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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SATURDAY, 16 JUNE 2018

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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SATURDAY, 16 JUNE 2018

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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