[0]; Extensive [$>.26$]). The CME activity launched on Jul 6, 2020, and the data were collected through Aug 31, 2020.

Results: A total of 54 rheumatologists completed the pre- and post activity assessments during the study period. Overall the activity had a significant impact ($P = .0002$) on rheumatologists' knowledge and competence related to optimisation of treatment in psoriatic disease, with a Cramer's V value of 0.210 indicating a considerable educational impact. The average percentage of correct responses rose from 67% pre-activity to 85% post-activity. A repeated pairs analysis showed that 21% of rheumatologists improved their knowledge and 64% reinforced their knowledge, respectively. The changes in percentage of correct responses from pre- to post-assessment for all questions are shown in Table 1. More than 60% of rheumatologists had a measurable improvement in confidence in their ability to identify patients with psoriatic disease who are candidates for first-line therapy with biologics.

Table 1. Impact of education on rheumatologists' knowledge of psoriatic disease

Question #	Question topic	Aggregated data		Linked Learner Results ^a	
		Average % of correct responses Pre- vs. Post-education	P-value	% Improved ^b learners Pre- vs. Post-education	% Reinforced ^c learners Pre- vs. Post-education
1.	Prevalence of the various manifestations of psoriatic disease	46% vs 80%	.0002	35%	44%
2.	Clinical data with biologic therapies in psoriatic disease	69% vs 78%	NS	17%	61%
3.	Competence related to identification of patients who may benefit from biologic therapy	87% vs 98%	.027	11%	87%

^aEach individual learner tracked pre and post-education^bIncorrect answer pre-education, Correct answer post-education^cCorrect answer pre-education, Correct answer post-education

Conclusion: This online CME activity significantly improved rheumatologists' knowledge and competence related to the optimization of treatment in psoriatic disease. However, there is room for further improving physicians' knowledge of clinical trial outcomes with biologics in patients with PsA, since 22% of rheumatologists provided incorrect answers to question 3 post-education. This topic can be addressed in future educational programs.

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AB0850 DUTCH RHEUMATOLOGISTS' PERSPECTIVE ON MRI EDUCATION: DO WE NEED TO CHANGE?

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Background: Studies have shown the value of magnetic resonance imaging (MRI) as an objective tool for diagnosis, follow up and detection of complications for a broad spectrum of rheumatology associated diseases [1]. With increasing (potential) clinical applications of MRI, rheumatologists need basic knowledge about the technique and interpretation of the images to get most out of MRI use in clinical practice. Although radiologists will remain the experts of MRI protocols and readings, lack of sufficient rheumatologists training will not yield in optimal interaction between the specialists and will negatively influence the benefit of the MRI contribution to patient care. Despite offered MRI courses within EULAR, in the Netherlands there is currently no structural MRI education for rheumatologists (in training). This while rheumatologists are intrinsically motivated to improve their MRI skills [2,3].

Objectives: By use of a developed questionnaire:

- [1] To create an overview of the current communication methods between rheumatologists and radiologists regarding MRI and rheumatologists' perspectives on the efficiency and effectiveness of the imaging requests and radiologists reports.

- [2] To make an inventory of current knowledge and interpretation skills of rheumatologists concerning MRI.
- [3] To assess the needs of rheumatologists for education to work with MRI requests, reading and reports in routine clinical care by development of a questionnaire to determine the current clinical situation.

Methods: A questionnaire was created.

Results: A total of 109 respondents (28% respons) have filled in the form with a 100% completion rate.

1. Communication:

Communication regarding MRI in rheumatology is done largely per request of the rheumatologist with a high level of satisfaction concerning the quality of the discussion. Most medical centers have no multidisciplinary team meeting with the radiology department, discussions are mostly performed on demand.

2. Interpretation:

Rheumatologist predominantly rely on the conclusion of the radiology report with little understanding of the technical and anatomical characteristics of the images. Only a small percentage (6%) of rheumatologists is able to interpret the images. Half of the responders do not feel competent to teach fellow colleagues about imaging.

3. Educational wishes:

When asked to prioritize the subject of imaging education, most people prefer interpretation skills, followed by instructions on how to provide most optimal clinical information and question(s) on the request form as well as knowledge on anatomy. Least preferred is education concerning the MRI technique itself.

The preferred method of advanced imaging education is a combination of classroom teaching and e-learning.

Conclusion: Dutch rheumatologists express a satisfactory communication with their radiologists, which is mostly not performed structurally. Rheumatologists indicated that education, in particular in MRI imaging reading, will provide a better understanding in the MRI technique and applicability as well as confidence in self-interpretation of the images.

The preferred method of MRI imaging education is blended (e.g., a combination of classroom teaching and e-learning).

The results therefore show that MRI education of rheumatologists is still a need in clinical practice in the Netherlands. MRI education of rheumatologists can contribute to more efficient application of MRI in rheumatology patient care, including a more optimal interaction between radiologists and rheumatologists.

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AB0851 CONDUCTING PATIENT SCHOOLS AS A WAY OF MANAGING RHEUMATOLOGIC DISEASES

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Background: 2020 year has become a landmark for the medical care system around the world. A huge number of patients and doctors were involved in the fight against an unknown and rapidly spreading infection, while many patients with chronic diseases or those who were just planning to see a doctor were left without this opportunity. The consequence was the active development of the online format of patient-doctor communication.

Objectives: To determine the value of conducting schools for patients with rheumatologic diseases or related complaints in a pandemic.

Methods: On the basis of the Clinical Rheumatology Center of the Medical Association "New Hospital", online schools were organized for patients with rheumatological diseases and complaints. In just 3 months, 6 schools were held, in which 299 people took part. At the end of each session, patients were asked to answer questions about the level of satisfaction and the value of the information received. The survey was conducted in Google form.

Results: about 80% of the responders lived in the region where the schools were held, 20% were from other regions of Russia or other countries. One third of patients (33.9%) were 31-40 years old, a quarter (25%) were 51-60