



**INDIANA UNIVERSITY**

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**DIVISION OF CONTINUING MEDICAL EDUCATION**

School of Medicine

***Physicians Needs Assessment  
Survey Report***

**June 2008**

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# Executive Summary

## Goals

- Evaluate continuing medical education (CME) format preferences, sources and future venues among Indiana physicians; and
- Collect preliminary information as to the impact of Indiana University School of Medicine (IUSM) CME activities on physician practice change behavior.

## Results (n=382)

- Most respondents are in group and/or academic practices 73%; 14% are solo
- Most respondents receive CME from professional associations and hospitals 82%; 12% from other and 4% from journals

## CME as a Requirement to maintain medical staff privilege

- Most respondents 73% have staff privileges in hospitals where CME is required.

## CME Format Preferences

- Interactive learning 39% (panel discussions, hands-on workshops, labs and interaction with experts) is the most popular format for respondents, followed by live lecture 28%, case study/PBL 18% and self-directed study 13%.
- Learning effectiveness from live conference is 31%, from journals 22%, from tapes/DVDs/CDs 16% and from monographs and newsletters 11% and from online courses 11%.
- Self-Study enduring material learning yields journals 36%, Internet 26%, tapes/DVDs/CDs 27%, and performance improvement projects 6%.

## Linking CME Planning to Practice Change

- 98% of respondents make varying degrees of change in practice as a result of CME.
- In response to barriers to implementing what has been learned at a CME activity, 34% indicated time restrictions, followed by financial (insurance reimbursement issues) 26% and lack of clinical support staff 16%.
- Respondents would like to see more performance improvement CME 70%.

## Conclusions, recommendations, limitations

- A significant majority of respondents (98%) make varying degrees of change in practice as a result of CME.
- Respondents are interested in performance improvement CME programs 70%.
- In live activities, respondents prefer interactive activities (total of 39%) such as hands-on workshops, labs, panel discussions and interaction with experts and live lectures 28%. CME staff should consider these results when designing live activities and enduring materials.
- Conclusions should be used with caution and cannot be generalized to the target population

# Introduction

## Background

Assessment of physician's educational needs is crucial for planning effective CME interventions. Physicians, like all adult learners, prefer programs which match their needs in terms of content as well as format. The Division of CME at Indiana University School of Medicine (IU-CME) routinely conducts needs assessments to identify new educational needs or to sharpen previous findings. Results are used to plan programs that are learner-driven and more responsive to participant's needs. As the only school of medicine in Indiana, the mission of the IU-CME is to provide a variety of learning opportunities to physicians and other health care professionals in Indiana and beyond, utilizing sound educational principles to enhance performance in practice and improve healthcare outcomes. To fulfill the mission, IU-CME must provide long-term planning based on the recognized needs of Indiana physicians.

## Survey Goals

- Identify the practice base of physicians attending live Indiana University School of Medicine's sponsored CME events;
- Identify format and modality preferences within this physician population;
- Measure the extent of transfer of knowledge to practice as a result of attending CME programs;
- Identify performance improvement needs and barriers to achieving performance in practice and improving healthcare outcomes.

## Target audience and methods

A 14-item questionnaire was administered to all physicians (primary care and specialty and sub-specialty) participating in live IUSM CME activities held between September 2007 and May 2008 and to all participants in the Indiana State Medical Society (ISMA) annual meeting (September 2007). Responses were stratified for practice base (solo/group-academic), and learning format preference, internet usage, performance improvement involvement and interest.

