INTRODUCTION

Angina secondary to stable ischemic heart disease (SIHD) is the most common clinical presentation of cardiovascular disease encountered by cardiologists.

However, guideline-directed medical therapy (GDMT) to manage angina is widely underestimated in patients with SIHD, and patients are often misdiagnosed and not managed appropriately.

GOALS

This study was conducted to determine if an online, simulation-based continuing medical education (CME) intervention could improve the performance of cardiologists in the medical management of patients with SIHD.

METHODS

The CME intervention consisted of 2 cases presented in a platform that allowed learners to order laboratory tests, make diagnoses, and determine treatments matching the scope and depth of actual practice.

The clinical decisions made by the learners in open field responses similar to electronic health records were analyzed using an artificial intelligence engine, and clinical guidance (CG) was then provided based on current evidence and expert recommendation.

As a result of CG, significant improvements were observed among cardiologists post-CG compared to pre-CG, related to patient assessment, diagnosis, and appropriate treatment of SIHD (Figures 2, 3, and 4).

RESULTS

Clinical decisions related to patient assessment and diagnosis

Clinical decisions related to the use of patient-centered care

As a result of CG, significant improvements were observed among cardiologists post-CG compared to pre-CG, related to patient assessment, diagnosis, and appropriate treatment of SIHD.

CONCLUSIONS

This study demonstrated that simulation-based CME with open-ended decision capability can improve evidence-based practices of cardiologists related to management of SIHD including ordering appropriate tests, arriving at the correct diagnosis, making the optimal treatment selection, and providing patient-centered care.

In addition, ongoing educational gaps were uncovered related to appropriate patient assessment, ability to diagnose SIHD, and ability to appropriately order step-up antianginal therapy.

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REFERENCES


