



The COVID-19 Pandemic has forced CE providers to shift course and find innovative ways to educate. It has given us an opportunity to use our collective strengths to contribute to important information sharing on the pandemic from trusted resources around the world, such as the FRONTLINE initiative, which launched in mid-May.

- Given the unprecedented situation, we have been asking ourselves a couple questions related to CME/CE's value during this time. Can we reach our intended audience during such a pandemic? Meet their educational needs and expectations?
- To answer these questions:



- 1) We analyzed the total completers of our virtual live programming conducted in March and April of 2020 compared with our predicted totals for the live setting. We compared the monthly completion rates of online activities that launched in
- January/February 2020 with our anticipated monthly completions. 3) We surveyed learners who participated in the programming that transitioned from live
- to virtual live programming to assess their satisfaction with the programming.
- to results from 2019 programming with similar audiences and learning objectives.

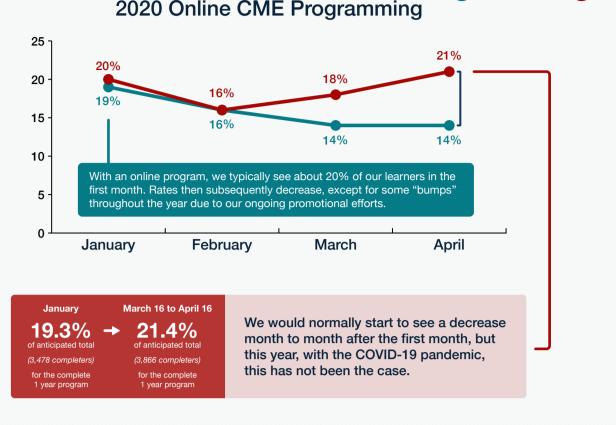
Anticipated

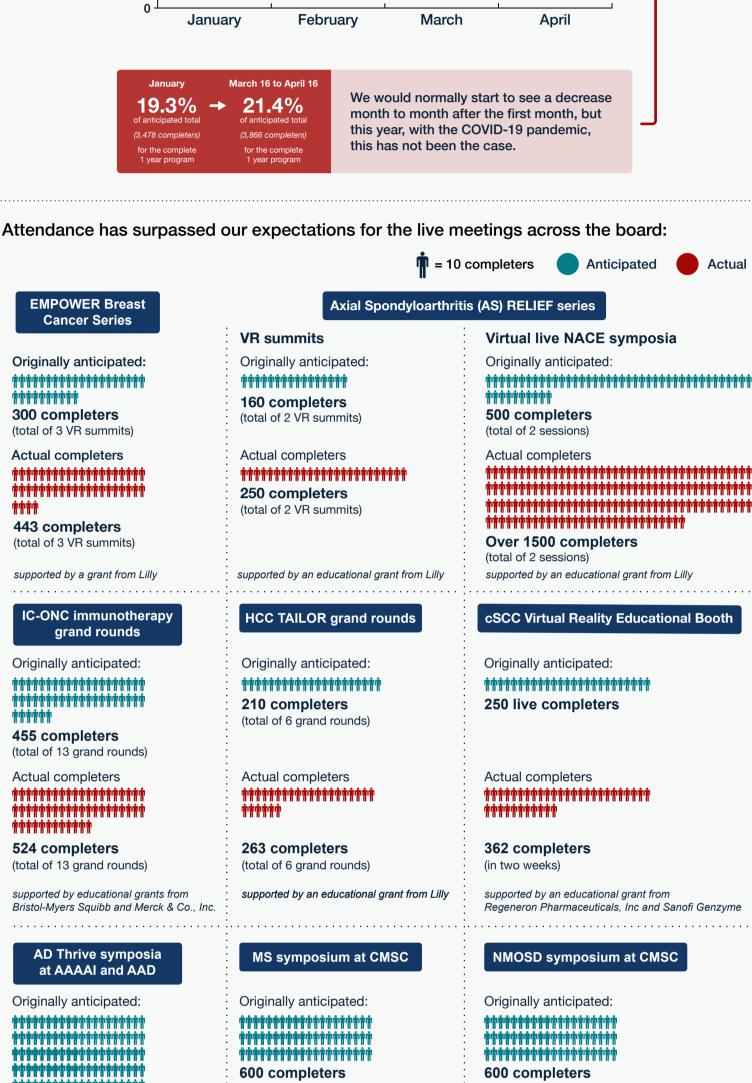
Actual

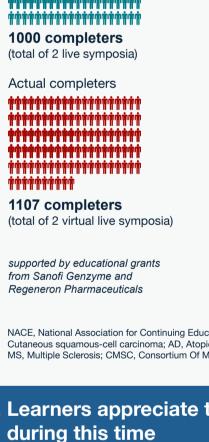
4) We compared knowledge and competence gains in 3 of our virtual live series compared