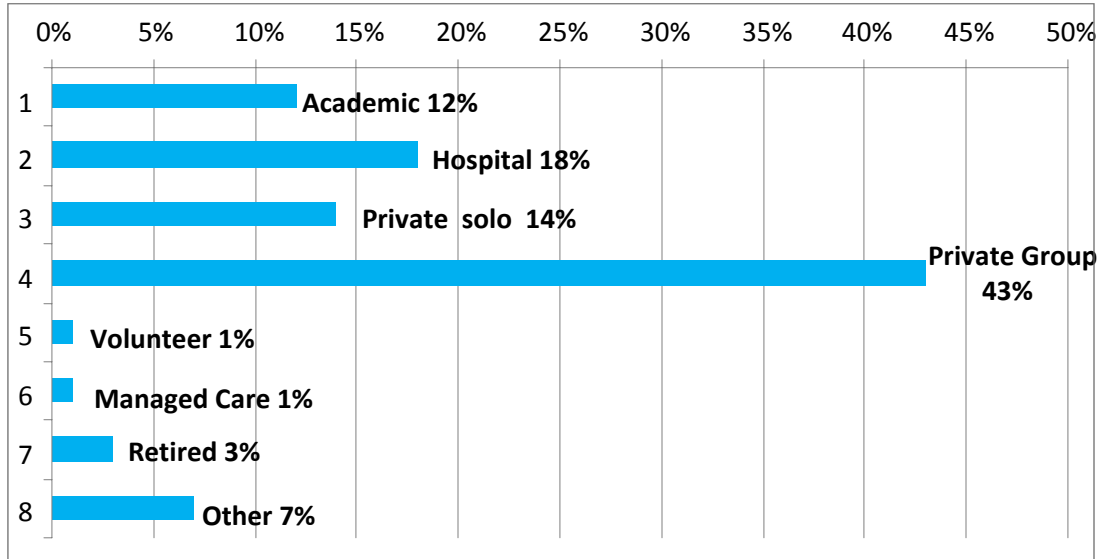
## Method

A 14-item survey instrument was designed and distributed to physicians attending IUSM CME live courses during the Fall 2007 to Spring 2008, and to attendees at the Indiana State Medical Society (ISMA) annual meeting in September 2007. 382 surveys were returned and included in the final analysis.

