Continuing Medical Education Curriculum Improves Psychiatrists' Knowledge, Competence and Confidence on Management of Major Depressive Disorder

LIONEL THEVATHASAN MB, BS, FRCS; LEANNE FAIRLEY BJ HON; CAROLINE PHILLIPS BSC (HONS); PAN CHEN, PhD, Medscape LLC, New York, NY, USA; **KOEN DEMYTTENAERE, MD, PhD,** Professor of Psychiatry, Head of Psychiatry Research Group, Department of Neurosciences, KU Leuven, Leuven, Belgium; **EDUARD VIETA, MD, PhD,** Professor, Head of the Department of Psychiatry and Psychology, Hospital Clinic, University of Barcelona, Barcelona, Spain; **PETER FALKAI, MD, PhD,** Professor and Chairman, Department of Psychiatry and Psychotherapy, Ludwig-Maximilians-University Munich, Munich, Germany; **GUY M. GOODWIN, FMedSci,** Emeritus Professor, Department of Psychiatry, University of Oxford, Oxford, United Kingdom

Presented at
ENCP
3 October 2021
Poster #P.0090

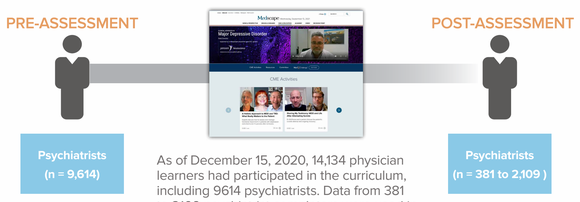
BACKGROUND

New data on the treatment of major depressive disorder (MDD) and treatment-resistant depression (TRD) have accumulated rapidly from the findings of several recent randomized clinical trials. Further, novel therapies are now available for clinical use. The challenge for clinicians is keeping up to date with the latest relevant clinical trial data and appropriately utilizing novel therapies in clinical practice.

PURPOSE:

We evaluated whether an online educational curriculum, reflecting the latest evidence, and directed at psychiatrists in Europe, the Middle East, and North Africa, could improve knowledge, competence and confidence regarding treatment of patients living with MDD. The education was focused on 3 principal themes: appropriate management of patients with MDD/TRD, use of novel therapies in MDD/TRD, as well as assessment and management of suicide risk in MDD.

METHODS



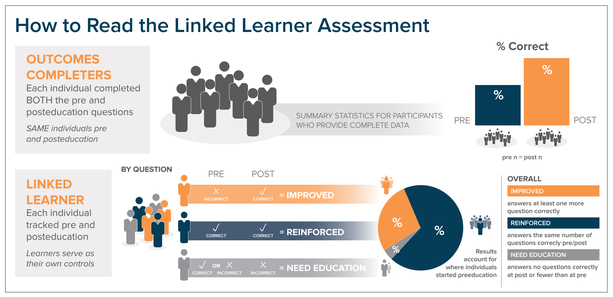
As of December 15, 2020, 14,134 physician learners had participated in the curriculum, including 9614 psychiatrists. Data from 381 to 2109 psychiatrist completers were used in analyses performed in the current study.

The curriculum comprised five, accredited, expert-led activities in a variety of formats from video panel discussions to case- and text-based education. Activities were launched sequentially from January 2020 to August 2020.

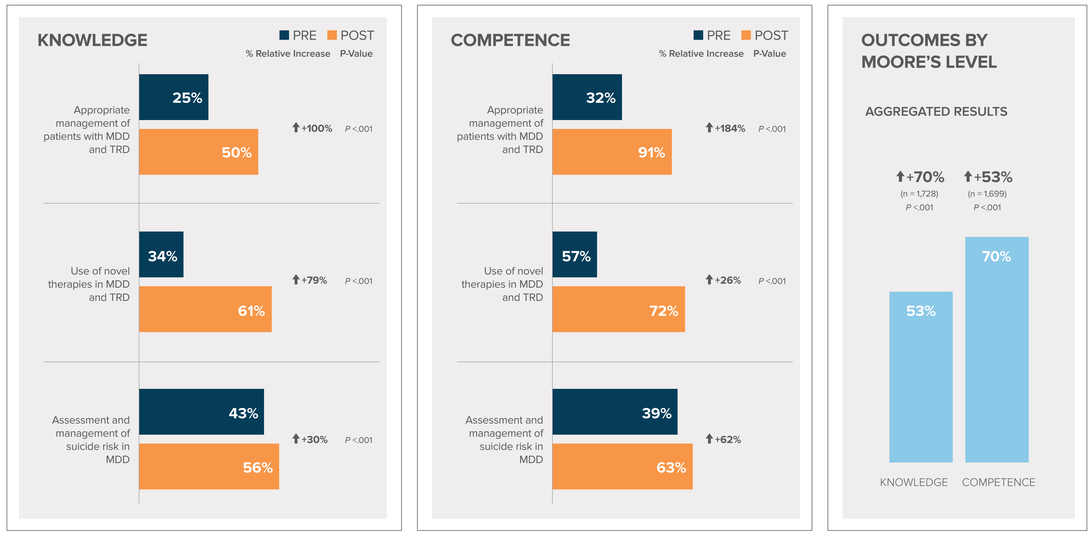
Educational effectiveness was assessed by a paired pre/post assessment design where learners served as their own controls. Three questions measuring knowledge and/or competence and one question assessing confidence were asked both prior to and after the education for all 5 activities. Psychiatrists who completed both the pre- and post-CME assessments in each activity were included in the analysis. McNemar's tests were conducted to assess whether percentage of correct responses across knowledge/competence questions were significantly higher at pre- vs post- education. Paired-sample t tests were used to analyze significant levels of changes in confidence measured in a scale ranging from 1-not confident to 5-very confident. $P < .05$ is considered significant across all statistical tests performed.

