Background: The Birmingham Vasculitis Activity Score (BVAS) and Vasculitis Damage Index (VDI) are validated clinical assessment tools for the systemic vasculitides, which are characterized by episodes of disease activity and accrual of irreversible damage. However, use of BVAS and VDI is limited, partly due to lack of training but also lack of perceived need. The increasing use of biologic agents in vasculitis means that these tools can provide quantifiable evaluation prior to treatment and be used to monitor response and outcome. We present pilot data on the performance of a training package including a web-based assessment of performance developed for this purpose.

Methods: The training package (which consists of an introductory lecture, a manual plus 20 simple and 40 advanced vasculitis case scenarios) was tested among a group of international physicians and research nurses specialized in vasculitis during 3 clinical trial investigators’ meetings, and one educational meeting for UK rheumatology fellows. The overall pass mark for each set of cases was set at 85% and 75% agreement with gold standard for BVAS and VDI respectively (and at least 50% for each individual case). In case of failure to achieve the required mark, specific cases could be reset allowing a reattempt. Initial training was performed using printed paper-cases; subsequent meetings employed a custom built interactive web-based application. The application provided immediate feedback on completion and detailed feedback on performance of each evaluated case. The percentage agreement, number of attempts per case and time needed to complete the training were analysed, as well as their own feedback.

Results: Over the course of 4 events 106 participants scored 5900 cases; 2600 were scored by 51 participants using the website. Of these, 33.3% passed the advanced section on their first attempt with an average mark of 92.3% (range 86.6–96.4) for BVAS and 92% (range 88.9–95.0) for VDI. Participants finished the web-based assessment within approximately 4–6 hours, spending on average 4–6 minutes per case. The number of reattempts per BVAS case decreased from 1.08 (1 in 14 cases retaken) in the introductory set to 1.05 (1 in 21 cases retaken) in the advanced set, showing intra-training improvement. Overall 100% completed the training and were awarded certification.

59.2% of participants agreed that the training should be mandatory for all doctors treating vasculitis patients.

Conclusion: We have developed a paper and web-based training package to enhance clinicians’ ability to evaluate patients with systemic vasculitis, based on assessment of BVAS and VDI. This package is effective, easy to use, feasible and acceptable to participants to facilitate their ability to manage patients with vasculitis. Because the training is partly web based, it should be possible to provide it remotely. We are currently developing an entirely web-based system.

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