

Physician education research results available

Beginning in 2002, physicians from around the province participated in a research project on the effectiveness of four different methods of delivering physician education related to workplace injury management. The project was led by Dr Harry Karlinsky, psychiatric consultant to WorkSafeBC and director of Continuing Medical Education and Professional Development for the UBC Department of Psychiatry, under a grant from WorkSafeBC's Research Secretariat. The two accredited education topics offered as part of the project were "The diagnosis and management of lateral epicondylitis" (LE module) and "Is return to work good medicine?" (RTW module). Physicians selected their module of choice and one of the following delivery methods:

- Outreach—Small group, face-to-face workshops in participating physicians' local communities.
- Videoconference—Small group workshops offered at videoconferencing suites in local hospitals, with speaker at a remote host site.
- Conference lecture—Large group lectures offered at WorkSafeBC's annual Physicians' Education Conference.
- Online—Internet-based instruction.

Participants were asked to complete two questionnaires before and after each education module. A knowledge questionnaire related to the educational content in the module, while a learner attitude and satisfaction questionnaire related to demography, perceived preferred learning style, and preference for different types of continuing medical education. The same two questionnaires for each module were administered before and after each session.

Research hypothesis

Technology offers opportunities to provide CME via innovative modes of delivery. The hypothesis of this research was that training modules facilitated by new technologies (online learning and videoconferencing) will be at least as effective as and sometimes preferred over traditional CME interventions (conference lectures and outreach) in their impact on physician's knowledge.

Research findings

In all, 581 physician encounters occurred as a result of the educational presentations. The specific communities where conference lecture, outreach, and videoconference sessions were offered are shown in the Table.

The most significant finding was that educational presentations, regardless of their delivery method, significantly increased physicians' knowledge of both lateral epicondylitis and the physician's role in return-to-work planning. For example, the LE module pre-test identified a common misconception among physicians that lateral epicondylitis reflects an inflammatory pathophysiology. In the post-test, the misconception was cleared and the majority understood lateral epicondylitis to be a degenerative process.

Importantly, the videoconferencing and online education sessions were at least as effective as the conference lecture and instructor-led outreach sessions in their impact on physician knowledge. The research broadly implies that instructional offerings via new technologies—in this case, videoconferencing and online learning opportunities—have the potential to increase physician access to effective CME opportunities, an important pre-

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Table. Community distribution of CME sessions

Community	Session
Abbotsford	RTW—outreach
Campbell River	RTW & LE—video
Castlegar	RTW—outreach, LE—video
Cranbrook	RTW & LE—video
Creston	RTW—video
Dawson Creek	RTW & LE—video
Duncan	LE—video
Fernie	RTW & LE—video
Invermere	RTW & LE—video
Kamloops	RTW & LE—outreach
Kelowna	LE—outreach
Kitimat	LE—video
New Westminster	LE—outreach
Penticton	RTW—outreach, LE—video
Powell River	RTW & LE—outreach
Prince George	RTW—video, LE—outreach
Prince Rupert	RTW—video
Quesnel	RTW—video
Richmond (hospital)	RTW & LE—outreach
Richmond (WorkSafeBC)	LE—video, RTW & LE—conference lecture
Smithers	RTW—video
Surrey	RTW & LE—outreach
Sydney	LE—outreach
Trail	RTW & LE—outreach
Vernon	RTW & LE—outreach
White Rock	RTW—outreach

RTW = Is return to work good medicine?
LE = The diagnosis and management of lateral epicondylitis

icbc (continued)

How much does ICBC pay for the patient's clinical records?

Assuming you have a signed patient consent form, you may bill \$77.90 to compile and review the records. Check with the adjuster if the volume of paperwork requested will require more than 15 minutes of your time. Photocopying records may also be charged according to BCMA code A00096.

If you have further questions related to fees or other concerns specific to ICBC cases, please contact me at martin.ray@icbc.com, by fax at 604 943-8344, or by phone at 604 943-6999. Let me know what areas you would like to see covered in upcoming articles so that I may report back on these topics. I look forward to hearing your feedback as I work with ICBC in the coming months.

—Martin Ray, MD

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cursor to change in physician behavior and to more appropriate evidence-based management of injured workers. Participants had varied attitudes about the learning method they preferred, which suggests that education providers should continue to pursue multiple methods of delivery.

For more detailed results of this study, see the original article in the *Journal of Occupational Rehabilitation*¹ (this abridged article is reproduced courtesy of Springer).

—Don Graham, MD, CCFP
WorkSafeBC Chief Medical Officer

Reference

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Vancouver Office: 604-874-6754

#1303-750 W. Broadway
Fairmont Building
Vancouver, B.C. V5Z 1H1
Tel: (604) 874-6754
Fax: (604) 874-8424

#101-2828 Cruikshank St.
Abbotsford, B.C. V2T 5M4
Tel: (604) 853-1334
Fax: (604) 874-6424

#101-8827 152nd St
Surrey, B.C. V3R 4E5
Tel: (604) 874-6754
Fax: (604) 874-8424

#1-2185 Wilson Ave.
Port Coquitlam, B.C. V3C 6C1
Tel: (604) 874-8754
Fax: (604) 874-6424

#900-5900 No. 3 Rd
Van City Tower
Richmond, B.C. V6X 2C9
Tel: (604) 874-6754
Fax: (604) 874-6424

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