# Patient-Centric CME: A Paradigm Shift in Medical Education

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## Answers Patient-Centric CME: A Paradigm Shift in Medical Education

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### Introduction

#### The Value of Patient-Centric Learning

Conventional continuing medical education (CME) programs are predominantly anchored by presentations from healthcare professionals (HCPs) with expertise in one medical specialty and/or therapeutic area. However, the incorporation of patients and patient advocate speakers into activities offers an opportunity for a patient-centered viewpoint that may lead to more impactful learning outcomes. 107

### Rationale for Patient Involvement in HCP Education

Despite the fact that patient-centered care is widely recommended by most medical and medical education professional organizations, 44 patient perspectives are often missing from CME, limiting the depth of learning

There is plenty of evidence to demonstrate that patient involvement in HCP education has a myriad of potential benefits, such as 14

- Increased patient satisfaction Improved treatment adherence
- Individualized care
- Improved health outcomes

- Increased empathy towards patients Improved understanding of
- patient priorities and concerns Enhanced communication and
- collaboration with patients Direct learning from patient real-world perspectives

- Improved awareness of healthcare gaps
- Increased attention on diverse community voices
- · Reinforced focus on the "why" of medical education

### AiCME's Approach to Patient-Centered Program Development

Answers in CME (AiCME) incorporates patient and patient advocate speakers into medical education programs when appropriate, based on educational aims and target audience needs. This is just one component of our standard approach to medical education, which offers:

- · A multifaceted omnichannel experience optimized for mobile access
- . Flipped classroom instructional design approach to aid learning and retention

These strategies allow AiCME to maintain high learner engagement throughout our programs. Additionally, matched-pair learner analysis allows for more insightful outcomes reporting

### Comparing Outcomes: CME Programs With and Without Patients





## Study Design

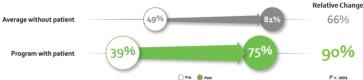
programs was studied. Ten programs included disease state experts (faculty) presenting focused clinical conten



completed pre- and post-learning knowledge

#### Results: Knowledge/Competence

Change in Knowledge and Competence: Pre- and Post-Learning



#### Results: Intended Behavior

Learners' self-reported intent to make changes in their clinical practice was improved with the inclusion of a patient as compared to the average program without a patient





I intend to make changes in my clinical practice as a



#### Discussion

The data from this small representative sample illustrates that HCPs who participated in the CME program that included a patient presentation showed



significantly improved knowledge and competence and other positive outcome

when compared to outcomes from HCPs who participated in programs without patient perspective

### Considerations for Patient-Centric CME: Real World Examples

In this section of the poster, we'll review two examples of AiCME programs that were developed with direct involvement from patients.

### Patient-Centered Program #1

Matt Reflects on the Quality of Life Impact of His Symptoms and Improvements Following His EoE Diagnosis

#### **Program Format and Content**



One-hour virtual live symposium featuring two physician speakers with expertise in eosinophilic esophagitis (EoE) and a patient who was diagnosed with EoE.

Educational content focused on approaches for improving early diagnosis of EoE with a goal of improving patient outcomes, including quality of life

#### Learner Profile



Matt joined the expert panel to discuss the day-to-day challenges that his EoE symptoms imposed, and how finally getting the correct diagnosis changed his life.

#### Here is a snippet from the story that Matt shared in the program:

## Having EoE is an ongoing challenge. You can imagine being at a business dinner or on a date and starting to choke, having to go

to the bathroom to throw up. There's so much [in our society] focused around eating and it was very stressful to manage these situations. This disease has been a part of my life for 25 years and somehow I managed to learn to live with it, but it

#### Overall, I am glad that there is some attention on EoE and understanding about it. I just appreciate that more doctors are aware of this, want to learn about it, and are creating better treatments so that someone like me can be diagnosed sooner and finally get to have a normal life, and to maintain a normal

life, which is an incredible thing.

#### **Key Learner Outcomes**

While learner knowledge and competence increased from pre- to post-learning in this program, the metrics of intended behavior change and potential patient impact may be more reflective of the impact of Matt's story.

#### Potential Patient Impact



3,227





#### Intended Behavior Change

EoE who do not respond to dietary or first-line

Have a conversation with my patients with Eol on long-term management

### Patient-Centered Program #2

Tamara Discusses What Her Breast Cancer Care Team Could Have Done Better Following Her Diagnosis

#### **Program Format and Content**



Microburst, case-based, interactive online program featuring a physician speaker with expertise in early stage breast cancer and a patient with this diagnosis

Educational content centered on the need for BRCA mutational testing in early stage breast cancer, with

#### **Learner Profile**



In this program, Tamara provided her perspective about the challenges around patient-provider communication that she faced after being diagnosed with early stage breast cancer.

#### Here is what Tamara had to say:

After being diagnosed with early breast cancer, the clinicians tested for mutations in the BRCA genes and started me on tamoxifen just in case, but they didn't talk to me about this testing or how it could affect

they can understand what their future might hold.

