



## Innovations in Educational Design and Engagement Methods

Changes in technology, policy, and demographics are pressuring the Continuing Medical Education (CME) industry to evolve and embrace new models of learning. CME is still a critical tool for healthcare professionals (HCP) to gain knowledge and skills on the latest techniques and evidence. The goal for CME remains the same "to accelerate the translation of evidence into practice". Design, distribution, and engagement method however can improve the learning process. Below are samplings of innovations in CME that can accelerate knowledge transfer.

## A) Tailored Learning

The one-size-fits-all model for CME program design has not proven effective to enhancing practice. Recognizing the diversity in HCP's knowledge and experience, practice types, populations served, regional differences, and many other factors involved in health care delivery is an important consideration if the adoption of evidence is the primary goal. The idea of tailored learning is not new and has been applied in the public health sector for many years. In general, tailored learning requires pre-intervention assessments that enable CME designers to "tailor" or "segment" information to the needs of the learners. The tailoring could be based on demographics or practice characteristics, perceptions/beliefs, knowledge and skills, or practice barriers. Many of these approaches provide some kind of feedback to the learner, which becomes part of the educational design and engagement method.

## B) Rethinking Design

Traditional methods of delivery focus on didactic learning where information is transmitted toward individuals. Assumptions are that individuals learn the same way, knowledge transfer is unidirectional, and uptake of information leads to behavior change. However, emerging data in CME have shown that adult learning is dynamic and multi-dimensional. Adult learners are looking to be guided towards solutions not just provided the solutions or answers. This difference changes the dynamics of CME design methods. Examples of these methodologies include:

1. Simulation and modeling,
2. Audit-Feedback using patient data,
3. Interactive gaming or problem-based methods,
4. Coaching and multi-disciplinary team-based exercises, typically in small groups, or
5. Tools that remind and aid decision-making and communication at the point of care.

## C) Data-Driven Education

CME programs are typically designed using data derived from the literature, faculty experiences, or from previous programs. Such data may lead to "generic" content that does not speak to the issues and unmet needs of HCPs. However, with changes in technology and data collection standards and systems, there are powerful databases that can identify practice gaps against quality metrics, characterize practice patterns, and identify learner segments at a granular level. These databases range from registries, insurance claims, and electronic health records with each having strengths and weaknesses depending on CME program goals.

## Conclusion

These developments are catalysts for rethinking the development and practice of CME-based interventions. New and emerging research as well as market trends are re-enforcing the new direction of learning and engaging HCPs that is less focused on knowledge acquisition and more on practice and patient outcomes.

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