When 120 million micro-challenges become a political challenge

To celebrate the first days of my vacation last July I headed downtown with a friend. Our shopping trip became a short one when I suddenly fell down. Standing up I looked at the fingers of my left hand in disbelief. Even my knowledge of anatomy was enough to see that two fingers were entirely in a wrong position.

In about two hours I was already at an orthopaedist office waiting for the fractured bones to be repositioned, and after an x-ray review the fingers and hand firmly put in plaster cast I took a tram back home. I was unhappy, of course, but somewhat relieved by the fact that the plaster cast was enough and no hand surgery was needed. I could even find some grim humour in the fact that our two-year campaign for the prevention of falling accidents had not been personally successful.

Awakenings and experience

For five weeks I enjoyed the historically hot summer with my hand in plaster cast. On my way to plaster cast removal I was a bit apprehensive about a possible malposition remaining in the fingers, but as a basically optimistic person I was already planning to carry out a thorough house-cleaning operation the same evening. I was quite upset, then, when after osteogenesis the fingers were quite stiff and the joint gaps had narrowed during the compulsory rest. The orthopaedist told me to practice grip strength in order to optimally restore finger movement. Should the movement not recover in three months, a consultation by a hand surgeon would be necessary. When leaving the doctor’s office I remembered that care equipment were sold nearby, and I went to buy a therapy ball. When I focused all the force in my fingers to squeeze the ball back at home, it barely stayed in my hand – I couldn’t squeeze at all.

The day after the plaster removal I went to our rehabilitation centre where there are occupational therapists and physiotherapists with expertise in hand rehabilitation. I always enjoy meeting them, but this time I was particularly happy about being part of this work community. Amused glances were directed at the therapy ball I had bought. A proper therapy ball was lent to me, a finger rehabilitation guide book was handed over, and correct practice movements were demonstrated in order to secure correct positions. Moreover, a check up appointment was promised. The therapy ball, the guide booklet and me became inseparable friends for the following weeks.

Timely care and follow up

My falling accident started a journey of exploration during which I had many insights. To ensure an optimal result in care, support by a multidisciplinary team is genuinely needed. It must also be ensured that the patient is provided with sufficiently concrete instructions. As grip strength exercise alone calls for correct movements and aids, what is required, then, when a more major problem is at hand? And even a bigger insight was how haphazardly an individual still receives instructions for rehabilitation against musculoskeletal symptoms before they become chronic. I happen to be working with these issues, so it is easy for me to access the sources of information, but how can an average citizen make sure that in the event of an accident s/he receives correct and sufficient guidance after the acute care phase is over? For the society it would be best in terms of overall economy that, not only sufficient care and rehabilitation but also access to help are secured. All this I had known, of course, but personal experience once again made it crystal clear.

From personal to multinational

My own falling accident is a modest example of the more than 100 million micro-challenges Europeans experience daily, as every fourth European, or 120 million people in Europe, has musculoskeletal symptoms.

EULAR has worked resolutely for years for creating an awareness and acceptance of the significance of musculoskeletal conditions in Europe. EULAR’s long-standing policy definition has been that rheumatic and musculoskeletal diseases should be recognized as one of the most important public health challenges, given the enormous burden of these disorders on individuals’ lives, the social and health systems, and thereby the whole economy.

A new milestone was reached when Belgium organized the EU Presidency Conference on Rheumatic and Musculoskeletal Diseases in collaboration with EULAR on 19–20 October 2010. The participants of the meeting agreed upon a number of key policy recommendations for improving the management and prevention of rheumatic and musculoskeletal diseases.

The recommendations embraced six areas of intervention: rheumatic and musculoskeletal diseases as a priority on health policy agendas; rights of patients to quality healthcare and to full inclusion in economic and social life; early prevention and referral; evidence-based treatment and standards of care; patient involvement in the design, implementation and evaluation of healthcare services; and increased research funding.

Conference recommendations culminated in the call for an EU Musculoskeletal Disease Strategy and national action plans.

As we can see, awakenings/insights are needed both on personal and Pan-European level, to make a difference.

Season’s greetings

Jaana Hirvonen
Editor

PS As Bone and Joint Decade ends, Bone and Joint Decades continue. That’s good news because we still have a lot to do.
This HP Newsletter tells about the passing health professional (HP) year in EULAR introducing topics on HP work and multidisciplinary research in the field of rheumatic diseases. We make a picture tour to the EULAR Congress in Rome and visit behind the scenes of HP Scientific Sub-Committee.

In their article, EULAR Vice-President Kåre Birger Hagen and HP Chairperson Tanja Stamm summarise the major advancements made by the HPs. Janni Lisander Larsen and Uglješa Carević write about the new member HP organisations from Denmark and Serbia.

Anita Williams explores the process and revealing results on her EULAR grant research which concentrated on the role of therapeutic footwear to people with RA. Linda Ehrlich-Jones gives an overview on the possibilities of health professional cooperation between the USA and Europe. In her contribution, Emilie J. Hurkmans examines the challenges of motivation in health promotion. We also have an interview with Jana Korandová who organised a multidisciplinary Teach-the-Teacher course in the Czech Republic…. to mention only a few themes of this issue.

Do not miss the deadline for the EULAR HP research grant!

Enjoy 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 at jaana.hirvonen@reumaliitto.fi.


No, it’s not the climate change. He calls it ”health promotion”.

