Determination of Global Subpopulation Demographics and Preferences to Optimize Education

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It has been well-documented that adult learners, including healthcare providers (HCPs), learn best and are most likely to translate knowledge into practice when education is tailored to their personal learning preferences, needs, and beliefs. With this in mind, we set out to determine if we could identify sets of learning preferences, needs, and beliefs that are associated with subpopulations of HCPs, each of which was homogeneous in at least two of three aspects. Aspects considered were geographical location—including country and regions within countries—medical specialty, and career progression from newly practicing physician to experienced physician and, finally, to end-of-career physician. We believe that understanding the learning preferences, needs, and beliefs associated with subpopulations of HCPs plays an important role in optimizing medical education in the global setting, within the context of individual practitioners' career progression, and in the continuing professional development arena.

This session will describe the series of analyses of data that we have gathered to date from HCP learners who participated in medical education delivered online in a variety of formats ranging from text-, to audio-, to video-based. Learners who participated in this study came primarily from France, Germany, Spain, Italy, the United Kingdom and the United States, and were either oncologists or cardiologists. Examples of data gathered include:

- Beliefs about impact of education on medical practice
- Intent to modify practice as a result of education
- Perception of barriers faced that may impact patient outcomes
- Attitudes regarding team-based practice
- Preferences for patient communication styles
- Opinions regarding patient generated health data
- Demographic data including age, sex, practice type and similar

Correlation of data within and among these categories provided information and insights that can, and should, inform development of educational initiatives optimized for a variety of HCP subpopulations. Examples of data and insights that will be shared include learning format preferences, perceived barriers to optimal patient treatment, role of financial considerations in medical care, interest in patient generated health data that are specific to individual countries and for regions in the United States. Thus, attendees will gain knowledge regarding learning preferences and beliefs characteristic of various countries, medical specialties, practice attributes and other demographic categories and will hear from panelists representing a variety of global populations. In addition, attendees will gain knowledge regarding how to gather and analyze these types of data.

Attendees will share their own beliefs and preferences, via audience response system (if available) or show-of-hands, and will be able to compare their own responses with those of the experimental cohort. Interactive discussion will help relate insights gained from the experimental analyses to country and region-specific factors and to other demographic information. Examples of medical messaging tailored to different populations will be shared, for example attendees will view anti-smoking commercials from France, Japan, Thailand, and the United States. Interactive

discussion with attendees will help identify characteristics of the message that are specific to the commercial's country of origin and their application to online medical education.
Finally, additional demographic factors that should be analyzed, and application of the insights gained through this research to optimization of medical education for country-, specialty-, stage-of-career-, and other demographically specialized programs will be discussed.