

ChatCME Provider Outcomes Report

Public Example: Early Alzheimer's Disease Diagnosis and Management

- **Report type:** Final Provider Outcomes Report
- **Reporting window:** Representative six-month enduring activity window
- **Audience:** Physicians and advanced practice clinicians
- **Format:** Enduring online CME activity with video and slide materials

This de-identified example is based on a real ChatCME final report generated after an activity closed. It shows the kind of closeout-ready artifact a provider can use for QA review, stakeholder updates, and future education planning. Activity title, faculty, provider, learner, chat, and internal system details have been removed or generalized for public use. Counts and percentages are preserved from the underlying production report.

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What This Example Demonstrates

For a provider team evaluating ChatCME, this sample shows how routine in-activity use can become a practical outcomes report: a concise executive narrative, preserved learner voice, evidence-use patterns, objective alignment, and next-program planning signals.

The sample is intentionally report-like rather than promotional. It keeps limitations visible, uses de-identified aggregate data, and separates provider reporting from supporter-facing summaries. That is the value: teams can bring forward real learner behavior without exposing learner-level data or overstating what the activity proves.

At-a-Glance Executive Summary

Item	Value	Notes
Report type	Final closeout	Completed activity; full activity window covered
Total sessions	135	Activity-page sessions in the reporting window
Unique learners	127	122 new learners; 5 returning learners
Organic question sessions	28 of 135 (20.7%)	Sessions with at least one learner-authored, non-example question
Example-only sessions	107 of 135 (79.3%)	Sessions driven only by selected example prompts
Evidence-engaged sessions	22 of 135 (16.3%)	Sessions with at least one slide, document, audio, or video evidence interaction
Evidence views	343	Mostly slide evidence
Median time to first answer	12 seconds	Assistant response timing from first learner message
Strongest validated learner need	Applying biomarkers in early-stage assessment	Leading implementation-oriented organic need
Primary future-program implication	Build the next proposal around workflow-level need	Organic questions centered on which test, which patient, how to monitor, and how local constraints affect care
Primary reporting value	Closeout-ready insight from real learner behavior	Turns learner questions, evidence use, and objective alignment into planning evidence

Executive Summary

The closed activity validated demand for practical implementation support. Most sessions concentrated on high-interest decision topics, and evidence opens clustered around practical assets for treatment choice, biomarker use, assessment tools, eligibility, and monitoring.

The strongest learner need was implementation-oriented rather than purely factual. Activity concentrated on amyloid-targeting therapy safety and biomarker testing, while organic learner questions asked how biomarkers should be used in real practice, who to evaluate, and how local constraints change the diagnostic pathway.

For the next program, the clearest implication is to build the proposal around workflow-level implementation needs: biomarker selection, therapy eligibility, safety monitoring, and regional workflow translation. The report also preserves operational lessons, but the fundable education story is the gap between knowing the evidence and applying it in a real care pathway.

For provider teams, the practical value is that the report connects activity engagement to educational planning. It shows not only how many learners used the assistant, but what they tried to verify, where they wanted more specific guidance, and which evidence assets supported the most meaningful interactions.

What Is Working

- **High-interest decision topics gave learners a useful starting point.** Activity concentrated around amyloid-targeting therapy safety and available biomarker tests, signaling demand for applied education around patient selection, treatment monitoring, and diagnostic workflow.
- **The objective framework held up well against real learner behavior.** The leading implementation-oriented learner need matched the configured biomarker objective, and question clustering touched all five configured objective areas.
- **Evidence use concentrated on practical reference slides.** Learners most often opened evidence tied to biomarker readouts, office-based assessment tools, treatment landscape, eligibility, ARIA monitoring, and response assessment.
- **The activity supported both quick-reference and deeper-review behavior.** First responses were fast, most sessions were brief, and a smaller subset of evidence-engaged sessions expanded into much heavier slide exploration. That combination is useful for providers because it captures both immediate lookup behavior and deeper self-directed review.

Implications for the Next Program

Signal	What the closed activity showed	Implication for the next program
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Needs-assessment evidence	Organic questions clustered around biomarker choice, appropriate patient evaluation, therapy monitoring, and local workflow constraints.	Use the report as learner-authored needs-assessment evidence for a future independent proposal focused on implementation, not a generic disease-state update.
Fundable work-flow gap	The strongest learner signal was practical: which test, which patient, what next, and how the pathway changes by setting.	Package future education around case-based diagnostic pathways, eligibility checklists, monitoring guides, and setting-specific implementation tools.
Evidence pull-through	Evidence opens clustered around assessment tools, biomarker readouts, eligibility, monitoring, treatment response, and safety content.	Show stakeholders which educational assets learners used to verify next-step decisions, strengthening the case for funding follow-on tools in the same decision pathway.

Activity and Configuration Snapshot

Item	Value
Data coverage	Representative six-month activity window
Activity format	Enduring online CME activity with video and slide materials
Faculty	Redacted for public example
Example prompts shown to learners	“Please summarize important adverse events associated with amyloid-targeting therapies and how they can be managed” “Can you summarize the types of biomarker tests available for diagnosing Alzheimer’s disease?”
Learning objectives	Summarize the clinical use of biomarkers in early-stage assessment Diagnose early-stage disease using clinical features and biomarker testing Distinguish therapeutic modalities based on available evidence Develop a comprehensive early-stage treatment plan Integrate regionally appropriate diagnosis and management strategies into practice
Internal identifiers	Redacted for public example

Participation and Engagement KPIs

- The activity generated **135 sessions from 127 learners**; 122 were new learners and 5 were returning.
- Learner prompting totaled **149 messages** within **452 total messages**. Guided prompting dominated, with **111 learner messages** coming from selected example prompts and **38** being organic learner-authored messages.
- Most sessions were brief and lookup-oriented: median session depth was **3 messages**, median session duration was **14 seconds**, and p90 session duration was **98 seconds**.
- Responsiveness was fast. Median time to first assistant response was **12 seconds**, and median time to first evidence open was **42 seconds**.
- Evidence was opened in **22 sessions**, generating **343 evidence views**. Evidence use was uneven: the median evidence-engaged session opened **2 assets**, while the p90 evidence-engaged session opened **72**.
- Evidence engagement was predominantly slide-based: **306 slide views across 20 sessions**. Video was used in **3 sessions** and accounted for **9.1 minutes** of measured watch time.
- Follow-up suggestions were not shown in this activity, so no clicked follow-up behavior was available. No take-home resource clicks were recorded, and patient education was not enabled.
- Access-pathway classification was reliable and complete; all **135** classified sessions came through an authenticated embedded/page experience. Detected learner messages were predominantly English (**148**), with **1** Spanish message.

Audience Segmentation

Audience segmentation was available for **96 of 135 sessions (71.1%)**. Among segmented sessions, physicians were the dominant audience segment.

Profession	Sessions	Share of segmented sessions
Physician	70	72.9%
Nurse Practitioner	18	18.8%

Other profession values were each below 5 sessions and are not highlighted in this public example.

Engagement Funnel

Stage	Count	Share of sessions	Notes
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All sessions	135	100.0%	All sessions in the report coverage window
Organic question sessions	28	20.7%	Sessions with at least one non-example learner-authored question
Example-only sessions	107	79.3%	Sessions driven only by selected example prompts
Evidence-engaged sessions	22	16.3%	Sessions with any slide, document, audio, or video evidence interaction
Shared sessions	1	0.7%	Sessions shared, emailed, or copied

Objective Alignment and Coverage

Learning objectives were configured and broadly matched observed learner demand.

- Alignment output linked **21 of 38** analyzed organic learner messages to a configured objective; **17** were not linked in the alignment output for this date range.
- The leading implementation-oriented learner need already matched an existing objective on clinical use of biomarkers in early-stage assessment.
- Learner-question clustering showed activity across all five configured objectives, indicating broad topical coverage rather than dependence on a single narrow issue.

Objective area	Coverage signal
Biomarker use in early-stage assessment	Most observed objective-linked area in the analyzed set
Early diagnosis using clinical features and biomarker testing	Recurrent
Distinguishing therapeutic options in early-stage disease	Recurrent
Comprehensive treatment planning	Present
Regionally appropriate diagnosis and management	Recurrent, including setting-specific implementation questions

Theme Mining

Across **38 analyzed organic learner-authored questions**, the most common themes in the analyzed set were:

Theme	Question count	What it suggests
Biomarker tests and biomarker use	8	Learners wanted help choosing among PET, CSF, and plasma options and understanding which readouts matter in practice.
Early diagnosis and office-based assessment workflow	6	Questions centered on early detection, who to evaluate, and which tools fit routine care.
Therapeutic distinctions and safety monitoring	5	Learners sought trial-informed differences between therapies, especially monitoring requirements for amyloid-targeting treatment.
Regional or practice-setting implementation	5	Demand was for localization: how approaches differ by country, clinic type, or available testing infrastructure.
Comprehensive treatment planning	3	A smaller but clear set of questions asked how to manage eligible patients, including comorbidity-heavy cases.
Request for slides	3	This was the main emergent nonclinical theme in the analyzed set.
Summarization requests	3	Some learners used the chat as a recap tool rather than asking a narrow clinical question.

A further single analyzed question explicitly asked for region-specific commentary, reinforcing the localization signal. A small remainder of organic prompts were fragmentary and therefore added little thematic detail.

Evidence Use Analytics

Evidence engagement was predominantly slide-based by interaction count. The most frequently used evidence areas were:

Evidence area	Views	Sessions	Why it likely mattered
Therapy efficacy and safety	11	5	Summarized pivotal trial support and class-level efficacy/safety, matching repeated questions on adverse events and efficacy.
Treatment landscape	10	3	Helped learners compare symptomatic versus amyloid-targeting options.

Office-based assessment tools	8	5	Listed cognitive, functional, and behavioral assessment tools, aligning with diagnostic workflow questions.
Patient selection and eligibility	8	5	Supported patient-selection and safety-boundary questions.
Treatment response and monitoring	8	5	Showed how response assessment differs by agent, supporting monitoring and implementation questions.
Biomarker readouts	7	5	Gave biomarker readouts by modality, directly serving the most common organic biomarker-use questions.
ARIA monitoring and safety	7	7	Addressed a class-wide toxicity and monitoring issue, matching both prompt-led safety demand and organic monitoring questions.

Learner Need Signals

Clinical and Workflow Signals

- Biomarker use was the clearest follow-on education signal. Learners asked which tests are available, which biomarkers to use, how plasma markers fit routine evaluation, and whether tau was addressed.
- Diagnostic workflow questions pointed to demand for clearer next-step guidance, including who should be screened, how early disease can be detected, and what to do when early cognitive concerns surface.
- Amyloid-targeting therapy questions went beyond efficacy recall into eligibility, safety monitoring, ARIA surveillance, infusion-reaction management, and treatment planning for patients with multiple comorbidities.
- Regional and setting-specific adaptation mattered. Questions about regional nuances and family-doctor versus memory-clinic workflows read as implementation/localization demand rather than simple fact recall.

Delivery and Access Signals

- The main provider-controllable delivery signal was access to slides and presentation materials. Slide-access questions appeared **10 times across 7 sessions**, and slide/presentation requests were the leading operational theme.
- Observed slide-access answers were not fully consistent. Some responses offered direct slide summaries, some pointed to selected slides, and some stated that the requested topic was not covered. For a small subset of

learners, that likely created avoidable ambiguity.

- Other delivery issues were isolated rather than dominant, including one request for Spanish slides and one question about obtaining CME credit. No broader entry-pathway problem was evident.

Appendix A: Learner Questions

Prompt Uptake

- Example prompts accounted for **111 of 135 (82.2%)** session starts.
- The adverse-event management prompt started **72** sessions.
- The biomarker-test prompt started **39** sessions.
- Across learner prompting volume, those same two prompts accounted for **111 of 149** learner prompts; the remaining **38** learner prompts were organic learner-authored questions.

Organic Learner Voice / Knowledge Gaps

- Educational questions made up **28 of the 38** organic learner prompts.
- Biomarkers and diagnosis dominated this voice: learners asked to summarize biomarker types, identify which biomarkers to use, understand how plasma biomarkers fit routine evaluation, clarify whether tau was covered, decide who should be screened for cognitive issues, and understand whether disease can be detected earlier.
- Therapy and implementation questions included eligibility, efficacy, evidence supporting newer agents, differences in safety-monitoring requirements, regional nuances, and management for an older patient with multiple comorbidities.
- A smaller broad-help cluster included **3** “not sure what to do” messages, **3** summarization requests, a question about CME credit, and a general request to read more on dementia.

Operational Requests

- Operational requests made up **10 of the 38** organic learner prompts and were dominated by slide/presentation access.
- One operational request specifically asked for Spanish versions of the slide deck.
- One off-topic operational request asked for materials from an unrelated topic, suggesting occasional misdirected use rather than confusion about the activity’s core content.

Appendix B: Selected Session Patterns

Session A - Organic Efficacy Question That Expanded Into Evidence Review

- The learner asked about efficacy of amyloid-targeting therapies.
- The assistant summarized class-level efficacy and noted where numeric effect sizes were not provided in the source content.
- The learner then reopened treatment and biomarker slides and advanced through much of the remaining deck.
- The session shows an organic efficacy question expanding into broad review across treatment, safety, and implementation content.

Session B - Prompt-Led Safety Review Became Deeper Self-Directed Learning

- The learner selected the adverse-event example prompt.
- The assistant returned a structured summary of infusion reactions, ARIA, and management for amyloid-targeting therapies.
- The learner then opened safety content and moved through ARIA, eligibility, MRI monitoring, ARIA management, and case slides.
- The pattern shows prompt-led entry turning into deeper self-directed review.

Session C - Biomarker Summary Prompt Led To Practical Test-Selection Demand

- The learner asked for a summary of biomarker test types for diagnosing Alzheimer's disease.
- The assistant differentiated Amyloid PET, Tau PET, CSF testing, and plasma testing.
- The learner followed with the more practical question: "What are the biomarkers I need to use?"
- The session shows how factual review often moved quickly toward workflow and implementation needs.

Session D - Slide Access Request Became Broad Deck Navigation

- The learner asked whether slides could be accessed.
- The assistant pointed to selected slide content rather than a downloadable presentation.
- The learner then navigated across diagnostic work-up, biomarker, eligibility, ARIA, and closing slides.
- Repeated zooming and revisiting behavior suggests the session functioned more as slide searching/browsing than as a resolved single-turn clinical answer.

Appendix C: CME Materials

Material	Status	Details
Video	Active	Approximately 1 hour
Slides	Active	Approximately 50-slide deck
Earlier slide deck	Replaced during activity lifecycle	Larger earlier deck removed before final closeout

How Providers Can Use This Report

- **Closeout review:** document what learners did, what they asked, and which evidence assets were most useful during the activity window.
- **Internal QA:** identify whether the configured objectives matched real learner demand and where future materials can be more specific.
- **Stakeholder updates:** share aggregate, de-identified evidence of engagement without exposing learner-level data.
- **Grant planning:** support the next independent education proposal with learner-authored need signals and evidence-use patterns.
- **Future planning:** turn completed-activity signals into a clearer starting point for the next independent education cycle.

Method Notes

ChatCME analyzed de-identified, in-activity events and messages captured while the assistant was embedded inside an accredited CME activity. The report combines participation data, learner-authored question themes, learning objective alignment, evidence-use patterns, and selected de-identified session patterns. The public version removes direct identifiers, internal IDs, faculty names, provider names, chat links, and citation URIs.