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Medical Online Education Significantly Improves Physician Knowledge Regarding the Variability in the Clinical Presentation of Respiratory Syncytial Virus Infection in Older Adults JULIA DUFFEY, PhD; ALESSIA PIAZZA, PhD: WebMD Global LLC, New York, USA; TOBIAS WELTE, MD, PhD: Respiratory Medicine and Infectious Disease, University School of Medicine, Hannover, Germany; ANTONI TORRES, MD, PhD: Pulmonology and Respiratory Department, Hospital Clinic of Barcelona, University of Barcelona, Barcelona, Spain

BACKGROUND

In older adults (aged \geq 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.



CONCLUSIONS

- older adults and how this differs from other common respiratory tract infections.
- respiratory pathogens in older adults.
- patient population.



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.

RESULTS	QUESTION 2 RESULTS		QUESTION 3 RESULTS		COI
ed in significant knowledge gains for both ing symptoms that patients with RSV ce.	A significant increase in knowledge regarding the respiratory morbidity associated with severe RSV in older adults was reported in PCPs but not ID specialists. A high proportion of ID specialists (47%) require further education on this topic.		Education significantly improved PCP knowledge regarding non- respiratory clinical characteristics in older adults with RSV, and while ID specialists increased their knowledge of this topic, the knowledge gain was not significant.		52% of very hi
162) D RESULTS 23%	PCPs (n = 162) AGGREGATED RESULTS	P <.05	PCPs (n = 162) AGGREGATED RESULTS	P <.01	
54%	POST	8%	POST 27%		Ρ
36) D RESULTS	IDs (n = 36) AGGREGATED RESULTS PRE 47%	P=.479	IDs (n = 36) AGGREGATED RESULTS PRE 25%	P=58	
47 %	POST 53%		POST 39%		Ρ
Fluenza, patients with RSV infection more Ence which of the following symptoms? (Correct gestions, productive cough)			Which of the following has been shown to occur with varying severity in approximately 50% of patients with RSV? (Correct Answer: Anorexia)		

• This fast-paced, online medical education delivered in microlearning segments significantly improved physician knowledge regarding the clinical presentation of RSV in

• 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

• 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

NFIDENCE ANALYSIS

OUTCOMES

COMPLETERS

education question

SAME individuals pre

and post-education

LINKED

LEARNER

Each individua

tracked pre and

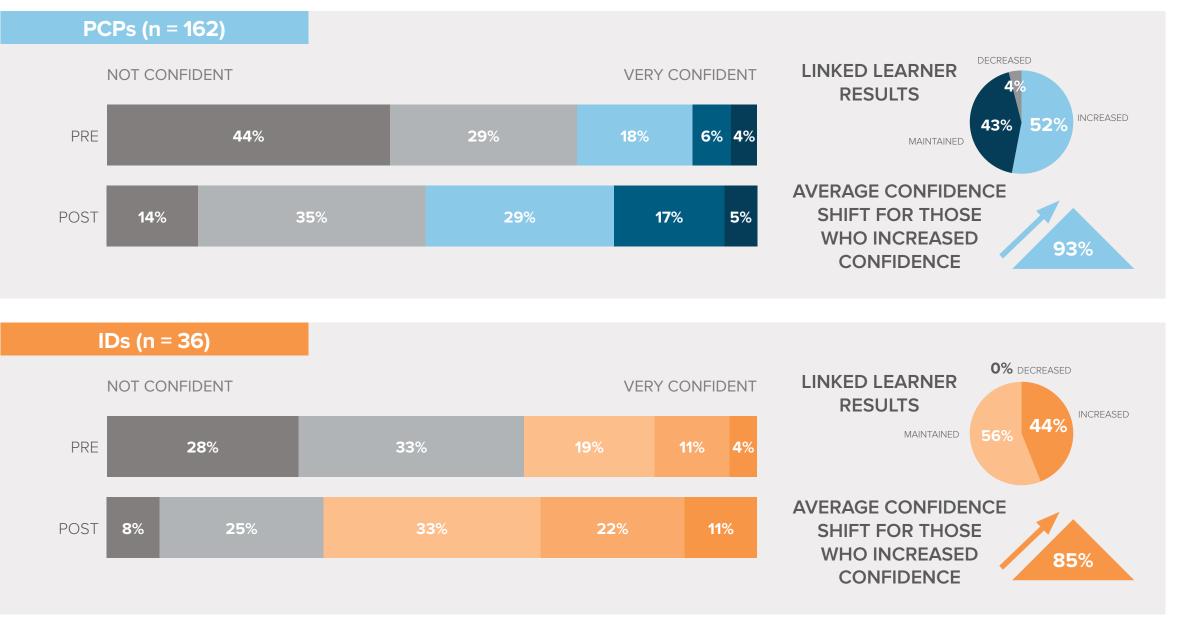
post-education

Learners serve as

their own controls

Each individual comp BOTH the pre and pos

of PCPs and 44% of ID specialists had a measurable improvement in confidence following education with igh average total confidence shifts of 93% and 85% for PCPs and ID specialists, respectively.



confident are you right now in your ability to use point-of-care tests for distinguishing RSV from other respiratory ions? (Select ranking from 1 [Not confident] to 5 [Very confident])

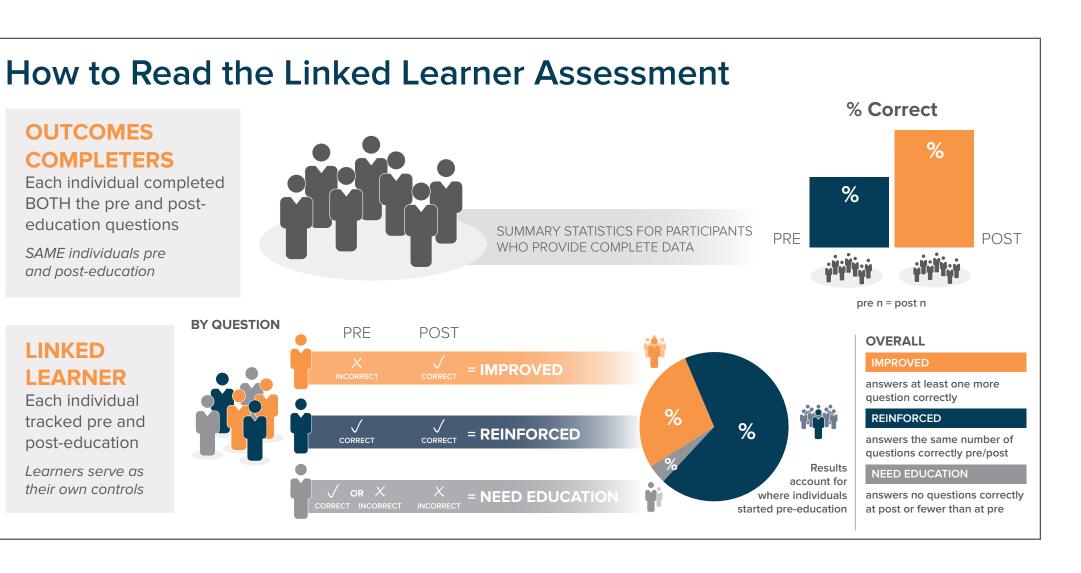
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REFERENCE

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

