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AB1352-HPR SHARED CARE – AN ALTERNATIVE WAY TO COPE WITH INCREASING SERVICE DEMAND

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Background: Rheumatic diseases are immune-mediated disorders that affect the musculoskeletal system, soft tissues, blood vessels and connective tissue. Patients with rheumatic diseases need regular follow up for disease and drug toxicity monitoring. To cope with the increasing service demand, the Division of Rheumatology in the United Christian Hospital developed and expanded the shared care service. In the conventional practice, patients have to be seen by rheumatologist for every visit while the shared care service involved follow up by rheumatologist and rheumatology nurse in alternate sessions.

Objectives:

1. To evaluate the effectiveness and safety of the shared care service

2. To evaluate the effectiveness of reduction in workload of rheumatology clinic

Methods: This is a retrospective study involving the period from 1/1/2019 to 31/12/2019. Patients who attended the rheumatology nurse clinic for shared care were recruited and reviewed. All patients were selected and referred by rheumatologists. Criteria for shared care included regular follow up in rheumatology clinic and stable clinical condition. The length of follow up is adjusted according to patient condition. Services provided by rheumatology nurse (RhN) included disease education, drug and disease monitoring, drug advice and referral to other professionals and community service as indicated. During each visit, patient's vital signs, disease activity and laboratory results were assessed according to standard protocol. RhN will make discharge record to ensure continuity of care.

Results: Totally 489 episodes of attendance to nurse led clinic were recruited. Majority (97.3%) were arthritis patients. Others included lupus, vasculitis, Sjogren's syndrome and miscellaneous conditions. The length of follow up ranged from 3 weeks to 24 weeks and most of the patients were follow up between 8 to 16 weeks. Shared care patients included those with stable disease for interval monitoring, and patients for drug initiation and titration. The ratio for disease monitoring and drug monitoring are 41.3% and 58.7% respectively.

For the 489 episodes of attendance, 10 (2%) episodes needed rheumatologist intervention and 8 (1.6%) cases need advancement of follow up. Problems that required doctor interventions and advance follow up mainly are suboptimal disease control requiring medication adjustment or musculoskeletal ultrasound investigation.

178 (36.4%) episodes of nursing intervention were delivered, majority were medication advice (133, 27.2%). Reasons for nursing intervention included adverse drug reaction, abnormal investigation results, poor drug adherence and disease flare up. There were no emergency department attendance or admission related to rheumatic problems within one month of RhN follow up.

Conclusion: The shared care service is smooth and can safely lengthen the follow-up intervals to reduce clinic visit burden in rheumatology clinic. RhN input also allowed prompt advice for steroid tapering and dose titration for disease specific medication for better disease control. Proper case selection and close collaboration between rheumatologist and rheumatology nurse is the key.

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HPR Professional education, training and competencies

AB1353-HPR EMPOWERING LEARNERS TO "OWN" THEIR PERFORMANCE: PRESENTING EDUCATIONAL PERFORMANCE DATA BACK TO LEARNERS AS A COMPONENT OF AND RATIONALE FOR SUBSEQUENT EDUCATION

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Background: Beginning in 2016, RMEI created multiple accredited online education focused on RA and designed for rheumatologists. In 2018, the educational scope expanded to include live meetings, starting with a symposium at EULAR. For all programming from 2016-18 (6 courses, in both live and online settings), educational content was developed based on performance data from the previous RA courses. During the 2019 EULAR symposium, we presented the outcomes findings - from both the 2018 symposium and online courses - to the assembled rheumatologists, identifying ongoing educational gaps observed in their specialty population. The rationale: to create continuity between symposia over time by demonstrating incremental improvements and continuing areas of need, while also endowing learners with a greater sense of ownership and investment in forthcoming educational content.

Objectives: To evaluate the impact of presenting learner's educational performance data to them before education addressing persistent gaps identified in their performance the year prior.

Methods: Data collected during the 2018 EULAR symposium was analyzed to understand the underlying drivers impacting poor performance in an identified area of ongoing educational need (cycling versus switching TNF inhibitors). A linear regression model was run including all non-related curriculum, demographic, and evaluation questions as possible drivers against those related low-scoring (at Post-Test) curriculum questions. The content of RMEI's 2019 symposium at EULAR was developed to address the identified significant drivers to improve population proficiency in cycling versus switching. In addition to developing content based on the above findings, that data was also presented to learners in poster format prior to their participation in the 2019 symposium. During the period between on-site registration and the start of the symposium, attendees had the opportunity to explore data-driven insights, via audio-guided posters located around the meeting room. These insights included discussion of 2018 data analysis, identified drivers of poor performance, introduced the iterative data-driven methodology employed, and rationale behind content development for the 2019 symposium. At the conclusion of the 2019 symposium learners were asked to describe the impact/relevance of being presented with their performance data, their intention of incorporating course content into practice, and what specifically they intended to change.

Results: Data was collected on 135 clinicians (primarily physicians who actively treat patients with rheumatoid arthritis) who attended, and participated in, the symposium. With specific regard to the impact of seeing their own data presented back to them, 80% reported that seeing the learner data from the 2018 symposium enhanced their current learning experience. Further, 86% reported that they intended to incorporate course content into their clinical practice. Specifically, this population reported an intent to change their treatment approach and patient education practices.

Conclusion: Education is only as effective as the degree to which the audience is engaged. While year over year data from 2016 through 2018 demonstrated that an iterative approach facilitated the meaningful and necessary reinforcement of challenging concepts, learners in prior years were not aware of the methodological underpinnings of the educational offerings. Presenting this population with findings derived from their performance - as a rationale for the education they were about to participate in proved a compelling motivator for active learner engagement, and may have had a positive influence on the degree to which learners implemented course content into their clinical practice.

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AB1354-HPR CURRENT SITUATION OF TRAINING IN RHEUMATOLOGY IN THE POSTGRADUATE CURRICULUMS OF INTERNAL MEDICINE, FAMILY MEDICINE, GERIATRICS, PAIN MEDICINE AND, PHYSICAL AND REHABILITATION MEDICINE ACROSS COLOMBIA

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Background: Rheumatic diseases are an important complaint in patients, although the incidence is low, they cause disability and impact on the health system. Currently, in Colombia, there are 198 rheumatologist, so it's important to know how is rheumatology training in specialties related to rheumatology, which are the specialties that the patient with a suspected rheumatic disease will visit at first.

Objectives: To describe the training status in rheumatology in the postgraduate curriculums of internal medicine, family medicine, geriatrics, pain medicine and, physical and rehabilitation medicine across Colombia.

Methods: This is a descriptive cross-sectional study. A survey was applied in each participating medical school using the RedCap® platform. The questionnaire included multiple-choice responses and a textbox to complete. The survey was done to the 29 registered medical schools which offer the specializations

already mentioned. The program director or an assistant professor was asked to fill the survey out between April 2019 and January 2020. The sample was described through means and standard deviations or frequency and percentages according to the type of variable.

Results: Data was obtained from all the programs of specialization in internal medicine ($n = 29$), family medicine ($n = 9$), pain medicine ($n = 8$), physical and rehabilitation medicine ($n = 6$), geriatrics ($n = 4$). All the programs of internal medicine, geriatrics, and physical/rehabilitation medicine have rheumatology as a mandatory subject within the curriculum, while in family medicine and pain medicine programs: 33% ($n = 3$), and 57% ($n = 4$) respectively, does not have a rheumatology training. In internal medicine the average duration of rheumatology training is 56 days (28 to 90 days), in geriatrics, it is 56 days (45-60 days), in family medicine 26.1 days (3 to 30), in medicine physical and rehabilitation medicine 35 days (30 to 60) and in pain medicine 40 days (30 to 60). 93.8% ($n = 45$) of the programs surveyed have a rheumatologist as a teacher in charge of both, the academic activities and the external rheumatology consultation and in the rest of the programs these activities are done by a specialist in internal medicine, family medicine or pain medicine. The theoretical components most frequently offered in seminars or master classes are: rheumatoid arthritis, lupus, vasculitis, spondyloarthritis, gout, osteoarthritis, sjogren's syndrome and osteoporosis. The specialization programs have an average of 3 rheumatologists as professors (range 1 to 8). 43.8% of the programs use some virtual resources to complement the teaching in rheumatology such as video conferencing in virtual platform or YouTube (8.3%), online course (6.3%), mobile application (16.7%), others such as moodle and webcast platform (12.5%). 92.9% ($n = 52$) offer their students an elective rotation in the rheumatology service, in addition to the mandatory one. Finally, 89.6% ($n = 43$) of the interviewees agree with the way in which the curriculum is structured in their programs, to approach initial diagnostic and therapeutic in patients with suspected or established rheumatic disease. However, 23.2% ($n = 13$) of the professors of the surveyed programs (6 of internal medicine, 4 of family medicine, 2 of pain medicine and 1 of physical/rehabilitation medicine), consider that the rheumatology subject should not be mandatory within their programs.

Conclusion: All physicians need to be familiar with rheumatological conditions since the rate of rheumatologists in Colombia is low. Knowing rheumatology is an increasingly important role in a clinical scenario in many postgraduate curriculums as we explain in this study.

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AB1355-HPR THE IMPACT OF A STRUCTURED TRAINING PROGRAMME FOR THE DETECTION OF SYNOVITIS WITH MUSCULOSKELETAL ULTRASOUND (MSUS) IN RHEUMATOLOGY NURSING

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Background:

Objectives: To analyse the effect of a teaching intervention for the technical performance of a reduced index of ultrasound synovitis by nurses without previous experience in musculoskeletal ultrasound (MSUS).

Methods: Design: Quasi-experimental study of the before-after type. Protocol: The nurses received a theoretical-practical, face-to-face and intensive training of 8 hours, by an expert rheumatologist in musculoskeletal ultrasound (MSUS), to perform the Perricone index, which assesses the presence of grey-scale synovitis (GS) and quantifies the presence of a power-doppler (PD) signal semiquantitatively (0-3), in 6 joints (Wrists, 2nd Metacarpophalangeal (MCP) joints and knees). The theoretical knowledge acquired was assessed by an exam test type at the end of the training, and the technical skills were assessed by an ultrasound examination in patients with rheumatoid arthritis, immediately after the teaching session and at 18 months later. Variables: Illumination of the consultation, protection of privacy and unequivocal identification of the patient, technique (explorer ergonomics, bilateral comparison, use of both hands, measurement, marking and saving data), GS (probe position, centred image, cortical-cartilage-tendon display, depth, focus, frequency, gain), PD (probe pressure, PRF, position-width-depth of the box, focus, frequency, gain), synovial recesses (dorsal and palmar examination of the wrist, 2nd Metacarpophalangeal (MCP) joints and supra and parapatellar medial and lateral examination of the knees) and semi-quantitative gradation of synovitis in GS and PD. Statistical analysis: descriptive analysis, and in relation to the statistical significance tests for paired variables (pre and post teaching intervention) the McNemar test was used for dichotomous qualitative variables and McNemar-Bowker test for those of more than two categories.

Results: 5 nurses, 80% women, aged between 36 and 54 years participated. They adequately answered 100% of the 4-student test questions, and the remaining one

matched 80% of them. The average time of baseline exploration was 45.2 ± 3.8 minutes and the final time was 32.6 ± 3.5 , improving the 5 students in an average of 12.6 ± 4.4 minutes. The technical aspects not performed correctly in the baseline ultrasound examination were the bilateral comparative, centred image, grey scale gain, measuring, correct anatomical image of the synovial recess of the wrist and position-width-depth of the Doppler box. An improvement was observed at 18 months in the unequivocal identification of the patient, adequate illumination of the consultation, bilateral comparison, correct anatomical acquisition of synovial recesses and the quantification of GS synovitis, but no statistically significant differences were observed, before and after the teaching intervention, in possible relation with the difficulty to use the ultrasound in their respective Rheumatology Units in clinical practice, but mainly because the aspects correctly performed in the baseline exploration were numerous.

Conclusion: A formal training of rheumatology nurses in musculoskeletal ultrasound (MSUS) could be very useful, and cost-efficient, in the health care of patients with rheumatoid arthritis.

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AB1356-HPR GOUT IN SPANISH PRIMARY HEALTHCARE CENTERS: STILL A LONG WAY TO GO

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Background: Gout has a prevalence $>2.5\%$ in the Spanish adult population. It is a chronic disease that without proper treatment causes pain, joint deformity and increased cardiovascular risk and mortality. Recent advances have demonstrated that if correctly treated the disease can be controlled and even 'cured'. Most gouty patients are diagnosed and treated by general practitioners (GPs). There is evidence that the management if these patients is not good neither at Rheumatology Units nor at Primary Healthcare (PHC) centers. Several causes of this mismanagement can be found in the literature.

Objectives: Design and evaluation of the results of a questionnaire created from a bibliographic search focused on areas of improvement of gout management in PHC.

Methods: A search was made in Pubmed to identify the main barriers described in the management of patients with gout in primary care. The terms used were: "Gout", "primary healthcare" and "education". A Google Form of gout knowledge and management questionnaire was designed, taking into account what is described in the literature. The Google Form was sent to all GP from an urban area via mail and to other contacts via WhatsApp and twitter.

Results: Responses were obtained from 224 GPs; 69.5% were women; 73.1% had between 11 and 30 years of professional experience; 96.4% answered that gouty are mostly controlled in primary care; 99.6% performs the diagnosis of gout without analysis of synovial fluid and 17% diagnosed only by clinics without urate levels; 55.9% of GPs do not use any reference guide. Of those who use, the 73% use GUIPCLINGOT and 40% use SEMGs one; 80.5% have not done any gout course in the last 5 years; 26% did not have access to a rheumatologist to confirm the gout diagnosis; only 30.8% knew the therapeutic objective of the urate lowering therapy (ULT); 28.6% considered the beginning of ULT after the first attack; 62% believed that the most important part of the treatment was changing diet and life-styles; 88.8% did not perform any specific education for these patients by the nurse; just 37.2% carried out a treat-to-target strategy to lower urate levels.

Conclusion: The questionnaire identifies multiple points of improvement for the management of this pathology in accordance with the described in the literature. Most GPs are unaware of the therapeutic objective of the ULT.

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AB1357-HPR DESIGNING THE ROYAL COLLEGE OF NURSING COMPETENCY FRAMEWORK FOR RHEUMATOLOGY NURSES

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Background: The 1st Edition of the RCN Competency Framework for Rheumatology Nurse Specialists (RNS) will be published in March 2020. The role of the RNS is complex, and can include caring for children and young people. The importance of RNS's was highlighted by the National Rheumatoid Arthritis Society (NRAS 2017). The British Society for Rheumatology (BSR) outlined the need for education, training supervision and work force development. Education for RNS isn't currently centralized but is key to improving skills and developing workforce for the future. RNS are in short supply resulting in problems of access to services and delays in care (BSR 2019). In all 4 UK nations the titles of RNS and proficiency vary greatly (Titrate trial 2019) This is likely to have an impact on patient experience and outcomes. The European League Against Rheumatism (EULAR) developed