



Educational Design and Implementation

Designing and carrying out the teaching activity is the heart of the educational process that begins with determination of needs and objectives and ends with evaluation. Despite its central importance, the choice of methodology and technique is often unimaginative and unrelated to the purposes that were defined earlier. The educational activity design must be responsive to the characteristics of prospective participants such as; knowledge level, professional experience, and preferred learning styles. Once the content and method is determined, they must be made known to prospective participants in all print materials. As always, documentation of this process is necessary.

Program designs that are different and unique should be considered, examples of which are:

Discussion Groups/Small Group Workshops: A small number (five to fifteen) of physicians exploring problems collaboratively, with the guidance of a skilled leader rather than a formal presenter.

Example: Round-table discussions on a specific case, topic, or problem of common interest.

Skill Session: Requires a model for the learner to emulate and a chance for supervised practice.

Example: CPR Training

Simulations: Either with paper and pencil or with live (e.g., patients or actors) interaction with clinical problems specifically designed for educational purposes. The newer simulators are remarkably realistic and present the learner with relevant diagnostic and management problems.

Example: Patient interviewing techniques

Self-Assessment Inventories: A mixture of evaluation and learning. These paper-and-pencil instruments give individual physicians an effective means to discover what they know or don't know – in various fields. Many specialty societies sponsor such tools.

Teleconferencing: The use of telephone and/or television to link live presenter(s) to one or more audiences. Experts from anywhere in the world can be presented to the audience. Many hospitals have satellite capabilities to receive educational programming (downlink) transmitted from a single location via orbiting communication satellite (up-link).

Internet: Besides text based learning, live activities can be presented on the web and archived for later access. Computer learning currently is poor for skill development, however, it lends itself well to case studies, problem solving, lessons in QI (how their practice patterns match others), information data, and legal/ethical issues.

Mini Residencies/Preceptorships: A physician will leave his/her practice for a specified period of time to learn as a "resident" in a clinical setting. For a physician who has a defined need for a particular type of clinical experience, the mini-residency can be a highly rewarding CME experience.

Internet Point-of-Care: The purpose of the Internet Point of Care is to provide structured, self-directed, online learning for physicians on topics relevant to their clinical practice. The specific objectives are to (1) identify practice-based knowledge needs; (2) complete extensive background research on a clinical question; (3) reinforce clinical decisions through review of published evidence; (4) learn new information related to clinical practice; (5) translate knowledge into professional practice; and (6) improve patient care by utilizing current published evidence.

Curriculum Based CME: Conventional CME is generally very fragmented. It consists of a series of lectures almost totally unconnected in content and purpose. Curriculum based CME places the programs into categories that are connected through principals or clusters of knowledge.

Example: A series of programs, which contributes to a single organized theme.

Satellite Broadcast: Satellite broadcast to hospitals and healthcare settings. May be live, and/or archived for repeated presentations.