegates will have a clearer understanding of the relevant communications models. They will also have an understanding of techniques to implement which will be of assistance in clinical settings.

Despite this lecture being about clinicians improving communication, it is important to recognise that the patient plays just as important a role in the relationship. A patient must be willing to meet the clinician in the middle and ensure positive communication is a two-way enterprise.

The clinician may be able to take the lead to a greater extent but the essence of communication requires a minimum of two people.

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SP0180 COMMUNICATION SKILLS, AN ESSENTIAL COMPETENCY TO MAKE THE DIFFERENCE IN DAILY PRACTICE

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The added value of effective communication in patient care has been proven to have a direct influence on patient outcomes such as function, adherence, patient satisfaction, improvement of selfmanagement skills and reduction of malpractice claims.

Undergraduate curricula therefore have integrated communication skills training programs more and more. However, postgraduate training in communication skills is still scarce, and when present, it is often offered off site and therefore not integrated well enough into the daily practice and workplace.

This latter is essential since research shows that in order to be able to learn to communicate more effectively in real practice, residents need 5 phases to really change their communication behavior: 1) confrontation with own behavior, 2) becoming conscious of one own behavior, 3) alternative options to improve, 4) internalisation of this behavior and 5) integration in clinical care.

In short, it is thus important to offer communication skills training in authentic, workplace based situations, such as videotaped consultations, exploration of experienced difficult consultations and practicing with training actors to maintain authentic emotions.

During this presentation different effective formats and facilitating conditions in communication teaching will be presented. Programs in Postgraduate education training aimed to improve communication skills should take place in real clinical settings.

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HPR highlight session

SP0181 HIGHLIGHTS FROM THE HEALTH PROFESSIONALS IN RHEUMATOLOGY SESSIONS

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The EULAR congress is one of the biggest events in the world of rheumatology. In order to accommodate all the diversity of topics, several sessions take place at the same time in different rooms. It is very hard to be in all the sessions, poster tours, social meetings, and other interesting learning events. Indeed, it is common to have the feeling of wanting to be at several places simultaneously, which unfortunately is impossible.

The purpose of this session is to summarize the information presented and discussed during the Health Professionals in Rheumatology programme at the 2018 EULAR Congress celebrated in Amsterdam (The Netherlands). Attending to this "Highlights" session is a second opportunity to do not miss the most relevant works presented in the Health Professionals in Rheumatology programme.

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SP0182 HIGHLIGHTS FROM THE PARE PROGRAMME AT THE 2018 EULAR CONGRESS

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Each year the EULAR Congress runs a stream of sessions co-ordinated by EULAR PARE. Several sessions take place at the same time in different rooms, and it is impossible to attend them all.

The aim of this session is to summarize and to highlight messages from the varied programme offered to people with Rheumatic and Musculoskeletal Diseases (RMDs) at the 2018 Congress in Amsterdam.

The presentation will share learning experiences and a view of the different contents that have taken place during the EULAR Congress.

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