Conclusion: The obtained results testify to the high efficiency of PNF therapy, however, the combination with kinesiotyping allows better consolidation of the effect of therapy and prolongs remission of pain syndrome.

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Education

AB1265

GENDER DISTRIBUTION AND GENDER-RELATED ISSUES AMONG YOUNG RHEUMATOLOGISTS AND ACADEMIC POSITIONS IN RHEUMATOLOGY: A SNAPSHOT OF THE CURRENT SITUATION IN ITALY

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Background: The Italian Society for Rheumatology (SIR) comprises committees for Rheumatologists under the age of 40 (SIRyoung) and for Women in Rheumatology (Reumatologhe Donne – ReDO). As female representation is increasing in rheumatology worldwide [1], there has been interest in assessing gender-related issues.

Objectives: To describe the gender distribution among young members of SIR and academic positions in Rheumatology in Italy. To assess the expectations and needs of young rheumatologists with regard to their career.

Methods: SIRyoung members developed a web-based survey which was distributed among SIR members under the age of 40 during the spring of 2019. Responses were collected and analysed anonymously. ReDO retrieved and analysed the data regarding academic positions in Italy in September 2019 from official data by "Ministry of Education, University and Research" (www.miur.it).

Results: Out of 478 SIR members under 40 (66.5% F), 113 (23.7%) completed the SIRyoung survey (62.1% F). Regarding career plans, male and female members responded: hospital physician (36.9% vs 37.8%), outpatient clinic physician (18.5% vs 28.3%), academic career (23.9% vs 22.8%), private practice (16.3% vs 9.4%), and industry (4.3 vs 1.6%), respectively. When asked about their interest in doing a fellowship in another national center or abroad, 60.8% of male and 72.8% of female respondents were interested but thought they could not afford it. Reasons reported by males and females were: working reasons, namely barriers to temporarily leave the workplace (61.3% vs 50.7%), family reasons (16.1% vs 25.4%), financial reasons (22.6% vs 16.5%), respectively. As for academic rheumatology in Italy, 113 positions were retrieved. Men held 64 positions (57%) and women 49 (43%). Full professors were mostly men (92%), while assistant professors were women in 65% of the cases (58% of those with a permanent position; 72% of those with a temporary position) (Figure) [2].

Conclusion: Our study explored for the first time gender distribution and related issues in Rheumatology in Italy. Female representation accounts for two thirds of SIR members under 40. This could reflect the general trend of medical school being chosen more often by women than men. No differences were observed in the career expectations of male and female rheumatologists. Interestingly, nearly one fourth of female respondents were interested in academic career, confirming the trend toward female predominance observed for assistant professors. Therefore, it is likely that the next generation of full professors will have a balanced gender distribution, as it is already for associate professors. The choice of a fellowship is still hampered by several problems, but it seems that reasons for not pursuing such opportunities are similarly distributed in males and females. Although family reasons tend to be more frequent in female rheumatologists, this is not significant as compared to men. This could indicate that family affects career choices of both male and female rheumatologists. It is important that national societies promote surveys for the assessment of gender specific issues among their members, in order to identify unmet needs and design interventions for career support regardless of gender.

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*percentages referred to the individual male (n=64) and female (n=49) cohorts, respectively

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AB1266

JOINTS STILL PLEADING FOR ATTENTION

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Background: Despite the prevalence of musculoskeletal diseases in an increasingly elderly patient population, musculoskeletal (MSK) examination remains frequently overlooked and poorly completed in medical clerking. Indeed, studies over the years have emphatically demonstrated the widespread omission of MSK examination. (1,2)

Objectives: The aim of this study was to evaluate the documentation of MSK examination in medical clerking on the acute medical take. Furthermore, we sought to assess doctors' perception of MSK examination and to evaluate the effect of GALS teaching.