My surgeon actually recommended that I wait and see about surgery because I had early breast cancer. But I advocated for myself, saw another doctor, and not a double mastectomy as soon as possible. Surgeons can help to speed along testing and treatment for women with breast cancer—I know mine could have, instead of delaying it!

my treatment. And I think patients really want to understand this so

I would like to tell clinicians to advocate for more testing for their patients, and to also talk to them at every step of the way—to enable the patients to feel more in control and inspire confidence in their further treatment.

#### **Key Learner Outcomes**

Learner knowledge and competence increased from pre- to post-learning in this program, but the practical guidance and discussion from the faculty and Tamara related to biomarker testing may have had a greater impact on both measurable and unmeasurable outcome

#### Potential Patient Impact





Intended Behavior Change Increase testing for germline BRCA mutations in patients with early breast cancer

counselor for patients with BRCA1 or BRCA2

Increase use of PARP inhibitors as adjuvant treatment for appropriate patients with BRCA1 or BRCA2 germline

#### Conclusions



A sampling of quantitative and qualitative data from recent CME programs involving a patient or patient advocate demonstrates the ositive impact on clinician learning and intended behavior change.





CME planners should be mindful of aligning patient-related content with learning aims and objectives; not all clinical topics are well-suited for patient involvement. However, when programs are designed appropriately patient perspectives can enhance the learning experience.



In the future, CME programs may feature a more prominent patient voice, as more robust patient-centered learning approaches for HCP education such as patient-tethered learning – continue to emerge.



# Rationale for Patient Involvement in CME/CPD



### **Patients**

- Increased patient satisfaction
- Improved treatment adherence
- Individualized care management
- Improved health outcomes



### **CME Planners**

- Improved awareness of healthcare gaps
- Increased attention on diverse community voices
- Reinforced focus on the "why" of medical education



### Clinicians

- Increased empathy towards patients
- Improved understanding of patient priorities and concerns
- Enhanced communication and collaboration with patients
- Direct learning from patient real-world perspectives

## Involving Patients in CME Activities

AICME's approach: Evidence-based microlearning presentation from a leading clinical expert with additional patient/patient advocate commentary

### **Learner Experience in Patient-Centered CME**

- Step 1: Learner pre-assessment
- Step 2: Learner engages with program material, including patient-delivered content
- Step 3: Learner post-assessment

## **Content Design in Patient-Centered CME**

Need for improved screening to identify FH

Review of diagnostic criteria for HoFH

Patient fears about her cardiac health HoFH treatment guidelines, patient selection

Patient thoughts about her son's diagnosis/future



# Learner Impact: Moore's Level Outcomes

Aim: To compare the outcomes of a short-format digital medical education program that incorporated a patient perspective to programs that did not feature a patient presentation.





# Learner Impact: Behavior Change

Aim: To compare the outcomes of a short-format digital medical education program that incorporated a patient perspective to programs that did not feature a patient presentation.

## **Results: Intended Behavior**

Learners' self-reported intent to make changes in their clinical practice was improved with the inclusion of a patient as compared to the average program without a patient.

Average without patient



I intend to make changes in my clinical practice as a result of this activity



Program with patient



# Learner Impact: Intangible Outcomes

Having eosinophilic esophagitis (EoE) is an ongoing challenge. You can imagine being at a business dinner or on a date and starting to choke, having to go to the bathroom to throw up. There's so much [in our society] focused around eating and it was very stressful to manage these situations. This disease has been a part of my life for 25 years and somehow I managed to learn to live with it, but it hasn't been easy.

## Best Practices for Patient Involvement in CME

Consider learner needs (and what they don't need)

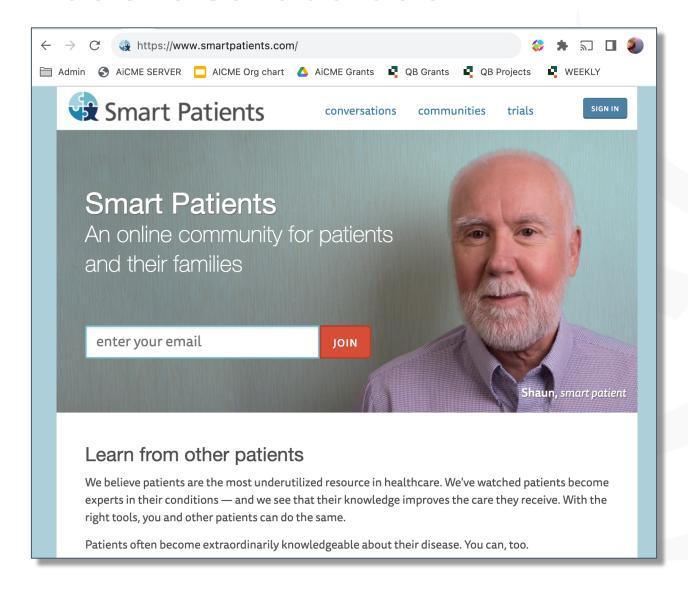
Define the purpose of the patient voice, per activity

