Internal Medicine Report: Initial Evaluation of an Electronic Case-based Educational Web Resource
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Case-based reasoning and education have long played important roles in medicine. Perhaps the most visible example of this is the weekly CPC published in the New England Journal of Medicine. In order to extend this approach by making it more interactive in a distributed environment, an on-line case based discussion group called Internal Medicine Report (IMR) was developed. By creating an electronic forum in which academic internists, community physicians and housestaff discuss cases, IMR seeks to explore practice differences while improving communication within the Medicine community.

SYSTEM

IMR blends two technologies to achieve greater participation from potential users. Cases are presented as a brief vignette on the IMR homepage. Additional clinical detail (photographs, X-rays, pathology) is linked to each case. Each member of the IMR Listserv is presented with the clinical vignette. Discussion concerning the case occurs through the text-based E-mail Listserv, which allows responses from the widest user base. While anyone may view Web-based cases and images, only approved subscribers to the moderated Listserv participate in discussions.

Responsibility for presenting an IMR case is rotated among the chief medical residents. These case moderators are responsible for the selection of ancillary images and the recruitment of at least 2 primary discussants: typically one general internist and a subspecialist. Each case remains active for two weeks.

Initial subscription to the Listserv was provided for 112 residents in training, academic attendings and private practitioners with hospital/clinic privileges. Subsequent enrollment was by request from interested clinicians affiliated with the institution. Support for Internal Medicine Report was provided by the Office of Informatics, Health Sciences Libraries and Information Center, and Integrated Advanced Information Management System (IAIMS).

EVALUATION

An initial formative assessment of utilization and impact was designed to occur after the first 10 IMR cases. At that point, 327 individual clinicians had joined the Listserv, of whom 67 (20.5%) provided commentary upon one or more of the 10 cases. The aggregate number of case-relevant postings was 263 with a range across cases of 11 to 41 postings.

The distribution of active respondents was different than expected. Academic attendings provided the bulk of case commentary (44.5%) followed by chief medical residents (12.2%) and private practitioners (8.0%). Other residents and fellows contributed less than 10% of the total postings. The median number of cases upon which a single respondent provided commentary was 2. Data measuring the educational and clinical impact of participation within the IMR Listserv are being collected.

CONCLUSIONS

A 10-case trial of IMR demonstrated that hybrid utilization of Web/Listserv resources can effectively engage clinicians in productive clinical discussions. This variety of collaborative sharing across disciplines, levels of experience and location could not otherwise occur in “real-time.” Active participation by more junior medical residents did not occur at the level anticipated by IMR originators. However, lack of active participation may belie the educational benefit of IMR; analysis of data assessing the clinical impact of IMR will be informative.

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References


Note: Dr. Cohen is now at the University of Alabama, Birmingham