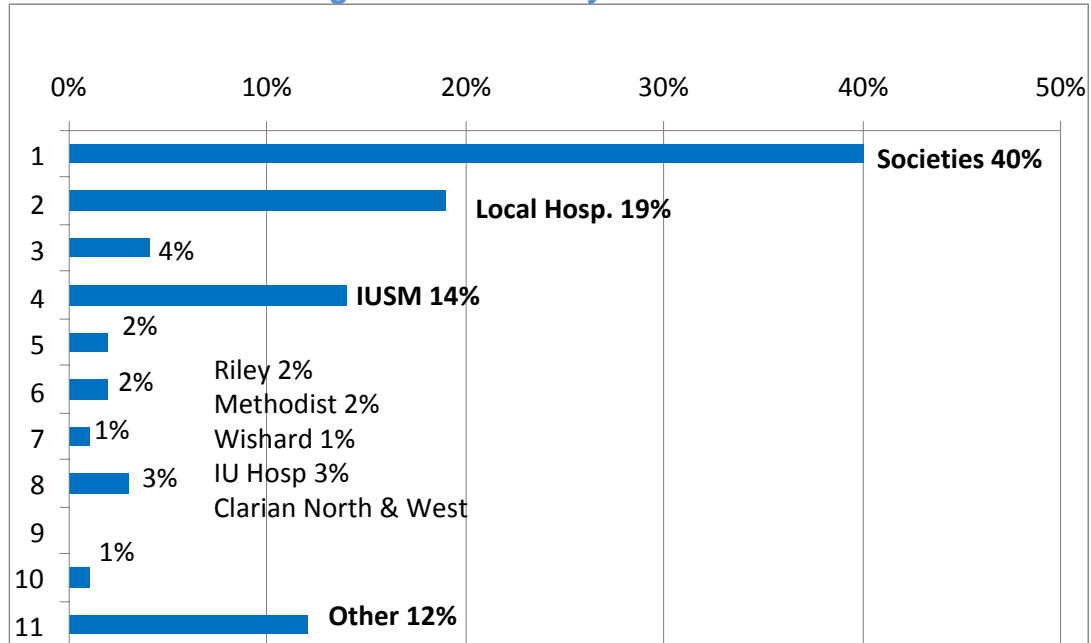
# Results

## Demographics

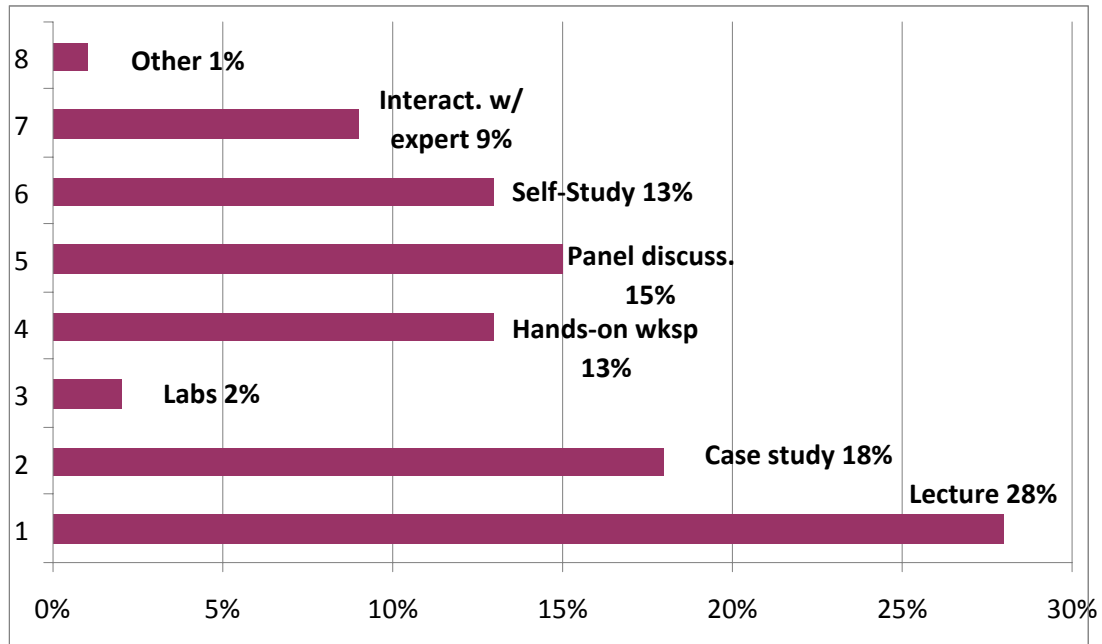
### Practice Base



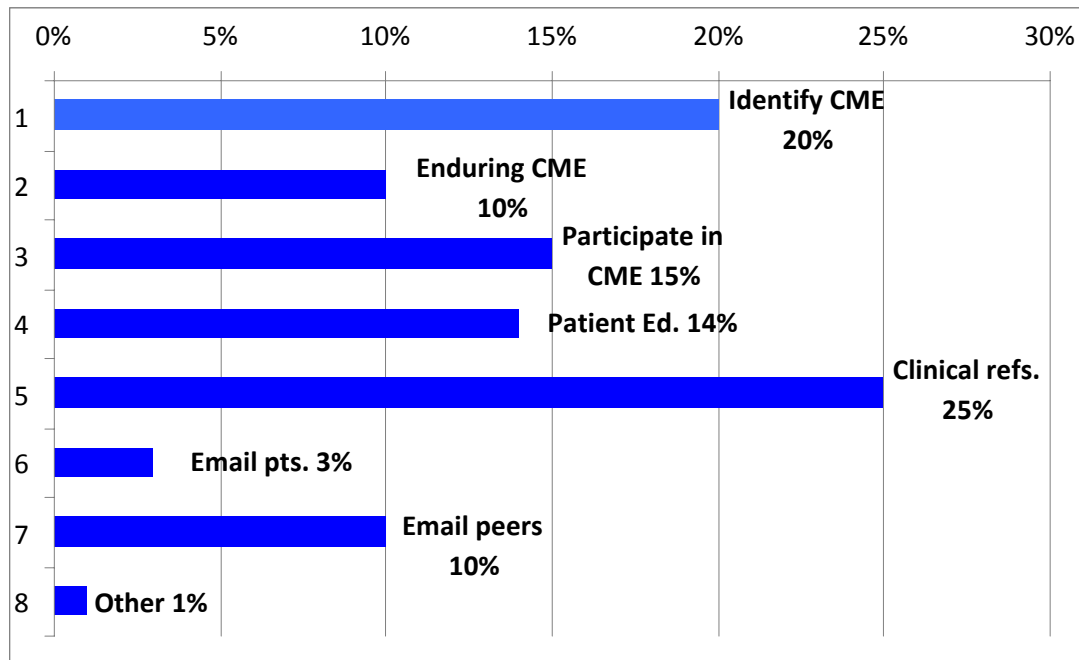
## CME Sources/Learning Format/Modality Preferences



