statistically significant differences between women and men in having experienced gender discrimination ($X^2=36.959$ ($df=1$), $p < 0.001$) and sexual harassment ($X^2=12.633$ ($df=1$), $p < 0.001$). The highest-ranked interventions for career advancement regardless of respondents' gender included: leadership skills training; speaking/presentation/communication skills training; information on training/career pathways; effective career planning training; support on grant writing applications; and high-impact scientific writing master-classes (Figure 2). Only 8 of 24 proposed interventions showed a significantly higher ranking ($p < 0.001$) by female respondents and these typically related to promotion of female role models and gender-balance in committees, editorial boards and research funding (Figure 2).

Figure 1. Perceived gender discrimination and sexual harassment, 301 responses

Figure 2. Mean perceived utility of potential interventions for career advancement by gender and statistically significant gender differences ($p < .001$), 300 responses

Conclusion: The results of the survey will inform the development of task force policy proposals for interventions to support career advancement among EULAR and EMEUNET members. The identified interventions have potential to support

career advancement of all rheumatologists, health professionals and non-clinical scientists regardless of gender.

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THU0581 USE OF EHEALTH BY PATIENTS WITH RHEUMATOID ARTHRITIS: AN OBSERVATIONAL, CROSS SECTIONAL, MULTICENTER STUDY

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Background: The use of eHealth tools (internet, mobile applications, connected devices) in chronic diseases and in the field of rheumatoid arthritis (RA) is growing (1). eHealth may improve the overall care of patients suffering from chronic diseases (2,3).

Objectives: The main objective of this study was to describe the use of eHealth by RA patients in France. The secondary objectives were to identify differences in demographic and disease characteristics between patients using eHealth tools or not. We also assessed patients' expectations about digital devices.

Methods: We conducted a cross-sectional, multicenter study. Patients with RA according to the ACR / EULAR 2010 criteria were recruited in 5 university hospitals (Bordeaux, Clermont-Ferrand, Limoges, Montpellier and Toulouse). Patients completed an anonymous self-questionnaire including demographic data, assessment about the use of eHealth (access, support, frequency of use, type of use, reason for use). The treating rheumatologist of the patient filled in an independent medical questionnaire collecting the disease characteristics, the activity of RA and the treatments. Data were collected from December 2018 to July 2019.

Results: The questionnaires were completed by 575 patients, with an average age of 62 ± 13 years, 78% of whom were women. 473 (82%) patients had access to eHealth through a computer ($n=402$, 86%), a tablet ($n=188$, 40%) and/or a smartphone ($n=221$, 47%). Among them, 36% (170/473) used internet for health in general and 29% (134/473) specifically for RA. Regarding the use of eHealth for RA, all patients used it to learn about their disease and 66% (89/134) as a tool to help monitoring RA. Most of them ($n=87/125$, 70%) had a paper medical record, 24/125 patients (19%) used a digital tool (spreadsheet $n=10$, 8% and / or mobile application $n=9$, 7% and / or website $n=5$, 4%) and 31/125 patients

(25%) did not use any tool to monitor their RA. Few patients (16/126, 13%) used numeric reminders for their treatments. A specific application for RA was used by 27/127 patients (21%) using eHealth. Age, level of study, employment, treatment, comorbidities, membership of a patient association group and patient education program were associated with the use of eHealth for RA in univariate analysis. In multivariate analysis, membership of patient's association (OR: 5.8 [3.0-11.2]), bDMARDs use (OR: 0.6 [0.4-1]) and comorbidities (OR: 0.7 [0.6-0.8]) remained associated with eHealth use for RA. According to the patients, recommendation by a doctor (n=225/330, 68%), ease of use (n=105/330, 32%) and data security (n=69/330, 21%) were the factors that would favor the use of eHealth.

Conclusion: To date, few patients used eHealth for their disease. The use of a reliable and validated eHealth tool in RA could therefore be promoted by rheumatologist and might optimize the therapeutic adherence.

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THU0582

EFFECTIVE MANAGEMENT OF REFRACTORY GOUT: EFFECT OF ONLINE CONTINUING EDUCATION ON RHEUMATOLOGISTS' KNOWLEDGE

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Background: Gout is a chronic condition with a considerable effect on patient health and quality of life. Despite the availability of multiple pharmacologic treatments and evidence-based management guidelines, treatment targets are often not achieved in patients with gout. Identification and optimal management of patients with severe or refractory gout is specially challenging.

Objectives: The objective of this study was to determine if an online, continuing education activity could improve knowledge of rheumatologists regarding strategies to ensure effective and safe use of urate-lowering therapies in the management of patients with refractory gout.

Methods: Educational design included an online, 30-minute, video-based discussion among two faculty experts with synchronized slides. Educational effectiveness was assessed with a repeated-pairs pre-/post-assessment study design using 3 knowledge questions and 1 confidence question, in which each individual served as his/her own control. A chi-squared test assessed differences from pre- to post-assessment. P values <.05 are statistically significant. Cramer's V was used to calculate the effect size (<0.06 modest effect; 0.06-0.15 noticeable effect; 0.16-0.26 considerable effect; >0.26 extensive effect). The activity launched May 1, 2019, with data collected through December 30, 2019.

Results: The analysis set consisted of responses from rheumatologists (n=300) who answered all assessment questions during the study period. Analysis of pre- vs post-intervention responses demonstrated a significant improvement in overall knowledge of rheumatologists with considerable educational impact (V = .201, P<.001). Average correct responses increased from 54% pre to 74% post education. Specific areas of improvement in knowledge include:

- Optimal strategies for reducing the risk for immunogenicity associated with the use of pegloticase in patients with refractory gout (40% pre, 73% post; P<.001; V = .326)
 - Serum uric acid targets to optimize management of the patient with severe or refractory gout (45% pre, 57% post; P<.05; V = .120)
 - Selection of pegloticase for rapid decreases in tophi and serum uric acid in patients with refractory gout (77% pre, 91% post; P<.001; V = .187)
- Post-education, 32% of rheumatologists were more confident in their ability to manage patients with refractory gout.

Conclusion: This study demonstrated the success of online, 30-minute, video-based discussion among two faculty experts with synchronized slides on improving the knowledge of rheumatologists regarding appropriate management of patients with refractory gout.

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THU0583

STRATEGIES FOR ASSESSMENT OF COMPETENCES DURING RHEUMATOLOGY TRAINING ACROSS EUROPE: RESULTS OF A QUALITATIVE STUDY.

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Background: In order to become a rheumatologist, trainees must successfully complete a rheumatology training program. Both the content and the assessments within these programs are regulated by national authorities, and therefore a wide heterogeneity between countries is expected.

Objectives: To gain insight into current methods and practices for the assessment of competences during rheumatology training, and to explore the underlying priorities and rationales for competence assessment across EULAR countries.

Methods: We used a qualitative approach through online focus groups of rheumatology trainers and trainees, separately. The study included five countries - Denmark, The Netherlands, Slovenia, Spain and United Kingdom. A summary of current practices of assessment of competences was developed, modified and validated during the focus groups. A prioritising method (9 diamond technique) was then used to identify key assessment priorities.

Results: Overall, 26 participants (12 trainers, 14 trainees), participated in 9 online focus groups (2 per country, except Slovenia), totalling 12 hours of online discussion. Strong nationally (Netherlands, UK) or institutionally (Spain, Slovenia, Denmark) standardised approaches were described. Current practices were described as follows: two countries only provide national summative assessments (Slovenia, UK), while all were providing formative assessments regularly at varying frequencies. All groups identified providing frequent formative feedback to trainees for developmental purposes as the highest priority (figure 1). Most discussions identified a need for improvement, particularly in developing streamlined approaches to portfolios that remain close to clinical practice, protecting time for quality observation and feedback, and adopting systematic approaches to incorporating teamwork and professionalism into assessment systems.

Joint group priority order (n=26)	Trainers priority order (n=12)	Trainees priority order (n=14)
1. Getting and giving regular feedback on real life practice is most important to learning (regular feedback).	1. regular feedback	1. regular feedback
2. As well as service provision, the main priority is to make sure trainees succeed in their training to time, to agreed standards (service, timely).	4. portfolio driven	2. service, timely
3. Being assessed on conducting effective clinical examinations across a suitable range of cases is vital (effective in clinic).	2. service, timely	3. effective in clinic
4. A trainee portfolio drives the trainee and trainer to sample across practice for both developmental and qualifying purposes (portfolio driven).	3. effective in clinic	5. regular skills
5. Skills such as injections or ultrasound should be assessed regularly throughout training (regular skills).	7. functions in teams	6. prevent failure
6. Once trainees get to this stage, every help should be available to prevent failure (prevent failure).	5. regular skills	7. functions in teams
7. How a trainee functions in teams is an important aspect of becoming fit to practice (functions in teams).	6. prevent failure	4. portfolio driven
8. Rigorous rheumatological knowledge tests are the best way to assess future rheumatologists (knowledge tests).	8. knowledge tests	8. knowledge tests
9. A professional attitude will emerge in time anyway and is impossible to assess, so best to leave this alone (professional attitudes emerge).	9. professional attitudes emerge	9. professional attitudes emerge

Figure 1. Priorities on assessment of competences for all participants and stratified by trainees and trainers.