IMPROVING PHYSICIANS’ AND PATIENTS’ KNOWLEDGE OF IBS-C AND CIC THROUGH TARGETED EDUCATION

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STUDY OBJECTIVES:

- Improve physicians’ knowledge of IBS-C and CIC through a targeted educational program.
- Increase patients’ knowledge of approved therapies for IBS-C and CIC through education.
- Evaluate the effectiveness of the educational program through pre- and post-assessment.

RESULTS:

Both physicians and patients/caregivers improved their knowledge of effective communication strategies and available therapies for IBS-C and CIC following the education.

- Post-CME, 26% of gastroenterologists (p<0.05) and 32% of PCPs (p<0.001) answered at least 4 questions correctly, compared with 24% and 28%, respectively, pre-CME (p<0.05) (Figures 2 and 3).
- 19% of gastroenterologists and 26% of PCPs improved in ability to identify patients with IBS-C and CIC compared with gastroenterologists and PCPs without CME (p<0.05) (Figures 2 and 3).
- 45% of gastroenterologists and 36% of PCPs improved in ability to identify patients with IBS-C and CIC compared with gastroenterologists and PCPs without CME (p<0.05) (Figures 2 and 3).

INSTRUCTIONAL METHODS:

- The instruction method targeted for gastroenterologists and primary care physicians was a 30-minute online panel discussion and a downloadable slide deck to highlight and reinforce evidence-based medical education (CME) activity delivered in the form of a 30-minute online panel discussion.
- The activity was led by Medscape Education and included a presentation, an interactive discussion, and a downloadable slide deck to highlight and reinforce evidence-based education.
- The CME activity included a live Q&A of 2 interactive patient/caregiver education activities on WebMD with text and graphics. Patient/caregiver education activities were accessible online through search engines or by search on WebMD. Physicians could download a “prescription to learn” on Medscape Education to provide patient/caregivers with links to the patient/caregiver education activities.

ASSESSMENT METHODS:

- Link participants (the physician, physician who served as their own control, and caregivers) were assessed with 2 sets of questions before and after the educational program.
- The post-assessment was conducted 4 weeks after the educational program.

CONCLUSIONS:

An aligned physician-patient educational approach to IBS-C and CIC was effective in educating both audiences, and may lead to valuable medical improvements in decision making in functional gastrointestinal disorders.

References: