Using Clinical Questions Asked by Primary Care Providers Through eConsults to Inform CPD. Archibald D. et al. JCEHP 2018;38:41-7

This study was selected because it demonstrates the need for more objective measures of learning needs in developing CME/CPD. Competency-based MOC is becoming more widely adopted by regulatory bodies and will demand more in-depth needs assessments to develop CPD programming. The purpose of this study was to review the content of questions asked by PCPs through eConsult and compare them to content offered by local CPD courses. A recent US survey showed only 24% of physicians described MOC activities as relevant to their practice. A Canadian study showed that most accredited CPD studies were designed to understand content rather than putting knowledge into practice. Effective CME/CPD must match the interests and needs of learners to the educational activities. The authors define CME as updating and reinforcing knowledge; CPD includes content as well as incorporating the personal, communication, managerial, and team building skills for clinical practice. The common practice of surveying physicians CPD needs assessments is often flawed by internal bias and poor response rates. Surveys often over-report topical subject matters and underreport their own learning needs since physicians do not self assess well. Examples of more objective assessments would be multisource feedback performance measures and clinical questions that are encountered in daily practice. Ideally, CPD would reflect patient-oriented issues relevant to the practice that have the potential to change clinical practice. eConsult is a service in eastern Ontario where providers communicate directly with each other and provides an opportunity to capture questions PCPs have and use them as needs assessment for CPD.

The authors developed classification taxonomies for clinical questions based upon established criteria. The overarching level consisted of 6 broad areas including diagnosis, treatment, management, epidemiology, nonclinical, and unclassified questions. The taxonomy was refined for each subspecialty. Two reviewers/clinical champions (consisting of a resident and staff) classified questions based on the developed taxonomy for the question type and content for each specialty. The reviewers classified the first 20 questions for each specialty. One clinical champion then continued to classify the remaining questions. Discrepancies were resolved by discussion by the resident and staff. The authors then reviewed all CPD course offerings from 2012 to 2014 from the University of Ottawa which is the major CPD provider in the region. The top 5 most common topics from the eConsult questions and the CPD offerings for a given specialty were determined and compared. A total of 3283 eConsults from the 12 most consulted specialties were included in the analysis. There were numerous mismatches noted: Nearly 30% of CPD time was spent in Cardiology vs 11% of eConsult questions; 16% of CPD time in Psychiatry vs 5% of eConsult questions. Conversely, 2% of CPD time was spent in Hematology vs 13% of eConsult questions.

The authors concluded that there appears to be room for improvement in matching CPD offerings with point-of-care questions. Their data suggests that CPD course offerings may be responding to a demand in course areas where physicians are already knowledgeable and moving away from areas where knowledge is genuinely needed. Some suggested reasons for the discrepancies between CPD offerings and point-of-care questions are funding, the needs and enthusiasm of local clinical champions, and the tendency for physicians to choose CPD offerings on topics which they are already familiar. The questions asked in the eConsult system may be more reflective of areas in which physicians need more knowledge. There are several weaknesses of the study: It is from one region and other regions may differ; a question in eConsult presumes a lack of knowledge but the physician may use eConsult to support their choice of action or for parental reassurance; eConsult may miss learning needs if the physician is lacking confidence and refers directly to a consultant; the knowledge provided by the consultant may provide sufficient information that CPD in that topic is no longer necessary. Another assumption is that the PCPs use local programming as their primary source of CPD when, in fact, clinicians use many resources and it is important to recognize that PCPs learn in many different ways.

Reviewed by D. Michael Foulds, MD, FAAP, July 2018