On the cover: A team building exercise in the Czech way. Teach-The-Teacher courses participants were asked to prepare a fashion show using plastic bags. Picture by Jana Korandová.

All pictures used in the newsletter by Mikko Väisänen if not indicated otherwise.
Tanja Stamm's successful two-year term as the Chairperson of the EULAR Standing Committee of Health Professionals is coming to an end. Her contribution has been a valuable asset for the Committee.

Picture source: Petra Spiola

Former HP Chairperson John Verhoef became an honorary member of EULAR in the opening ceremony of the Congress in Rome.

We are pleased to summarise 2010 as a year of further advances for European health professionals within the EULAR family.

The goal of EULAR is to stimulate, promote, and support the research, prevention, treatment, and rehabilitation of rheumatic diseases. Multidisciplinary care is recognised as one of the key aspects of management of patients of rheumatic diseases and it is time that this is provided in a more consistent and structured way. Nurses, occupational therapists, physiotherapists, psychologists, social workers, nutritionists and podiatrists, and other health professionals (HP) play an important role as clinicians and researchers. HPs are taking advanced roles as health care providers both as “single” practitioners and as team leaders and team members in multidisciplinary teams. An increasing number of HPs in Europe currently conducts PhD studies – thus educating themselves as researchers to get into academic positions at hospitals and universities.

It was a great pleasure to see the large number of HP attendants at the European Congress of Rheumatology in Rome in June 2010. We had more than 460 delegates from more than 40 different countries. There were 105 abstracts submitted into the HP topic. A total of 212 abstracts were designated as HP abstracts (i.e. directly submitted as HP topics and as “other topics” such as clinical or basic science). Of all these, 65 were accepted for poster presentation and 24 additional for oral presentation.

The EULAR family and a new official name

By 2009 the HP national organisations of Norway, The Netherlands, Sweden, Switzerland, and United Kingdom had become members of the EULAR HP organisation. At the General Assembly in Rome 2010, the applications of Denmark and Serbia were ratified. For the time being, we are still rather small in the EULAR family including rheumatologists and people with rheumatic diseases (PARE), but we will increase our efforts so that more national HP associations will apply for membership in the coming years.

In the March meeting 2010, the EULAR Executive Committee approved to reform the name of the “Standing Committee of the Allied Health Professionals” by leaving the term “allied” out. The name change was ratified in the General Assembly in Rome in June 2010. Our official name is now EULAR Standing Committee of Health Professionals in Rheumatology.

The EULAR Standing Committee of Health Professionals in Rheumatology had a very productive meeting in ROME. From the left in front, Pamela Degotardi (ARHP, USA), Thea Vliet Vlieland (Chairperson-elect, Netherlands), Katti Körve (Estonia), Tanja Stamm (Chairperson, Austria), Linda Ehrlich-Jones (President of ARHP, USA), Lindsey Hawley (UK), Jenny de la Torre (Spain), Milena Gobbo Montoya (Spain). From the left, top row, Carina Boström (Sweden), Ruta Sargautyte (Lithuania), Janni Lisander Larsen (Denmark), Kåre B. Hagen (Vice-President, Norway), Lene Mundrup Thomsen (Denmark), Urs Gamper (Switzerland), Jana Korandová (Czech Republic), Diana Finney (UK), Uglješa Carević (Serbia), Heidi Zangi (Norway), Peter Oesch (Switzerland), Wim van Lankveld (Netherlands) and John Verhoef (former Chairperson, Netherlands).
management of chronic inflammatory arthritis.

Finally, we are happy to announce that an application for developing recommendations on non-pharmacological management of hip and knee osteoarthritis was preliminarily accepted by the EULAR Executive Committee in September 2010. Current guidelines on this topic put much emphasis on non-pharmacological management but are not sufficiently specific about the content, timing, intensity, frequency, duration, and mode of delivery of this management. We hope that this project will start shortly, and that the results will contribute to the quality of care for people with hip and knee osteoarthritis across Europe.

We expect 2011 to be another successful year for European health professionals. We hope you all will continue to support research and educational activities in Europe and beyond to strengthen the partnership within EULAR among people with rheumatic diseases, health professionals and rheumatologists. We take this opportunity to thank the large number of colleagues who are making major intellectual and time-consuming contributions to the successful activities of our organisation.

Tanja Stamm
PhD, MSc, MBA, OT
Chairperson, EULAR Standing Committee of Health Professionals

Kåre Birger Hagen
PhD, PT
Vice-President Health Professionals in Rheumatology

HP projects in EULAR
Currently, there are two ongoing EULAR-funded projects of importance for HPs. The “Evaluation of the current status of extended roles taken by health professionals within Europe” is a web-based survey aiming to allow us to identify models of care in which health professionals undertake extended roles. Extended roles of HPs commonly correspond with the development of innovative models of care, such as internet-based care, telephone help lines, and triage models to decrease the number of patients on waiting lists.

The project called “EULAR recommendations for the basic and advanced role of the nurse in the management of chronic inflammatory arthritis” is convened by Jackie Hill (UK) and Turid Heiberg (Norway). Whilst some countries have accepted that nurse-centred interventions are essential to effectively tackle the challenges of chronic illness in an economic and integrated fashion, this nursing concept has not been embraced by other European countries. Therefore, there is a clear rationale for the development of recommendations for the basic and advanced roles of the nurse in the

A year with a good start. Vice-President Kåre Birger Hagen continues to advocate the health professional work with the support of the HP Committee and the EULAR family.

Introducing the next Chairperson

Dr. Thea P. M. Vliet Vlieland is the Chairperson-elect of the HP Committee.

Thea P. M. Vliet Vlieland has studied physical therapy at the Academy for Physical Therapy in the Academic Hospital of Leiden and medicine at the Leiden University. She obtained her PhD in 1996 on the thesis “Multidisciplinary team care in rheumatoid arthritis”. She got her qualification as an epidemiologist in 1997. Earlier, she was employed as a senior researcher at the Department of Medical Decision Making of the Leiden University Medical Centre from 1996–1998. Thereafter, she was appointed at the Department of Rheumatology of the Leiden University Medical Centre and from 2008 also at the Department of Orthopaedics. Her current research areas include non-pharmacological interventions and integrated models of arthritis and osteoarthritis care.
The EULAR Congress in Rome harboured a splendid setting for European health professionals, researchers and national HP representatives to discuss, make contacts, and simply get together.

The HP Committee had arranged networking meetings for different health professions which coincided with the impressive Scientific HP Programme of the Congress.
As the first author, Psychologist Turid N. Dager from Norway was the EULAR HP abstract award winner with an abstract exploring the personal impact and individual experience of outcomes from a multidisciplinary rheumatic rehabilitation programme. The other contributors were Occupational Therapist, PhD Ingvild Kjeken, Psychologist Elin Fjerstad and Psychologist, PhD Mona Irene Haug. The award winner was announced at the opening ceremony of the Congress.

The HP booth was located in the EULAR Village with other EULAR-related happenings and sister societies. Health professionals from Sweden presented in turns their national organisation (SveReFo) at the booth.

In the opening ceremony, the EULAR President, Prof. Paul Emery underlined the importance of health professional interdisciplinary input in EULAR.

Former Editor of the HP Newsletter, Ulla Nordenskiöld (in a white jacket) gave an inspiring lecture on the history of the HP Committee at a special session introducing the health professionals in EULAR. She also took part in the occupational therapists networking meeting.

Physiotherapist Urs Gamper will step down after sixteen years as Swiss representative. The HP Committee warmly thanks Urs for his contribution. Karin Niedermann will be the new Swiss representative.

The EULAR Congress gathered 15,500 participants from all over Europe and the world. Executive Director Heinz Marchesi from the EULAR Secretariat did not hide his contentment with the turnout of the Congress.

Secretary Aase Frich from the Norwegian Interdisciplinary Organisation in Rheumatology (NIOR) took care of the HP booth, which functioned as a meeting point for health professionals at the EULAR Congress. Along with seeing colleagues and retrieving information on the Standing Committee activities and the latest news on national HP organisations work, the Congress attendants could also measure their grip strength in an informal test displaying a task typically performed by health professionals. Aase Frich was also in charge of the testing.

– The grip strength measurement became a hit of the Congress. Altogether more than 250 people tested their grip strength. We compiled the results into different categories just for fun. The gathered date showed that in women, there were no significant differences between professions, such as nurses, occupational therapists and physiotherapists, whereas in men, the physiotherapists were slightly stronger than rheumatologists, Frich sums up.

Executive President of the Local Organising Committee, Prof. Maurizio Cutalo also tested his grip strength.

Social workers had their first networking meeting ever at the Rome Congress. The five first networkers thought it was a good start for the future meetings. Also psychologists and physiotherapists had their own meetings in the morning before the official Congress Programme began.

The nurses’ networking gathering was one of the most popular ones. The meeting room was packed with participants.
Teach-the-Teacher courses are a health professional trade mark Feedback of the course in Brno

European HPs work to implement standardised and integrated practises for the best possible care. This is why strengthening the health professional education programme within EULAR is one of the main functions of the HP Standing Committee.

In October 2009, Ms. Jana Korandová organised a multidisciplinary Teach-the-Teacher course in Brno, Czech Republic concentrating on the management of rheumatoid arthritis (RA) and osteoarthritis (OA). She gave a detailed presentation on the feedback and results of the course at the EULAR Congress.

– A four day Teach-the-Teacher programme was planned for altogether 24 attendants comprising HP university teachers, physiotherapists, and nurses working in the field of rheumatology. Attendants were from the Czech Republic, Poland, and Slovakia, Korandová says.

The lecturers Dr., Researcher on physiotherapy Eric Vermeulen, Dr., Psychologist Toon van Helmond and Dr., Educationalist, Researcher on adult/professional learning Jacqueline Bustraan came from the Netherlands, Rheumatologists Jiri Stolfa and Liliana Sedova, Chief Nurse Jana Korandová, and Occupational Therapist Hana Smucrova were from the Czech Republic.

The learning objectives of the course were to review the diagnostic criteria and clinical features of RA and OA and to give an adequate overview of the state-of-the-art recommendations on medication and the routine tests used in rheumatology. Dr. Vermeulen gave, for example practical metrology training for the attendants, which was greatly valued. Bio-psychosocial problematics of rheumatic conditions were emphasised as these are, according to Korandová, often underestimated. The course also focused on exploring the complex roles of multidisciplinary team, discussing the EULAR guidelines as well as relating them to daily clinical practice.

Most of all, it was important to teach the attendants “how to teach” so that they could later advise their students and co-workers.

