Bipolar disorder affects 10.4 million people in the United States, yet gaps exist in distinguishing unipolar and bipolar depression and selecting appropriate treatments for the depressive phase. This study assessed effects of online continuing medical education (CME) on improving clinical performance of psychiatrists and primary care physicians (PCPs) who provide care for adults with bipolar I disorder (BP-I).1

Study Objectives

1. To determine the educational effect sizes (p = 0.45 for psychiatrists; p = 0.278; for PCPs) on a smaller subset of linked learners.

2. To determine the knowledge retention, while 31% psychiatrists rated clinical decision-making easier on follow-up despite declining in knowledge retention, while 31% psychiatrists rated clinical decision-making more difficult from post- to follow-up assessment (Figure 4).

3. To compare the percentage of physicians who answered all 3 clinical performance questions correctly immediately post-CME, for psychiatrists (n = 411, from 28% pre-CME to 55% post-CME, P < .001) and PCPs (n = 324, from 6% pre-CME to 42% post-CME, P < .001), with moderate educational effect sizes (r = 0.45 for psychiatrists; r = 0.32 for PCPs) (Figure 1; Figure 2).

Methods

Instructional Method

The instructional method consisted of online CME intervention presented as a video-based panel discussion on Medscape Education.1

Assessment Methods

Assessment was done via an online survey that was administered to post-CME (n=411), and on follow-up 60 days later (n=28). The educational activity and outcomes measurement were funded through an independent educational grant from Sunovion.

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Results

Online CME intervention presented as a video-based panel discussion was successful in improving practice performance on diagnosis and management of BP-I with depression. Psychiatrists and PCPs would benefit from additional tailored education on diagnostic strategies and new agents to drive knowledge transfer and retention with the overarching aim of improving health outcomes in patients with BP-I.

Conclusions

Online CME intervention presented as a video-based panel discussion was successful in improving practice performance on diagnosis and management of BP-I with depression. Psychiatrists and PCPs would benefit from additional tailored education on diagnostic strategies and new agents to drive knowledge transfer and retention with the overarching aim of improving health outcomes in patients with BP-I.

References


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Figure 1

Performance by psychiatrists on clinical questions on pre- and post-CME (n=411), and on follow-up 60 days later (n=31).

Figure 2

Performance by PCPs on clinical questions on pre- and post-CME (n=324), and on follow-up 60 days later (n=28).

Figure 3

Case scenarios and performance by psychiatrists (n=411) and PCPs on pre- and post-CME questions (n=324).

Figure 4

Self-reported clinical performance analysis 30-60 days post-CME.