Methods: Medical clerkings of 50 patients in the medical assessment unit (MAU) were reviewed on a single day irrespective of the pathology. Case notes were assessed for presenting complaints and documentation of clinical examination findings. Results of the baseline study along with GALS examination techniques were presented at the departmental meeting. Case notes review was subsequently repeated with the same sample size.

Results: Baseline study showed that MSK exam was recorded in only 10% of patients despite 20% of patients presenting with fall/collapse. In contrast, 100% of medical clerkings had respiratory examination, 94% had cardiovascular examination while 94% had abdominal examination documented. Although confidence in performing MSK examination was not felt to be a problem, perceived time constraints was a major barrier.

Repeat study with another 50 set of clerkings demonstrated a significant improvement, with 22% of clerkings having MSK examination recorded. However, the quality of documentation of MSK examination remained sketchy.

Conclusion: Our study reaffirms the fact that MSK examination remains broadly neglected despite the high proportion of patients admitted with fall or collapse. Although the completion of MSK examination improved following GALS screen teaching, the quality of clinical examination documentation remained inadequate. Evidently, the indifference towards MSK examination warrants prompt attention and action by medical educators and rheumatologists.

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AB1267

ONLINE CASE-BASED EDUCATION SIGNIFICANTLY IMPROVED RHEUMATOLOGISTS' KNOWLEDGE AND CONFIDENCE IN MANAGING PATIENTS WITH RA

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Background: With the rapid evolution in treatment strategies and the increasing range of available therapeutics for rheumatoid arthritis (RA), keeping pace with advances can be a challenge for busy physicians.

Objectives: We assessed whether online CME can improve rheumatologists' knowledge of RA management focusing on the assessment and monitoring of RA, the selection of appropriate treatments and the clinical efficacy and safety data for JAK inhibitors.

Methods: Rheumatologists participated in a text-based activity featuring two patient cases with questions that "tested" knowledge and discussion of the main "teaching" points. Educational effect was assessed using a repeated-pair design, pre-/post-assessment. A Chi-square test of independence determined if a statistically significant improvement (5% significance level, $P < .05$) existed in the number of correct responses between the pretest and posttest scores. Cramer's V estimated the effect size of the education. The activity launched on 15 December 2018 with data collection through 27 February 2019.

Results: •Significant improvement in average percentage of correct responses, rising from 47% at baseline to 92% post-activity ($P < .001$) and extensive educational impact (Cramer's V=0.496)

•Significant increase in percentage of rheumatologists (n=111) answering all 3 questions correctly (9% at baseline rising to 78% post assessment)

•Significant improvements in knowledge of EULAR/ACR assessment criteria (86% improvement, $P < .001$), EULAR treatment recommendations for a patient failing on MTX and a TNF inhibitor (100% improvement, $P < .001$), and the VTE risk associated with having RA or receiving RA treatments (108% improvement, $P < .001$)

•46% of rheumatologists reported greater confidence in their ability to appropriately incorporate JAK inhibitors into the treatment of patients with RA (average confidence shift 20%)

Conclusion: Overall, this learning activity was highly successful in improving rheumatologists'

knowledge and confidence in managing patients with RA, particularly with regard to the appropriate use of JAK inhibitors in patients for whom such treatment is suitable. The extensive impact of this interactive 'test then teach' activity is likely to directly translate into patient benefit. Further education on this topic would be useful to enhance and reinforce this knowledge and to support physician confidence in the use of JAK inhibitors in clinical practice.

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AB1268

ONLINE EDUCATION YIELDS SIGNIFICANT GAINS IN RHEUMATOLOGISTS' KNOWLEDGE OF THE ROLE OF JAK INHIBITORS IN THE MANAGEMENT OF RA

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Background: The treatment armamentarium for rheumatoid arthritis (RA) has expanded rapidly in recent years, making it challenging for rheumatologists to stay up to date with key advances. The most recently available treatment options for RA are the JAK inhibitors.

Objectives: Our goal with this activity was to assess whether online CME can improve rheumatologists' knowledge of the role of JAK inhibitors in the management of RA.

