

PeerVoice

Navigating the Learning Landscape of Global Clinicians: A Comparative Study between EU5 and US

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Study Design



Obtain insights that could inform effective CME design

A 20-Minute Survey

fielded in collaboration with Instar in March 2023 assessed:



How physicians accessed medical information, including CME, in 2022



Physicians' preferences related to CME



Physicians' learning interests, perceived impact of CME, and barriers to CME participation

Data Quality Matters



Recruitment was completed through the LIMA network to ensure that only physicians with **validated specialties** were invited to participate



Questions were **randomised** whenever appropriate to reduce response bias associated with question order



323 Physicians Participated

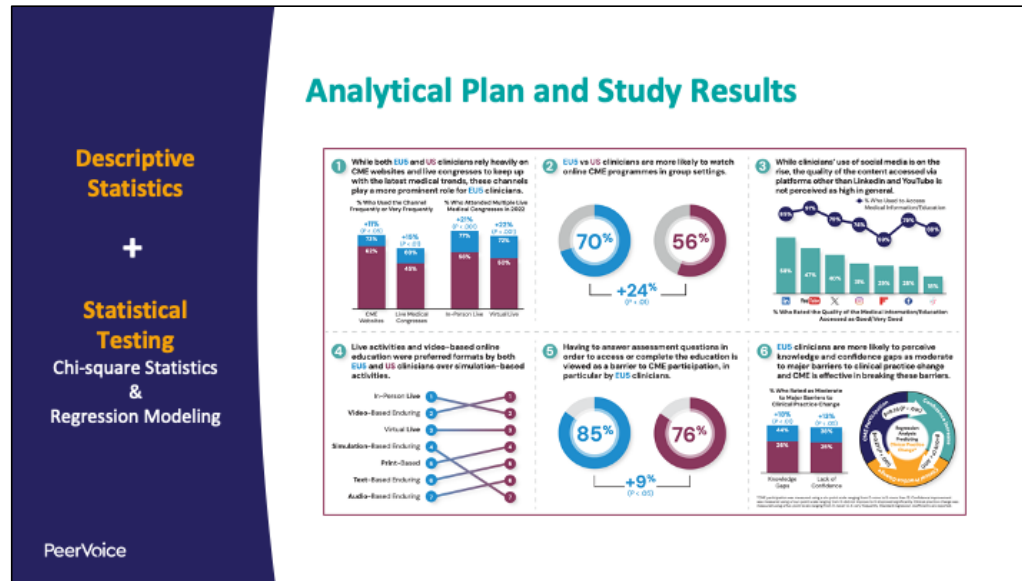
EU5: 198

US: 125

GPs/FPs	32	22	54
Medical Oncologists	25	17	42
Haems/Haem-Oncs	29	20	49
Neurologists	29	21	50
Gastroenterologists	22	15	37
Diabs/Endos	30	15	45
Cardiologists	31	15	46

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To obtain insights that could inform effective CME design, in the spring of 2023, PeerVoice partnered with Instar in conducting a study exploring clinicians' behavioural trends and preferences related to how they access medical information. We invited physicians with validated specialties to participate, randomised questions to minimise response bias, and gathered insights from 323 physicians across 7 specialty groups practicing in EU5 countries and the United States.

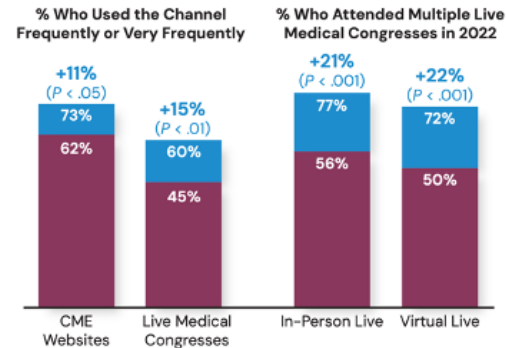


Combining descriptive analysis with statistical testing, we uncovered some important trends as well as regional differences.

CME Websites and Live Congresses are Important Education Channels

1

While both **EU5** and **US** clinicians rely heavily on CME websites and live congresses to keep up with the latest medical trends, these channels play a more prominent role for **EU5** clinicians.



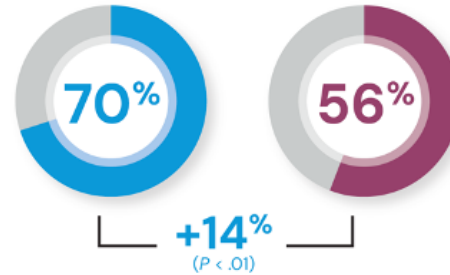
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CME websites and live congresses emerged as highly favoured channels for both EU5 and US clinicians. A higher percentage of EU5 clinicians used these channels frequently or very frequently compared to their US counterparts, suggesting that they may play a more prominent role for EU5 clinicians.

CME Participation in Group Settings

2

Over half of the **EUS** and **US** clinicians surveyed participated in online CME programmes in group settings, indicating that the reach and impact of CME may extend beyond measurable metrics.



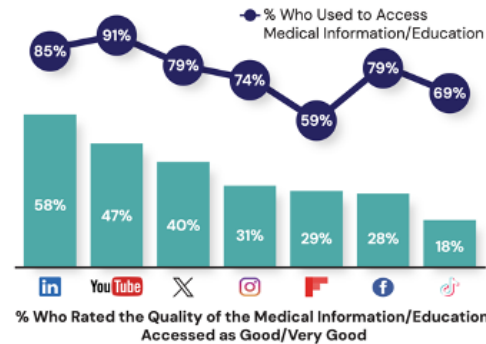
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- a significant number of clinicians surveyed participated in online CME programs in group settings, indicating that the reach and impact of CME may extend beyond measurable metrics.

Quality of Content on Social Media Platforms

3

While clinicians' use of social media is on the rise, the quality of the content accessed via platforms other than LinkedIn and YouTube is not perceived as high in general.



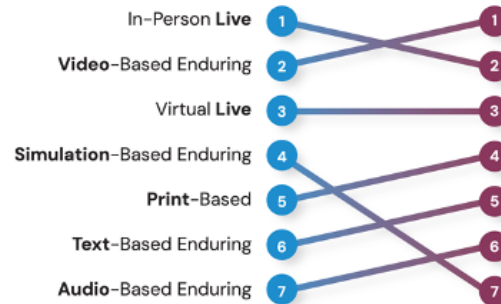
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- While many clinicians used social media for medical information and education, with the exceptions of LinkedIn and YouTube, 60% or more of the clinicians did not rate the quality of the content they accessed on other platforms as good or very good.

CME Format Preferences

4

Live activities and video-based online education were preferred formats by both EU5 and US clinicians over simulation-based activities.



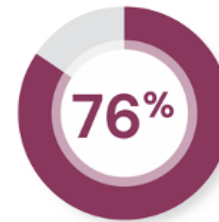
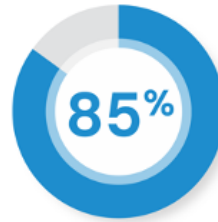
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- When it came to format preferences, although EU5 clinicians showed a stronger preference for simulation-based education, traditional formats like live and video-based enduring education were consistently ranked as more preferred formats across both regions.

Roadblock to CME Participation

5

Having to answer assessment questions in order to access or complete the education is viewed by both **EU5** and **US** clinicians as a barrier to CME participation.



+9%
($P < .05$)

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- A high percentage of the EU5 and US clinicians identified having to answer assessment questions in order to access or complete the education as a barrier to CME participation.

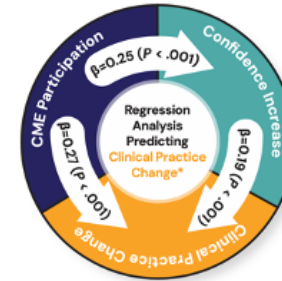
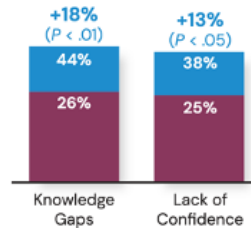
Breaking Barriers to Practice Change

6

EUS vs US clinicians are more likely to perceive knowledge and confidence gaps as moderate to major barriers to clinical practice change and CME is effective in breaking these barriers.



% Who Rated as Moderate to Major Barriers to Clinical Practice Change



*CME participation was measured using a six-point scale ranging from 0-none to 5-more than 12. Confidence improvement was measured using a four-point scale ranging from 0-did not improve to 3-improved significantly. Clinical practice change was measured using a five-point scale ranging from 0-never to 4-very frequently. Standard regression coefficients are reported.

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- A significantly higher percentage of EU5 clinicians reported knowledge and confidence gaps as moderate to major obstacles to implementing clinical practice change.
- Findings from linear regression models provided evidence supporting the effectiveness of CME in overcoming barriers to clinical practice change. CME participation was directly and positively correlated with the frequency with which clinicians implement practice change. It was also positively related to confidence improvement, which, in turn, predicted increased clinical practice change.

Key Takeaways

- ✓ **CME and live medical congresses** are **crucial** for clinicians, in particular EU5 clinicians, to stay updated with the fast-evolving medical field.
- ✓ **Traditional** CME formats are **more preferred** by clinicians, underscoring the importance of **content quality** over format innovation.
- ✓ Inclusion of **mandatory** assessment questions in education can **hinder** CME participation, highlighting the need to consider **alternative** data collection methods, such as **surveys**, for needs and impact assessments.
- ✓ **CME** may **drive** clinical practice **changes** not only by closing **knowledge** gaps but also via improving **confidence**.

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- We have learned that CME and live medical congresses are critical channels for clinicians, especially EU5 clinicians, to stay abreast of the fast-evolving medical field.
- Interestingly, our research challenges the common belief that clinicians favour innovative over traditional CME formats. As traditional formats tend to provide a more reliable framework rooted in their long-standing history, this underscores the importance of content quality over innovation.
- The finding that inclusion of mandatory assessment questions may hinder CME participation highlights the need to explore alternative data collection

strategies that interfere less with the learning process.

- The indirect effect of CME on clinical practice change via confidence suggests that, to effectively break barriers to clinical practice change, it is equally crucial for CME to boost clinician confidence in addition to closing knowledge gaps.

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