

sists of an instructional video where an expert in the field provides background information on the measure and actively demonstrates examination using photographs and video footage of assessments performed on volunteer patients. Most of the dermatology modules include a certification portion emphasizing comprehension of the instrument. Each module was developed in collaboration with KIT Digital, which streams the training modules on the Internet. GRAPPA members are able to access the dermatology modules through the GRAPPA website using their login and password (<http://grappanetwork.org/>). Pharmaceutical sponsors who have a licensed agreement to use the modules have the option of developing a customized landing page and password-protected entry as well as customized training modules for individual study requirements.

The currently available dermatologic assessment modules include the PASI³, with training in body surface area (BSA) using a handprint method (one handprint = 1%)⁴; the Psoriasis Scalp Severity Index⁵; Physician Global Assessment with both a 5-point (0–4) and 6-point (0–5) scale⁶; the original and modified Nail Psoriasis Severity Index^{7,8}; the Palmar-Plantar Pustular Psoriasis Area and Severity Index⁹; and the Total Plaque Severity Score, which is intended for scoring target lesions. Recently available rheumatology training modules include demonstration of tender and swollen joints used in the American College of Rheumatology criteria, Disease Activity Score, and other composite arthritis scores¹⁰, and evaluations of enthesitis and dactylitis. An axial disease module is in development^{11,12,13}.

The prototype module, which reviews the PASI and BSA, has been the most widely accessed. Over 700 individuals have viewed the video and completed the 16.5 minute instructional video and certification portion on performing PASI/BSA assessments. Details of the registration, navigation, and certification processes have been described^{1,2}. In brief, following registration, a password-protected video can be accessed, and then 3 sets of patient photographs are made available for scoring and comparison to scores of a consensus panel. Following completion of the scoring segment, a certificate can be printed. Registration, viewing time, and scores can be verified via KIT Digital's web response system, which allows licensed users (such as industry sponsors who require training compliance) to download these data.

Although formal validation studies have not yet been conducted, pilot data presented at this meeting suggest the PASI training video is effective at improving the accuracy of PASI scoring. A study being conducted by April Armstrong, MD, MPH, at the University of California, Davis, USA, showed that after viewing the training module, PASI-naive dermatologists and patients with psoriasis assigned PASI scores that were closer to those of experienced PASI users. Final analysis of this study is under way.

In summary, although there are inherent limitations to

online video training of psoriasis and PsA measures, the GRAPPA training modules have been of continued interest to both experienced and inexperienced evaluators and industry sponsors. In addition to completion of the rheumatology modules and validation studies, several modifications and improvements to existing modules have been suggested. Additional patient examples to increase the range of disease severity and of skin types are needed. Translation or subtitling in languages other than English is of interest to the international community. The online platform would also lend itself well to continuing medical education modules. Suggested topics included reviewing available PsA screening instruments (e.g., Psoriatic Arthritis Epidemiology Screening Tool, Psoriatic Arthritis Screening Evaluation, and Toronto Psoriatic Arthritis Screening)^{14,15,16} and online education for clinicians interested in improving their physical examination skills.

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