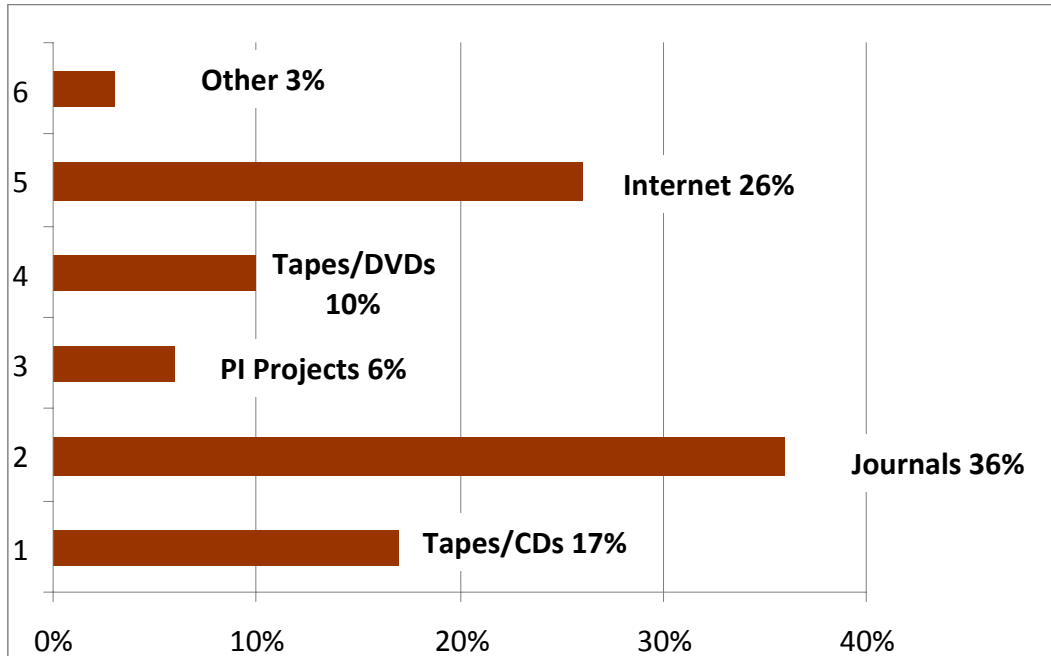
## Learning Format Preference



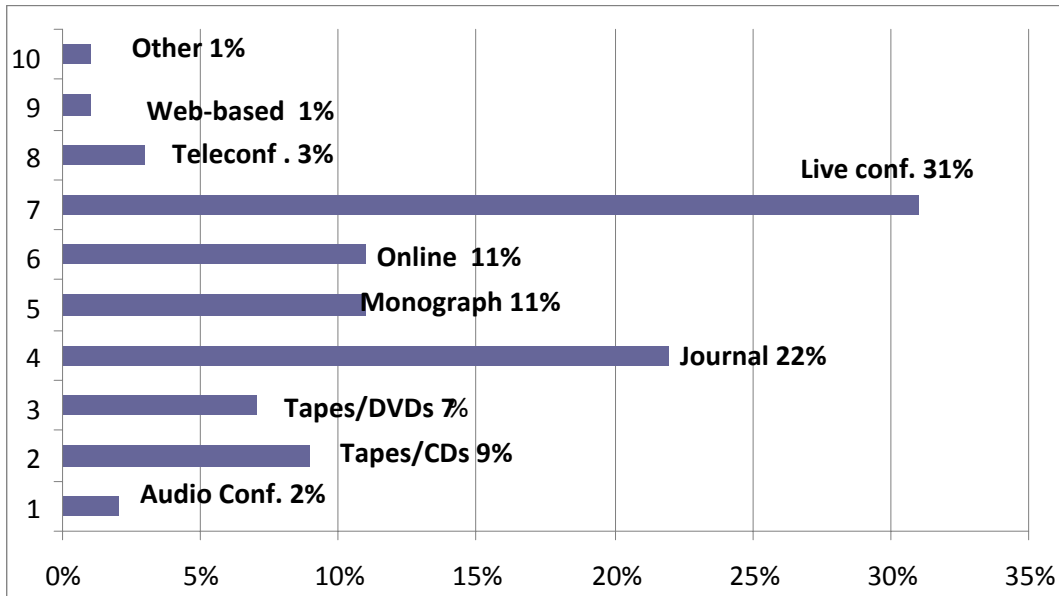
## Learning Modality Preferences Internet Usage



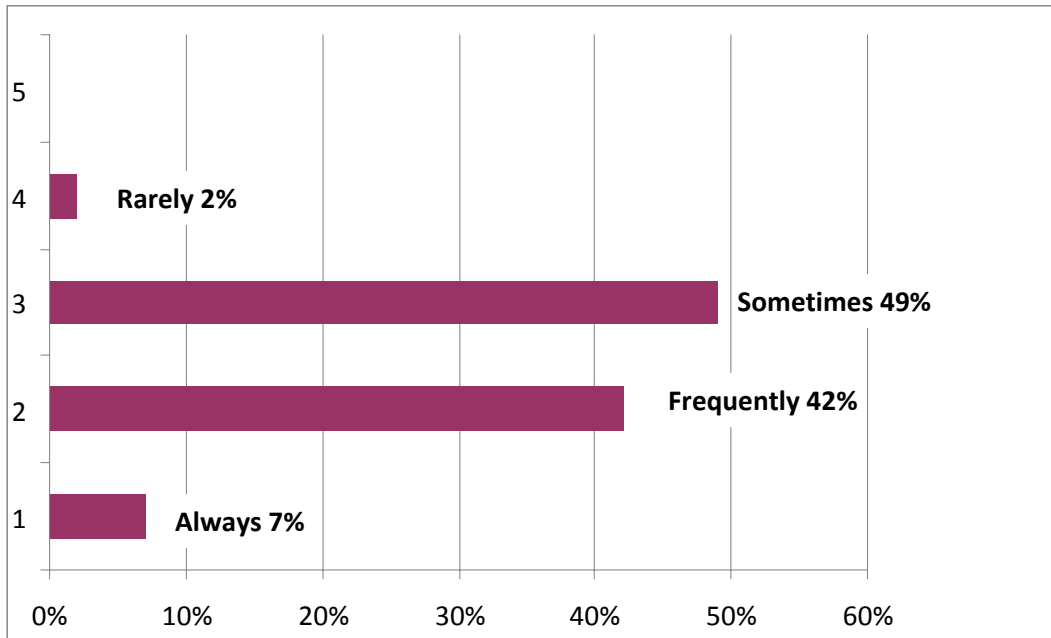
## Self-Study Enduring Materials



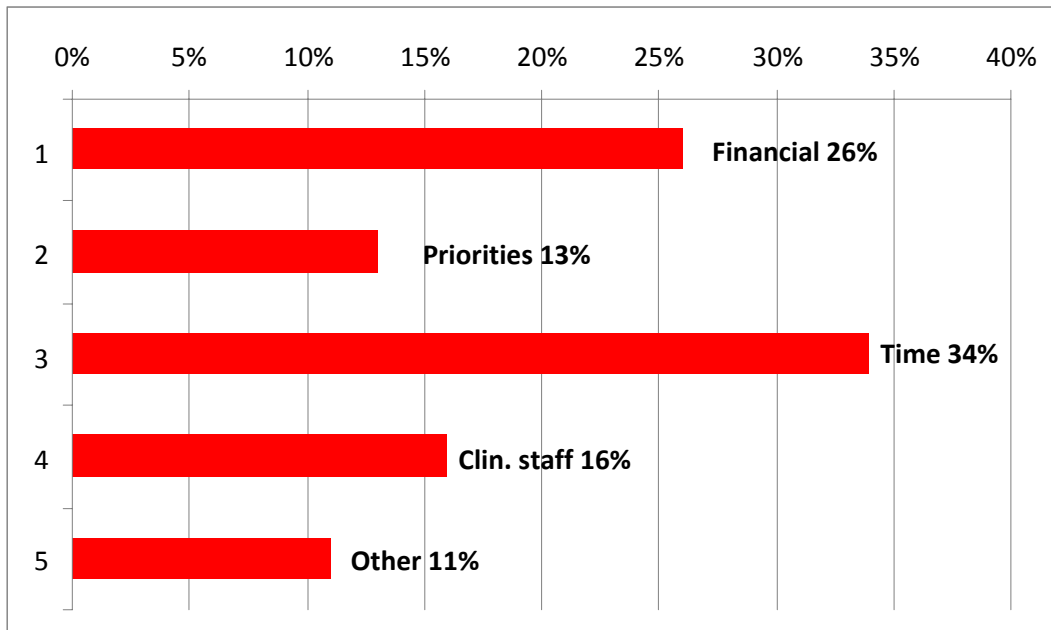
## Learning Effectiveness



## Practice Change, Barriers to Change Frequency of Making Changes in Clinical Practice



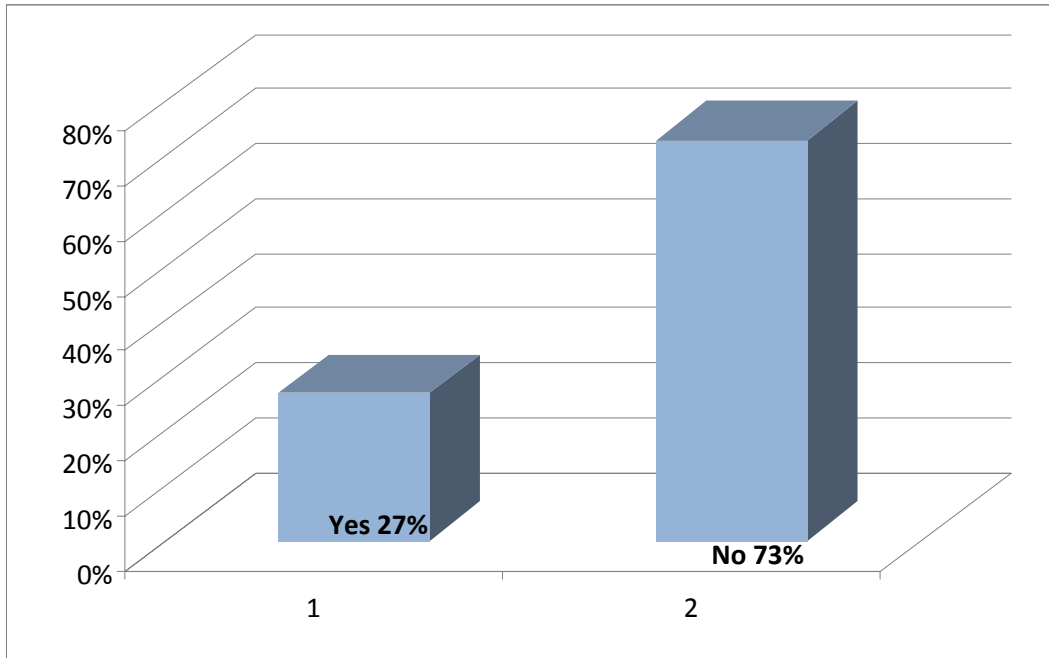
## Barriers to Practice Change



### Quality Improvement Involvement

27% Yes

73% No



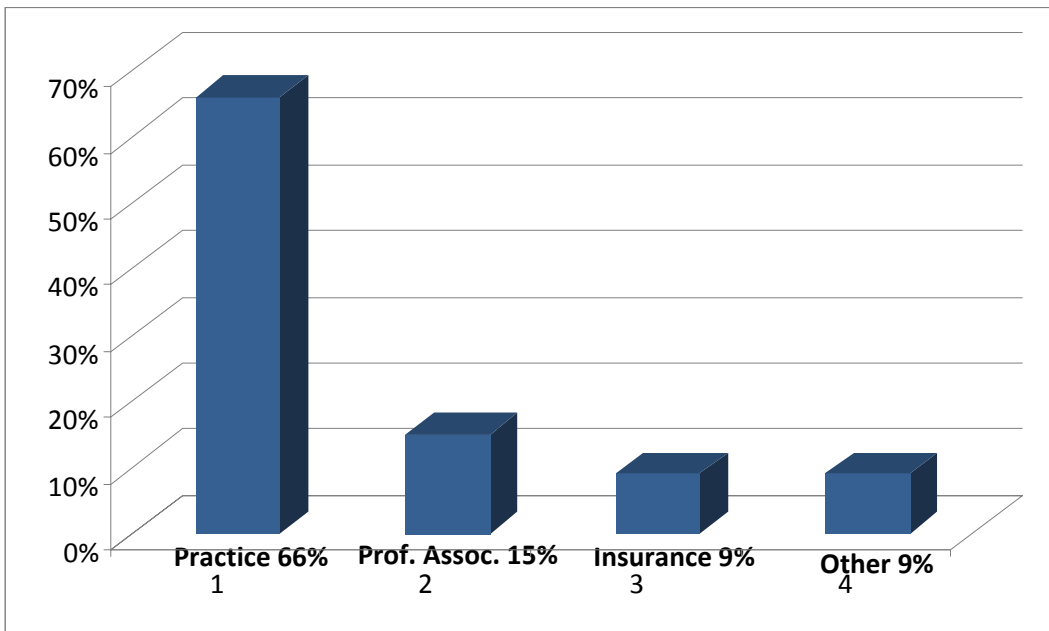
### Initiator of Quality Improvement

66% Practice

15% Professional Association

10% Insurance

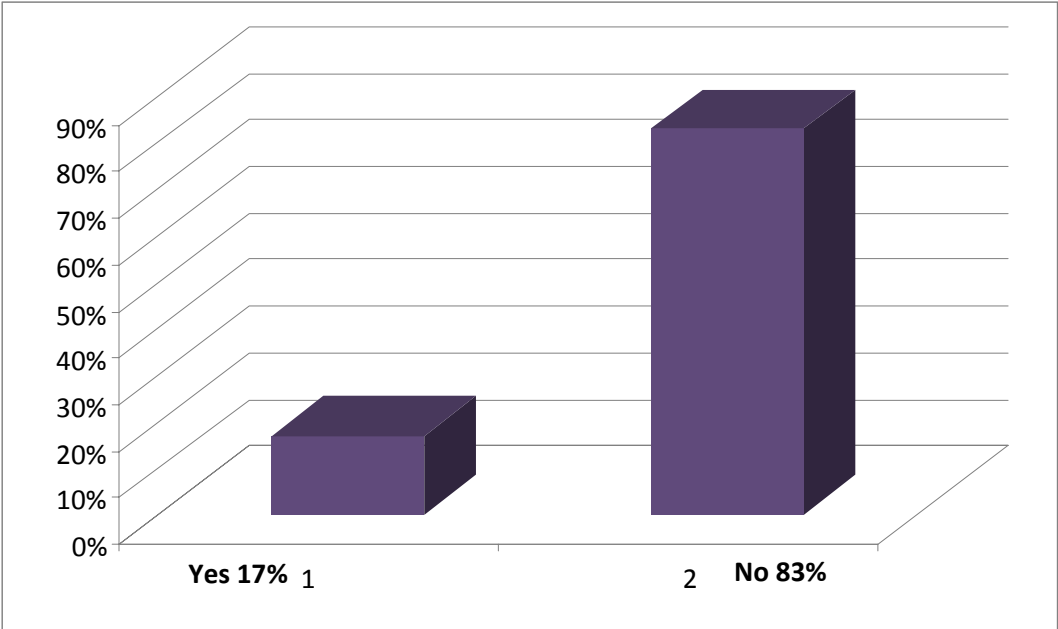
9% Other



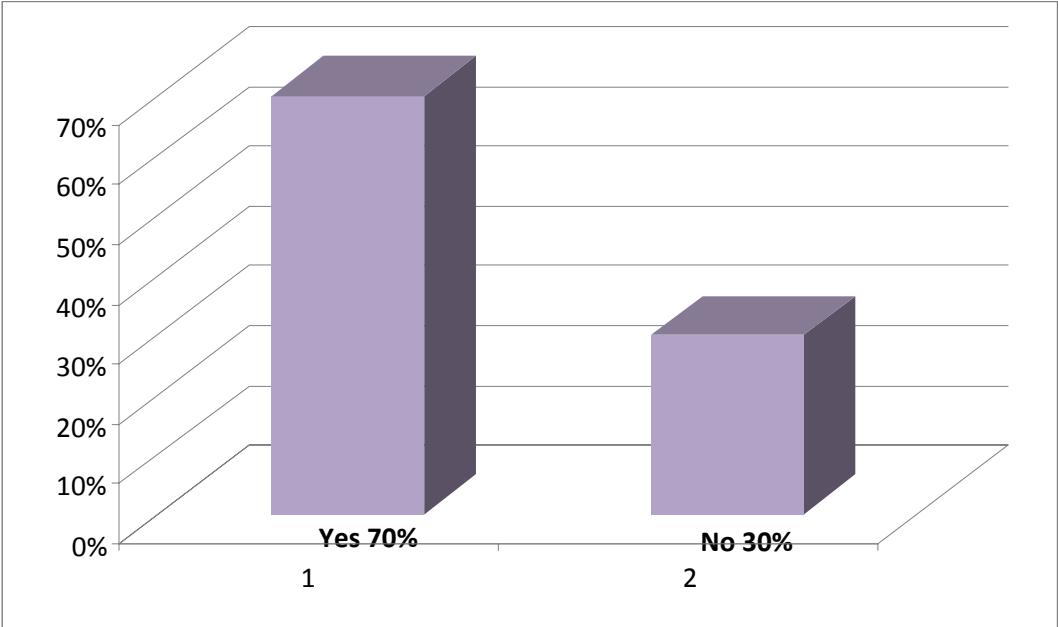
**Pay for Performance**

17% Yes

83% No



**Interest in Performance Improvement CME Programs**



## Conclusions

- The majority of physicians report that they alter practice behaviors as a result of participating in CME.
- Interactive programs are the most favorite learning format.
- Live lecture is the second most favorite learning format.
- Journals, monographs/newsletters and Internet are preferred personal learning tools.
- The majority of physicians are interested in performance improvement CME programs.
- Development of more performance CME programs is needed to meet the needs of physicians.

The Internet offers a wide variety of learning opportunities for physicians including 45% for (identifying, ordering enduring materials and participating in CME), 35% for clinical references and emailing colleagues, and 17% for patient education and emailing patients.

Physician learners who participated in this study prefer a wide variety of venues for CME opportunities. CME staff should take these results into consideration in planning and designing future CME courses and enduring materials. Additionally, needs assessment must be expanded to include physicians who do not attend CME programs.



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## *Physician Needs Assessment Survey*

Please help us identify your continuing medical education needs and preferences by answering the following questions:

1. Which of the following best describes your practice setting?
  - Academic institution
  - Hospital
  - Office Private (solo)
  - Office Private (group)
  - Managed Care Organization
  - Volunteer
  - Retired
  - Other \_\_\_\_\_
2. Where do you usually go when you attend CME event?
  - Meeting of professional societies
  - Local Hospitals
  - Journal Club
  - IU School of Medicine
  - Riley Hospital
  - Other \_\_\_\_\_
  - Methodist Hospital
  - Wishard Hospital
  - IU Hospital
  - VA Medical Center
  - Clarian North and West
3. Which of the learning formats listed below are most effective for you? (*Mark all that apply*)
  - Traditional lecture
  - Case Study or Problem-Based Learning
  - Labs
  - Workshops that teach skills or provide hands-on learning
  - Other \_\_\_\_\_
  - Panel Discussions
  - Self study
  - Interaction with experts after the course
4. I use the internet for the following professional purposes: (*Mark all that apply*)
  - Identify CME activities
  - Order CME enduring materials
  - Participate in CME activities
  - Patient education information
  - Clinical information/support/references
  - E-mail with patients
  - E-mail with colleagues for consultation
  - Other \_\_\_\_\_
5. Which following types of CME do you find most effective for you?
  - Audio Conferences
  - Audiotapes/CD's
  - Videotapes/DVD's
  - Journal
  - Monographs/Newsletters
  - On-line course
  - Live conferences
  - Teleconferences
  - Web-based consultations
  - Other \_\_\_\_\_

6. Please check all of the SELF STUDY you have used in the previous 12 months.
- |   |   |
|---|---|
| <input type="checkbox"/> Audiotapes/CD's                  | <input type="checkbox"/> Videotapes/DVD's |
| <input type="checkbox"/> Journal                          | <input type="checkbox"/> Internet         |
| <input type="checkbox"/> Performance improvement projects | <input type="checkbox"/> Other _____      |
7. On average, how frequently do you make specific changes in your practice as a result of attending a CME activity?
- |                                     |                                 |
|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Always     | <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Frequently | <input type="checkbox"/> Never  |
| <input type="checkbox"/> Sometimes  |                                 |
8. In your current clinical practice, which of the following could be the **most significant Barrier** to applying something learned at Continuing Medical Education-sponsored activities? **(PLEASE SELECT ONLY ONE ITEM)**
- |  |   |
|--|---|
| <input type="checkbox"/> Insufficient reimbursements | <input type="checkbox"/> Time restrictions due to clinical appointment schedule |
| <input type="checkbox"/> Professional priorities     | <input type="checkbox"/> Lack of clinical support staff                         |
| <input type="checkbox"/> Other _____                 |   |
9. Are you involved in any systematic ambulatory care quality improvement program?
- Yes
- No (go to question 11)
10. If so, who initiated the program?
- Your practice
- Your professional association
- One or more insurance companies
- Other (specify)
11. Are you enrolled in any pay for performance program?
- Yes
- No (go to question 13)
12. If you answered yes to either question 9 or 11, would you be interested in a performance improvement program that offers CME credits?
- Yes
- No
13. What potential clinical topics would be of interest to you?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

14. Additional Comments: