

BACKGROUND

In older adults (aged ≥ 60 years) and those with comorbidities, the clinical presentation of respiratory syncytial virus (RSV) ranges from a mild cold to a serious respiratory illness. Complications may include pneumonia, cardiopulmonary complications, and death.¹ To accurately understand the burden of RSV in older adults and the need for a vaccine, it is important to increase the level of clinical suspicion in physicians and improve differential diagnosis. Therefore, we assessed whether an online independent medical education activity could improve the knowledge of primary care physicians (PCPs) and infectious disease (ID) specialists regarding the variability in clinical presentation of RSV in older adults.

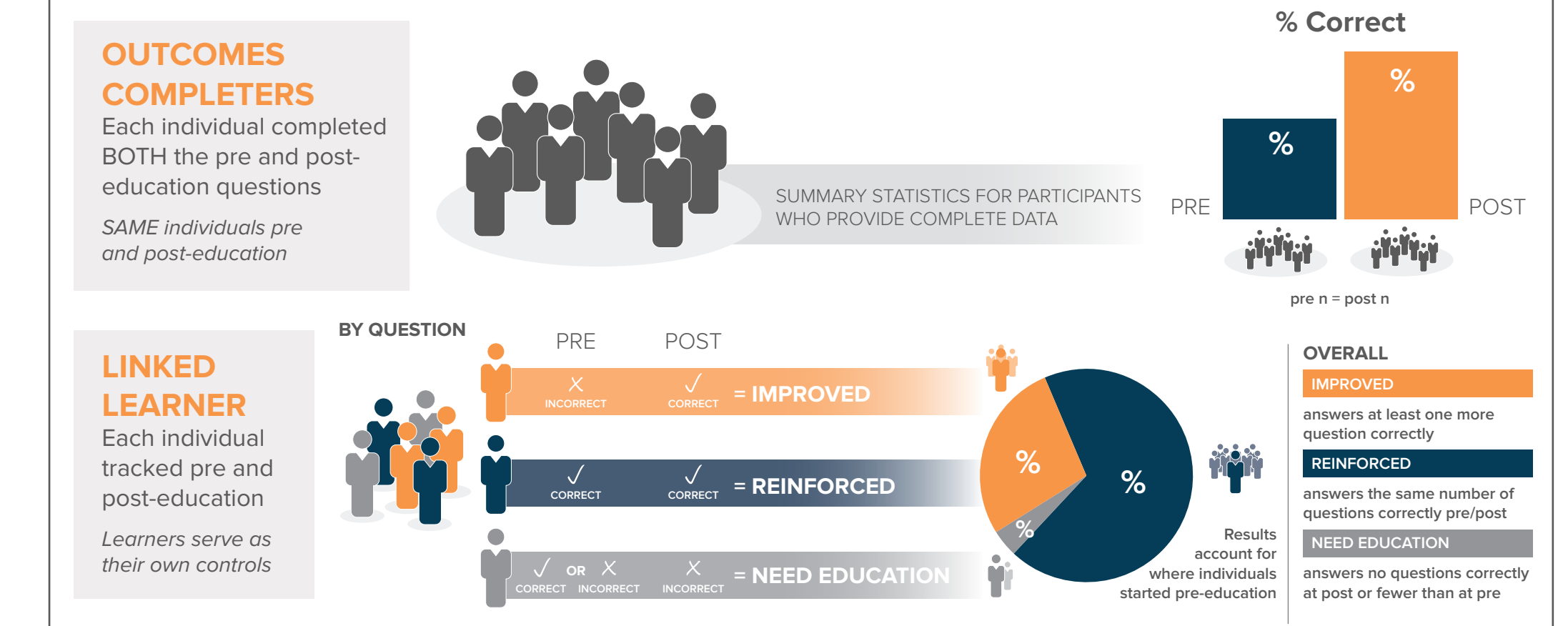


METHODS

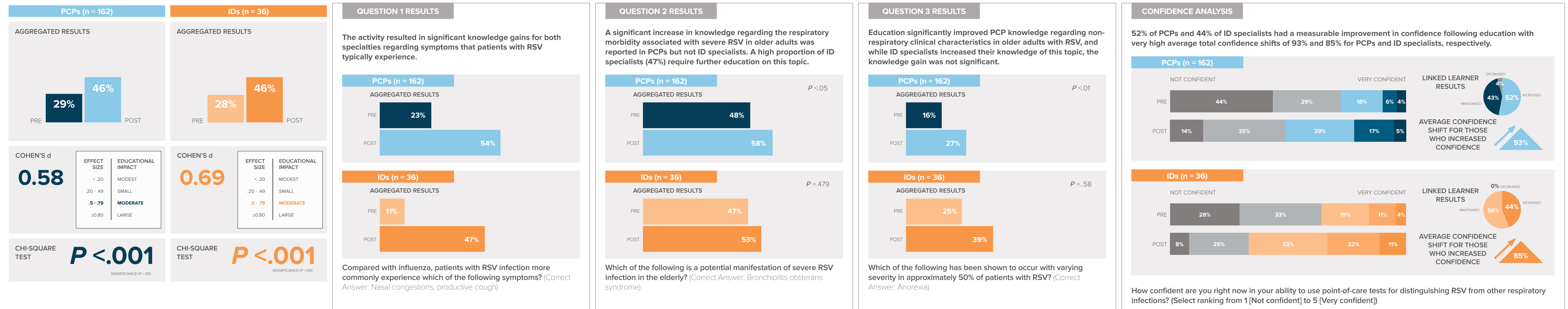


Two faculty members provide 15 minutes of video-based instruction in microlearning segments. While the clock counts down, the faculty members consider multiple aspects of the clinical presentation of RSV breaking the content down into 90- to 120-second learning segments.

How to Read the Linked Learner Assessment



RESULTS



CONCLUSIONS

- This fast-paced, online medical education delivered in microlearning segments significantly improved physician knowledge regarding the clinical presentation of RSV in older adults and how this differs from other common respiratory tract infections.
- Additionally, physicians who participated in the education experienced an increase in their confidence to use point of care tests to differentially diagnose RSV from other respiratory pathogens in older adults.
- These knowledge and confidence gains have important implications for physicians who manage older adults with RSV so they can advance their understanding regarding the burden and consequences of RSV compared with COVID-19 and influenza, increase their level of clinical suspicion and the need for a vaccine to prevent RSV in this patient population.

ACKNOWLEDGEMENTS

This activity was developed through independent educational funding from Janssen.

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REFERENCE

1. Nguyen-Van-Tam JS, O'Leary M, Martin ET, et al. *Eur Respir Rev.* 2022;31:220105

