What’s in a Name? Impact of Marketing Different Course Titles on Enrollment for Online Classes
Kathi J. Kemper, MD, MPH, Charles Woods, MD, MS, and Allison McBride, MD

Abstract

Purpose
Little is known about the impact of different marketing strategies on enrollment of online courses for health professionals. The authors compared one aspect of marketing, course titles, for online classes about herbs and dietary supplements (HDS).

Method
The authors marketed two titles—one knowledge-oriented, the other behavior-oriented—for each of seven online HDS classes. The two titles were (1) “Introduction to topic” (Knowledge) and (2) “Talking with patients about topic” (Behavior).

Results
Altogether, 195 clinicians enrolled in an average of 7.6 classes per enrollee (1,487 total). For every class, enrollment was higher for knowledge-oriented than behavior-oriented titled classes (average of 124 versus 89 enrollees per class, P < .01). Enrollment, combining the two general classes, was also significantly higher for general than specialty classes (266 versus 191 enrollees per class, P < .01).

Conclusions
Differences in titles and levels of generality significantly impacted enrollment rates in these online classes on an unfamiliar topic. Additional marketing research is needed to inform efforts to enroll clinicians into courses on more familiar topics.


Translating knowledge about emerging science in clinically relevant fields is important. However, continuing medical education (CME) is costly and challenging to provide; the academic medicine community needs effective, novel methods to reach busy clinicians, trainees, and rural practitioners.1,2 Online education is attractive because it is efficient, convenient, and as effective as in-person or print training in improving learners’ knowledge, confidence, and skills.3–10

Our previous research comparing different strategies of delivering an online continuing education course suggested that all four strategies (offering courses via e-mail versus through a Web site and offering course content in small amounts over time versus presenting all course content at once) significantly improved clinicians’ knowledge, confidence, and communication practices during an average of six months of follow-up compared with more traditional CME strategies.11,12 Although we had a large enrollment (>1,000 participants), we wondered whether different marketing strategies would influence enrollment in future online courses. Because outcomes were similar for all delivery strategies, we decided that for future courses, we would offer courses only online (not by e-mail) and would allow clinicians to complete courses at their own pace rather than in a prescribed amount of time (as long as participants completed the course work within the time frame of the CME accreditation; i.e., two years from initial posting).

Presumably, busy clinicians want to spend time gaining skills that actually affect their practice (behavior); thus, marketing geared toward behavior change might be attractive. On the other hand, for unfamiliar topics, clinicians may be more comfortable with introductory, knowledge-oriented courses than with those that demand a higher skill set (such as talking with patients). Therefore, we compared the enrollment for two different titles—one knowledge-oriented and one behavior-oriented—for each of seven online classes on the topic of herbs and dietary supplements (HDS).

Method
Through the Northwest North Carolina Area Health Education Center (NW NC AHEC) Internet site (http://northwestahec.wfubmc.edu), we offered 14 online classes about HDS between October 1, 2005, and September 30, 2007. Clinicians of any health profession, including dentists, dieticians, nurses, nurse practitioners, pharmacists, physicians, physician assistants, as well as trainees, could enroll.

The 14 classes included seven topics, marketed under two different titles. The seven topics included two general topics, Introduction to HDS and Safety of HDS, and five specialty topics, HDS for women, HDS for children, HDS for the elderly, HDS for depression, and HDS for gastrointestinal (GI) problems. The two titles were “Introduction to topic” (knowledge-focused) and “Talking with patients about topic” (behavior-focused). The main content presented under the two titles was otherwise identical.

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We primarily marketed the classes by posting their availability on the NW NC AHEC Internet site along with other online courses. Practicing clinicians in North Carolina are very familiar with this site. In addition, one of us (K.K.) sent approximately 400 personal e-mails to colleagues, pediatric residents, and medical students at Wake Forest University (WFU) School of Medicine (SOM), to steering committee members of the Consortium of Academic Health Centers for Integrative Medicine, and to subscribers of a listserv for the provisional Section for Complementary, Holistic and Integrative Medicine of the American Academy of Pediatrics. These e-mails included general information about the classes (such as fees and topics) but not extensive information about class objectives or content. Those who responded to the e-mail accessed the Web site directly, so we do not know the response rates to these e-mails.

The online listing of the classes was not in order by title or topic. For example, the first class listed was “Talking with your female patients about herbs and dietary supplements”; the second was “Herbs and supplements for today’s woman”; the third was “From infant to teen: An introduction to pediatric herbs and dietary supplements”; the fourth was “From infant to teen: Talking with your pediatric patients’ parents about herbs and dietary supplements”; and the fifth was “Talking with your patients about safety issues with herbs and dietary supplements.” The class titled “An introduction to the basics of herbs and dietary supplements” was listed 10th among the 14 classes.

The Web page listed the four overall course goals and objectives for all 14 classes: (1) to demonstrate improved knowledge of the clinical indications and potential risks of the most commonly used HDS, (2) to report increased confidence in discussing HDS with patients and colleagues, (3) to report more consistent communication about HDS with patients, families, and other health care professionals, and (4) to improve self-reported documentation on the medical record. By clicking on each class title, participants could access the objectives for that class, which used the same basic objectives, but referred to the specific topic, such as HDS for children or HDS for women.

The NC NW AHEC marketed the course by posting it on its Web site, which is geared primarily toward practicing clinicians in the 17 counties of northwestern North Carolina. Because our earlier study showed higher completion rates for enrollees who were required to pay fees, NC NW AHEC charged an overall course registration fee ($35 for out-of-state clinicians, $20 for out-of-state students, $25 for in-state clinicians, and $15 for in-state students). We waived all fees for trainees at our institution. Fees were identical for all classes regardless of their title or topic.

We allowed clinicians and students to enroll in as many classes as they wished in any order without additional charges. Enrollees could complete all classes at their own pace, as long as they completed all their work by course closure on September 30, 2007. Initial registration information included gender and profession, but this information was not linked to individual class enrollment. We provided continuing education credit to those who achieved 70% or higher on the posttest for each class.

We used chi-square methods to compare categorical variables. We used the SPSS 16.0 (SPSS Inc., Chicago, Illinois) statistical software. The WFU SOM institutional review board deemed our study “ exempt” as an educational research project.

### Results

Of the 195 clinicians who enrolled, most (125; 64%) were women, and most (111; 57%) were from North Carolina. Enrollees included a variety of clinicians: 65 physicians or physician assistants (33%), 38 nurses and nurse practitioners (19%), 18 pharmacists (9%), 16 dietitians (8%), and 26 students/trainees (13%). Other health professionals included five licensed counselors, five radiology technicians, one hospital chaplain, and other professionals in allied and public health (such as librarians, administrators, and athletic trainers).

The 195 clinicians who registered enrolled in a total of 1,487 total classes, which is 7.6 classes per enrollee (Table 1). Overall, 866 participants enrolled in the seven knowledge-titled classes and 621 enrollees in the seven behavior-titled classes ($P = .018$). The average enrollment was significantly higher for the two general (introduction and safety) classes than for the five specialty (women, children, the elderly, depression, and GI) classes, with 266 and 191 students enrolled, respectively ($P < .01$) (Table 1).

Scores were similar for confidence and communication practices for both knowledge-oriented and behavior-oriented titles for all seven classes (Table 2).

### Discussion

In this study, knowledge-oriented marketing (via course title) led to significantly higher enrollment than behavior (talking with parents)-oriented marketing. Furthermore, compared with specialty topics, general introductory topics garnered significantly higher enrollment.

#### Table 1

<table>
<thead>
<tr>
<th>Class</th>
<th>Knowledge-oriented</th>
<th>Behavior-oriented</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>173</td>
<td>115</td>
<td>288</td>
</tr>
<tr>
<td>Safety</td>
<td>146</td>
<td>97</td>
<td>243</td>
</tr>
<tr>
<td>Women</td>
<td>135</td>
<td>95</td>
<td>230</td>
</tr>
<tr>
<td>Children</td>
<td>133</td>
<td>104</td>
<td>237</td>
</tr>
<tr>
<td>The elderly</td>
<td>112</td>
<td>87</td>
<td>199</td>
</tr>
<tr>
<td>Depression</td>
<td>107</td>
<td>85</td>
<td>192</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>60</td>
<td>38</td>
<td>123</td>
</tr>
<tr>
<td>Total</td>
<td>866</td>
<td>621</td>
<td>1,487</td>
</tr>
</tbody>
</table>

*Average enrollment in courses with knowledge-oriented titles versus those with behavior-oriented courses was significantly different, $P = .018$ (Wilcoxon signed rank test).

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### Table 2

**Participants’ Reported Confidence and Clinical Practices After Completion of Online Herbs and Dietary Substances (HDS) Classes**

<table>
<thead>
<tr>
<th>Course</th>
<th>Confidence measures†</th>
<th>Practice measures‡</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average no. completing item</td>
<td>% More confident talking with patients than before class</td>
</tr>
<tr>
<td>Intro—K</td>
<td>62</td>
<td>86</td>
</tr>
<tr>
<td>Intro—B</td>
<td>20</td>
<td>90</td>
</tr>
<tr>
<td>Safety—K</td>
<td>35</td>
<td>77</td>
</tr>
<tr>
<td>Safety—B</td>
<td>16</td>
<td>81</td>
</tr>
<tr>
<td>Women—K</td>
<td>31</td>
<td>71</td>
</tr>
<tr>
<td>Women—B</td>
<td>12</td>
<td>92</td>
</tr>
<tr>
<td>Children—K</td>
<td>17</td>
<td>88</td>
</tr>
<tr>
<td>Children—B</td>
<td>17</td>
<td>88</td>
</tr>
<tr>
<td>The elderly—K</td>
<td>20</td>
<td>85</td>
</tr>
<tr>
<td>The elderly—B</td>
<td>12</td>
<td>92</td>
</tr>
<tr>
<td>Depression—K</td>
<td>22</td>
<td>82</td>
</tr>
<tr>
<td>Depression—B</td>
<td>24</td>
<td>82</td>
</tr>
<tr>
<td>Gastrointestinal (GI)—K</td>
<td>10</td>
<td>88</td>
</tr>
<tr>
<td>GI—B</td>
<td>4</td>
<td>100</td>
</tr>
</tbody>
</table>

* Enrollees could enroll in more than one class, and they could have completed classes in any order. There were no statistical differences between any B versus K course measures; all P > .30 (chi-square with continuity correction).

† Percent of respondents who agreed or strongly agreed on a five-point Likert scale.

‡ Assessed for those who had seen patients in the past 30 days. Number reported is the percentage of respondents who reported performing the measure in >30% of their patient encounters.

§ Missing data indicate that these questions were omitted from evaluation for this particular course.

K, Knowledge-oriented titled course; B, behavior-oriented title course.

This study has several strengths as well as limitations. First, a wide variety of clinicians enrolled, which strengthens the generalizability of our findings. Second, the fact that enrollees could enroll in multiple courses means that the results are not limited to the findings from a single topic or individual course. Third, the fact that enrollees enrolled in the course is also a strength.

However, it is possible that marketing these courses nationally (rather than focusing on a single specialty) will result in different outcomes. Another limitation is the lack of data about enrollee gender, age, or level of experience. Future studies would benefit from collecting demographic data from enrollees to better understand the characteristics of those who enroll.

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above, clinician–enrollees in review-type classes on more familiar topics may respond differently than clinicians enrolled in classes on novel topics. Future marketing research focused on CME should test this hypothesis.

Further, the classes in our study were all electives, and we cannot speculate on the implications of marketing differences for required courses, for which marketing may be a moot point. Another limitation is the lack of pre- and postcourse comparisons of knowledge, attitudes, and behavior; however, this study focused on enrollment differences rather than instructional outcomes. (Future research focusing on instructional outcomes should include both pre and post data as well as control groups.)

Conclusions
Titles oriented toward general topics and introductory knowledge are significantly more effective than titles geared toward specialty topics and applied knowledge (behavior) for online classes on an unfamiliar topic such as HDS. Additional research is warranted to elucidate the most effective marketing strategies to improve enrollment in online courses on more familiar topics. Given the enormous national expense involved in professional health education and the need to transmit knowledge in rapidly expanding fields, such research is urgently needed.

Acknowledgments
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References