Improving Physicians’ Clinical Competence: Success of Interactive, Case-Based Education on Application of Guidelines in Complex Patients

AMY LARKIN, PHARMD; KELLY HANLEY; COLLEEN S. HEALY, MA; ANNE LE, PHARMD, Medscape Education, New York, NY

BACKGROUND

We sought to determine if, as an improvement over existing case-based education, interactive, case-related education could improve the competencies of primary care physicians (PCPs) and endocrinologists (D/Es) regarding clinical application of guidelines and individualized management of type 2 diabetes (T2D).

METHODS

For the purposes of this study, 779 physicians were recruited: 473 PCPs and 198 D/Es. The physicians were surveyed using a clinical case study. Using a 5-point Likert scale, the physicians were asked to rate their confidence in initiating or intensifying therapy in their patients with T2D. The physicians then viewed an interactive case study and responded to the same questions. The answers were analyzed using the McNemar test and Cramer’s V statistic.

RESULTS

26% more D/Es and 26% more PCPs correctly individualized T2D treatment in a patient with comorbid heart failure.

10% more D/Es and 11% more PCPs addressed lifestyle modifications in a patient newly diagnosed with T2D.

Self-efficacy: 20% of D/Es and 32% of PCPs reported an increase in confidence initiating or intensifying therapy for T2D.

In discussing treatment with Jeff, what is the most appropriate first step?

In discussing treatment with Larry, what is the most appropriate antihyperglycemic therapy for Larry at this time?

CONCLUSION

This study demonstrates the success of interactive, case-related education in improving clinical competence of D/Es and PCPs related to management of T2D. PCPs demonstrated a lower baseline knowledge compared with D/Es. Despite the low baseline, the case-based activity helped narrow the gap between PCPs and D/Es.

ACKNOWLEDGMENTS

This CME-certified activity was developed through an independent educational grant from Novo Nordisk and Merck & Co, Inc.

DISCLOSURES

The author has nothing to disclose.

NOTES

For more information contact Amy Larkin, Director of Clinical Strategy, Medscape, LLC, at alarkin@medscape.net.