The Educational Platform was Novel and had Multiple Components

Innovations included:

- Use of online case simulation platform (DecisionSim from Kynectiv).
- Activity 2: Case Simulation Clinical Decision Making in IPF Management, Where We Are and Where We Need to Be.
- Activity 3: Print/Digital Supplement: A Current Practice Snapshot of IPF Diagnosis and Management: Where We Are and Where We Need to Be.
- Comparative analyses: 1st, 2nd, 3rd
- Supplemental oxygen, pulmonary rehabilitation, lung transplantation
- Where we are:
  - Pulmonary rehabilitation
  - Supplemental oxygen
  - Lung transplantation
- When other options fail:
  - Supplemental oxygen
  - Pulmonary rehabilitation
  - Lung transplantation
- Where we need to consider first:
  - Pulmonary rehabilitation
  - Supplemental oxygen
- Comparative analyses: 1st, 2nd, 3rd
- Supplemental oxygen, pulmonary rehabilitation, lung transplantation
- When other options fail:
  - Supplemental oxygen
  - Pulmonary rehabilitation
  - Lung transplantation
- Comparative analyses: 1st, 2nd, 3rd
- Supplemental oxygen, pulmonary rehabilitation, lung transplantation

Several Critical Factors Contributed to the Success of this Educational Platform

1. The Educational Intervention was Based on Physician Needs and Known Gaps in Implementation Science
2. Learning Objectives
3. The Activities Attracted a Large Audience
4. The Activities Attracted the Appropriate Audience
5. Simulation Insight: Variations in Diagnosis were Noted in Practices of PCPs vs Pulmonologists
6. Simulation Insight: Treatment Variations were Noted in Practices of PCPs vs Pulmonologists
7. Incorporating Learner Data into Follow-up Education Facilitates Peer-to-Peer Learning
8. Several Critical Factors Contributed to the Success of this Educational Platform
9. Conclusions
10. Supporting the Value of CME

Data collected from learners in one portion of an initiative can be incorporated into a subsequent activity within the same curriculum to educate a broader base of learners and to facilitate peer-to-peer learning.

Sharing peer data within educational activities motivates learners by exposing gaps that clinicians did not know existed, drives clinicians to learn from their peers, and helps them see how their practice compares to that of their colleagues. Ultimately, this approach shifts clinician education from an individual learning experience to a shared experience that has the potential to improve outcomes within a clinician community.

“Challenges in managing IPF include making a timely diagnosis, discussing the disease with patients, and making shared treatment choices. Peer-to-peer education helps clinicians keep abreast of new data and apply key principles in their own practices to improve patient outcomes.”

– Gregory P. Cosgrove, MD