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Randomised trial of an internet-based evidence-based medicine continuing education intervention

Submission date	Recruitment status	[ ] Prospectively registered
01/09/2005	No longer recruiting	[ ] Protocol
Registration date	**Overall study status**	[ ] Statistical analysis plan
24/02/2006	Completed	[ ] Results
Last Edited	**Condition category**	[ ] Individual participant data
18/04/2008	Circulatory System	[ ] Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
MOP-53096

Study information

Scientific Title

Study objectives
We anticipate that an internet-based evidence-based medicine (EBM) course that is targeted for specific medication compared to traditional CME will lead to increased use of specific medications.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Health Sciences II Research Ethics Board, University of Toronto, Toronto, Ontario, Canada (5 April, 2002).

Study design
Randomised controlled trial

Primary study design
Interventional

Study type(s)
Not Specified

Health condition(s) or problem(s) studied
Stroke and Diabetes - continuing medical education (CME) study

Interventions
Group 1. Online course on evidence-based medicine where the topic studied is related to stroke. There are ten sessions and we ask the family physician to complete this course within 6 months.
Group 2. Online course on evidence-based medicine where the topic is related to diabetes. There are ten sessions and we ask the family physician to complete the course within 6 months.
Group 3. Mailed materials where there is a practice guideline on stroke and a hard copy of a slide presentation on stroke (traditional CME). We ask the family physician to complete the readings within 6 months.

Intervention Type
Other

Phase
Not Specified

Primary outcome(s)
The proportion of appropriate patients who receive a prescription for statins 12 months after the completion of the study intervention i.e. the online course or completion of readings.

Key secondary outcome(s))
1. The proportion of patients with coronary heart failure (CHF) who receive beta-blockers
2. The proportion of patients with atrial fibrillation who receive prescriptions for warfarin at 6, 12, and 24 months after the study intervention
3. Physician satisfaction with the CME online course and the readings will be evaluated

Completion date
31/03/2007

Eligibility

Key inclusion criteria
1. In practice for at least one year
2. Will be in practice for the next year
3. Aged greater than or equal to 18 years old, either sex
4. 50% of the clinical practice are adults
5. Access to the internet
6. Able to converse and read in English

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Sex
All

Key exclusion criteria
1. Cannot speak English
2. Participating in another EBM CME study
3. Retiring from clinical practice witihin one year of the study onset
4. Permission denied for viewing prescription practices

Date of first enrolment
15/05/2004

Date of final enrolment
31/03/2007

Locations

Countries of recruitment
Canada

Study participating centre
Toronto Western Hospital
Toronto

Canada
M5T 2S8

Sponsor information

Organisation
University of Toronto (Canada)

ROR
https://ror.org/03dbr7087

Funder(s)

Funder type
Research organisation

Funder Name
Canadian Institutes of Health Research (CIHR) (Canada) - http://www.cihr-irsc.gc.ca (ref: MOP-53096)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration