

## New Medical Information

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SGIM is completing a three-year Agency for Healthcare Research and Quality (AHRQ)-sponsored project to investigate how primary care providers stay current on medical information in a broad and crowded network of new and traditional sources—journals, social media, news media, online clinical reference tools, and government reports. The goal of this project was to identify and assess how providers and other medical professionals learn and make practice-changing decisions based on the availability of new medical information. Updated and new evidence from a variety of sources is constantly flowing along the information highway used by physicians, researchers, trainees, and teachers. How health care professionals access this information is a matter of preference and capacity, including whether the format is accessible and if the information is timely and/or comprehensive.

This program was led by Principal Investigator Richard M. Frankel, PhD, professor of medicine and geriatrics, Indiana University School of Medicine, with a team of SGIM experts who shared their unique perspectives and experience throughout the project. These included Vineet M. Arora, MD, MAPP, associate professor, University of Chicago Department of Medicine; Bradley H. Crotty, MD, MPH, FACP, associate director for informatics training, Beth Israel Deaconess Medical Center Clinical Informatics; Neil B. Mehta, MBBS, MS, *Journal of General Internal Medicine (JGIM)* web editor assistant dean, Cleveland Clinic; and Alexander K. Smith, MD, MS, MPH, associate professor of medicine, University of California, San Francisco, School of Medicine.

We began by focusing on the process for providers to access new research from AHRQ and other sources and to identify how different social media platforms affect how they share that information with their patients for prognosis and treatment options. A 2014 survey targeting SGIM, the American College of Physicians, the Society of Hospitalist Medicine, and the American Geriatrics Society highlighted the type and modality of resources that impact physicians' learning and behavior with patients.

Survey results indicated that despite regular efforts to stay apprised of new medical information, most general internists in this sample found it difficult to keep up. Reliance on guidelines, topic updates, and e-mail alerts may signify an increasing reliance on pre-digested data in this fast-paced information age. Interestingly, print was the most highly ranked medium for reading in-depth overall and a very close second to the web among early adopters of technology. Social networks had a mixed result, partially due to the separation of those for personal vs. work use.

Information sources that provide synopses and context to busy generalists, with links to the primary articles, may help better disseminate new knowledge. Despite the increasing trend for journals to abandon print media, print media was considered the best source for in-depth reading. Engaging peers and reputable colleagues in spreading this information may be synergistic.

Initial findings of the surveys were presented at a scientific abstract poster session at the 2015 SGIM Annual Meeting in Toronto, Canada. A poster titled "Stop the Presses? A Survey of Information

and Learning Preferences among General Internists in the Information Age" provided opportunities for our lead group members to interact with conference attendees and gather additional feedback on their personal experiences. In addition, we conducted two focus groups at the 2015 SGIM Annual Meeting to delve more specifically into participants' responses to the initial survey. Survey respondents were asked a series of follow-up questions, which revealed several themes. Because people obtain information through a variety of approaches, participants valued most those that were systematic, came from a trusted source, and did not just add to the myriad of multiple information sources. The final results from the study will be presented in a journal article planned for submission later this year.

During the course of the project, the team reviewed strategies used to share information, including the Bottom Line publications created by the SGIM Evidence-Based Medicine Task Force. Bottom Line is an ongoing series of summaries on specific research designed for providers to use in discussing new medical knowledge with their patients. To view the list, currently housed on the *JGIM* and SGIM websites, go to <http://www.sgim.org/communities/task-forces/evidence-based-medicine/ebm-current-projects>.

At the 2016 SGIM Annual Meeting in Hollywood, FL, we held a symposium titled "Navigating the Information Highway." This session presented skills-building techniques and tools to filter out the "noise" of information coming to participants through e-mails, social media, and journals. The purpose of the information

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teractive symposium was not only to impart usable information but also to assess participants' projected and actual behavior change regarding how they respond to new medical information. Neil Mehta, Bradley Crotty, and Richard Frankel presented on information management strategies that help generalists proactively access and use information. The session evaluation indicated that most participants felt only somewhat confident in the information they learned on a regular

basis and that ease of use of various modalities, as well as reliability of the information provided, were highly valuable. Further, they identified a need to distill the best medical information, and they felt this session gave practical guidance to accomplish this.

This project continues to generate interest from within and outside SGIM. In 2016, we started a collaboration with Brent Thoma, MD, at the University of Saskatchewan and a Canadian team participating in

their study to assess whether using infographics to promote new medical literature leads to increased article readership and dissemination. In an effort to answer this question, the study authors will prospectively assess the effects of promoting articles with infographics over the course of several publication issues of the *JGIM* and the *Canadian Journal of Emergency Medicine*. We look forward to sharing the results of this project.

*SGIM*