



Providing Meaningful CME in the COVID-19 Era

Adapting to the Times

The coronavirus disease 2019 (COVID-19) pandemic has created an unprecedented experience for nearly the entire global population. It has not only altered the way we work and live but the ways we learn, adapt, and develop our skills. For the medical education community, with these changes comes the inevitable shift in the way we deliver continuing medical education (CME) and ensure learning. Currently, educational institutions are being forced to become creative even if remote infrastructures were already in place. For example, medical students are participating in clinical rotations remotely.¹ But, is this shift in education delivery temporary or will it permanently alter the way we design medical education? Moreover, are these changes, although forced, even better for learners?

A Past Generation of CME Delivery

Prior to the COVID-19 pandemic, most CME was completed in live formats. In a recent survey, we found that prior to the coronavirus disease 2019 (COVID-19) pandemic, about 1 in 3 providers received more than 50% of their CME at in-person events.² In agreement, a 2018 study conducted by CE Outcomes found that while about one-third of CME was delivered online, approximately half was delivered in person.³ Similarly, a Vindico Medical Education study found that even at present, many learners still prefer in-person CME delivery: 40% of health care providers said they would wait until the regulations to prevent the spread of COVID-19 subsided so that they could complete their CME live.²



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This finding presents a perplexing situation. It is well-documented that physicians have heavy workloads and time demands, with approximately 50% of doctors working more than 50 hours per week.⁴ As such, online CME seems to hold many benefits when considering our current situation: it can be delivered location-agnostic, it is more time- and cost-effective than live events, and it presents the ability to repurpose and update more efficiently as research and practices expand. What tips the scale in the direction of live events?

The answer is simple: they like it better. In a survey of 276 physicians in 2019, 42% preferred live CME over web or print programs.² In another recent study of nearly 300 physicians practicing during the COVID-19 pandemic, 67% said that if all things were equal, they learned the most from live CME compared with online and print delivery.⁵ When asked what they would miss the most about in-person events, most named interactive components, such as networking, sharing, and learning.

The COVID-19 pandemic has altered preferences on how physicians are seeking and expecting to receive CME in the future. In a post-COVID-19 world, most education participants are expecting to receive a majority of their CME online.²

Before COVID-19



36% of providers received more than half of their annual CME at live events.



35% of providers received more than half of their annual CME online.



9% of providers received more than half of their annual CME through print.

After COVID-19



80% expect to receive less than 25% of their annual CME at live events.



65% expect to receive more than half of their annual CME online.



13% expect to receive more than half of their annual CME through print.

Changes Made From Necessity

Although physicians prefer live CME, the COVID-19 pandemic has altered preferences on how physicians are seeking and expecting to receive CME in the future. Over the next 6 months, 65% of physicians expect to receive more than half of their CME online,² and 65% said they would shift their learning, using online resources to get the credits they need.⁵ However, it is essential for CME providers to be aware that even though physicians are seeking an alternative format, it may be a forced adaptation due to COVID-19 and may not be their preferred learning style. Therefore, a one-size-fits-all approach to online delivery will likely fail to reach CME learners, especially if it is not how they would prefer to receive education in the first place.

Building a Future of Intentionally Designed Online CME

To succeed in this new landscape of CME delivery, CME providers must first confront the potential obstacles presented with online education. Large-scale online open courses provide their own set of unique challenges, such as irrelevant content and a “checkbox-only” requirement, leading to physician disengagement.⁶ Understanding what CME participants want to learn and how they want to learn is essential when building the foundation of engagement and broadening delivery formats.

Change With a Foundation of Understanding

To make the shift to online learning truly effective, it is essential that both the format and content meet the needs of our learners. For example, because the interactivity of in-person CME is part of the appeal, it is critical to embed more interactive elements into remote CME delivery to ensure engagement. In addition to delivering education regarding the latest evidence-based care in a given specialty area, 37% of physicians in a recent survey reported being most in need of education regarding COVID-19, and 31% are most in need of education regarding the incorporation of telemedicine into practice.² The coronavirus has had a serious impact on the health care system, and providers have had to quickly pivot to adapt. Collectively, there will likely be lasting trauma for those on the front lines. It is incredibly important to understand individual physician experiences to not only provide education they can connect with but education that will not alienate them.

Understanding Expectations. Developing a thoughtful design for education begins with gaining detailed insight about participants’ education expectations. Fortunately, one benefit of online education is the accessibility to quickly gain more information about participants and learn what they are looking for in a CME program. At Vindico, we actively collect information regarding what providers care about to help us deliver the appropriate education to the appropriate people, while also meeting the experiential needs of those registering for specific activities. In addition, looking at cohorts of providers by specialty, experience, and/or practice setting can provide insight into the physician experience during the COVID-19 pandemic, allowing us to create more customized learning experiences.

EXCLUDING EDUCATION REGARDING THE LATEST EVIDENCE-BASED CARE IN THEIR SPECIALTY AREA

37% of physicians

are most in need of COVID-19 education

AND

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incorporate telemedicine into practice

Targeting Enrollment. Understanding expectations can help CME providers target enrollment. The shift to online CME delivery will likely bring about an influx of choice for providers⁷; as of May 31, 2020, there were already 13,413 PubMed articles labeled “COVID-19.” New information is becoming available so quickly that it is impossible to keep up. Creating infrastructure for targeting topics will help minimize some of the confusion associated with seeking online resources. In addition, using marketing tools like Google Analytics for search terms, in tandem with expectation data, can help CME providers learn what education participants are looking for to ensure the appropriate courses are being offered to the appropriate people.

ASKING THE RIGHT QUESTIONS

When moving to online CME delivery, it is essential to ask the right questions to understand your audience. Examples include:

- What percentage of CME have you participated in online? In person?
- How do you feel most engaged with live CME? Online CME?
- What is your preferred duration of an online CME activity?

Nudging for Action. Structured reminders, or nudges, are encouraging pushes that promote the movement toward a more preferred behavior rather than obstruct it.⁸ Incorporating nudges into CME provides a mechanism to promote engagement, increase learning, and create infrastructure for personalization. In fact, a systematic review found that nudges were most effective at changing physician behavior.⁹ Implementing a structured, robust system to deliver individualized reminders and feedback can help meet instructional connection points.¹⁰ For example, perhaps an education participant struggled with a certain topic or got a related follow-up question to an activity incorrect. Receiving personalized nudges based on their actions can help provide supplemental support for areas in which they might not yet have reached full competency. Vindico has found that such a personalized follow-up approach encourages participation, addresses persisting knowledge gaps, and promotes further learning.

Follow-Up via Preferred Communication Channels. Although we know that learners have preferred live CME in the past, communication preferences and expectations are likely to change due to the COVID-19 pandemic. The mode of delivery is equally as important as the content itself. Among the health care providers whom we reach, email was the most-preferred method of contact. Program success lies in creating personalized experiences and delivering them in an authentic manner that resonate with education participants, making them feel valued and understood. Delivering any follow-up is better than none, but taking cadence, medium, and amount into consideration will create a more individualized, connected experience.

Although the COVID-19 pandemic will likely change the way we create and consider the development of CME, all is not lost. According to a 2020 Vindico survey, only 8% of health care providers feel that COVID-19 will have an “extremely significant” impact on their ability to stay up-to-date with clinical information in their specialty area. Furthermore, there is an openness and willingness for them to shift their preferred way of learning to a method that makes more sense for our current time. Physicians have met us halfway in this shift — it is now the responsibility of CME providers to close the gaps.

For more information about this paper or Vindico, contact:

Robert Esgro, Chief Operating Officer, resgro@vindicocme.com

Katie Robinson, PhD, CHCP, Associate Director, Medical Research and Quality Outcomes, krobinson@vindicocme.com

Ben Carson, Outcomes Coordinator, bcarson@vindicocme.com

Kevin Lester, Outcomes Coordinator, klester@vindicocme.com

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