

POSTER #4

Virtual Continuing Health Professional Education: A Scoping Review

Courtney Cheng BSc^{1,2}, Janet Papadakos MEd, PhD^{3,4,5,6} Rouhi Fazelad MSc⁷,
Ben Umakanthan³, Meredith Giuliani MBBS, MEd, FRCPC, PhD^{3,4,8,9,10}

1. Royal College of Surgeons in Ireland, Dublin, Ireland.
2. Michael Garron Hospital, Toronto, Canada.
3. Cancer Education Program, Princess Margret Cancer Centre, Toronto, Canada.
4. The Institute for Education Research, University Health Network, Toronto, Canada.
5. Patient Education, Ontario Health (Cancer Care Ontario), Toronto, Canada.
6. Institute of Health Policy, Management & Evaluation, University of Toronto, Toronto, Canada.
7. Library and Information Sciences, Princess Margret Cancer Centre, Toronto, Canada.
8. Radiation Medicine Program, Princess Margret Cancer Centre, Toronto, Canada.
9. Department of Radiation Oncology, University of Toronto, Toronto, Canada.
10. The Wilson Centre, University Health Network, Toronto, Canada.

CourtneyCheng@rcsi.ie; Meredith.Giuliani@rmp.uhn.ca

Purpose: Virtual learning strategies have become a powerful tool to deliver continuing medical education (CME) to health professionals. However, there is a gap in the literature regarding how virtual CME can mitigate disparities faced by health professionals. Therefore, this scoping review aims to synthesize the advantages and disadvantages of virtual CME and to establish the impact of this approach on inequities that health professionals face regarding gender, race, location, and profession.

Methods: This scoping review was conducted according to the Joanna Briggs Institute protocol. A comprehensive literature search for papers published in any language from 1991 to June 2020 was performed in 6 databases in consultation with an information specialist. Three investigators independently screened the publications for eligibility, and an independent investigator resolved any conflicts. Demographic data, including healthcare specialty, modality of virtual education, countries of intervention, reported advantages and disadvantages, and location, gender, and race of participants, were extracted from included publications and summarized in a tabular form.

Results: The literature search yielded 31,485 studies, of which 9,723 duplicates were removed. 21,762 articles underwent title and abstract screening and 12,205 were excluded. Full-text screening is ongoing. The most commonly reported advantages and disadvantages of this intervention will be reported. From an equity perspective, our findings with respect to gender, location, race, and profession will be summarized.

Conclusions: Virtual CME has been pushed to the forefront due to the COVID-19 pandemic. A finalized abstract with full data analysis and conclusions will be completed for presentation prior to the conference.