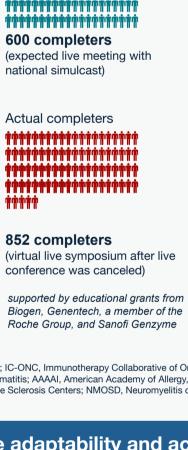
during the pandemic, for both online as well as virtual live programming

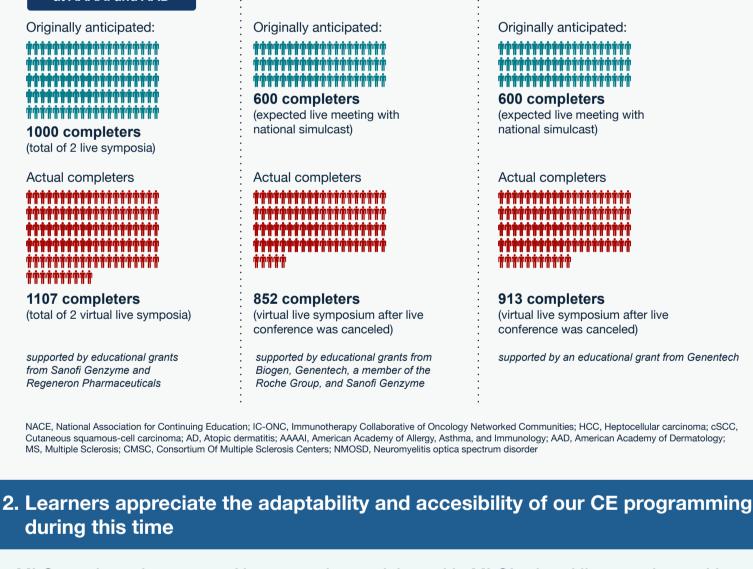
1. MLG's CME/CE platforms have not only maintained but increased their reach



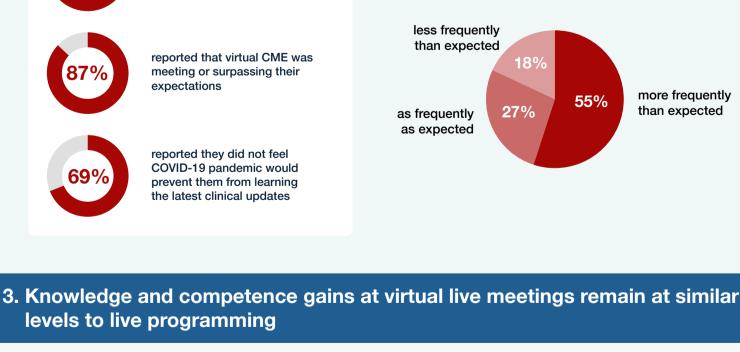








MLG conducted a survey of learners who participated in MLG's virtual live meetings taking place thus far during the COVID-19 pandemic (N = 186).



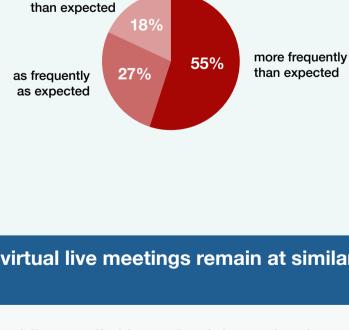
applicable to the virtual live meetings.

required meetings to go virtual.

reported the pandemic changed

the way they seek CME as they

shift to online options



Frequency of participation in CME

during the COVID-19 pandemic

less frequently

After beta testing a variety of platforms and providing media kits and training to faculty, we were able to develop a platform where all the features designed for our live meetings were

2D, 3D, VR and whiteboard animations were easily accessed

lectures, and pre/posttests and evaluation materials were provided in an efficient and user-friendly manner Due to this adaptability, we were able to maintain learning gains seen before social distancing

Chat features allowed for active Q&A during and after





for immunotherapy

12 IC-ONC live grand rounds Before social distancing Before social distancing Two AS RELIEF on irAEs and biomarkers 6 live summits for the 22 live grand rounds virtual summits



