Impact of Short-Form, Case-Based Continuing Medical Education on Clinician Knowledge and Competence in Treating Patients With Chronic Rhinosinusitis With Nasal Polyps

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Background

Available biologics approved for chronic rhinosinusitis with nasal polyps (CRSwNP) are very effective at targeting type 2 inflammation, which contributes to polyp recurrence. With expanded treatment options and evolving current guideline recommendations, some clinicians are uncertain of how to appropriately integrate biologics into care plans.

Methods

Learner outcomes were analyzed from a 20-minute, case-based continuing medical education activity consisting of video and slides.

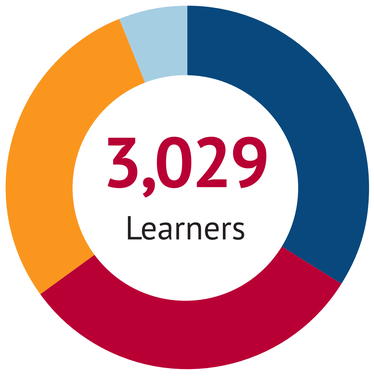
EXPERT SPEAKER
Cecelia Damask, DO

WEB PROGRAM LAUNCH DATE
August 15, 2024

DATA COLLECTED THROUGH
July 25, 2025

- Changes in knowledge and competence were measured using using matched pre- and post-test learner analysis
- Intent to change practice and potential patient impact were also measured

Learner Profile



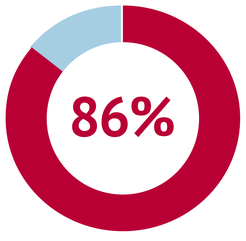
34% Pulmonologists
31% Otolaryngologists
29% Allergists/ Immunologists
6% Other HCPs

Potential Patient Impact

Learners report seeing an average of:

3-7 patients/week with CRSwNP

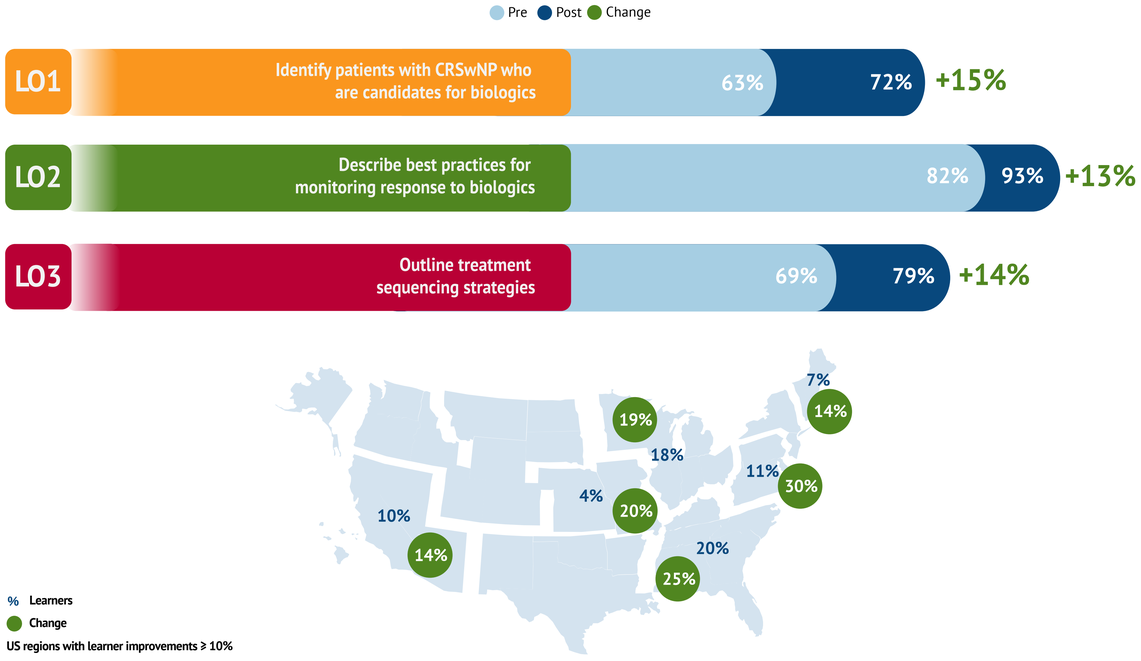
12,552 Patient interactions impacted*



Learners who intended to change practice behaviors after the program

*Calculated based on self-reported number of patients seen per week and intent to change practice extrapolated to the entire learner population.

Learner Improvement in Knowledge and Competence



SWOT Analysis (by Specialty)

STRENGTHS

ENTs
High awareness of clinical trial data and current guidelines

Ability to identify appropriate patients for biologics

Allergists/Immunologists
Ability to identify appropriate patients for biologics

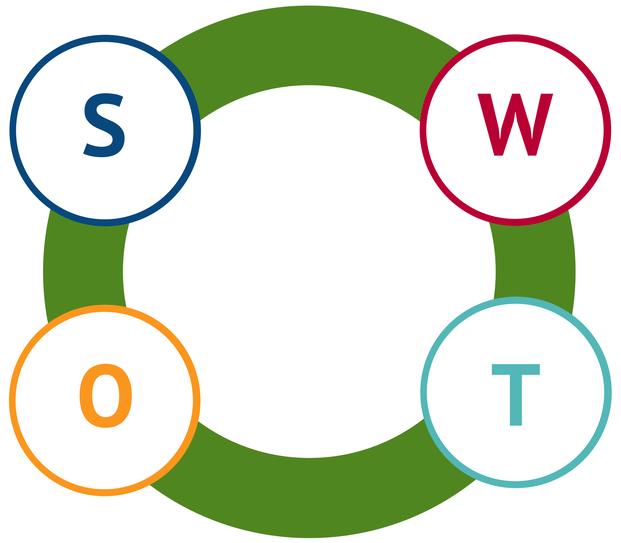
Pulmonologists
Ability to identify appropriate patients for biologics

Weakness

ENTs
Inconsistent use of guideline-recommended management practices

Allergists/Immunologists
Low awareness of clinical trial data and treatment algorithms for biologics

Pulmonologists
Very low awareness of clinical trial data and treatment algorithms for biologics



Opportunities

ENTs
Reinforcement of current guidelines

Allergists/Immunologists
Reinforcement of key efficacy data and current guidelines

Pulmonologists
Reinforcement of key efficacy data and current guidelines

Threats

ENTs
Failure to factor in patient-reported outcomes in treatment decisions

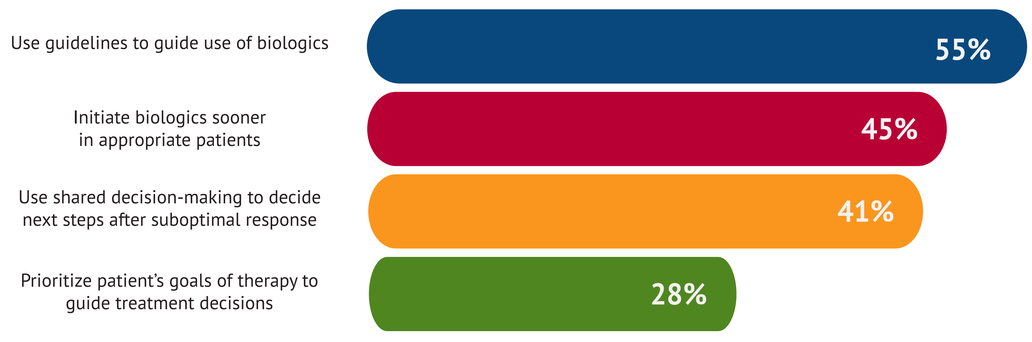
Allergists/Immunologists
Inability to optimize treatment based on patient's response

Pulmonologists
Inability to optimize treatment

ingrained beliefs regarding systemic steroid use

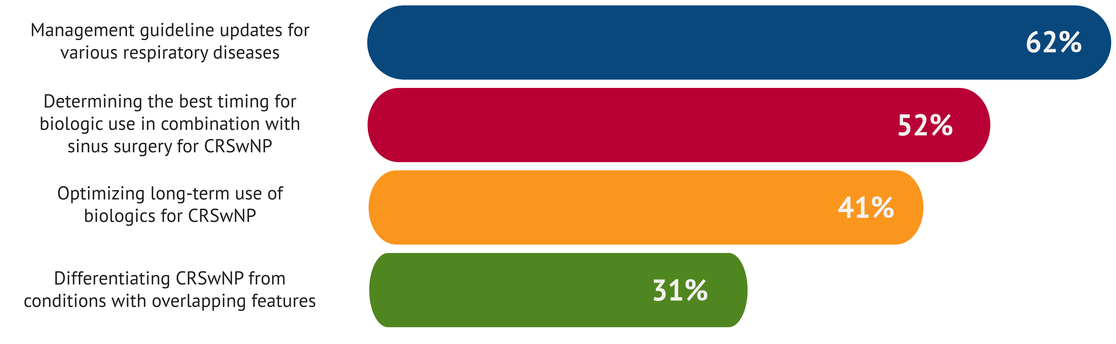
Intended Practice Change

As a result of the program, learners indicated that they would be more likely to:



Future Education

After the program, learners indicated that they would like to learn more about:



Conclusions

Digital, short-form, case-based CME improved knowledge and competence related to individualizing biologic therapy.

It also elucidated persisting educational needs among clinicians that can be used to tailor future educational efforts.

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