inflammatory rheumatic disease is in keeping with the stated aims of our Centre. The mean instances of involvement ranging from 2.09 3.56 suggest that patients feel PPI/E is worthwhile. We aim to share our results with the young people who have driven this work and will consider how we might move forward. We aim to consult with the group of patients we serve who have not been part of this process to date.

Disclosure of Interests: None declared

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HPR Professional education, training and competencies

AB1417-HPR RHEUMATOLOGY NURSE PRACTICE: EDUCATION TO IMPROVE THE UNDERSTANDING OF RHEUMATIC DISEASES

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Background: *Rheumatology Nurse Practice* is an accredited educational initiative spearheaded by members of the Rheumatology Nurses Societys Board of Directors and Education Department that has been ongoing for the last 10 years. It involves a combination of print issues and live broadcasts geared toward rheumatology nurses, nurse practitioners, and physician assistants.

In 2017, nine evidence-based print issues were published along with nine corresponding case-based live broadcasts using the Google Hangouts On Air platform.

To gauge the impact of this education, a special cohort of 100 learners was recruited at the start of 2017 to provide in-depth feedback through the completion of detailed pre- and post- activity surveys. This abstract focuses on feedback from four issues of *Rheumatology Nurse Practice* that centered on the following topics:

- 1. New Insights into the Treatment of the Spondyloarthropathies
- 2. Looking at the Horizon: What Does the Future Hold in the Treatment of Rheumatoid Arthritis?
- 3. The Pathophysiology of Spondyloarthritis: Connecting and Differentiating Characteristics
- 4. The Pathophysiology of Systemic Lupus Erythematosus: A Nursing Primer

Objectives: To gauge improvements in learners knowledge, competence, and performance as a result of this education. Specific learning objectives were tied to each print issue of *Rheumatology Nurse Practice* and served as the basis for the pre- and post-activity surveys.

Methods: Each print issue contained a combination of evidence-based content related to the main theme, along with a series of individual essays written by activity faculty members. These essays all also linked to the main theme of the issue. Live broadcasts were intended to bring a real-life, case-based perspective to the education.

Results: Improvements of >25% in both knowledge and competence were noted between pre- vs. post-activity cohort surveys for all issues in this initiative. Learners also provided extensive feedback regarding specific areas of improvement within their day-to-day practice based on the education.

Conclusion: Print issues and online broadcasts within the Rheumatology Nurse Practice initiative are valued resources, dealing with sensitive and challenging issues faced by practicing rheumatology nurses and nurse practitioners in a clinically-meaningful manner

Survey cohort participants showed a substantial improvement in their understanding of a variety of rheumatic diseases and improved their ability to communicate with patients about disease diagnosis and treatment options.

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HPR Service developments, innovation and economics in healthcare

AB1418-HPR MOBILE-PHONE-BASED HOME EXERCISE TRAINING PROGRAM IN PATIENTS WITH KNEE OSTEOARTHRITIS

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Background: Most rehabilitation programs are hospital-based and rely on regular supervision (1). However, mobile health technologies such as smartphone applications may provide lower-cost ways to monitor and train the patients (2). We have developed a mobile-phone application for monitoring and training the patients at home.

Objectives: The purpose of this study was to compare a mobile-phone-based home exercise training program along with supervised physiotherapy program to a brochure-based home exercise training program along with supervised physiotherapy program in patients with knee osteoarthritis. We hypothesized that the patients who received mobile-phone-based home exercise training program along with supervised physiotherapy program over 3 weeks would have better balance, quality of life and less pain and disability score versus the patients who received brochure-based home exercise training program along with supervised physiotherapy program.

Methods: This was a randomized, prospective, comparative clinical study. The study included 40 patients, aged 4565 years, who diagnosed with a grade 2-3 knee osteoarthritis. The patients were randomly divided into two groups. While one group (n=20) received a mobile-phone-based home exercise training program along with supervised physiotherapy program, the second group (n=20) received a brochure-based home exercise training program along with supervised physiotherapy program as 15 sessions for a total of three weeks, five sessions per week. Pain intensity, balance, disability, and quality of life were measured with Visual Analogue Scale, Berg Balance Scale, WOMAC, and SF-36, respectively. All of the assessments procedures were performed again after the treatment.

Results: There were statistically significant improvements in measures of pain intensity, balance, disability, and quality of life between pre- and post treatment in both groups ($p<0.05$). However, no significant differences were found in any of patient outcome variables between the groups ($p>0.05$).

Conclusion: We could report that mobile-phone-based home exercise training program is not superior to brochure-based home exercise training program in terms of patient outcomes over 3-week program.

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