– We employed various methods of adult learning to demonstrate, e.g. how to prepare and present oral presentations, conduct workshops, and carry out instructive played scenarios. Interactive sessions, i.e. team building exercises, dramatised HP-patient-scenarios and role plays, helped to integrate theory into practise using communication skills as the principal education method. Patients with rheumatic disorders volunteered to assist in the programme, explains Korandová.

Following the “open space method”, attendants chose a topic of their interest for discussion in the working group. Course attendant, Nurse Michaela Jawarkova (on the right) is presenting her views on rehabilitation plan of a patient after a shoulder operation (alloplastics). Dr. Eric Vermeulen comments.

Picture source: Jana Korandová
The course met and exceeded the expectations

According to the lecturers, the HP attendants were very enthusiastic to learn and interact but there were some notable gaps in knowledge of practical skills. Dividing the participants into working groups by profession was suggested. Also, it was felt that even more attention should be paid to the bio-psychosocial dimensions of treating people with rheumatic diseases.

– Language was not a barrier. All presentations and distributed material such as EULAR recommendations and other information were translated into Czech and Polish. During the lectures a double screen with English and Czech texts was used. Throughout the workshops and practical training sessions, simultaneous translation was provided. One third of the participants told that they would not have attended course, if only the official EULAR-language, English, would have been used. In conclusion, I would recommend organising similar courses in local languages, Korandová points out.

All attendants provided feedback and every presentation and workshop was evaluated separately. A 10 point evaluation scale was used, 10 being the best grade. The overall evaluation of the course was excellent. The theoretical part of the course received 10/10 and the practical part 9.9/10. Most of the participants (21) felt the course met their expectations 100 percent and all attendants would attend a similar course in the future.

Planning such an event requires much preliminary work and a good team spirit. Jana Korandová would like to thank EULAR and the HP Committee for the financial support, Caroline Pasche from the EULAR secretariat for continuous help, the Czech Rheumatological Association for providing the English translations, Rheumatology Nurse Hana Vranova for preparing of the teaching materials and the staff of the Educational Center NCO NZO which provided excellent course facilities.

– This kind of courses can be defined as the trademark of the Standing Committee of health professionals, says Korandová proudly.

The first pilot course ever was held in 2008 in Leiden, the Netherlands. Former HP Chairperson John Verhoef and former Vice-President Peter Oesch acted as the leaders of the Teach-The-Teacher programme.

Apply for a health professional educational visits 2011

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. In 2010, EULAR received six applications for a health professional visit. The HP Committee encourages health professionals to use this great opportunity to widen horizons in the professional sense.

How to apply?

The deadline for applications is 31 March 2011. Educational visit applications should be e-mailed to Ms. Caroline Pasche at the EULAR Secretariat (caroline.pasche@eular.org).

Example of a report

Educational visit to Leiden University Medical Centre

I visited The Department of Rheumatology, at Leiden University Medical Centre in the Netherlands.

The aim of the visit

I work as a researcher at Diakonhjemmet Hospital in Norway. Prior to my visit to the Netherlands, we were planning a prospective osteoarthritis cohort study with recruitment and data collection phases starting the same spring. The aim of my visit was to discuss osteoarthritis research, to learn about osteoarthritis-cohort set up, and to discuss collaborative research projects.

Dr. Margreet Kloppenburg was my supervisor during the educational visit, and she had set up a programme for my two-day visit. Dr. Kloppenburg gave me an introduction to the different projects and the work within the Department of Rheumatology.

Furthermore, I learned about data collection at the outpatient clinic and the longitudinal running projects in which they were involved. I gave a brief presentation on our plans, and got a chance to ask for advice in relation to our project protocol. We discussed research hypotheses as well as methodological and practical issues related to the assessment of people with osteoarthritis and administering a prospective cohort study.

Fruitful discussions

During the two days, I got to meet many of the members of the multidisciplinary rehabilitation team. I learned about the rehabilitation programme at the hospital, and discussed our own research plans. I also got the opportunity to meet three PhD students involved in different osteoarthritis studies and had valuable discussions concerning their research.

I would like to thank Dr. Kloppenburg and her colleagues for their hospitality and the EULAR Standing Committee of Health Professionals in Rheumatology for the financial support.

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Nina Østerås works at the National Resource Centre in Rheumatology, Diakonhjemmet Hospital which is one of the EULAR’s centres of excellence. Picture source: Nina Østerås

Ms. Jana Korandová has organised several HP courses during her career. In 2009, she was nominated as the Nurse of the year in the Czech Republic.
The HP Scientific Sub-committee at work

Behind the scenes

While health professionals are enjoying the HP Congress Programme at the early EULAR Congress, the members of the Health Professional Scientific Sub-committee are already planning the sessions for the next year’s Congress.

The HP Scientific Sub-committee is a distinguished working group of the Standing Committee for HPs. It coordinates the health professional scientific content of the annual Congress including joint sessions with physicians and patient representatives of PARE organised under the umbrella of EULAR’s official Congress Programme Committee. At the moment, the working group has 16 members representing most health professions.

Although the preparatory work for the Congress with HP oral and poster presentations, panel discussions, workshops and other related sessions is time consuming, the HP Scientific Sub-committee is also engaged in other HP missions inside EULAR. As stated in the Strategic Goals of the Standing Committee, the members of the working group evaluate research results and the progress of HP projects funded with the EULAR research grants. The next milestone, EULAR HP recommendations for the provision of care, is under construction.

