High Tech CME: Changing the Face of Learning

In a world where websites and mobile devices are replacing grand rounds, continuing medical education has gone high-tech to meet some very real needs.

By Jamie DeMaria

Digital technology is revolutionizing both the practice of medicine and continuing medical education (CME). It is changing the way HCPs practice and helping them stay up on the most recent developments in medicine. The result is more appropriate treatment decisions, greater patient engagement and increased behavior change.

Digital devices have become the new medical classrooms. They are the trusted sources that doctors turn to when they need information that fits their own learning style and the demands of their practice. As resources, especially time, become even scarcer, physicians want efficient ways to stay current. One recent study found that 96% of 971 physicians surveyed said they would attend more conferences, meetings and CME events if the programs were offered online. The ability to view content on demand, while avoiding the burden and cost of travel, were major factors driving their online preference.¹

CONTEXT COUNTS

Education doesn’t happen in a vacuum; it is shaped by the context in which it occurs. For physicians, that context is increasingly one where clinicians must capture data and report on clinical measures, keep patients at the center of their efforts, and stay up-to-date in their field of practice. CME must provide solutions to meet all three of these ends.

In a play on the old pediatrics adage that children are not little adults, educator Karen Jarrett Thoms reminds us that when it comes to education, “adults are not just big kids.” They bring experience, knowledge, and specific needs to a learning activity.² What works for adults is education that:²,³

• is problem-centered rather than content-centered;
• permits and encourages active participation;
• is based on an evaluation agreement;
• prompts redesign and new learning activities based on evaluation;
• incorporates experiential activities.
These points have been incorporated into the best contemporary CME. Take an approach known as tailored learning, for example, where knowledge gaps are gauged and content is specifically designed and prescribed to physicians in real time to remediate these gaps and improve clinical practice. The net effect is that tailored learning activities connect education to performance and improved patient outcomes.4

MARRYING TECHNIQUE AND TECHNOLOGY
In many leading-edge CME initiatives, technology provides the means to engage the learner by providing an individualized experience tailored to the physician’s practice and knowledge gaps. Programs become interactive experiences that physicians find both compelling and meaningful in the context of the patient-care challenges they face in their practices.

The best contemporary approaches to CME employ advanced delivery platforms made possible by digital technology. These platforms create unique learning environments that seamlessly link assessments to help physicians evaluate learning gaps and provide content that meets those needs. And they deliver that content to a convenient location—be it a desktop in the physician’s study, an office laptop, or a handheld device as the doctor makes rounds at the hospital.

The numbers bear witness to the successful marriage of technique and technology. Internet-based offerings accounted for 18% of all physician CME participation in 2005. That number rose to 39% by 2011.5

PROOF POSITIVE THAT CME WORKS
By this point, the record in the literature is pretty clear: CME improves physician performance. A review of 105 articles in the scientific literature found continuing education—especially when it incorporates multimedia or multiple education techniques—is effective in changing physician performance.6 These findings were consistent
with an analysis of 136 articles and nine systematic reviews, with the consensus of the literature finding that CME achieves and maintains stated objectives, including improving knowledge, attitudes, skills, practice behavior and clinical practice outcomes.7

A RECENT MEDSCAPE PERFORMANCE

Improvement CME program, for example, had a positive impact on comprehensive diabetes care. This program began by identifying clinical performance gaps and underlying educational needs related to the management of diabetes. In the first stage of the program, participating physicians underwent a baseline assessment of knowledge, patient care, and performance with regards to treating patients with diabetes. In the second stage, physicians selected from a variety of educational activities and resources to address identified areas for improvement. The third stage consisted of a re-assessment of knowledge, patient care and performance.

The results were considerably dramatic. Physicians demonstrated statistically significant improvements across every performance measure. A chart review indicated that 96% of patients treated by physicians who completed the program were receiving lipid profiles appropriately, and 91% were receiving appropriate foot exams—key areas for preventing complications from diabetes.

LOOKING TO THE FUTURE

CME will continue to evolve rapidly as mass education is replaced by individually structured learning activities—a move driven by the unique capabilities of online technology.

What’s more, CME will increasingly incorporate insights about effective learning from social science research. For example, Medscape Education recently commissioned a study using the theory of planned behavior to analyze factors that predict whether interventional cardiologists are likely to use radial coronary angiography.

Researchers were able to identify and measure the impact—of factors at the patient level, physician level, and institutional and systems level—on physician behavior. The result was a detailed understanding of factors that influence interventional cardiologists’ use of radial coronary angiography, factors that can then be addressed in specifically tailored educational programs.

As digital technology continues to advance, education providers’ capabilities to deliver individualized instruction will expand greatly. Moving forward, one thing is clear: Internet-based educational activities will comprise an even larger share of CME offerings.

REFERENCES:


5. ACCME. Annual Report Data.2006-2011; Data represents percent share of total MD participants by CME format.


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“At this pivotal moment in the evolution of medicine, physician education will ensure that improving outcomes remains the guiding focus.”

— Eric J. Topol, MD
Editor in Chief, Medscape

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