



Assessing Education Modalities For VA Primary Care Providers Who Care For Female Veterans

Jessica Feranec, MD

Department of Surgery, University of Florida College of Medicine, Gainesville FL

ABSTRACT

Women represent the largest growing segment of the patient population within the Veterans Health Administration (VHA). The VHA has historically provided care for aging male veterans and is now faced with providing care for a growing female population. Leadership within the VHA now mandates that every woman veteran have access to a primary care provider who can meet all of her primary care needs, including gender-specific and gynecologic care. Current staff, who have been accustomed to caring for men, will need to rapidly update their knowledge base with continuing medical education in order to meet this mandate of care for a growing patient population.

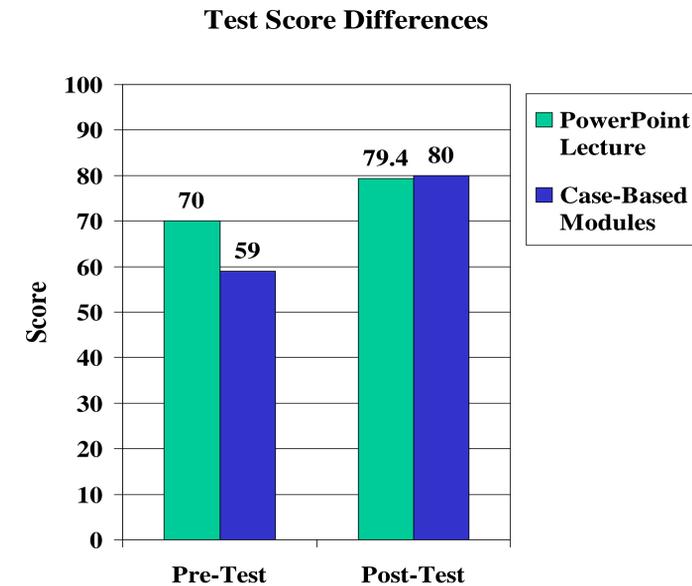
INTRODUCTION

The majority of current education available to VHA providers exists in live and on-line PowerPoint format. The purpose of this study was to compare the traditional, live, Socratic PowerPoint lecture format to an interactive case-based presentation to assess if the interactive format improves learning.

The Office of Women Veterans Health Strategic Health Group, VACO, and the Office of Patient Care Service – Primary Care, jointly with the Northport Employee Education System Center conducted a national assessment to ascertain the education needs of Primary Care Providers as they relate to gender-specific care for female veterans. One of those topics listed was Human Papilloma virus and abnormal Papanicolau smears.

METHODS

Using a pretest/posttest quasi-experimental design, the control group was given a PowerPoint presentation targeting a primary care provider audience (n=17) on this gender-specific topic. The lecture was re-formatted into case-based modules to engage the learner and was given to a second group of primary care providers (n=49). A pretest and posttest were administered at each presentation. The participants also completed a survey assessing current patient population, clinical practices and learning preferences. Attendees were also asked their attitudes regarding gender specific care and gynecologic exams. An analysis of variance was used to determine posttest differences between groups.

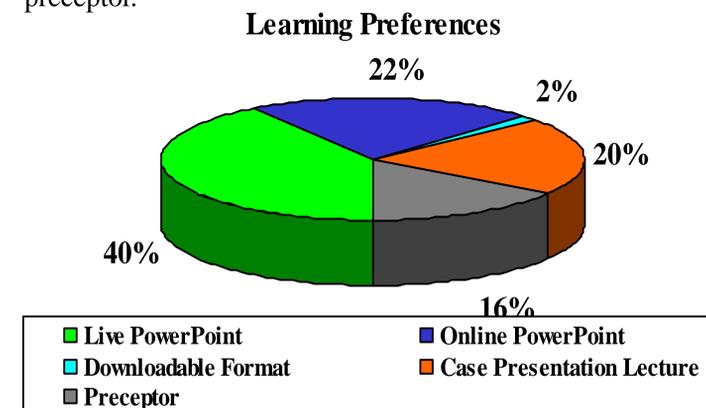


RESULTS

Results indicate no significant differences between the two groups in final scores, though pretest scores were much lower in the case group. There were higher knowledge gains in the case presentation group, though the gains in both groups were less than expected. Neither group had more than a few respondents who scored 100% on the posttest. Long term retention was not assessed due to the short nature of the study.

An analysis of variance reveals significant differences in performance based on educational modality (PowerPoint versus case presentation) on the pre-test measure (p=.03) with individuals in the PowerPoint group scoring on average 11 points higher. No significant differences were found on the post-test measure. Effect sizes associated with the educational intervention were medium (Cohen's d=.44) for the PowerPoint group and large (Cohen's d=.93) for the case presentation.

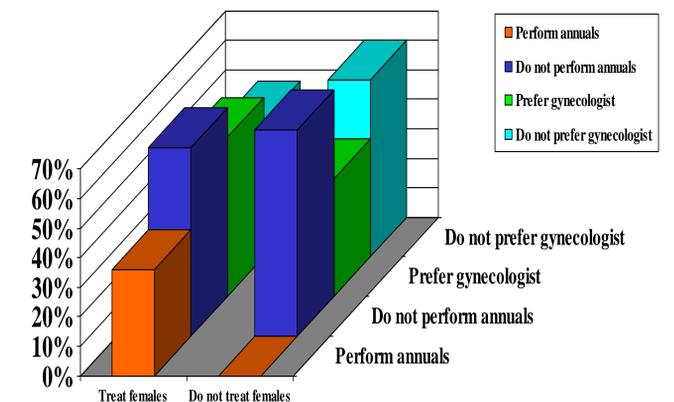
Surveys revealed that 90% of providers already treat female patients, though only 35% of them currently perform annual gynecologic exams including pelvic exams. Overall, 54% of providers would prefer that a gynecologist perform all pelvic exams. Though participants answered in more than one category on learning preferences, their results were overwhelmingly slanted toward live PowerPoint lectures. Fifty-four percent of attendees preferred live PowerPoint presentations over online, downloadable format, case presentation, or hands-on with a preceptor.



CONCLUSIONS

The method of educational content delivery had no effect on provider learning, as measured by the pre and post tests, though providers expressed a preference for PowerPoint didactics for their continuing education. Although a national assessment indicated the topic discussed in lectures was an education need, these particular providers were not interested in performing gynecologic care in general, which may have affected knowledge acquisition.

Provider Practice Preferences



REFERENCES

- Rash, EM. A problem-based learning hybrid in a women's health course. *J Nurs Educ.* 2008;47(10):477-9.
- Zapp, L. Use of multiple teaching strategies in the staff development setting. *J Nurs Staff Dev.* 2001;17(4):206-12.
- Parker K, Parikh SV. Applying Prochaska's model of change to needs assessment, programme planning and outcome measurement. *J Eval Clin Pract.* 2001;7(4):365-71.
- Robertson, PA, et.al. The women's health curriculum by a problem-based learning method for medical students at the University of California, San Francisco. *Am J Obstet Gynecol.* 1997;176(6):1368-73.
- Schlomer, RS, et al. Teaching strategies and knowledge retention. *J Nurs Staff Dev.* 1997;13(5):249-53.
- Lewis, AP, Bolden KJ. General practitioners and their learning styles. *J R Coll Gen Pract.* 1989 May;39(322):187-9.