**DGIM Project Summary**

(1 page preferred, 2 pages maximum)

**Name of Project:** Exploring the education needs of primary care providers in the assessment of patients with interstitial lung disease

**Investigator(s).** (Include phone numbers and email address, indicate PI and primary contact)

Primary/PI: Robert Brownell, MD (RobertS.Brownell@ucsf.edu)
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**Research question(s):**
What is the PCP perspective in the diagnosis and management of patients with suspected ILD?

**Brief Background/Significance:**
Interstitial lung diseases (ILD) forms a complex group of lung disease that comprises a wide range of diagnosis with different etiologies(1, 2). The diagnosis process of ILD is often challenging because of the complexity of the disease, heterogeneity in presentation, and the need for a multidisciplinary discussion(3). Therefore, obtaining a diagnosis of ILD can be a prolonged and stressful process for patients who commonly see many different physicians before reaching a diagnosis or are initially misdiagnosed before the exact cause of their symptoms can be identified(4). In patients with idiopathic pulmonary fibrosis (IPF), this delayed access to an ILD referral center and diagnosis has been associated with higher mortality(5).

In other forms of lung disease, education for primary care providers (PCP) has been shown to be effective in improving the diagnosis or management of patients. For example, in chronic obstructive pulmonary disease (COPD) an educational workshop can improve the general knowledge of and use of office spirometry(6). However, unmet needs in the management of patients with chronic lung disease in the primary care setting persist. Recently, a qualitative study highlighted some of the limitations and lack of resources PCPs can experience when they care for patients with incidental pulmonary nodules(7).

The role of PCP has not yet been defined or explored in the diagnosis and management of patients with ILD. In this study, we wish to identify the educational needs of PCP. This needs assessment will be used to create an intervention tailored for the primary care setting that addresses these specific needs. Our hope is that increasing awareness of PCP towards ILD and providing tailored educational resources can lead to an improvement in patient care, shorten the time to diagnosis, and accelerate initiation of therapy when appropriate.

**Inclusion/exclusion criteria (list)**
Primary care provider working at UCSF (20)

**Method of contact/recruitment (be specific)**
They will be invited via email to participate in a web-based survey (online Qualtrics tool).
Benefits/burden for participants (clearly identify potential for harm)
The survey should take 10-15 minutes to complete. There are no clear harms, the survey is anonymous, no identifier information is collected and the results will not be able to be linked to participants. The benefit is potentially identifying educational needs of PCPs to help improve future care of these patients.

Any benefits or burden to DGIM practitioners?
See above

Timeline for recruitment (projected start and stop dates)
As soon as feasible. Stop date determine after 20 PCPs have completed the survey.

Funding source
N/A

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular)
Unfortunately not.

Do you agree to notify us when recruitment is completed?
Yes

Date form completed: 4/19/17
References: