(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

N. Mehta¹, S. Fagerlie¹, J. Maeglin¹. ¹Medscape, New York, United States of America

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.

A. Najm^{1,2}, A. Alunno³, F. Sivera^{4,5}, S. Ramiro^{6,7}, C. Haines⁸ on behalf of Working Group for Competences Assessment in Rheumatology. ¹Nantes University Hospital, Department of Rheumatology, Nantes, France; ²University of Medicine Nantes, INSERM UMR 1238, Nantes, France; ³University of Perugia, Department of Rheumatology, Perugia, Italy; ⁴Hospital General Universitario Elda, Department of Rheumatology, Elda, Spain; ⁵Universidad Miguel Hernandez, Department of Medicine, Elche, Spain, Spain; ⁶Leiden University Medical Center, Leiden, Department of Rheumatology, Leiden, Netherlands; ⁷Zuyderland Medical Center, Heerlen, Netherlands; ⁸King's College, London, United Kingdom, London, United Kingdom

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.

Conclusion: This paper presents a clearer picture of the current practice on the assessment of competences in rheumatology in key countries and the underlying rationale of trainers' and trainees' priorities. This work informed the EULAR Points-to-Consider for the assessment of competences in rheumatology training across Europe.

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THU0584

CASE-BASED ONLINE EDUCATION SIGNIFICANTLY INCREASES CLINICIAN COMPETENCE IN ASSESSING SSC-ILD DISEASE PROGRESSION AND IMPLEMENTING APPROPRIATE THERAPY

C. Rohani-Montez¹, M. Calle¹, C. Allen¹, C. Denton². ¹Medscape Education Global, London, United Kingdom; ²Royal Free Campus, University College London, London, United Kingdom

Background: Due to the heterogeneity in both the initial manifestations of systemic sclerosis (SSc) and progression with SSc-associated interstitial lung disease (SSc-ILD), diagnosis and prognosis can be challenging in clinical practice. Clinicians need expert case-based guidance on how best to monitor patients with SSc and the treatment implications.

Objectives: This study was conducted to determine whether online case-based independent medical education could improve rheumatologists' and pulmonologists' competence in evaluating and monitoring SSc-ILD progression and initiating the right treatments when progression is identified.

Methods: Rheumatologists and pulmonologists participated in two comprehensive online case studies, using a 'test then teach' approach and completed all pre- and post-questions.¹ The effects of the education on knowledge and competence were assessed using a 3-question, repeated pairs, pre-assessment/post-assessment study design. For all questions combined, the chi-square test assessed differences from pre- to post-assessment. P values <.05 are statistically significant. The activity launched on September 24, 2019, and data were collected through December 9, 2019.

Results: Overall significant improvements were seen after participation for both rheumatologists (average correct response rate of 65% at pre-assessment vs 97% at post-assessment; P<.001, N=89), and pulmonologists (average correct response rate of 64% at pre-assessment vs 95% at post-assessment; P<.001, N=71). Specifically, significant improvements were observed in clinicians' competence in assessing response to therapy and monitoring for disease progression; and managing evidence of disease worsening (figure).

Changes in Competence Amongst Rheumatologists and Pulmonologists After Participating in Education About SSc-ILD Progression

Figure.

After participating in the activity, 54% of rheumatologists and 51% of pulmonologists had measurable improved confidence related to communicating with patients with SSc-ILD about the possibility of disease progression.

Given that only around half of clinicians provided correct responses at baseline, it will be important to continue to reinforce these learnings in ongoing education.

Conclusion: This study demonstrates the success of online, case-based education in improving rheumatologists' and pulmonologists' competence in managing

patients with SSc-ILD. This could lead to earlier changes in therapeutic approach for those with signs of progression and result in improved overall outcomes for these patients.

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THU0585

ONLINE EDUCATION YIELDS SIGNIFICANT GAINS IN RHEUMATOLOGISTS' KNOWLEDGE OF THE JAK INHIBITORS MODE OF ACTION AND CLINICAL TRIAL DATA

A. Stan¹, M. Calle¹, C. Scot-Smith¹, R. Van Vollenhoven². ¹Medscape LLC, New York, United States of America; ²Amsterdam Rheumatology and Immunology Center ARC, Amsterdam, Netherlands

Background: Physicians face challenges staying up-to-date with the latest research and accessing the ever-growing field of knowledge is time-consuming. Online education can make these clinician's tasks more efficient and less time-consuming.

Objectives: This study assessed whether the online CME accredited round-table-discussion with title "Meet the JAKs: Understanding the Role of Janus Kinase Inhibition in RA" improves physicians' understanding mechanism of action (MOA) of current and emerging Janus kinase (JAK) inhibitors and rationale for their development in rheumatoid arthritis (RA).

Methods: Rheumatologists participated in an online CME activity (<https://www.medscape.org/viewarticle/913625>) consisting of a 30-minute video discussion between 2 experts with accompanying slides. Educational effect was assessed using a 4-question repeated pairs, pre-/post-assessment. A chi-square test was used to determine if a statistically significant improvement (P <.05 significance level) existed in the number of correct responses from the pretest and posttest scores. Cramer's V was used to estimate the level of impact of the education. The CME activity launched on June 4, 2019, and the data were collected through September 3, 2019.

Results: A total of 107 rheumatologists completed the pre- and post activity assessments. Overall the activity had a significant impact (P <.001) on rheumatologists' knowledge of JAK inhibitors and related clinical trial data with a Cramer's V value of 0.319 indicating an extensive educational impact. The average percentage of correct responses rose from 47% pre-activity to 78% post-activity. The repeated pairs analysis (each individual learner tracked pre- and post-education) showed that 34% of learners improved their knowledge and 44% reinforced their knowledge. The change in percentage of correct responses from pre- to post-assessment achieved statistical significance for all 3 questions presented: (1) understanding the MOA of JAK inhibitors vs biologics (64% at baseline rising to 82% post activity; P <.001), (2) understanding the specificity of different JAK inhibitors (49% at baseline rising to 85% post activity; P <.001), (3) knowledge of clinical trial outcomes with JAK inhibitors (29% at baseline rising to 67% post activity; P <.001) and (4) 60% of rheumatologists gained confidence in their ability to describe the MOA of current and emerging JAK inhibitors.

Conclusion: This online CME activity significantly improved rheumatologists' understanding of JAK inhibitors mode of action. However, there is clearly room for further improving physicians' knowledge of clinical trial outcomes with these agents, since one third of rheumatologists provided incorrect answers to question 3 post-activity) and this topic can be further addressed in future education.

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