Choose a patientpartner thoughtfully; define roles

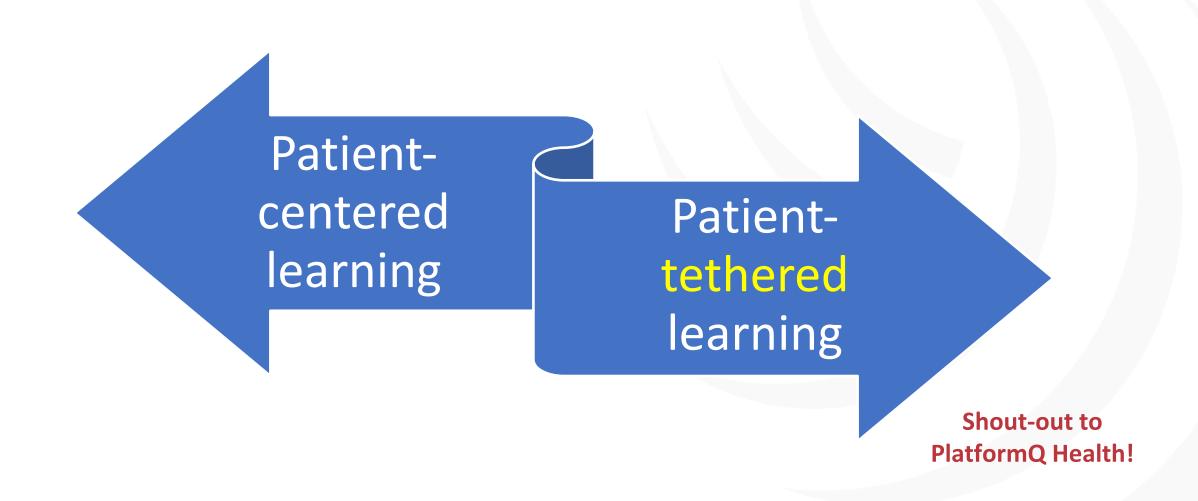
Be sensitive to the patient's experiences and needs

Collaborate with local and national organizations

## Partners in Patient Collaboration



# Listening to Others...An Even Better Way?



## Tenants of Patient-Tethered Learning

Education not only involves patients, but is also **provided** to patients

Development includes separate but aligned educational activities for both patients and clinicians

Aim of the patient-tethered model is to close gaps between perceived and actual patient needs and priorities in care

## Benefits of Patient-Tethered Learning

Patients and caregivers are empowered to identify their own preferences and needs and to advocate for themselves as care partners

Clinicians are nudged to think differently about patient care, including asking themselves, "What have I been missing?"

Two-way communication is improved!

## Approaches to Patient-Tethered Learning

Model 1: Education is delivered simultaneously

Practice gaps (clinicians), educational needs (both) are defined

## Patients receive education

Common themes span both sets of materials

Clinicians receive education

Outcomes are assessed for both groups

## Approaches to Patient-Tethered Learning

Model 2: Education is delivered sequentially

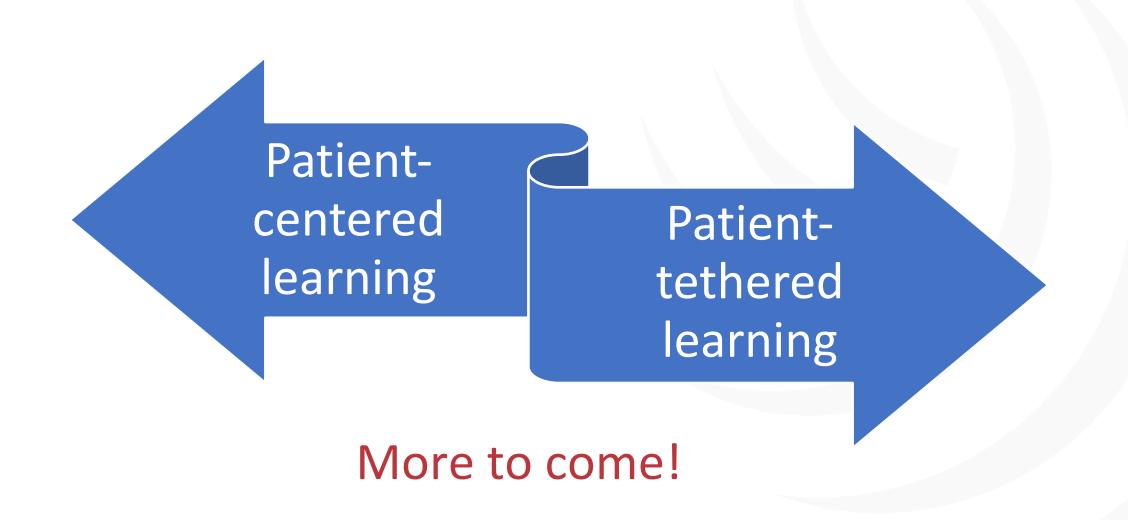


Patients receive education, outcomes are gathered

Clinicians receive education, developed based on learnings from patient participation

Clinician outcomes assessed

# Listening to Others...An Even Better Way?





Let's continue the conversation throughout the week.

Thanks for your interest and attention!