Research focus on best practices

The scientific working group and the HP Committee as a whole are promoting the HP research especially in the development of evidence-based practices and the effectiveness of HP interventions. The growing amount and quality of European HP theses has helped this development.

– However, we still need more randomized controlled trials, economic analyses, and research on the exact timing, frequency, dosage, and contents of interventions to be most cost effective, says member of the working group, Chairperson-elect, Epidemiologist, Associate Professor Thea P. M. Vliet Vlieland, from Leiden University Medical Center.

To foster the dissemination of knowledge, she hopes that there will be soon EULAR Online Courses for health professionals with shared modules and profession-specific models, similar to the modules used by rheumatologists.

• The former HP Vice-President and the instigator of the current structure of the HP Committee, Peter Oesch would like to see more research on performance-based disability evaluation, vocational rehabilitation, hydrotherapy and other therapeutic approaches especially for the aging population with rheumatic diseases.

– As a physiotherapist, it is natural for me to emphasise the importance of exercise in rheumatic inflammatory diseases, Oesch explains.

• Patricia Cornell from United Kingdom brings a clinical nursing perspective to the working group.

– In the UK, 26 percent of rheumatology specialist nurses are independent prescribers. Therefore, our quest for research is slightly different from other European countries.

We are looking for more evidence in the sequential use of biologic drugs and biomarkers to aid our decision-making process when prescribing them, Cornell points out.

Interdisciplinary approach

The Scientific Sub-committee members find that the interdisciplinary perspective is an eminent part of the HP research work.

– There is a fair amount of research on interdisciplinary care already and more to come, says Oesch.

Also separate professional viewpoints are needed.

– I do not think health research can be interdisciplinary all the time. That would limit what research has to offer. In the future congresses, it might be beneficial to run dedicated “streams” for physiotherapists, occupational therapists, nurses and so on.

• Sessions could run concurrently and use the most appropriate parts of the topic. This has worked extremely well at the American College of Rheumatology (ACR) with more than 60 sessions for HPs, Cornell suggests.

• See the member list of the HP Scientific Sub-committee at http://www.eular.org/prgrm_committees.cfm.

• The Strategic Goals of the Standing Committee of Health Professionals in Rheumatology are available at http://www.eular.org/st_com_health_professionals_strategy.cfm.

• The HP abstracts for the Congresses are scored by the HP Sub-committee

EULAR’s Scientific Programme Committee is responsible for the Annual Congress. However, all the health professional abstract proposals for the EULAR Congress are reviewed by HP Scientific Sub-committee. This informal procedure was introduced to obtain a wide scope of themes and to receive more proposals from the HP research community. All HP session proposals are scored by the Sub-committee. Based on these scores, the official EULAR Congress Programme Committee suggests the submission of the proposals for the EULAR Steering Committee which makes the final approval of submission.

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The attendants of the HP Scientific Sub-committee in Rome. From the left, in front, Patricia Cornell, Tanja Stamm, Jackie Hill, Thea Vliet Vlieland, Pamela Degotardi, Linda Ehrlich-Jones, Heidi Zangi and Christina Bode. From the left, top row, Peter Oesch, John Verhoef, Kåre B. Hagen, Ingvild Kjeken and Karin Niedermann.

The national representation in the EULAR Standing Committee of Health Professionals in Rheumatology

EULAR Standing Committee of Health Professionals in Rheumatology endorses multidisciplinary 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 health professional research in rheumatic and musculoskeletal diseases and works also to improve the patient’s role as the key expert of his/her own treatment.
Serbian Association of Health Professionals in Rheumatology (SAHPR) was founded in September 2009 and admitted as an official member of EULAR in June 2010.

So far, our association has more than 80 members, we will take measures to make it easier for our HP colleagues in the Balkan region to join EULAR. We wish that they too can exchange fresh ideas and professional knowledge with other European HPs. Already by the next Congress in London, the Serbian delegation will be more numerous, and we hope that this trend will continue.

1 in Serbia, the professional term “technician” often refers to male nurses. The same term is also used with specialized fields of work such as X-ray and laboratory technicians.
Funding of the HP work and plans
SAHPR is financed by fees paid on a monthly basis by our members. Our fee is 0.5 € per month or 6 € per year. This is enough to cover the costs of, e.g. the membership fee for EULAR. In the future, we plan to get pharmaceutical companies to sponsor our projects.

By the end of the year 2010, SAHPR plans to organise the first educational seminar with the theme of ankylosing spondylitis. In 2011, we will hold at least four seminars on various topics. At the next annual meeting, we hope to find financial support to offer awards in recognition of the best HP presentation and the best HP teachers.

EULAR HP members will also be delighted to hear that we will soon open our own SAHPR website.

Uglješa Carević
Physiotherapist, SAHPR
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The goals and tasks of SAHPR:
- Defining ethical norms and vocational obligations. Monitoring and proposing regulations in respect of health professional education.
- Improving the working skills of health professionals in the field of rheumatology.
- Improving communication between health professionals and patients.
- Cooperating with health professional colleges, professional associations, and research institutions at home and abroad.
- Producing technical and practical publications on non-profit basis.

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 there is a formal member representing this organisation at the EULAR Standing Committee of HPs. If so, please contact this person regarding your involvement in EULAR. You will find the member list of the Committee at www.eular.org/st_com_health_professionals.cfm.

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 chairperson of the national organisation is commonly the representative as formal delegate member 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 co-opted member in the EULAR Standing Committee of HPs. As a co-opted member 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. Tanja Stamm: tanja.stamm@meduniwien.ac.at.

More information available at: www.eular.org/st_com_health_professionals.cfm

The HP member campaign
The Standing Committee of HPs continues the campaign promoting the national health professional (HP) organisations’ interest in becoming a member of EULAR and participating in the work of the Committee. The member campaigning will be highlighted in the EULAR Congress in London.

So far, EULAR has seven health professionals associations as members. The Committee has also co-opted members from many European countries planning to establish a national HP organisation. Interdisciplinary health professional organisations specialised in the care and treatment of rheumatic diseases in European countries are welcome to join in. The HP Committee makes the process of becoming a member as easy and flexible as possible.
In June 2006, I received a letter from EULAR informing me that I had been awarded a grant to enable me to carry out a study which aimed to investigate a very undervalued and under-researched area for people with rheumatoid arthritis – their experiences of wearing specialist therapeutic shoes.

The issues in relation to this footwear have been reported through some early research from the 1960s through to the 1990s ranging from poor appearance of the footwear, poor fit, and the heaviness of the footwear. This research initiated a Department of Health funded report written by Bowker (1992) which made recommendations for improvements in the footwear design, the service that provides it and the managerial support for it. This report described the service as a Cinderella service and this truly reflected not just the service but the issues of getting the right shoes, to fit the right people, in the right way. The EULAR funding provided the opportunity for me to carry out an investigation to see if the recommendations made by this report had any impact on the people receiving it and gain an understanding from the perspective of the people who have to wear it.

**Podiatry – the management of foot problems**

My professional background is podiatry and for many years (too many that I care to admit to!), I worked in an acute hospital managing people with foot complaints associated with the many rheumatic diseases that manifest in the feet. In particular, those with rheumatoid arthritis (RA) presented with many problems ranging from very painful, swollen feet in the early stages to the major structural foot problems later on in the disease. The management of these foot problems included interventions such as care of the skin and nails, foot orthoses and specialist therapeutic footwear. In clinical practice, I observed that many patients received good pain reduction and increased mobility through wearing these shoes. However, there were an equal number that did not wear them or that wore them but did not like them. Their dislike of them was not just about the appearance but the poor fit and the weight of the footwear.

I established a footwear clinic with an orthotist with the aim of addressing some of the recommendations made by the Bowker report. We had some success improving patient compliance with the footwear, but discovered that many patients still chose not to wear it. I became concerned because of the waste of resources and because patients were still suffering the impact of RA on their feet despite knowing pain reduction could be achieved through this footwear.

**Towards an academic research**

I then had a career change and became a full time academic at the University of Salford UK. This gave me the opportunity to develop research skills through studying for a PhD which I achieved in 2008. I pursued my interest in footwear, developing a research portfolio that eventually led to EULAR grant. This provided me with the opportunity to further explore the issues that people with RA have with this footwear. I chose to investigate women’s experiences as a previous study that I had completed in the UK (2007) had revealed that men had less of an issue with the masculine appearance of the footwear. The study was carried out in the UK, the Netherlands and Spain in order to explore any cultural difference. I developed links with Michiel Janninck and Anke Kottink from Roessingh Research and Development in the Netherlands and Gaspar Morey Klapsing from the service organisation for the footwear industry (INESCOP) in Spain and they became part of my research team. Professor Chris Nester and Michael Ravey from Salford University in the UK were involved as advisors for the project as it was my first experience of managing such a project. The early development stage of the research involved visits to both the Netherlands and...
Spain. I experienced extremes of weather in these countries with severe gales and flooding in the Netherlands when I visited in the January and then blistering heat when I visited Valencia and Madrid in July – I clearly got this the wrong way round! The next time I carry out a study involving travel abroad I will endeavor to take into account the climate.

All the women identified that their feet were visibly different to others because of RA:

“I feel awful and most of the time I feel bad about my appearance … I don’t feel feminine any more … my feet … well I don’t show them … hide them as much as possible … I get sad when I see women with straight toes and well manicured nails and I think my husband will not like me any more…”

Catalina (Spain)

“I can’t walk normally … If you shuffle around people notice and (thinks for a time) … it shows in your face … pain shows in your face … makes you look odd and I feel … when I look in the mirror god what must my husband think…”

Lily (UK)

There was much emotion associated with the changes in their feet such as sadness, anger, loss, and fear. Many of the women in the Netherlands and Spain had a good experience of the practitioner that referred them for the footwear:

“My Rheumatologist was … well … understanding my problem very well. In the hospital, they took some pictures of her feet and these were examined thoroughly to decide what would be the solution for the foot pain.”

Odette (the Netherlands)

In contrast, the women from the UK all reported that they passively agreed to the referral by their rheumatologists, as evidenced by Daisy’s experience:

“… I would have liked more choice as to whether to have the footwear in the first place … I felt I didn’t have time to consider whether I wanted it or not … just … well … went along with what the doctor said.”

Daisy (UK)

When it came to the practitioners that assessed and fitted the footwear, there was a mix of good and bad experiences for these women. Whether the consultation was deemed good or bad depended on the degree of communication and agreement between the patient and the practitioner. When the practitioner acknowledged the difficulty associated with their arthritis in an empathic way, the experience was much more positive. Interestingly, half the women expressed that they considered the timing of referral for this footwear coincided with coming to terms with the impact of RA on their lives, as Sierra identified:

“They helped me in a professional and cool way, which was OK. However, I had a strange feeling and sadness when I left, because I was in the process of acceptance of the problems that this arthritis puts into your life.”

Sierra (Spain)

For the majority, the feelings about their feet were reinforced by the reaction of ‘others’ to their therapeutic footwear. Because of their footwear, they considered themselves as being visibly different to other women of their own age, and this impacted on their self-esteem. This in turn impacted on the patients’ activities, particularly social ones. Further to the problems identified, they had clear ideas about what would have improved their experience and this centred on the consultation with both the referring practitioner and the practitioner that provides the footwear not with the appearance of the footwear as an isolated factor.

“Used” rather than “worn”

For most people, shoes are chosen and worn as an item of clothing and play a role in personal appearance. Therapeutic footwear, on the other hand, is not a choice but an intervention, an item that is “used” rather than “worn”. As such, people who wear it lose the choice aspect of dressing themselves because existing, retail options are deemed unsuitable for their health needs.

All of the women from the UK and some from the Netherlands and Spain felt disempowered in the situation and vulnerable, as footwear is, to them, a very intimate part of themselves. Their interactions with the practitioners made the women feel as though they were being difficult patients. This possibly reinforces the balance of power with the dispensing practitioner and would not encourage open and shared dialogue.

Many expressed that it seemed the dispensing practitioner had little or no knowledge of RA and the impact of pain. The lack of opportunity to explain their experience of disease, its impact and their needs results in them feeling unimportant. Their experience of their consultations with practitioners has revealed the tension between the practitioners’ requirements and the women’s social needs.
In a nutshell, to encourage patient’s engagement with therapeutic footwear, the referring practitioners should provide information and choice as to whether a referral for this footwear meets the patient’s needs. The practitioners providing the footwear need to express an understanding of the patients’ problems. There should be room for compromise, e.g. wearing therapeutic shoes most of the time, but have dressier shoes for occasional use. Practitioners should avoid negative labels, such as “difficult feet”, and should keep the patients engaged in decision-making and problem-solving through the whole process of being referred for it and then supplied with it. Despite some very negative and emotive experiences revealed through this research method, the women were all grateful that something had been tried. Perhaps this “gratefulness” is what the traditional “satisfaction” questionnaires have measured and there is an indication from this study that more shoes than we previously thought end up as “...shoes in the cupboard”.

Patients as designer of footwear

What next? As a result of this study, it is clear where further research and development should take place. Ideally, patients should be involved in the design of new lines of therapeutic footwear. This needs to be taken on board by the manufacturers, particularly in respect of “social” footwear. Indeed in the UK, Arthritis Research UK has funded a Footwear Design Challenge to aim to meet this need. Therapeutic footwear needs to be evaluated alongside other foot health interventions and this may also include foot surgery as an option. Further, new technology in foot assessment such as CAD CAM needs to be evaluated from a patient’s perspective. Clearly, the training of practitioners in a patient focused consultation style would have improved these women’s experience and this, in turn may have assigned sufficient importance to the footwear to encourage patient engagement in it for at least some of their activities.

The results of this study are now published in the Journal of Foot and Ankle Research (2010) and hopefully will not only influence the future research agenda but also clinical practice. Certainly, as my role involves lecturing to both the podiatry and orthotist undergraduate students I can now embed my new knowledge into their teaching and enable them to “step into the patients shoes” and gain an empathic understanding of what it is like to wear therapeutic shoes.

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EULAR Health Professionals News
Collaboration across the globe

Attending the EULAR Congress 2010 in Rome with Pamela Degotardi, PhD, Past President of the Association of Rheumatology Health Professionals (ARHP) was an exciting experience. It was an opportunity to meet many new people and reconnect with some colleagues whom I had not seen in quite a while.

I was pleased to learn that Pamela and I were invited to the EULAR Health Professional Scientific Sub-committee meeting. We learned that the planning of the next Congress occurs at the Scientific Sub-committee meeting where acceptance of the presentation proposals takes place. This is not unlike the ARHP Program Subcommittee who reviews proposals and abstracts for presentation at our Annual Scientific Meeting. In addition, there was discussion of current projects and ideas for future projects funded by EULAR. Similar discussions take place within ARHP’s Executive Committee. Working together on future projects and meeting presentations seems the most promising area in which the two organizations might continue to collaborate.

Joint EULAR/ARHP session

From a discussion held during a luncheon hosted by the ARHP Executive Committee at the 2009 ARHP Annual Scientific Meeting for our International members/attendees a joint EULAR/ARHP session was proposed. The group present created a proposal submitted to the 2010 ARHP Annual Scientific Meeting on Participatory Research. Drs. Nadine James, Christina Opava, and Eric Taal submitted the abstract that was accepted for presentation on Wednesday, November 10, 2010, entitled “Patient Participation in Research.” Although Dr. Taal was unable to attend, the presentation had extensive audience participation and was very well received. We look forward to the planning of future presentations for both the EULAR Congress and the ARHP Annual Scientific Meetings.

Electronic Educational Products

In Rome, Pamela and I were also invited to attend the Health Professional Standing Committee. At this meeting, we met representatives from many different countries who are members of EULAR. These representatives presented summaries of educational projects that have occurred and recommended ideas for future projects. The Committee also provided new ideas for activities that could take place in the Health Professional booth at the 2011 EULAR Congress in London.

