ABSTRACT

BACKGROUND: Attendees at psychiatry continuing medical education (CME) events are often a mix of different healthcare disciplines, but these events typically offer the same curriculum to all attendees. Systematic study of the relationship between professional discipline and baseline knowledge should help to inform the design of future psychiatry CME events. The objective of this study is to examine, across healthcare disciplines, differences in diagnostic and treatment approaches endorsed in response to a clinical vignette of a patient presenting with irritability.

METHODS: Participants attended live CME symposia hosted by the Massachusetts General Hospital Psychiatry Academy (MGH-PA) in one of four cities. Prior to lectures, participants completed a vignette of a patient presenting with irritability, the case was accompanied by four open-ended questions on key decision-making points in the case. Responses were scored using a numerical system based on consensus practice guidelines. Analyses compared individual question and total scores across disciplines.

RESULTS: 192 attendees completed the vignette. Physicians, prescribers and psychiatrists significantly outperformed non-physicians, non-prescribers and non-psychiatrists, respectively, on three of the four questions and achieved higher overall scores (p<0.01). Only one question, regarding diagnostic workup, revealed no significant differences.

CONCLUSIONS: This study found significant discrepancies in baseline clinical performance among different healthcare disciplines. Given that curricula should be matched to learners’ baseline level of knowledge, our results suggest the need to design discipline-specific CME curricula.

INTRODUCTION

Given that patients present with psychiatric complaints in a variety of healthcare settings, it is unsurprising that CME events in psychiatry are usually attended by diverse groups of provider disciplines. For instance, at the MGH-PA’s recent Psychopharmacology course, the 402 participants who disclosed their discipline included 186 psychiatrists (46.4%), 56 nurses (23.1%), 57 physicians of unknown specialty (21.2%), 35 non-physician MDs (8.5%), seven physician assistants (1.7%), six DOs (1.5%), three pharmacists (0.7%), a psychologist, a social worker, and even a student. Despite this diversity, most CME events offer the same curricula to attendees of all disciplines. Previous research has found that, among physicians, CME events are more effective when they target providers of a specific specialty. The present study endeavors to expand the influence of this line of research to look at differences in baseline knowledge among different disciplines of all healthcare providers. A systematic evaluation of these baseline differences may help us to design more effective CME curriculum for future programs.

METHOD

Study Procedures
- Data derived from four full-day live symposia of the MGH-PA 2008 semester I program, in which 370 clinicians participated (mean attendance = 93 per event) in the following U.S. cities: Washington D.C., Seattle, Philadelphia, and Chicago.
- Six lectures were delivered at each event, including a Case Conference entitled “The Differential Diagnosis of the Patient Who Presents with Irritability.” Just prior to this discussion, participants were asked to review a clinical case vignette and provide hand-written responses to four clinical questions.
- The Educational Outcomes Team of the MGH-PA worked in collaboration with faculty experts to develop a standardized numerical scoring system to evaluate participants’ open-ended responses. The scoring system was based on a synthesis of published clinical practice guidelines.

Data Analysis
- 192 of 370 (51.9%) total participants completed the case vignette handout. Respondents included 93 psychiatrists (48.4%), 30 nurses (17.9%), 19 non-psychiatrist physicians (9.9%), six physician assistants (3.0%), three physicians of unknown specialty (1.6%), three social workers (1.6%), and three pharmacists (1.6%).

Methods (cont.)
- T-tests were used for divisions A, B, and C, and one-way ANOVA was used for division D to determine whether there were significant differences in response scores among providers of different disciplines.

RESULTS

Participants were asked to complete a case vignette and respond to four accompanying clinical questions (Fig. 2).

- Physicians (n=115), prescribers (n=133), and psychiatrists (n=90) significantly outperformed non-physicians (n=53), non-prescribers (n=38), and non-psychiatrists (n=73) on three of the four clinical questions, as well as achieving higher overall scores (p<0.01).
- Psychiatrists scored significantly higher than non-psychiatrist physicians (n=19) on Question 1, which asked for a differential diagnosis of the patient (p<0.05). Otherwise, analysis D yielded no significant findings.

CONCLUSIONS

These results reveal significant differences in baseline knowledge among different disciplines of healthcare providers attending a psychiatric CME event. The discrepancy demonstrated here suggests that providers might benefit from the use of distinct CME curricula targeted at providers of different disciplines. Future research is necessary to determine whether baseline knowledge or provider discipline directly affects knowledge gain through CME events.

REFERENCES