Harmonising competences and training of specialist nurses in rheumatology

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Background

...over 200 diseases

Five groups

- Degenerative/mechanical arthritis *e.g. OA*
- Inflammatory arthritis *e.g. RA, PsA, AS, JIA*
- Connective tissue disease *e.g. SLE, SSc, dermatomyositis*
- Soft tissue musculoskeletal pain *e.g. FMS*
- Back pain
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...over 200 diseases

Rheumatology specialist nurses deal mostly with IA and CTDs

...over the last 2 decades

- Better understanding of these disease
- Better diagnostics and measurements
- Treatment goals – aim at remission
- Better outcomes for patients
- Increased monitoring in outpatient clinics, now remote consultations (e-Health)
**Rheumatology Nursing**

**Clinical**
- Clinical assessments, planning, implementations and evaluation
- Disease management
  - Investigations, imaging
  - Prescribing or treatment changes
  - Joint injections

**Supportive**
- Addressing patients’ needs and/or concerns
- Patient education and training
- Promoting or supporting self-management
- Psychosocial support to the patient and/or family

**Service delivery and co-ordination**
- Referral to physicians or wider MDT
- Communication and coordinating patient care across different providers
- Administrative

**Governance and leadership**
- Audits, service improvement, research
- Vision, planning, leading
- Support learning
- Developing guidelines

**Setting**
Outpatient clinic, Home, e-Health or Remote consultation

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Different dimensions, experience, job grade and associated skills level
- Registered practitioner
- Specialism specific practitioner
- Advanced level practitioner
- Consultant level practitioner

Outpatient clinic, Home, e-Health or Remote consultation

### Evidence for rheumatology nursing (2011-19)

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<tr>
<th>Reference</th>
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<th>Year</th>
<th>Volume</th>
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<td>Larsson I et al (2014)</td>
<td>J adv nurs;70(1)</td>
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<td>RCT Denmark Clinical</td>
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Need for training...

Informed by

**EULAR survey of health professionals (2015)**
http://dx.doi.org/10.1136/rmdopen-2016-000337

**EULAR recommendations for generic core competences (2019)**
http://dx.doi.org/10.1136/annrheumdis-2019-215803

**EULAR recommendations for the role of the nurse (2012, 2018)**
http://dx.doi.org/10.1136/annrheumdis-2019-215458

**UK Nationwide survey (2018)**

**RCN Rheumatology Forum survey (2019)**
RCN Rheumatology Nursing Workshop: London, RCN ARMA  
http://arma.uk.net/rcn-rheumatology-forum-workshop-2019/

- **Rheumatology** - basic, advanced and extended level of practice
- **Aetiology, pathophysiology, epidemiology, clinical features** and **diagnostics** of common RMDs
- **Disease management**, pharmacologic and non-pharmacologic interventions
- **Risk management** and health promotion
- **Service evaluation** and improvement
- **Leadership**, financial awareness and business planning
- **Succession planning**, training and raise the profile of rheumatology nursing
Competences approach

**Competence**
*(defined by EULAR task force for generic competences)*

A set of **knowledge**, **skills** and **attitudes** that concern the **consistent** and **appropriate** use of **communication**, **knowledge**, **skills**, **clinical reasoning**, **emotions**, **values** and **reflection on practice**, for the benefit of people with RMDs and the community.

Edelaar *et al* (2020)

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Royal College of Nursing – A Competency Framework for Rheumatology Nurses (Mar 2020) *(Nurse specific)*
1. HPRs should have knowledge of the aetiology, pathophysiology, epidemiology, clinical features and diagnostic procedures of common RMDs, including their impact on all aspects of life.

2. Using a structured assessment, HPRs should identify aspects that may influence individuals with RMDs and their families, including: (a) clinical characteristics, risks, red flags and comorbidities, (b) limits to their activity and participation and (c) personal and environmental factors.

3. HPRs should communicate effectively: to make contributions to other healthcare providers and stakeholders in RMD care and to collaborate with other healthcare providers, signpost or refer where appropriate to optimise the interdisciplinary care of people with RMDs.

4. HPRs should have an understanding of common pharmacological and surgical therapies in RMDs, including their anticipated benefits, side-effects and risks, and use this knowledge to advise or refer as appropriate.

5. HPRs should provide advice on non-pharmacological interventions, treat or refer as appropriate, based on the evidence, expected benefits, limitations and risks for people with RMDs.
6: HPRs should assess the **educational needs** of people with RMDs and their carers to provide tailored education using appropriate modes of delivery, relevant resources and evaluate their effectiveness.

7: HPRs should take responsibility for their **continuous learning and ongoing professional development** to remain up-to-date with the clinical guidelines and/or recommendations on the management of RMDs.

8: HPRs should support people with RMDs in **goal setting and shared decision making** about their care (e.g., identify, prioritise, address their needs and preferences and explain in lay terms).

9: HPRs should support people with RMDs in **self-management** of their condition. This encompasses selecting and applying the appropriate behavioural approaches and techniques to optimise their health and well-being (e.g., engagement in physical activity, pain and fatigue management).

10: HPRs should be able to select and apply **outcome measures** for people with RMDs, as appropriate, to **evaluate the effectiveness** of their interventions.
Aims to support:
• Personal and continuous professional development
• Succession planning and service development
• Development of a standard nationwide curriculum
• Benchmarking tool for all rheumatology nurses

Defines:
• Specific rheumatology nursing qualities and outcomes
• Pathways for career development e.g. clinical specialities, management, leadership, teaching, education and research.

Use alongside other competency frameworks and guidelines e.g. prescribing, assessing and monitoring biologic therapies and subcutaneous methotrexate
Harmonising needs and training

Challenges

– National variations in rheumatology nurses — different, legislation, funding
– Role differences — may need specific training based on need
– Condition management — based on area of specialism
– Interventions — CBT, motivational interviewing, imaging, joint injections
– Many pathways to rheumatology — organic in-house training
– Funding (time) — scarce resources, staff shortages
Harmonising needs and training

**Challenges**
- National variations in rheumatology nurses
- Role differences
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- Interventions – CBT, motivational interviewing
- Many pathways to rheumatology
- Funding (time)

**Opportunities**
- Person-centred approaches
- Assessment, investigation and diagnosis
- Service and professional development
- MDT approach to training – learn from each other
- Support from professional organisations
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EULAR offers online course for health professionals
National professional organisations offer or endorse specific training
Visionary leadership is required
Thank you for listening

Any questions?

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