From the editor ................................................. 2
Vice-president and HP Chairperson: The HP strategic goals ......................... 4
Visit HP stand in Berlin ........................................ 6
Heinz Marchesi: Why national HP associations should join EULAR? ............. 8
Introducing the HP societies from Romania and Italy ................................... 10, 11
PARE Chairperson: Nothing about us without us – A slogan or a reality? ...... 12
Christina H. Opava: Collaboration with patient organisations ..................... 13
Interdisciplinary team work in focus – we are the HPs! ................................. 14
It takes all kinds: The US perspective ............................................................. 16
Rikke Helene Moe: The EUMUSC.NET study ............................................... 18
Teach-the-Teacher course for European health professionals ..................... 19
Early in my career I worked as a psychologist on rehabilitation courses for people with various chronic disorders or disabilities. I remember an employee introduction event of a course where attendants with a progressive neurological condition became angry about the employee team including a psychologist – her salary could have been used for hiring one more physical therapist for them.

Moreover, not that many years ago a physician at a congress said that an experienced nurse can adequately substitute for a psychologist in a multidisciplinary team for people with musculoskeletal conditions. From the beginning I am used to the fact that psychologists must justify their participation in a multidisciplinary team. Admittedly it has felt a bit frustrating, as I have had a clear picture about how a psychologist optimally can support people in a new situation in life affected by a chronic condition or disability; but on the other hand, I have learnt to justify my role as a team member.

Expanding the core team
In the care and rehabilitation of rheumatic disorders the rheumatologist, nurse, and physical therapist have long formed the core of a multidisciplinary team. There is probably a wide consensus about this in Europe. What about team membership of other professionals? I consider an occupational therapist a key member of a team, but all EULAR member national members do not even have an education leading to the profession of an occupational therapist, or the number of occupational therapists is very small. An even greater difference between countries occurs with regard to podiatrists. Podiatric care is considered as an important part of holistic arthritis/rheumatic care, but the podiatrist is still an unknown profession in many countries.

Even if the compositions of multidisciplinary teams in two different care units were the same, the job descriptions of the team members may vary a lot. With teams working in different countries the variation is even greater. A physician’s job description remains somewhat the same from one country to the next, but the division of tasks between specialist physicians, and between specialists and general practitioners, varies as well as the division of tasks between rheumatologists and rheumatology nurses, if indeed there are nurses specialised in rheumatology in the country. In the UK the job description of rheumatology nurse is perhaps the most highly specialised. A rheumatology nurse can work as a nurse practitioner; some countries are far behind, and the professional potential of nurses is not sufficiently utilised as yet. On the other hand, the job content of physical therapists and occupational therapists varies between countries, and even between care units. In your country, which profession is responsible for the lower extremities? Or upper limbs? How many teams have a nutritionist as a member? How many teams have a nutritionist as a member? And what is the role of the social worker? In some countries the job description of social worker is focused on acting as an instructor in social welfare benefit issues, when in others the work focuses on supporting customers as community members. Even between the neighbouring Finland and Sweden the roles of social workers as multidisciplinary team members vary prominently.

Teams are based on persons and cultures
It is obvious, of course that the multidisciplinary teams working in different countries and organisations have emerged through a multitude of historical processes. Each team is unique based on the personal interests, competencies and educational backgrounds of its members. The division of tasks may be quite unexpected even. At issue are not only the international trends of care and rehabilitation but very much also the national cultural heritage and resources. When Europeans become increasingly mobile and when cross-border health care increases as well, multidisciplinary teams face new challenges but also have new opportunities. Even though policies must be streamlined, variety in teams is a richness providing a great source for developing teams. The goal is to provide holistic, effective care as a team in which the contribution of each member brings added value to the work.

In this newsletter you will find descriptions by experienced musculoskeletal care professionals about how they view the job description of their own profession as a member of a multidisciplinary team. Do you find your own occupational group, does the job description feel accurate? Which one seems more familiar, the American or the European mode of operation? Please comment and give feedback. The discussion will continue in the next issue.

See you in Berlin!

Jaana Hirvonen
Editor
In this issue

This issue of the EULAR HP News is a special congress edition for Berlin. Read more of the HP congress activities and scientific programme from this issue. Along with other topics, we have an interview with our HP Chairperson Thea Vliet Vlieland and Vice-president Kåre Birger Hagen covering plans for future HP strategic goal-setting in EULAR. Executive Director Heinz Marchesi wrote us an article on the reasons why new national HP associations should become members of EULAR. We also have interesting examples of fresh EULAR HP member associations’ involvement and happenings in Italy and Romania. The role of interdisciplinary team work will be this year’s theme of the HP stand at the Berlin Congress. This newsletter will give faces to European health professionals in rheumatology working in a team with their professional profiles. In comparison, we offer a US perspective kindly provided by the Association of Rheumatology Health Professionals (ARHP). PARE’s chairperson Maria Batziou opens the HP co-operation with people with rheumatic or musculoskeletal diseases (RMD) and in her contribution, Christina H. Opava gives an overview on collaboration with patient organisations on the promotion of physical activity. Rikke Helene Moe writes about the European Musculoskeletal Surveillance and Information Network’s survey on how to get European HPs to use the recommendations regarding OA and RA. Likewise, we inform you about the Teach-the-Teacher course for HPs in September and updated EULAR HP member campaign material available for national HPs.

Do not forget to apply for EULAR HP research and educational visit grants in time!

Pleasant reading moment with EULAR HP news
EULAR goal-setting

Considering HP strategic goals of 2012 and their renewal

The first EULAR five-year strategic planning period is coming to an end. It is time to reflect the position of health professionals within EULAR and evaluate the way HP approach contributes to EULAR’s mission. In December 2011, a meeting hosted by Chairperson Thea Vliet Vlieland and Vice-president Kåre Birger Hagen was arranged for evaluation the HP strategic goals. The members of the EULAR Standing Committee of Health Professionals in Rheumatology (ESCHPR); John Verhoef, Peter Oesch, Milena Gobbo Montoya, Trish Cornell, Janni Lisander Larsen, and Jana Korandova took part in the meeting. EULAR president-elect Maurizio Cutolo also participated the meeting through teleconference.

In this interview, Thea Vliet Vlieland and Kåre Birger Hagen sum up the main assumptions on the strategic goals and their renewal by 2017. Please read first the list of strategic goals by 2012 to get a fuller understanding of the interview.

Working groups in function

Looking at the overall strategy goal-setting, it is easy to conclude that the HPs have succeeded relatively well in accomplishing the goals. The HP Committee has fulfilled most of the tasks that were enlisted almost five years ago.

– When evaluating the first strategic goal on working groups, we can say that the HP Committee has indeed the bases for three groups concentrating on the scientific input, educational needs, and communications. The scientific working group reviews abstracts, grant applications, and the HP sessions for the annual EULAR congresses. As a result of the other groups, educational events such as the Teach-the-Teacher courses have been organised, and we have our own newsletter and a website as means of communication. We also have constituted separate groups on recommendations for care, says Kåre Birger Hagen.

– We continue to develop the working groups. They should have a more formal structure, and will be the driving force to reach our new goals, thinks Thea Vliet Vlieland.

International/national health professional ties

Co-operation and networking are the self-evident products of pan-European organisations such as EULAR. This is also in the very heart of the third strategic goal emphasising strong ties with other international sister societies and HP stakeholders.

– HPs are involved in EULAR’s EU-targeted action plans. On the European level, the EU is perhaps a more dominant stakeholder in health issues than the WHO, which is mentioned in the goals. We will deepen the collaboration within EULAR, with national and international HP and patient organisations, Kåre Birger Hagen sums up.

– We have a good relationship e.g. with the Association of Rheumatology Health Professionals (ARHP) in the US. The representatives of ARHP, namely, the president and the immediate past president, participate in EULAR congresses and HP committee meetings, and contribute to the HP Newsletter. There have been talks on transatlantic co-operation in the educational field, Thea Vliet Vlieland points out.

Core curriculum in progress

European health professionals in rheumatology work to implement standardised and integrated practises for the best possible care. This is why developing the health professional education programme within EULAR is one of the main functions of the Committee. Therefore, the HP core curriculum is an important goal. This can be instituted in close connection with the EULAR educational officer.

The current strategic goals in 2012

1. The HP in EULAR will be recognised as a professional and effective organisation, worth belonging to and working with. At least three working groups will be developing, for instance, educational courses, publications, policies, recommendations for care, scientific reviews of abstracts and grants identifying them.

2. The HP in EULAR will have established effective partnerships by running at least one project both with international health professionals’ organisations in rheumatology (non-European associations such as ARHP) as well as with international health organisations (such as WHO).

3. EULAR will compile a core curriculum of training and continuous education for Health Professionals in Rheumatology, with a focus on nurses, physical and occupational therapists. This core curriculum can be translated and transported to all member countries that wish to use it. ARHP/HP should consider cooperation on education.

4. The HP in EULAR will have encouraged local initiatives for establishing the foundation of five new national HP organisations in rheumatology and thus enabling them to become official members in EULAR.

5. The HP in EULAR will have established evidence-based recommendations for the non-pharmacological treatment of patients with the most common rheumatic diseases, e.g., osteoarthritis and rheumatoid arthritis. Encourage scientists to perform research in this field in order to provide this evidence.
– As a part of the core curriculum, we have the Teach-the-Teacher course model which will be consolidated with material translation and having courses regularly – perhaps every 2 years, says Kåre Birger Hagen.

– An online Teach-the-Teacher course is very much desired on RA and OA. The web-based training programme is linked with the fifth strategic goal on recommendations. We could implement the existing recommendation on nurses’ roles and the soon-to-be-finished recommendations of the non-pharmacological care of hip/knee OA through the online courses, Thea Vliet Vlieland hopes.

– The HP recommendations should include themes such as psychological care and pain management. We need to do an international inventory of guidelines as a basis for future EULAR recommendations, Kåre Birger Hagen lists.

The evaluation of the future goals will continue within the HP Committee, but so far it is safe to say that the HPs have given a valuable dimension with many professional viewpoints to the EULAR mission. The renewal of the HP goals will crystallise the future plans.

Future structure of the HP Committee to be discussed

EULAR Standing Committee of Health Professionals in Rheumatology (ESCHPR)

Scientific working group

Educational working group

Communication working group

EULAR Standing Committee of Health Professionals in Rheumatology endorses interdisciplinary collaboration in the treatment of rheumatic and musculoskeletal diseases in Europe. The Committee was established in 1989 as a European platform for cooperation and shared information among the different health professionals working with rheumatology. The Committee encourages HP research and works also to improve the patient’s role as the key expert of his/her own treatment.

Soon, there are eleven national HP presidents representing their associations as official members of the HP Standing Committee. It has been discussed how to organise the Committee duties, visibility and terms of office in the future. The Committee is seen as the overarching platform for HPs where all the strategic decisions will be taken. The Standing Committee can invite guest delegates from countries that are considering becoming members of EULAR. For the moment there are guest delegates from e.g. these countries: Austria, Belgium, Cyprus, Estonia, Finland, Germany, Ireland, Lithuania, Poland, Romania, Slovakia, Slovenia and Spain.

The HP Committee has three working groups in scientific, educational, and communicational field. Specific goals will set for the working groups. National HP delegates can nominate HPs to the working groups. The constitution and terms of reference and office will be proposed. Working groups can consist of up to 15 members. Evaluation period of the working groups is planned to take place in three years.
Welcome to the HP booth
As in the previous congresses, the EULAR village interlinks all EULAR social activities and sister societies in the same location and creates a cozy atmosphere for informal meetings. The health professional booth is also located in the EULAR Village (hall 3.2), stands No 20, 21, 22 and 23.

At the HP booth, national representatives can learn more about the ongoing HP member campaign, get information on how to join EULAR and update their knowhow on HP Committee's functions and e.g. the application process for applying the EULAR HP research or educational visit grants. National HP member organisations of EULAR will present their local events at the booth.

Theme of the year is team work – test your HP knowledge
This year, the stand will display the importance of interdisciplinary team work in rheumatology. You have a possibility to test your HP knowledge by guessing who is who on an interdisciplinary team picture. This simple query makes all the health professionals visible and will give faces to key players of a team. Read more about the roles of HP team on page 15.

Take part in the HP networking meetings
Also this year the HP Committee has arranged networking meetings for the different HPs in rheumatology as convenient, smaller arenas for collaboration. The meetings for nurses, physiotherapists, occupational therapists, social workers, and psychologists will coincide with the scientific HP programme of the congress. Below is the timetable for the networking meetings, please take advantage of them. You do not need to register in advance. The meetings are a great way to network with HPs with similar interests.

<table>
<thead>
<tr>
<th>MEETING</th>
<th>DATE/TIME</th>
<th>CHAIR/HOST</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>EULAR Standing Committee of HPR.</td>
<td>Wednesday 12.30–14.00</td>
<td>Thea Vliet Vlieland</td>
<td>New York 2</td>
</tr>
<tr>
<td>EULAR Standing Committee of HP Scientific Working Group</td>
<td>Thursday 8.30–10.00</td>
<td>Kåre Birger Hagen</td>
<td>EUROPA 1</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>Wednesday 12.00–13.30</td>
<td>Birgit Prodinger</td>
<td>ULM</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>Wednesday 13.30–15.00</td>
<td>Rikke Helene Moe</td>
<td>ULM</td>
</tr>
<tr>
<td>Nurses</td>
<td>Wednesday 13.00–15.00</td>
<td>Jenny de la Torre</td>
<td>PARIS 1</td>
</tr>
<tr>
<td>Psychologists</td>
<td>Friday 8.00–9.00</td>
<td>Milena Gobbo Montoya</td>
<td>EUROPA 1</td>
</tr>
<tr>
<td>Social workers</td>
<td>Friday 9.00–10.00</td>
<td>Margaretha Lundin</td>
<td>EUROPA 1</td>
</tr>
<tr>
<td>Coffee and tea served at the HP stand</td>
<td>Wednesday–Saturday</td>
<td>The HP Committee</td>
<td>HP Stand</td>
</tr>
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The networking meetings were considered to be very fruitful last year in London.

The HPs have had their own stand since 2008 at the EULAR Congress – also last year in London. The booth works as meeting point for all HPs and a place to network and share ideas.

The preliminary health professional networking programme and HP activities

The EULAR HP Committee is honoured to invite you and all other health professionals to the EULAR Congress and to the HP stand. The Congress in Berlin provides an exclusive opportunity for health professionals, researchers, students, national representatives, and colleagues from all over the world to meet, interact, and network. Please make use of this exceptional occasion.

See you in Berlin
The EULAR Health Professionals Research Grant 2013

Every year EULAR funds one health professional’s research project in the field of arthritis/rheumatism that is in line with the mission, objectives, and goals of EULAR. Projects will be funded up to a maximum of € 30,000.

Recipients of a research grant must submit a mid-term report to the Scientific working group of the EULAR Health Professionals on the progress of the research project. After the completion of the project, the recipients must report the results to the EULAR Executive Committee. Furthermore, the recipients are expected to present their project in the EULAR HP newsletter and may be invited to present their findings at the Annual EULAR Congress.

Application process

Applicants must complete the official application form (including detailed budget), and include the full CV of the project leader as well as a project plan. For further instructions, see the official application form available at: www.eular.org/health_professionals_research_grants.cfm.

Applications for 2013 should be e-mailed to Ms. Patrizia Jud at the EULAR Secretariat (patrizia.jud@eular.org) to arrive no later than 15 November 2012. Please check the EULAR website in case of changes in deadlines.

The following evaluation criteria will apply:

- Project leader should be a health professional
- Involvement of at least three European countries
- Scientific value
- Implementation and relevance for EULAR Health Professionals (i.e., how the project may improve the non-pharmacological management of patients in a short and/or long-term perspective, and/or whether the project may foster the development of a research network of relevance for the future beyond the period of the project)
- Quality of the work plan and methods
- Feasibility of the study within the planned timeframe
- Patient-centered approach (if applicable)
- Budget realistic for the planned project
- Planned dissemination and implementation of the research results

More information at:
http://www.eular.org/health_professionals_research_grants.cfm

Apply for a health professional educational visit 2012

EULAR awards up to 10 bursaries for educational visits to health professionals other than physicians working in the field of rheumatology to enable them to visit colleagues in another EULAR member country. The amount of each bursary is between € 750 and € 1500. The total annual amount granted is € 7,500. The objective is to improve the standard of research and care and to foster collaboration across clinical units in Europe. The HP Committee encourages health professionals to use this great opportunity to widen horizons in the professional sense.

How to apply?

The next application deadline is 30 September 2012. Applications should be submitted by e-mail to the EULAR Secretariat at gabriela.kluge@eular.org. Applications should include a CV with the date of birth, objectives of the educational visit, a budget, a written confirmation from the host hospital or institute, and the tentative time frame of the training visit. Recipients are required to submit a one-page overview as a report to the EULAR Secretariat after the visit, focusing on the results that have been achieved.

The application form and the contract to be signed with terms and conditions are available at: www.eular.org/health_professionals_educational_visits.cfm
In 2006, the first two national HP organisations (Switzerland and UK) requested membership of EULAR and were accepted. Only six years later, EULAR has ten national HP associations as members: the Netherlands, Norway, and Sweden since 2009, Denmark and Serbia since 2010 and Bulgaria, Czech Republic and Italy since 2011. Another three (Romania, Ireland and Belgium) are on their way to join the European League Against Rheumatism.

**European umbrella organisation**

Why should national HP organisations consider EULAR membership? First and most important of all, because they are becoming an active part of a European umbrella organisation in rheumatology that includes and fosters the interests of clinicians and researchers, patients, and health professionals alike. Our HP member organisations are represented in the EULAR Executive Committee by a Vice-president and thus have a direct link to the discussions held at this major committee, which decides on the activities and initiatives of EULAR.

**Advances and collaboration**

By joining forces with doctors and patients under the EULAR roof, health professionals can better contribute to understanding, managing and treating rheumatic and musculoskeletal diseases and ultimately improve the situation of people suffering from RMDs. Over the past years, EULAR has seen great advances in initiating and furthering close collaboration between doctors, health professionals, and patients in our projects, in our processes and structures, and in our campaigning efforts in the European Union. Agreeably, many of our projects have profited from such collaboration by leading to results that are founded on a more comprehensive perspective.

**Contact EULAR for more information**

Are you interested in contributing to this European network and providing a strong voice for health professionals in Europe? Established health professional organisations in European countries are invited to contact EULAR for more information on the membership application process. Or, if health professionals in rheumatology are not yet institutionally organised in your country, go to the EULAR website (www.eular.org/st_com_health_professionals_member_campaign.cfm) where you will find practical tips on how to establish a national organisation and later apply for EULAR membership. All interdisciplinary health professional organisations specialised in the care and treatment of rheumatic and musculoskeletal diseases in European countries are welcome to join in. The EULAR Secretariat (eular@eular.org) will be happy to answer any questions in this regard.

**Motivation for membership**

While EULAR currently includes 44 scientific member societies and 35 patient organisations, there are still “only” 10 health professionals associations in EULAR. Hence, additional interested and committed organisations from the health professionals’ community in Europe would enhance our professional network and are therefore welcome. In addition to the inclusiveness of EULAR, consider these advantages as motivational factors towards membership:

- Receive first-hand information about and get involved in EULAR’s research and educational programmes designed for the needs of health professionals in rheumatology, such as the educational visits programme or the annual research grant.
- The objective is to improve the standard of research and care in health professions and to foster collaboration across clinical units in Europe.
- Delegate a representative of your organisation to work in the EULAR Standing Committee of Health Professionals in Rheumatology and actively contribute to shaping health professionals activities within EULAR. The committee, headed by a chairman, discusses on-going projects and new proposals to the EULAR Executive Committee, initiates and shapes ideas for the health professionals’ programme at the next annual EULAR congress, and reviews membership applications of national HP organisations. The committee, through its chair, also closely interacts with the other Standing Committees dealing with scientific, clinical, and patient matters. Each year, the EULAR Standing Committees hold their annual “business” meetings on the occasion of the EULAR congress.
- Make your national association heard on the European level by attending the EULAR General Assembly of our member organisations each year, where all sections of EULAR report on their activities, where constitutional matters are decided and elections to Executive Committee positions are being held.
- Enjoy the inspiring exchange with colleagues during the annual EULAR Congress where EULAR health professionals are operating a booth as a lively gathering point for health professionals. The congress is also an ideal platform for promoting the national association’s work as well as interacting with other health professionals from both EULAR member organisations and elsewhere.

**Heinz Marchesi**

Executive Director EULAR Secretariat

Executive Director Heinz Marchesi invites interdisciplinary HP organisations to join EULAR.
The EULAR Member Campaign for Health Professional Associations in Europe

EULAR seeks more national health professionals (HP) organisations to become member of EULAR and participate in the work of the EULAR Standing Committee of Health Professionals in Rheumatology. All multi- or interdisciplinary health professional organisations specialised in the care and treatment of rheumatic and musculoskeletal diseases in European countries are welcome to join in.

EULAR has ten health professionals associations as members:
- Associazione Italiana Operatori Reumatologici Professionali (AIORP)
- British Health Professionals in Rheumatology (BHPR)
- Bulgarian Association of Health Professionals in Rheumatology
- Czech Association of Health Professionals in Rheumatology
- Danish Interdisciplinary Forum (DIRF)
- Swiss Health Professionals in Rheumatology (HPR)
- Dutch Health Professionals in Rheumatology (NHPR)
- Norwegian Interdisciplinary Organisation in Rheumatology (NIOR)
- Serbian Association of Health Professionals in Rheumatology (SAHPR)
- Swedish Rheumatology Forum (SveReFo)

Join in!

Five steps to get involved for a national HP activist:

1. If a national interdisciplinary health professional organisation already exists in your country, please find out first whether this organisation has a guest representative in the Standing Committee of HPs. If so, please contact this person regarding your involvement in EULAR.

2. In case there is no organisation representing health professionals in your country, you can establish a national organisation first. Bear in mind that this organisation’s bylaws should be in accordance with the EULAR bylaws. You can obtain the bylaws from the EULAR Executive Secretariat, contact: eular@eular.org.

   Importantly, this national organisation should represent different health professional groups (such as nurses, occupational therapists, physiotherapists, podiatrists, nutritionists, social workers, psychologists, and others) and should have a clear multi-/interdisciplinary perspective. All the professional groups mentioned above do not have to be represented in the organisation, but an open attitude towards all health professionals in the organisation is required.

3. Fill in the application form which you can also obtain from the Secretariat together with a letter stating that your organisation wants to join EULAR as a health professional organisation representing your country. Submit this application form to the EULAR Secretariat. The General Assembly meeting, held once a year before the annual EULAR Congress, will put your application and acceptance within EULAR to the vote.

4. When your organisation is a formal member, the person representing this organisation will also have a right to vote in the General Assembly.

5. The president of the national organisation will usually represent the organisation as delegate in the EULAR Standing Committee of HPs.

   In the process of establishing a national organisation and even before this, the Committee welcomes any health professionals interested in founding a national organisation to become a guest representative in the EULAR Standing Committee of HPs. As a guest representative you are then welcome to participate in the meetings of the Committee and in other activities within EULAR. In this case, please contact the Chairperson of the Committee, Dr. Thea Vliet Vlieland, T.P.M.Vliet_Vlieland@lumc.nl.

More information available at:
www.eular.org/st_com_health_professionals.cfm
Our Story: the Romanian Society of Medical Partners for Rheumatology

The Romanian Society of Medical Partners for Rheumatology (RSMPR) is the national association of health professionals other than physicians (nurses, technicians, physiotherapists, etc.) promoting HP-awareness in Romania. RSMPR was founded in 2010. The fundamental idea was based on the experience of greater societies which were kind of inspirational for us and gave us the drive to start our own association. So far, our association has more than 50 experts working in the field of rheumatology, with a major interest in education and research, and we plan to increase the number of members as our activity is made known. Our members are very enthusiastic about the fact that RSMPR will become a member of EULAR in 2012 and they consider this membership as an important opportunity for their career.

Our goals:
- Promoting the scientific activities of our members, with a view to ensuring permanent progress and the harmonisation of the rheumatic patients’ care in our country with worldwide healthcare standards. This shall be achieved through national congresses, annual conferences, symposiums, workshops, experience sharing events, publications, etc. Worldwide participation in all these events will be promoted.
- Enhancing our specialists’ skills by increasing their training level through experience-sharing events in university centres, contacts between highly trained specialists and local specialists, specialisation and advanced training courses for which Permanent Medical Credits are granted, participations in international rheumatology events.
- Initiating and developing relations with other scientific associations in the country and with rheumatology associations worldwide.
- Publishing a specialised magazine, as well as materials regarding various scientific events.

Our projects and plans
One of our first projects last year was the roll-out of a national training programme for nurses in improving injection techniques in biological drug treatments to people with rheumatoid arthritis and spondyloarthritis. The training programme was organised with the support of the pharmaceutical industry.

In the future, we would like to develop and implement projects that will improve our patients’ quality of life. One of the projects called “Treat 2 Target Connect”, also funded by the pharmaceutical industry, aims at improving the communication between health professionals and patients for a better outcome of the treatment. For that, we will have three nurses as National Ambassadors, one from each region of the country, trained in communication skills in two sessions, in May and in September 2012. The Ambassadors will become National Trainers who will further disseminate the knowledge to their HP fellows across Romania in training sessions at different centres by the end of the year. We are convinced that this kind of projects will motivate us to better interact with our patients on treatment objectives and goals so that they will manage with the disease in the most desirable way.

The World Arthritis Day
Another project we are thinking is to organise, on the World Arthritis Day, in October, events all over Romania so that people would become more aware of the burden of arthritis not only to patients but also to the others around them. In order to get the proper attention and support in managing arthritis, we are the ones who have to clearly communicate to the general public what has to be done by professionals, patients, families, health care system, and societies in order to better cope with the challenges of this disease.

This year, at the National Congress of Romanian Rheumatology Society (Bucharest 25 to 27 October 2012) we will organise, coordinate, and promote the scientific activities of our members. This is a very important event for us and we hope it will help us create new contacts that will endorse us with our future projects.

There is definitely a lot more to do than the above-mentioned activities. This is why we hope that tightening our relations to other HP Associations in Europe through the EULAR HP Committee will help us improve our know-how, exchange ideas and practices, and establish a communication platform in the interest of all.

Best regards from RSMPR
Cristina Ioan
President

"The HPs are the ones that communicate to the general public what has to be done by professionals, patients, families, health care system and societies in order to cope with the disease.”

EULAR Health Professionals News
Italian HP as an active member of the EULAR family

The Italian HP association called the Associazione Italiana Operatori Reumatologici Professionali (AIORP) has been a member of EULAR for a year. Straight from the beginning, the association has shown a strong commitment to the EULAR vision.

Doctor, University Lecturer on physiotherapy Tiziana Nava is one of the representatives of the Italian Physiotherapist Association (Referent for the rheumatologic rehabilitation) and nominated as the Italian liaison officer for EULAR HPs. She is happy to report about the events with which the Italian HPs are involved.

European projects
– Since we were officially acknowledged as a member of EULAR in the General Assembly in London last year, we have done a number of things together with EULAR. For instance, we took part in the Photo Contest exhibition for the EULAR’s annual calendar and celebrated the World Arthritis Day in Italy 12 October 2011, Tiziana Nava tells.

The Italians have given their expert inputs in the preparations of the EULAR Recommendations for Non-Pharmacological Management of Hip and Knee OA and will participate in the EULAR-funded comparative study on the promotion of Health-Enhancing Physical Activity with Sweden and the Netherlands.

– We have likewise offered our collaboration to the European Systemic Sclerosis/ Scleroderma HP Network. We are also conducting another study on scleroderma either in telecounselling or in face-to-face counselling with Physical therapist Anna Sergio from University of Studies in Bari, Rheumatologic Department at the Policlinico hospital.

Together with Nurse Laura Amanzi, the HP nurses at the Pisa University Hospitals and Arezzo Hospital are dealing with a project under development concerning treatments of cutaneous lesions on patients affected by scleroderma, says Tiziana Nava.

Moreover, Sofia Bonafede and Fabrizio Sigismondi in collaboration with the Italian Association of Rheumatic patients (ANMAR), the Italian Society of Rheumatology (SIR), and Italian Foundation for Arthritis Research (FIRA) have released a DVD-document on rehabilitating exercises for patients affected by rheumatoid arthritis, Tiziana Nava outlines.

EULAR also called for research proposals in the area of pain. Italian physiotherapists and HP doctors have accepted EULAR’s request to develop a project in the area of pain, entitled “Management of chronic back pain in remote vertebral compression fractures in subjects with osteoporosis”.

In addition to these projects, the Italian rheumatologic rehabilitation group (Associazione Italiana Fisioterapisti) is a member of the Italian Scientific Society of Physiotherapy and collaborates in a study group on outcome measurement in physiotherapy and in a study group on university education.

Do you have good news for the newsletter?

Since 2000, the HP Newsletter has functioned as the main information channel of health professionals in rheumatology within EULAR. The newsletter is published twice a year featuring the work of health professionals and all aspects of multidisciplinary collaboration.

Please give us tips about health professional thesis, projects, and new research themes in the musculoskeletal field. Contact the editor of newsletter for further information: jaana.hirvonen@reumaliitto.fi.

Nothing about us without us – A slogan or a reality?

My name is Maria Batziou. I am a member of the Greek League against Rheumatism and have been actively involved in the EULAR Standing Committee of PARE since 2008. Since January 2012, I am the Chair of the Standing Committee as I took over from Jacqueline Mäder who sadly had to step down due to severe health problems. I would like to take the opportunity to thank her and also Marios Kouloumas, her predecessor and the whole PARE team for the wonderful work they have done in the past years. I am very excited to continue their work and to give my best to make a difference for people with rheumatic or musculoskeletal diseases (RMDs) in Europe.

The EULAR family in union

I am very impressed by the excellent cooperation between the Standing Committee of health professionals in Rheumatology and the Standing Committee of PARE. Many of our projects benefit from this, and the expertise and support given by Kåre Birger Hagen, Thea Vliet Vlieland, Christina Opava to name but a few is invaluable. It would be my goal to not only continue but to deepen this excellent collaboration during my term of office. PARE fully supports the campaign of the HPs to win new members and hopes that many more organisations will join the EULAR community.

PARE also closely works together with the other Standing Committees within EULAR and upcoming projects such as, for example, a survey to explore the situation of young people in the different member countries of EULAR will be carried out closely together with my colleagues from the Standing Committee on Pediatric Rheumatology. The great co-operation between doctors, health professionals and patients I experience within EULAR is inspirational for me as topics such as shared decision making and the equal involvement of people with RMDs in all decisions that concern themselves are close to my heart.

Empowering people with RMDs

To enable and empower people with RMDs towards this direction, we need to make sure that they are well informed about their rights and how to be involved and take responsibility for their own decisions. Patient empowerment and self-management are key issues here and result in better health outcomes, such as greater satisfaction with care, a sense of control, decreased vulnerability, and a faster recovery. Sessions at the EULAR Congress in recent years and today share best practices from our member organisations and other inspirational talks and PARE will continue to raise awareness and foster this approach in the coming years.

Situation in Greece

Living in Greece, I currently experience the severe degradation of our health care system. As a person with lupus and as health care advocate and campaigner I am of course at the centre of the movement in order to stop this development as the cuts and new regulations will have devastating consequences for people with chronic diseases. As we all know, the expenditure cuts are short time planned and without access to the right treatment and care, the health situation of many people with chronic diseases will deteriorate and, in consequence, the costs will be much higher in the long term. It is essential for everybody who is involved in the health care area to understand that cooperation among patients, doctors, health professionals, and policy makers is necessary in order to improve the quality of life of people with chronic diseases and benefit society on a longer term by enabling them to be active, productive, and live an independent life. We are all equal partners in the same project making the slogan “nothing about us without us” true reality.

Maria Batziou

Chairperson

EULAR Standing Committee of PARE

EULAR takes a leading role in promoting the World Arthritis Day (WAD) on 12 October. Because research begins to show that it is beneficial to everyone’s health to stay active and even more so for people with rheumatic and musculoskeletal diseases, 2012 focuses around lifestyle in general and physical activity specifically. The whole topic will be centred around the slogan “Move to Improve” to highlight the importance of physical activity for people with RMD.

Maria Batziou has studied theology at the University of Athens and did postgraduate studies in the field of Hebrew and the Old Testament at the University of Edinburgh and at the University of Jerusalem. Today, she works as private tutor to primary and high school students. Beside her commitment for EULAR, Maria Batziou also acts as a volunteer in the Red Cross (Samaritan corps). She loves to work with deaf people and has a certificate in sign language.

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Collaboration with patient organisations on the promotion of physical activity

As a health professional and researcher in health care sciences with personal experience of living with a rheumatic disease since decades, it has always been self-evident for me to liaise with the Swedish Rheumatism Association (SRA), both on a local and a national level. Being a physiotherapist, the main area for collaboration has been on rehabilitation issues in general and on the promotion of physical activity in particular.

The beginning

My first contact with the patient organisation dates back to the time when I was a practicing physiotherapist. The local branch of the SRA approached me regarding lectures on the safety and benefit of physical activity in rheumatic disease, but also to supervise exercise groups and conduct self-management courses that they organised for their members. I found it most rewarding to be able to supplement my clinical practice with activities that reached out to a wider circle of people with rheumatic diseases. At that time, preconceptions about rest being more beneficial than exercise were still common, which was an important barrier to try and overcome. Another one was that people with rheumatic diseases could only exercise in heated pools. This may certainly be true for people with lots of pains and poor functioning, but my mission has always been to encourage the SRA to provide various forms of exercise for their members to try.

Association on the move

When I was an elected board member of the SRA from 2001 through 2009, I got even better opportunities to advocate physical activity and exercise as an important measure for people with rheumatic disease in order to improve their health and stamina. A real highlight was the 2008 SRA campaign ‘Association on the move’, with its overall aim to increase the quality and broaden the selection of physical activities and exercise within the organisation and with the sub-goals to establish more physical activity groups, new physical activities and new collaborations, to increase members’ knowledge and to educate lay-leaders. The main message of the campaign was that the SRA provides physical activities and exercise targeting the specific needs of people with rheumatic diseases. One initial barrier to overcome was the fear of the members that this initiative would deprive them of access to exercise within the health care system. In order to overcome this barrier, it was thus necessary to coin and define a number of concepts: (i) physical activity and exercise that everyone needs to do in order to maintain health and stamina, (ii) physical activity and exercise, specifically tailored to the needs of persons with rheumatic diseases in order for them to maintain health and stamina and (iii) physical activity and exercise tailored to an individual with rheumatic disease as part of qualified medical rehabilitation. It was then agreed that (ii) above was the target for a patient organisation and that this would not interfere with (iii). Physiotherapists were appointed for a lot of different activities, such as lectures together with rheumatologists, design of new exercise programs, in print, on DVDs and online, training of lay-leaders to become good exercise instructors in their local branches, and much more. The campaign goals were mainly fulfilled and the tools created during the campaign have formed a platform for future development of measures to provide physical activity within the SRA.

Move to improve

More recently, I have also had the opportunity and pleasure to contribute to the People with Arthritis and Rheumatism in Europe (PARE) campaign ‘Move to improve’. My role has been to suggest materials and activities, to approve or improve texts on physical activity for the campaign web site, and to participate in inspiring brainstorm meetings on future exercise-related activities for the World Arthritis Day.

I recently had the pleasure to attend the PARE autumn conference and to chair a workshop dedicated to how national patient organisations could help people with rheumatic diseases to overcome barriers for physical activity and how the EULAR could support national organisations in this task. A number of suggestions was identified. They included provision of information, recommendations from doctors, the use of realistic success stories, promotion of increased awareness among the general public on the benefits and safety of physical activity for people with arthritis, and the provision of free taster sessions to overcome psychological barriers to physical activity. Further, to overcome physical barriers, suggestions included that national organisations approach people in charge of facilities that could be used for physical activities, e.g. schools and churches, work with other patient organisations, train volunteers to instruct and supervise ordinary physical activity (but use professionals for therapeutic purposes), engage retired professionals, friends and relatives as volunteers and use a networking approach to spread the word patient to patient. It was further suggested that the EULAR could support by developing toolkits with case studies, a guide on how to approach people who could offer facilities, funding and social support, encourage doctors to recommend people with rheumatic diseases to exercise, create a video that describes the benefits of physical activity that can be used in waiting rooms and to provide an e-learning tool for the training of volunteers.

Working together

Most of the above suggestions call for close collaboration between health professionals and patient organisations. Although physiotherapists may be the ones with the most hands on knowledge on physical activity and exercise, it is of utmost importance that all health professionals unite in conveying the same message that physical activity and exercise is safe and beneficial for people with rheumatic diseases. My own experience is that collaboration with patient organisations is most rewarding if built on mutual respect and professionalism and I would certainly like to encourage each one of you to establish or strengthen such collaborations.

Christina H. Opava

Professor in physiotherapy, Karolinska Institutet, Stockholm, Sweden
The tasks in a team
Framing European health professionals in rheumatology

Psychologist solving mind games, Milena Gobbo, Spain

“From my point of view, the role of the psychologist in the interdisciplinary team is to help the person with MRD and family in managing psychological issues often involved in a chronic condition. A psychologist assists coming to terms with the at times unpredictable nature of MRD. Psychologists carry out tests and discussions that are used in coping adjustment to disability, encourage towards adaptive attitude, adherence to treatment, and help in coming to terms with possible feelings of fear, anxiety, and stress. Based on his/her evaluation, the psychologist deals with the person’s perception of the illness as a whole, including pain, fatigue, sleep and sexuality, self-esteem, efficacy, image, work, motivation for self-help, and other themes that the person wants to discuss in order to foster a sense of empowerment, balance, and coherence. On the other hand, members of the interdisciplinary team can consult psychologists on how to approach a person’s psychological needs in an appropriate way.”


Physiotherapist as a personal trainer, Peter Oesch

“Musculoskeletal and rheumatic diseases typically affect the person’s physical ability to move and function in daily life. A physiotherapist (PT) examines the musculoskeletal system and the person’s current status to identify how his/her condition affects daily physical functions according to the disease activity. Based on these findings and the patients’ expectations, the PT helps to set realistic treatment goals. A PT assists people with MRD to maintain or restore posture, mobility, strength, and resulting functional capacity and seeks thereby to relieve pain. The treatment is primarily function-oriented and includes mobility, endurance and muscle strengthening exercises on land or in water. It may be complemented by manual therapy, massage, and physical modalities such as thermo- and electrotherapy. PT aims to promote independence and enable the people with MRD to achieve their maximum functional ability to participate in daily life including work. In addition, PTs work to prevent the loss of mobility before it occurs.”


Rheumatology nurses support patients in a broad spectrum of disease-related problems. Yvonne van Eijk-Hustings, the Netherlands

“Nursing care includes monitoring of disease consequences on the level of daily activities, participation and psychosocial consequences but increasingly also monitoring of disease activity, drug treatment, and side effects. Nurses address the overall wellbeing of the person with MRD and promote their self-management skills. Like all HPs, nurses work in conjunction with other members of the interdisciplinary team to ensure the needs of a person are addressed. In my opinion, being involved in the disease process provides nurses with the opportunity to recognise and point out problems in an early stage, which ensures timely interventions and timely referral to others. EULAR has recently released recommendations on their role.”


Podiatrists - keeping people on their feet, Dr Anita Williams, UK

“Feet are frequently affected by MRD and require professional attention to prevent problems from occurring and to relieve symptoms in order to maintain people’s independence. Podiatrists assess, monitor and manage problems of the foot, ankle and lower limb such as structural changes, circulatory problems, bacterial and fungal infections of the skin and nails, and ulceration, and can carry out nail surgery for persistent nail deformity and infections. A podiatrist can provide orthoses to maintain good foot function, reduce foot-related pain and protect the foot from damage. Providing advice about suitable footwear or specialist footwear is an important aspect of a podiatrist’s work. Some use ultrasonography and steroid injections in the assessment and targeted treatment for localised areas of inflammation. Podiatrists who have undertaken advanced training can provide foot surgery.”

Further reading: Musculoskeletal Foot health Guidelines http://www.pcrassoc.org.uk/standards-project
Social worker mediates between the society and the person, Margaretha Lundin, Sweden

“As I see it, with focus on the individual, a social worker mediates both with actual situations and perceived assumptions related to work, finances, and relations and fosters confidence in own skills to cope. A social worker is a facilitator in facing the possible challenges in the social environment. The goal of a social worker is to enhance the person’s with MRD and their relatives’ ability to manage internal and external hinders to run a full life. In practice, this means to investigate and assess the overall situation on individual, family, group, and community levels. A social worker provides advice on social rights, community resources, entitlement benefits and work with various public agencies in which the patient is involved in. The social worker’s task is to, if necessary, be the person’s representative and serve as a link between the patient and the society as well as the health care system.”


Occupational therapist helps maintain daily activities, PhD Ingvild Kjeken, Norway

“Occupational therapists (OT) advise persons with MRD in recovering or maintaining their ability to carry out everyday activities and valued life roles, despite a physical condition. Personal goals, interests, and resources are screened to develop an individualised programme aimed at assisting the adjustment to new or modified life roles. Making assessments in the home and working environment and providing patient education on ergonomic principles and energy conservation are essential while adapting new ways of work. Therapeutic exercises and activity programmes are important means in restoring or improving functionality, while provision of splints and assistive devices (i.e. walking aids, kitchen tools, computer supplies, and personal hygienic equipment) may compensate for loss of function. The goal of occupational therapy is to enable people to have productive, active, and satisfying lives.”


Dietician knows what to eat, Juhani Sipinen, Finland

“A holistic diet covering all the food groups is a fundamental base of self-management when living with musculoskeletal and rheumatic diseases. The primary aim of the dietician is to translate the up-to-date knowledge about the dietary interventions’ impact on the disease and to offer practical guidance to enable people to make appropriate choices on nourishment and diet regimes. An individually-planned diet can make a difference when taking into account allergies, possible challenges with ingestion or absorption and the side effects of medication. Weight management is vital in many musculoskeletal conditions as well as finding a balance with healthy eating habits, recipes, and accurate information on supplements and vitamins such as vitamin D and calcium which are beneficial in prevention of osteoporosis”.


A typical rehabilitation team at Rehabilitation Institute Apila in Finland consists of a person with a rheumatic disease, a rheumatologist, a nurse, an occupational therapist, a physical therapist, a psychologist, a social worker, a nutritionist, podiatrist, and a handicraft instructor among other specialists.
It Takes All Kinds
A look at the rheumatology practice team

The care of patients with rheumatic diseases requires physicians and health professionals with experience and knowledge of complex rheumatic diseases. The collaboration of physicians, nurse practitioners, physician assistants, social workers, cognitive behavioral therapists, physical therapists, and others allows for the optimum outcomes for our patients. For this article, the American College of Rheumatology (ACR) and the Association of Rheumatology Health Professionals (ARHP) presidents (2011) are collaborating to describe the members of the rheumatology practice team and the roles they fill in the care of patients with rheumatic disease.

The immediate past President of Association of Rheumatology Health Professionals in US Nadine James were attend the EULAR Congress last year.

Team Rheumatology
In rheumatology, there is no such thing as a Lone Ranger. Because rheumatic diseases are often complex and affect many aspects of the patient’s life, effective management requires the coordinated efforts of a diverse group of professionals. Wikipedia defines a team as a group linked in a common purpose, and notes that a team is especially appropriate for conducting tasks that are high in complexity and have independent subtasks. This definition certainly describes the rheumatology practice team, composed of several health and office professionals who work together to serve the patient’s needs.

To better understand what each professional brings to the team, we would like to share the clinical rheumatology team responsibilities and why each team member enjoys rheumatology care.

The opportunity to be a patient’s doctor for an extended period of time, along with the challenges of diagnosis and the rapid development of new effective therapies, makes Dr. Borenstein happy being a rheumatologist — he would not do anything else. The rheumatologist’s role on the practice team is that of the organizer of the team that treats the patient with rheumatic disease. You never know what challenge you will see, and Dr. Borenstein likes rheumatology because of the variety of problems that await him on the other side of the examination room door. Every patient is different, even though they all have a rheumatic disease, and the selection of the ideal team for a patient is based upon their illness and the social environment necessary to offer a comprehensive program of care. As a rheumatologist, you also do not know if that patient will be with you for one visit or for decades. As team leader, the rheumatologist receives information from the other members of the team and modifies the plan to offer the best outcome for the patient.

Nurse Practitioners and Physician Assistants
To help meet the demands of an increasing patient load, rheumatology practice teams have added nurse practitioners (NPs) and physician assistants (PAs). The NP and PA evaluate patients by performing a comprehensive history and physical examination, order and interpret appropriate diagnostic tests — such as laboratory studies, X-rays, magnetic resonance images, and musculoskeletal ultrasound — formulate a plan to manage the patient’s condition, and prescribe, order, and implement interventions and treatments in accordance with state law.

They also evaluate and document patient and family progress toward attainment of expected outcomes and provide consultation to other providers to optimize the plan of care and affect system change.

A typical day for Susan Richmond, MS, PA-C, at the Rheumatology and Autoimmune Disorder Medical Group in Raynham, Mass., will include a variety of patient visits, 10 to 15 total, including initial visits, follow-up appointments, and patients needing urgent attention. She may also see patients having an infusion or manage a patient in the event of an adverse reaction. Richmond also collaborates on difficult or unusual cases with her supervising rheumatologist.

As a pediatric NP at Nationwide Children’s Hospital in Columbus, Ohio, Karla Jones, MS, RN, CPNP, states that accurately diagnosing and treating rheumatic diseases can be challenging, but she enjoys the intellectual stimulation that it entails. She also enjoys working as a team and knowing that everyone involved has the goal of helping children and their families meet the child’s physical, social, and emotional needs.

Registered Nurses
Registered nurses (RNs) have a long and important history in rheumatology practice. They assess each patient’s health status, response to treatment, function in relation to activities of daily living, and ability to provide self-care and cope with chronic illness. Collaborating with the patient, family, rheumatologist, and other health professionals, the RN implements a variety of interventions that are designed to manage pain, improve function, maximize independence, provide education, strengthen coping strategies, and improve access to community resources. In addition, the RN administers, monitors, and educates about medications.

Lisa Robbins, RN, provides education to patients and families regarding medications and injection techniques, diagnosis, plan of care, and support activities at Hershey Medical Center in Hershey, Pa. She also handles patient calls about illness, medications, symptoms, school issues, education, and support, and helps the rheumatologist stay on schedule by starting history and physicals with patients in the exam room when not engaged with the education of patients or taking calls.

Many rheumatology practices now conduct clinical trials. Tara Barker, RN, BSN, MSN, who serves as a clinical research nurse coordinator at the Cleveland Clinic, has responsibilities that relate to patients who participate in rheumatoid arthritis, osteoarthritis, scleroderma, and fibromyalgia clinical trials. In this role, she ensures that the patient understands the consent forms for
study participation and provides information to help with their decision. Once they have agreed to participate, she makes sure that the research protocol is followed by scheduling assessments, infusions, and medication dispensing for the patients and supports and assists patients in coping with their specific chronic illness or disease. Additionally, she works with the trial sponsors to make sure the trial runs with integrity and compliance.

When asked what she likes most about her rheumatology nursing responsibilities at the Children's Hospital of Los Angeles, Sandra Watcher, RN, states, "I like the collaboration with the multidisciplinary team, patients, and families. Taking complex diseases and making information understandable to patients and families. Helping them learn to live with chronic illness and increase their understanding, normalizing, and living with chronic illness."

Accurately diagnosing and treating rheumatic diseases can be challenging, but knowing we have an experienced team of rheumatology health and office professionals means the challenge will be met.

Other Team Members

Three other health professionals utilized in a rheumatology practice are the licensed practical nurse, licensed vocational nurse, and medical assistant. The licensed practical nurse and licensed vocational nurse handle phone triage, insurance authorizations for medications, and medication education. Lisa Emig, LPN, at Wellspan Health, enjoys the responsibility of questioning patients about their symptoms, assessing their condition for possible cause of pain, and helping them manage the pain. She states, "having a patient call me back in a week to tell me they feel so much better brings so much satisfaction to my work." The medical assistant is generally the first team member a patient encounters in a practice setting because they take the patient to the exam room, take vital signs, and review the medication list with the patient.

Another very important part of the rheumatology team is the practice manager and his or her staff. The practice manager oversees all business activities, including budget monitoring, account receivables and payables, banking, insurance, medication and medical supply purchasing, regulatory compliance, facilities, computers, human resources, staffing, training, office staff supervision, and patient relations. The practice manager may discuss staffing, scheduling, insurance issues, or a new administrative implementation like electronic prescriptions or electronic health records with the rheumatologist, NP, or PA. The practice manager’s interaction with the nursing and medical assistant staff relates to ensuring that they comply with appropriate work documentation and have the tools necessary to treat their patients. However, a primary interaction for a practice manager is overseeing the front desk and billing staff, where many of the practice problems can arise.

Linda Merritt, RMM, at Arthritis Specialists Group in Utica, N.Y., states, "I work personally with patients that are in need of financial assistance to obtain their prescribed medications, as rheumatology care can become quite costly for patients and the application process for this benefit can be burdensome. If I can help them navigate the system and obtain their medications at a cost they can afford, then I take the time to do so." Because a practice manager must know something about all aspects to running a medical business, they wear a lot of hats in the rheumatology practice. Merritt’s daily challenge and satisfaction is keeping those hats balanced so patients leave the office feeling good about the care and service they received.

Team Beyond the Office

There are health professionals who may not work in a rheumatology practice but are essential to the overall care of the rheumatic patient. The rheumatology practice may refer the patient to these disciplines to assist with rehabilitation, coping, depression, and access to community resources and services. The physical therapist assesses and evaluates the patient, develops an individualized plan of care, provides patient education, and performs specific therapeutic interventions. Therapeutic exercises are used to improve a patient’s muscle strength, joint mobility, and cardiovascular and pulmonary function.

An occupational therapist (OT) assesses and evaluates the patient, develops an individualized treatment plan, and educates patients and their families to adapt environments, modify tasks, and use equipment to promote independent function and help gain, or maintain, full participation in self-care, daily home tasks, work or school, and leisure or play. The OT teaches principals of energy conservation, joint protection, and stress management to minimize fatigue, reduce pain, and improve safe performance in daily activities.

A clinical psychologist assesses the individual’s and family’s psychological status and ability to cope with the patient’s disease. Based on evaluation, the clinical psychologist tailors a treatment plan to meet the needs of the patient for a short or long-term treatment. A psychosocial assessment provides the basis for the social worker’s intervention. The assessment includes evaluation of the patient’s resources, strengths, and support systems. A social worker can guide the patient in more effectively negotiating the health care system, maximizing personal and social resources in dealing with the acute and long-term issues on managing a chronic disease, and identifying community resources that assist the patient in returning to functional independence.

As you can see, it takes all kinds of professionals to successfully treat patients with rheumatic disease. Their responsibilities are varied, but each plays an integral role in the overall patient care. As stated earlier by Jones, accurately diagnosing and treating rheumatic diseases can be challenging, but knowing we have an experienced team of rheumatology health and office professionals means the challenge will be met.

Dr. David Borenstein is clinical professor of medicine in the division of rheumatology at George Washington University Medical Center, in Washington, D.C., and in private practice at Arthritis and Rheumatism Associates there. Contact him via e-mail at Borenstein@rheumatology.org.

Dr. Nadine James is immediate past president of the ARHP. Contact her at arhp@rheumatology.org.

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The European Musculoskeletal Surveillance and Information Network (eumusc.net) is a European project supported by the EU, EULAR, and 24 partners across Europe with the purpose of improving musculoskeletal care in Europe. So far, the EUMUSC.net has established an information network, reported on the impact of musculoskeletal conditions across Europe, and developed evidence-based Standards of Care (SOC) and Health Care Quality Indicators (HCQI), both sets available at the website eumusc.net.

The possible challenges of implementation

There is evidence that recommendations for clinical practice in rheumatic diseases are not being followed as intended. We ask why, and try to detect factors that could help (facilitate) implementing these recommendations in Europe.

The eumusc.net project consists of a multidisciplinary group of researchers from many different countries that has been active for more than two years. The current part of the EUMUSC project is led by the Oslo group at the National Resource Centre for Rehabilitation in Rheumatology (NRRK) at Diakonhjemmet Hospital, and examines facilitators for implementing the treatment recommendations for OA and RA in health care systems across the European countries.

A survey in distribution — answered by you!

Right now, a survey addressing facilitators for implementing the recommendations is widely distributed among patients, health professionals, and policy makers throughout Europe. If you want to participate, please let us know by sending mail to oslo.eumusc@gmail.com by the 15th of July. More detailed information is also being collected through interviews among patients and health professionals. Finally, examples of good practice will be sought to inspire improved health care in rheumatic diseases. Results will also be available on the website www.eumusc.net.

Standards of care in OA and RA are subject to facilitators and barriers in different European countries. Equity in health care provision can only be achieved by enhancing facilitators and overcoming modifiable barriers across Europe.

On behalf of the eumusc.net group, Rheumatologist Till Uhlig and Occupational Therapist Cathrine Østvik.

Rikke Helene Moe
Physiotherapist, MSc, PhD Candidate
Research Fellow at NRRK
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Make it happen: The EUMUSC.NET study

– How to get Europe to use the recommendations for treating patients with osteoarthritis (OA) and rheumatoid arthritis (RA)?

“We want to find ways to facilitate implementing recommendations on OA and RA in Europe.”

– At this preliminary stage of the survey, we recognise common facilitators on the levels of knowledge, attitude, and behaviour as important factors contributing to the success implementing the recommendations, Rikke Helene says.

The picture was taken last year at EULAR Congress in London where she presented a poster on “Disease impact in OA patients referred to specialist care” as the first author.
Teach-the-Teacher course for European health professionals in rheumatology

Apply for the next course in Leiden in autumn 2012

Former HP Chairperson, Professor John Verhoef is the chair of the HP educational working group. One of the main functions of the group is to organise EULAR Teach-the-Teacher courses (TTTC) for HPs. The first pilot course was held in 2008 in Leiden, the Netherlands. John Verhoef and former HP Vice-President Peter Oesch acted as the leaders of the programme. This first TTTC was developed in collaboration with the EULAR Secretariat and the Boerhaave Committee of the Leiden University Medical Center. The second TTTC was held in 2009 in Brno, Czech Republic organised by Jana Korandova also as a member of the HP educational working group. Now, the next Teach-the-Teacher course will be held again in Leiden in autumn 2012.

John Verhoef kindly gave an interview for the EULAR HP News:

What is the main idea of the course?

– The aim of this course is to provide state-of-the-art theoretical and practical knowledge and skills regarding health professionals’ management of rheumatoid arthritis (RA) and osteoarthritis (OA) to HPs who as potential teachers could further disseminate the contents of the course in their own country. The learning objectives of the course are to review the diagnostic criteria and clinical features of RA and OA and to give an adequate overview of latest recommendations on pharmacological and non-pharmacological treatment. The course also focuses on exploring the complex roles of interdisciplinary teamwork, discussing the EULAR guidelines as well as relating them to daily clinical practice.

What does the name “Teach-the-Teacher” mean?

– It is important to teach the participating health professionals not only the content but also “how to teach” rheumatologic care and treatment from the health professional point of view so that they can later advise their students and co-workers. – Good instructors are crucial for the dissemination of the knowledge we have generated within EULAR. This is why we also included a Teach-the-Teacher perspective in the course programme. Most participants will have some experience in teaching. However, many will not necessarily have much experience in teaching. The course has interactive sessions, using different teaching methods depending on the targeted learning goals. When thinking about learning and education, it is important not to think about only giving lectures, but also about skills and scenario teaching or using group discussions for instance. Some of the methods we will work with may be new; others might be more familiar to the participants.

Who are the teachers of the course?

– Teachers will be either members of the EULAR Executive Committee and Scientific Committee or members of the HP Standing Committee’s scientific and education working groups.

Who can apply for the course?

– If you are a nurse, physiotherapist or occupational therapist working with people with rheumatic diseases, being well-skilled in English language and having some experience in teaching, you will have good chances. The course aims at a maximum of 45 participants divided over the three different disciplines (with a maximum of 15 in each profession) from all European countries.

How to apply and what is the dead line for the application?

– The information on the application procedure will be displayed on the EULAR website by the end of May 2012.

When and where is the course? How much does it cost?

– The course will take place at Leiden University (NL) from 22 to 25 September 2012 and will cost €500 per participant. The course is already partly funded by EULAR. The course fee includes all teaching material, full accommodation, and all meals. The course will be held on successive 4 days starting at 13.00 pm on the first day and ending at 12:00 pm on the fourth day. This allows travelling to Leiden on the first course day and returning on the last day. Leiden University is easily accessible from the Amsterdam Schipol Airport.

How was the feedback from previous courses?

– The first EULAR-funded pilot TTTC was organised in Leiden in 2008. It was attended by 23 health professionals: 12 physiotherapists, 8 nurses and 3 occupational therapists from nine different European countries (Czech Republic, Croatia, Estonia, Hungary, Lithuania, Poland, Italy, Portugal, and Spain). The course evaluation showed that 50 to 65 percent of the delivered content was new and 50 to 100 percent was useful for the course participants (communication skills, clinical reasoning, patient education, assessment, EBM, guidelines, research methodology, teaching, and internet use). The second Teach-the-Teachers course received similar favourable results.

For further information please contact John Verhoef at verhoef.j@hsleiden.nl.
The Health Professional Programme

<table>
<thead>
<tr>
<th>Session type</th>
<th>Session title</th>
</tr>
</thead>
<tbody>
<tr>
<td>HP Session</td>
<td>• How to run an osteoarthritis clinic in daily practice</td>
</tr>
<tr>
<td></td>
<td>• Crossing boundaries of primary to secondary care</td>
</tr>
<tr>
<td></td>
<td>• Clinical update in connective tissue diseases</td>
</tr>
<tr>
<td></td>
<td>• Cardiovascular health in rheumatic diseases</td>
</tr>
<tr>
<td></td>
<td>• Challenges in health professionals’ practice: how to develop and execute a treatment plan for a patient with a rheumatic condition and multimorbidity</td>
</tr>
<tr>
<td></td>
<td>• Promotion of physical activity in rheumatology targeting patients, health service providers and the public</td>
</tr>
<tr>
<td></td>
<td>• Health professional highlights</td>
</tr>
</tbody>
</table>

2 Poster tours • HP work and research

2 Abstract sessions • HP science • HP practice

Joint sessions • Patient involvement in research: Past, present and future • More topics coming

Workshop • “I’ve been asked to review a guideline - where do I start?”

The EULAR Congress 2013 in Berlin will be the venue of high-quality HP scientific sessions introducing health professional research and issues of interest in the HP practice. There will be 6 HP sessions, one workshop, two abstract sessions and poster tours. In addition there will be an highlight session and joint sessions organised together with rheumatologists and the Standing Committee of People with Arthritis/Rheumatism in Europe (PARE).

Get ready for the next congress

EULAR 2013 Madrid, Spain 12–15 June 2013

Abstract submission

The electronic abstract submission system will be open until the 31 January 2013. Abstracts received after the deadline will not be accepted. Health professionals (HP) can choose to submit their abstract either for practice and clinical care (HP topics A5) or for clinical research work (topics 11–34). Please note that when submitting to topics 11–34, you work will be scored by rheumatologists, whereas the HP topics A1–A5 are scored by health professionals.

Health Professionals Travel Bursaries

EULAR awards travel bursaries to the first or presenting author of a health professionals’ abstract that has been accepted for oral or poster presentation at the Congress. A travel bursary facilitates attendance at the Congress. Also bursary applications should be submitted via the electronic application system.