### ASSESSMENT METHODS

**Physician Education**
- Repeated pair method was used to determine the effectiveness of knowledge transfer/exchange following participation in the online CME program using 4 identical pre- and post-assessment questions, allowing participants to serve as their own control.
- A paired t-test was used to assess whether the mean post-assessment score was different from the mean pre-assessment score. McNemar’s test was employed for matched scores.
- Effect size of the CME activity was calculated using Cohen’s d by determining the change in proportion of participants who answered questions correctly from pre- to post-assessment.
- Cohen’s d from 0.00-0.08 represents no effect, 0.08-0.20 represents a small effect, 0.20-0.40 represents a medium effect, and 0.40-1.00 represents a large effect.

**Patient Education**
- Assessment of the effect of each of the patient care partner education activities was performed via an online survey consisting of 1 pre- and post-education question per activity.
- Patient-care partner demographics were also collected.

### RESULTS

**PHYSICIANS**
- Post-CME, 63% of gastroenterologists (n=48) and surgeons (n=33) answered all 4 questions correctly, compared with 13% and 10%, respectively, pre-CME (P<0.05) [Figure 2].
- 36% of gastroenterologists and 28% of surgeons improved understanding of SBS anatomy.
- 30% of gastroenterologists and 44% of surgeons improved understanding of the role of enteral nutrition and its relation to SBS complications.
- 46% of gastroenterologists and 45% of surgeons improved in knowledge of nutritional requirements of patients with SBS (P<0.05) [Figure 3].

**PATIENTS/CARE PARTNERS**
- A total of 2,270 participants completed the patient education module, 56% of whom have SBS. 39% who are interested in SBS, and 12% who are care partners of patients with SBS (Figure 4).
- After participating in the educational module, 55% of attendees could be recognized nutritional requirements for SBS, such as the importance of oral rehydration solutions, compared with 27% pre-education (P<0.05) (Figure 5).

### CONCLUSIONS

An aligned physician-patient educational approach in SBS was effective in educating both provider and patient-care partner audiences who had knowledge gaps regarding the condition at baseline, and supported shared decision making. Additional education using similar approaches may be useful in fostering further patient engagement and helping clinicians translate learning to improved patient outcomes.

### REFERENCES