SEQUENTIAL VIRTUAL PATIENT SIMULATIONS REINFORCE AND IMPROVE PSYCHIATRISTS’ PERFORMANCE IN MDD CARE

Cayla Cason, MHA; Jovana Lubarda, PhD; Rob Braun: Medscape Education, New York, NY

STUDY OBJECTIVES

■ We have previously shown that physician participation in online continuing medical education (CME) presented as a virtual patient simulation (VPS) can improve assessment of severity, diagnosis, and evidence-based treatment decisions for patients with MDD.1

■ The goal of this study was to assess the effects of exposure to multiple online VPS interventions on psychiatrists’ performance in MDD management.

METHODS

■ Two CME activities on MDD (VPS1 and VPS2)—each consisting of 2 patient cases—were made available to psychiatrists online on a website dedicated to continuing professional development.

■ The interactive VPS-based learning platform offered simulated clinical care experience with complete freedom of choice in clinical decision making matching the scope of actual practice.

■ Following VPS-based interactions in patient cases, psychiatrists made open-ended clinical decisions regarding assessments, diagnoses, pharmacologic therapies, and nonpharmacologic orders, such as consults and referrals.

DATA COLLECTION (FIGURES 1 & 2)

METHODS

■ Statistics: 2-tailed, paired-proportions tests, where

■ The performance of psychiatrists who participated in both VPS activities based recommendations was provided in response to each learner's patient presentation during a clinical visit, which improved from 5.7% to 38.2%, P < .05

■ From post-CG in the VPS1 to the baseline performance in the VPS2, psychiatrists (n=32) were more likely to make evidence-based clinical decisions related to:

■ Evaluating and prescribing appropriate MDD therapies based on patient presentation during a clinical visit, which improved from 5.7% to 55.8%, P < .05

■ From post-CG in the VPS1 to the baseline performance in the VPS2 (2 ABOVE), psychiatrists (n=32) were more likely to make evidence-based clinical decisions related to:

■ Evaluating and prescribing appropriate MDD therapies based on patient presentation during a clinical visit, which improved from 5.7% to 55.8%, P < .05

■ Incremental exposure of psychiatrists to online CME in case-based interactive VPS formats resulted in retention and improvement of performance in crucial aspects of MDD care, including patient assessment and individualization of management approaches. Given that appropriately designed VPS immerses and engages in an authentic, practical learning experience matching the scope of clinical practice, multiple exposures to the type of intervention can be continuously applied to improve the quality of care.

Conclusions

Incremental exposure of psychiatrists to online CME in case-based interactive VPS formats resulted in retention and improvement of performance in crucial aspects of MDD care, including patient assessment and individualization of management approaches. Given that appropriately designed VPS immerses and engages in an authentic, practical learning experience matching the scope of clinical practice, multiple exposures to the type of intervention can be continuously applied to improve the quality of care.

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For more information, contact Cayla Cason, MHA, Data Analyst, Medscape Education, at cason@medscape.net.