3. METHODS

The CME intervention consisted of 2 cases presented in a virtual patient simulation (VPS) platform that offered simulated clinical care experience with complete freedom of choice in clinical decision-making matching the scope of actual practice (Figure 3).

Following VPS-based interactions in patient cases, participants made open-ended clinical decisions regarding lab tests, diagnoses, and treatments.

Clinical decisions made by clinicians were analyzed using a sophisticated decision engine, and labeled clinical guidance (CG) was provided based on current evidence and expert recommendations.

Learn exchange results were pooled post-CG and compared with each user’s baseline post-CG data using a 2-tailed paired T-test to determine statistical significance.

The study also identified persistent physician performance gaps related to patient care in HF including:

- The use of patient assessment criteria to diagnose HF
- Use of patient-centered care approaches to improve management of HF
- Use of patient-centered care approaches to improve management of HF

Clinical Implications:

Using VPS-based CME to improve the performance of cardiologists and PCPs has the potential to translate into improvements in clinical care and patient outcomes.