



ISEMIR 2015: Spondyloarthritis, Rheumatoid Arthritis and Beyond

4/17-18/2015

This activity was created to address the professional practice gaps listed below:

- Recognizing the utility of MRI and US when evaluating spondyloarthritis (SpA).
- Identifying the EULAR recommendations for the use of imaging in rheumatoid arthritis.
- Applying the fundamentals of musculoskeletal ultrasound (MSUS) in joint examination.
- Identifying the limitations that currently exist with regards to musculoskeletal imaging.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Disagree		Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [14-3.36]	(0)	(4) 28.57%	(1) 7.14%	(9) 64.29%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [14-3.14]	(0)	(5) 35.71%	(2) 14.29%	(7) 50.00%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [9-3.22]	(1) 11.11%	(0)	(4) 44.44%	(4) 44.44%

2. Please elaborate on your previous answers. (6)

Imaging joints with US for RA and SpA was especially helpful. The review of basic anatomy with US correlation reinforced my knowledge base. Overall the conference has been very educational.

understanding the utility of MRI and US in diagnosing and managing Inflammatory Arthritis

New knowledge

none

I learned a lot. I still lack confidence and the conference did not give me that yet

Every time when you come in for a conference you learn something new

3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Mihaela Taylor, MD [13-3.38]	(0)	(0)	(8) 61.54%	(5) 38.46%

Mikkel Ostergaard, MD [14-3.71]	(0)	(0)	(4) 28.57%	(10) 71.43%
Ewa Olech, MD [14-3.57]	(0)	(0)	(6) 42.86%	(8) 57.14%
Ami Ben-Artzi, MD [13-3.46]	(0)	(0)	(7) 53.85%	(6) 46.15%
Ralf Thiele, MD [14-3.57]	(0)	(0)	(6) 42.86%	(8) 57.14%
George A.W. Bruyn, MD, PhD [14-3.50]	(0)	(0)	(7) 50.00%	(7) 50.00%
Orrin M Troum, MD FACR [14-3.50]	(0)	(0)	(7) 50.00%	(7) 50.00%

4. Please elaborate on your previous answers. (6)

good preparation, well suited to the audience

All speakers were excellent.

they all show good knowledge

none

In general they were all good, knowledgeable.

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (11)

New protocol to Dx and nject rheumatic diseases such as SPA , gout, RA

More insightful approach to reading literature

Understanding of ultrasounds

Recommend US for evaluation of RA and SpA if MR is contraindicated. Also will consider DECT for crystal detection.

New protocols

Utilizing US in diagnosing inflammatory arthritis

improve

After the conference, I purchased a machine and plan on implementing it to my practice

no change

6. How certain are you that you will implement this change? (12)

Certain ⁽⁴⁻
33.33%)

Very Certain ⁽³⁻
25.00%)

Maybe ⁽⁴⁻
33.33%)

N/A ⁽¹⁻
8.33%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (9)

Practice on guided injections, how to us the ultrasonogram, rule out temporal artheritis

Clinical application of MRI; enjoyed the case studies presented.

Advances in treatment of early cartilage disease.

none

Improve

How to implement the ultrasound in a busy practice

8. Were the patient recommendations based on acceptable practices in medicine?

(12)

Yes ⁽⁹⁻
75.00%)

No ⁽³⁻
25.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (3)

improve

not applicable

10. Do you think the presentation was without commercial bias?

(11)

Yes ⁽¹⁰⁻
90.91%)

No ⁽¹⁻
9.09%)

11. If you answered No on the above question, please list the topics that were biased? (2)

none

not applicable

12. Please provide any additional comments you may have about this educational activity. (5)

Very glad I attended.

NA

Improve

This conference was not as good as 2014

none.

Post-Test Component

Please answer the following Post-test questions to the best of your ability (the answers WILL NOT be graded)

1. Which elementary lesion of knee osteoarthritis is least reliably assessed by ultrasound?

(3)

Cartilage ⁽²⁻
66.67%)

Medial meniscal protrusion ⁽¹⁻
33.33%)

2. Regarding the assessment of synovitis on the patient level, how many joints is the most accurate?

(3)

7 joints ⁽²⁻
66.67%)

12 joints ⁽¹⁻
33.33%)

3. There is excellent correlation between MRI and ultrasound findings in assessment of enthesitis.

(3)

True ⁽³⁻
100.00%)

4. Which findings predict clinical response in axial spondyloarthritis?

(3)

Both high CRP and high spine MRI inflammation score ⁽²⁻
66.67%)

Low CRP ⁽¹⁻
33.33%)

5. Which MRI findings in the sacroiliac joints have independent value for diagnosing axial SpA?

(3)

None of them ⁽¹⁻
33.33%)

Bone erosion and Bone marrow edema ⁽¹⁻
33.33%)

Bone erosion ⁽¹⁻
33.33%)

6. Tenosynovitis over dorsal aspects of MCP and PIP joints is one of the typical sonographic features of spondyloarthritis.

(3)

True ⁽¹⁻
33.33%)

False ⁽²⁻
66.67%)

7. Ultrasonography, Dual-energy CT scan and MRI have similar sensitivity and specificity for detection of gouty tophy.

(3)

True ⁽¹⁻
33.33%)

False ⁽²⁻
66.67%)

8. In tophaceous gout, a power Doppler signal adjacent to tophi can be seen during an acute gout attack, and is typically absent in chronic tophaceous gout.

(3)

True ⁽²⁻
66.67%)

False ⁽¹⁻
33.33%)

9. OMERACT RAMRIS Wrist Joint Space Narrowing scores range:

(3)

0 – 2 ⁽²⁻
66.67%)

1 – 3 ⁽¹⁻
33.33%)

10. How many RA patients in clinical remission or low disease activity have subclinical inflammation on MRI?

(3)

Less than 10% ⁽²⁻
66.67%)

About 50% ⁽¹⁻
33.33%)

11. In addition to diagnosis, staging, and management of malignancies PET/CT may also be used:

(3)

Sarcoidosis ⁽²⁻
66.67%)

Large vessel vasculitis ⁽¹⁻
33.33%)

12. DECT provides good diagnostic accuracy for MSU deposits in gout. Which of the following statements is true?

(3)

Useful for therapeutic decisions when gout is suspected & synovial fluid is negative ⁽²⁻
66.67%)

Sensitivity is equally powerful for recent and long-standing disease ⁽¹⁻
33.33%)

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.