TAILORED, ONLINE EDUCATION ON COMPARATIVE EFFECTIVENESS STUDIES IN RHEUMATOID ARTHRITIS: SUCCESS IN IMPROVING KNOWLEDGE AND CLINICAL DECISIONS

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BACKGROUND

Analysis of past educational activities at comparative effectiveness studies in rheumatology highlights different educational needs for varying segments of healthcare providers. To determine the extent to which education and training in the use of disease activity measures for making treatment decisions provides a tailored learning approach specific to the needs of each group, we conducted a study to evaluate the success of this approach.

EDUCATIONAL DESIGN

We conducted an online, single question assessment using branching logic in order to determine educational needs for varying segments of healthcare providers. Educational needs varied for different disease activity measures and the success of using online branching logic to segment learners and provide tailored content was evaluated.

ASSESSMENT METHODOLOGY

In order to assess the appropriate educational need for disease activity measures, we administered a blinded segment-specific assessment and compared the use of disease activity measures for making treatment decisions using branching learners (Figure 2).

RESULTS

A total of 96 rheumatologists were surveyed in this study. Taking advantage of an online self-assessment platform, participants’ responses were matched to disease activity measures and the percentage of participants who correctly identified the disease activity measures in a blinded segment-specific way was determined. A 43% improvement (P = .0001) in the selection of disease activity measures for low disease activity was found when compared to a same set of questions on disease activity measures for low disease activity pre-education vs 0% pre-education (P < .0001) in the selection of disease activity measures for low disease activity (Figure 2).

CONCLUSIONS

Large, statistically significant improvements in knowledge and comprehension of disease activity measures for comparative effectiveness studies in RA demonstrated the utility of educational needs for varying segments of healthcare providers. This approach for education on topics of critical importance was demonstrated to be effective in providing tailored learning experiences at various stages of understanding and able to provide more meaningful learning for clinical decision-making.

TABLE 1. Participant Response Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Improved Learners</td>
<td>Participants who responded correctly on pre-assessment and correctly on post-assessment</td>
</tr>
<tr>
<td>Reinforced Learners</td>
<td>Participants who answered incorrectly on pre-assessment, correctly on post-assessment, and same as pre-assessment on pre-assessment</td>
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<tr>
<td>Unaffected Learners</td>
<td>Participants who answered incorrectly on pre-assessment, correctly on post-assessment, and different from pre-assessment on post-assessment</td>
</tr>
<tr>
<td>Nonresponder Learners</td>
<td>Participants who did not respond to any questions on pre-assessment or post-assessment</td>
</tr>
</tbody>
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*The* Improved Learners*” groups.

REFERENCES