A continuing medical education activity was delivered online via Medscape Education, a virtual patient simulation learning platform that offers clinicians lifelike, point-of-care interactions with complete freedom of choice in clinical decision making, along with mentoring feedback to address the learner’s practice gaps.

MDD is a prevalent mental disorder in the United States and one of the leading causes of disability worldwide. However, despite the high prevalence, only 20% of patients with MDD receive adequate treatment, and the use of depression rating scales as assessment tools and for treatment response is suboptimal. Furthermore, only 30% of patients achieve remission with the first agent selected. Even among remitters, up to 50% report residual symptoms that affect their functional ability. In addition to low remission rates among patients who take antidepressants, up to 50% of patients report discontinuing their therapy because of tolerability issues or adverse effects. This study aimed to determine if virtual patient simulation (VPS) could help psychiatrists and primary care physicians (PCPs) improve performance in assessment and management of MDD and adherence to quality improvement measures.

**RESULTS**

A total of 978 psychiatrists and 732 PCPs made clinical decisions in both cases (Figure 1). From pre to post, PCPs in simulation, psychiatrists and PCPs were more likely to make evidence-based practice decisions in:

- Incorporating measurement-based care, such as evidence-based tools and scales, into patient assessment.
- Individualizing treatment for patients with MDD, including patients who have responded inadequately to initial therapy, by incorporating the latest clinical findings.
- Improving adherence to quality improvement measures.

**METHODS**

A continuing medical education activity was delivered online via Medscape Education, a virtual patient simulation learning platform that offers clinicians lifelike, point-of-care interactions with complete freedom of choice in clinical decision making, along with mentoring feedback to address the learner’s practice gaps. Psychiatrists and PCPs were presented with 2 patient cases of MDD, including their electronic health records, which were designed to simulate the scope of actual practice (Figure 1). Following virtual interaction with patients, physicians were asked to make diagnostic and treatment decisions based on numerous available assessments, diagnoses, and pharmacologic therapies. The clinical decisions entered by each participant were analyzed using a sophisticated decision engine employing current evidence and evidence-based recommendations.

Personalized clinical guidance (CCG) was then provided to each learner based on the analysis of their decisions.

**Impact of the education was measured by comparing participant decisions pre- to post-CGP using a 2-tailed paired t-test. P < .05 was considered statistically significant.**

The activity was launched on Medscape Education on November 15, 2015, and data were collected through December 3, 2015.

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**References**


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