To examine the association of knowledge/competence change with confidence, increases in confidence were compared between psychiatrists who *improved* (incorrect pre- and correct post-) and *reinforced* (correct pre- and post-) knowledge/competence with those who were *not affected* (incorrect post-) by the education.

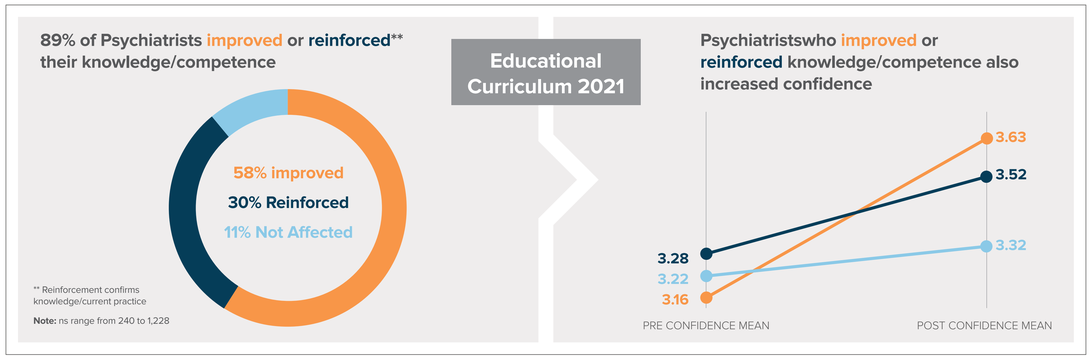
How to Read the Linked Learner Assessment



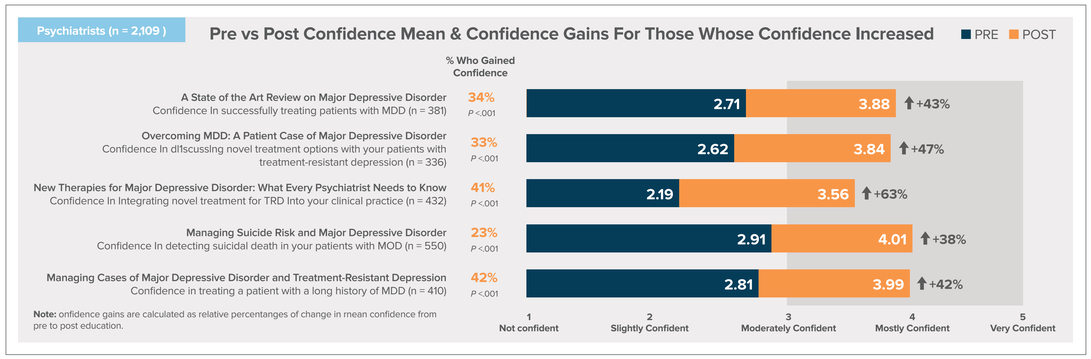
RESULTS



58% of psychiatrists improved, and 30% reinforced, their knowledge/competence. Percentage of correct responses to all knowledge questions increased from 38% at baseline to 58% following education ($P < .001$) and percentage of correct responses to all competence questions increased from 43% to 73% ($P < .001$). Improvements in knowledge and competence were seen across all 3 educational themes as can be seen in the table.



34% of the psychiatrists increased confidence ($P < .001$) and of those whose confidence increased, mean confidence increased by 46% after education. Mean confidence of psychiatrists who improved or reinforced knowledge/competence increased from 3.16 to 3.63 ($P < .001$) and from 3.28 to 3.52 ($P < .001$) respectively. Psychiatrists who were not affected had the lowest level of confidence (3.32) after education.



CONCLUSION

This educational curriculum resulted in significant improvements in knowledge, competence, and confidence among psychiatrists on MDD management. Psychiatrists improved or reinforced knowledge/competence also increased their confidence significantly.

ACKNOWLEDGMENTS

This CPD-certified activity was developed through independent educational funding from Angelini Pharma.

For more information, contact Lionel Thevathasan, MB BS FRCS, Clinical Strategy, Medscape, LLC at *lionelthe@me.com*

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