Methods: Rheumatologists participated in an online CME activity entitled 'Advancing patient care in rheumatoid arthritis: role of JAK inhibitors'. This was a 30-minute video roundtable discussion between 3 experts, with accompanying slides. This CME activity launched on April 30 2019 with data collection through September 13 2019. The educational effect was assessed using a repeated-pair

design, pre-/post-assessment. A Chi-square test of independence determined if a statistically significant improvement (5% significance level, $P < .05$) existed in the number of correct responses between the pretest and posttest scores. Cramer's V estimated the effect size of the education.

Results: •Significant improvement in average percentage of correct responses, rising from a relatively high baseline of 67% to 81% post-activity ($P = .0006$)

•Increase in percentage of rheumatologists (n=68) answering all 3 questions correctly (37% at baseline rising to 66% post assessment)

•Significant improvement in knowledge of clinical trial safety data for JAK inhibitors (43% improvement, $P = .0079$)

•Numerical improvement from relatively high baseline for understanding of unmet needs in RA patients (74% at baseline, 87% post-activity) and the advantages of JAK inhibitors versus TNF inhibitors for a specific patient case (75% at baseline, 84% post-activity)

•Considerable educational impact (Cramer's V = 0.167) with 35% of rheumatologists reporting greater confidence in describing the mechanism of action of current and emerging JAK inhibitors (noteable average confidence shift of 15%)

Conclusion: A positive and significant effect on physician knowledge and confidence regarding JAK inhibitors for RA was achieved following this online CME activity. The extent of this educational impact is likely to lead to better patient outcomes since physicians are better equipped to consider JAK inhibitors for appropriate patients. The results also revealed that physicians would benefit from additional education to reinforce their knowledge of key clinical data for JAK inhibitors and on the use of JAK inhibitors in clinical practice.

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AB1269

REGIONAL DIFFERENCES IN THE PATIENTS' UNDERSTANDING OF TREATMENT STRATEGY IN RHEUMATOID ARTHRITIS

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Background: The treat-to target (T2T) concept is the standard for treating rheumatoid arthritis (RA) patients worldwide¹. However, difficulties that patients encounter in achieving disease control may differ between regions, which may impact the type of support needed for successful T2T implementation.

Objectives: To compare differences in patient-reported challenges to controlling RA-related issues between Romanian and US patients.

Methods: A cross-sectional study that recruited 403 RA patients was conducted in six centers in Romania. Patients were invited to complete an RA-related questionnaire. We compared their responses to those from a previous published study that included patients with RA from the US². The survey included items on subjective beliefs about RA treatment (e.g. adherence, cost, adverse events) and knowledge about T2T strategy. Approval for US data use was given by the study coordinator².

Results: All patients in the Romanian cohort were Caucasian, with a mean age of 58.7 years (SD 11.6). 78% were females and the mean disease duration was 11.2 years (SD 8.3). Data was concordant with results from the previously published study. More patients from US had college education (60% vs 43.9%). Among the respondents, 93.3% Romanians were on a synthetic DMARD versus 97.7% Americans and 64.01% were currently on a biologic of choice compared to 74% patients in the US. More than half of the patients in both regions had a history of biologic DMARD use.

Asked to grade (0 very good, 10 very bad) their disease activity on the survey day, a large category of patients (37.4%, SD 14.1) marked an average state (4-6), while 19.08% (SD 11.2) were feeling poorly related to their disease. Patients were asked to define their adherence to RA treatment in the last 30 days. While the US study reported that 93% of patients were adherent², in our study only 62.5% of the Romanian patients reported adherence ($p < .01$). A significantly lower proportion of Romanian patients were aware of T2T strategy (35 %, $p 0.04$).

Regarding patient beliefs on their disease, statements were grouped into categories such as difficulty managing pain, medication safety, adherence, lifestyle.

Regarding patient beliefs on their disease, statements were grouped into categories such as difficulty managing pain, medication safety, adherence, lifestyle.