We learned that a barrier to collaborative educational projects is language. English is not universally spoken by all member countries of EULAR. Pamela and I shared information about our electronic educational products, Advanced Rheumatology Course, and Fundamentals in Rheumatology Course. The Advanced Rheumatology Course, formally known as the Nurse Practitioner/Physician Assistant Postgraduate Training Program in Rheumatology consists of 19 modules about various aspects of diagnosis and treatment of patients with rheumatic disease for both the adult and pediatric populations. The format is both a power point slide presentation accompanied by a voice over. The Fundamentals in Rheumatology course, due to launch online in 2012, is a series of five modules designed at the basic level for anyone working with rheumatic disease patients in an office setting. Translation of current English language based educational products is a possibility and we hope to collaborate on new electronic educational products in the future.

Common goals

While fundamental differences in organizational structures and cultures may create challenges to easy collaboration, many of the goals of both health professional organizations are the same. It is these common goals that drive both leaderships to continue to share ideas and to progress toward more joint efforts. This transatlantic collaboration is a wonderful beginning to a more global discussion about health professionals and rheumatology.

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How can we as health professionals promote people with RA to increase or maintain their level of physical activity?

It is known that for the general population regular physical activity has various health benefits such as a reduced risk of coronary heart disease, diabetes, hypertension, and colon cancer. In patients with rheumatoid arthritis (RA), physical activity has a number of additional, disease-specific benefits such as improved functional ability, aerobic capacity, and muscle strength and reduction of pain. Since patients with RA are less physically active compared to healthy subjects, health professionals are encouraged to promote physical activity in this patient population. The question is: How to promote physical activity?

To solve the first problem, it is necessary to know which patient characteristics determine whether someone is physically active or not. Previous research has shown that in patients with RA, motivation is associated with the level of physical activity. Patients with more internal motivation (i.e. autonomous regulation) were found to be more physically active compared to patients with more external motivation (i.e. coerced regulation). This indicates that increasing the internal motivation of patients will most likely lead to a higher physical activity level. A promising new intervention which aims at increasing the internal motivation of patients is motivational interviewing. Motivational interviewing is a directive, client-centered counselling style aimed to achieve behavior change by helping patients to explore and resolve ambivalence. Ambivalence implies the often confusing, contradictory and uniquely personal elements of a conflict between two courses of action, for example: “If I start exercising I will feel better about myself, but I may also put too much weight on my joints, which will increase my disease activity and joint damage.”

The health professional’s task is to facilitate expression of both sides of the ambivalence impasse, and guide the patient towards an acceptable resolution that triggers change.

**Sufficient skills**

To solve the second problem, it is necessary to know which skills patients need to maintain their physical activity level. For example, patients need skills with regard to planning, self-monitoring, feedback, relapse, and prevention. A self-regulation intervention is specifically aimed at learning these skills. It may consist of group or individual sessions, home work assignments and/or telephone follow-ups, in which patients work towards the implementation of their skills. It may consist of group or individual sessions, home work assignments and/or telephone follow-ups, in which patients work towards the implementation of their skills. For example, patients need skills with regard to planning, self-monitoring, feedback, relapse, and prevention. A self-regulation intervention is specifically aimed at learning these skills. It may consist of group or individual sessions, home work assignments and/or telephone follow-ups, in which patients work towards the implementation of their skills.

To improve the quality of the delivery of physical activity promotion, more research on the effect of motivational interviewing and self-regulation interventions in patients with RA and other rheumatic diseases is needed.

References:
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References:
Planning the EULAR Congress 2011

The next EULAR Congress will once again be the venue of high-quality Scientific Sessions introducing health professional research and issues of interest in the practical health professional world. In 2011, there will be two abstract sessions, one on research and other one on practice. There will also be joint sessions organised together with rheumatologists and the Standing Committee of People with Arthritis/Rheumatism in Europe (PARE). The final programme will be launched in spring 2011 on EULAR website.

Abstract submission for London 2011
The electronic Health professional abstract submission system will be open until 14 January 2011. Abstracts received after the deadline will not be accepted. Health professionals can choose to submit their abstract either for practice and clinical care (topics A1 – A5) or for health professional research work (topics 7 – 27).

Health Professionals Travel Bursaries
Every year, EULAR awards a number of travel bursaries to the first or presenting author of a health professionals’ abstract that has been accepted for oral or poster presentation at the EULAR Annual Congress.


The EULAR Health Professionals Research Grant
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.

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

2011: Stene Prize essay competition on exercising

The EULAR Standing Committee of PARE has launched the popular writing competition for 2011 and is this time looking for the best essay on the theme of “How Exercise Improves my Life with a Rheumatic Disease”.

Every year PARE offers the Edgar Stene Prize for the best essay. The Prize is EUR 2,000 and includes travel to the Annual EULAR Congress of that year with hotel accommodation for up to four nights as well as an invitation to attend the Opening Ceremony and the Gala Dinner at the congress.

The EULAR member organisations of PARE invite all rheumatic patients in their countries to participate in the competition. Essays may be written in any national language and should not exceed two typewritten pages. Persons who are professionally connected with rheumatology are excluded from the competition. The best entry from each country will be submitted for the final decision made by the jury elected by the Standing Committee for People with Arthritis/Rheumatism in Europe.

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