EDITORIAL

ARHP's Annual Reproductive Health Clinical Conference: a laboratory for innovative provider education that can lead to real practice change

What is the best way to develop continuing medical education (CME) programs that help diminish the gap between evidence and practice and that improve provider competence, performance and patient care? Behavioral scientists are zeroing in on some surprising answers that can help us refresh more traditional educational approaches and change the way health care providers learn. We know, for example, that individual knowledge transfer alone is necessary but not sufficient to create practice change and improve competence and patient outcomes. Researchers are also discovering that the didactic lecture — the most commonly used postgraduate teaching method for years — is among the least effective educational interventions for clinicians [1-4]. Don’t get us wrong: the literature supports the effectiveness of CME overall — but only to a point and only in the context of novel approaches to provider education [5].

Fortunately, there is promising news for reproductive health educators and learners. Mounting evidence supports incorporating a variety of learning environments and approaches over time to help change clinical practice in a way that benefits patients. Interactivity, multiple exposures to varied educational formats, mentoring and self-pacing can help create some of the richest “sweet spots” for CME that sticks [4,5].

1. A continuum of lifelong learning

In a 1998 CME literature review, Dr. Charles Lewis [6] — a pioneer in the field — proposed that clinicians consider education as a lifelong commitment and recognized CME as “...one phase of a continuous lifelong learning process, connected throughout undergraduate medical education, graduate medical education, and continuing medical education” [3,6]. This premise helped inform and ignite a professional education movement that ties lifelong learning through CME to a culture of inquiry and professional development.

The US Agency for Healthcare Research and Quality worked with the American College of Chest Physicians (ACCP) and researchers from three academic institutions to conduct an extensive literature review on the relative effectiveness of CME in 2007. Their goal was to analyze instructional designs in terms of knowledge, attitudes, skills, practice behavior and clinical practice outcomes [3,7]. Their primary conclusions were that patient outcomes can improve when health care professionals engage in Lewis’ continuum of lifelong learning and that provider skills are strengthened through multiple instructional techniques, a combination of various educational media and mentoring, with content taught in a variety of ways over time. The review also notes a tiered effect, where certain educational approaches seemed to be more effective than others: “…live media was more effective than print, multimedia was more effective than single media interventions, and multiple exposures were more effective than a single exposure” [7].

As a result of this literature review, the ACCP developed new guidelines for effective CME that focus on formative assessment, education and evaluation. These model guidelines stress the concept of formative assessment, which allows individual learners to “…evaluate and self-assess knowledge, skills, judgment, and professional values” in a way that encourages individual learning over time [4].

Private insurers, public health hospitals and other health systems are on the forefront of an integrated approach to improving clinical practice and patient health outcomes. Health organizations need to create environments that focus on change through collaboration, quality improvement and efficiency and that respect individual learning styles. Goodman et al. [8] noted in 2009 that a systems change approach is needed to help improve patient care. But even the most supportive work environment depends on the ability of each individual to effectively translate the most up-to-date research into practice. A commitment to lifelong learning is essential to improve clinician competence and performance and to ensure optimal patient care outcomes.

2. The Association of Reproductive Health Professionals’ (ARHP’s) clinical conference as a laboratory for continuing education

ARHP develops high-quality, innovative continuing education for all members of the health care team. ARHP’s
board of directors, member leaders and staff are building on the growing body of literature that points to new ways of learning and have committed the organization to a long-term investment in educational innovation that can lead to improved reproductive health care.

ARHP’s annual clinical conference serves as a showcase and laboratory for new approaches to provider education. In September 2011, ARHP launched a new model for conference learning using an interactive, modular approach. ARHP’s extraordinary team of expert advisors worked closely with us to guide the development of this new type of conference experience. The goal was to develop a clinical forum that effectively translated the best research into practice. The objectives were to organize matter into coherent themes representing the diversity of reproductive health practice and the needs of patients; to incorporate virtual components before, during and after the meeting; to make the program as clinically relevant and interactive as possible and to deliver evidence-based points for practice for participants to take home and use immediately after the conference.

To encourage group learning and ease participant comfort with this new conference model, ARHP leaders created a balance between traditional approaches and new platforms. Highly respected experts were appointed to lead each of the seven modules and were responsible for designing evidence-based sessions that featured take-away practice points, allotted no more than 40% of time to PowerPoint® slides and featured at least one significant interactive element. Each module featured a specific topic identified through ARHP’s needs assessment process. These modules included:

- Full-spectrum contraceptive care
- Evidence-based abortion care
- Healthy sexuality
- Reproductive health and the environment
- Multipurpose prevention technologies
- Maternal and child health
- The impact of chronic medical conditions on reproductive health

In addition to the modules, two special sessions incorporated novel approaches. Team-based learning was the basis for a preconference session called “Evidence-based Abortion Care,” where the expert presenters designed an interactive group problem-solving format. In another session called “Can’t Get It In: A Facilitated Discussion on Difficult/Failed IUD Insertions,” we featured one-on-one, customized attention to very specific issues. A group conversation was focused on issues of difficult intrauterine device insertions and recommended interventions to overcome them.

Follow-up evaluations will help us determine the longer-term effectiveness of these approaches. We encourage you to read the module summaries from Reproductive Health 2011 session leaders and the rich collection of research abstracts in this issue of Contraception.

3. Incremental change works best

ARHP is also incorporating emerging social science about human behavior and resistance to change into its long-term strategies for educational program design. Creative change can be challenging for everyone — including academicians and front-line reproductive health professionals. In 2011, a team of researchers at Cornell captured an example of this phenomenon in a study that points to a natural resistance to creativity — even when individuals claim to desire it. The authors’ theory for this resistance is that individuals are strongly motivated to reduce uncertainty, which can result in difficulty recognizing and endorsing creative concepts and new ideas. According to the authors, “…these results reveal a concealed barrier that creative actors may face as they attempt to gain acceptance for their novel ideas. Revealing the existence and nature of a bias against creativity can help explain why people might reject creative ideas and stifles scientific advancements, even in the face of strong intentions to the contrary” [9].

To best meet the educational and practice needs of the reproductive health community while introducing creative, new and potentially more impactful educational approaches, ARHP will be implementing these changes incrementally while continually evolving our programs over time based on rigorous evaluation and feedback from providers.

4. Summary

For reproductive health professionals, a combination of clinical and social science, presented in a variety of credible, interactive formats and featuring some type of mentoring and longer-term evaluation and follow-up, provides the richest platform for learning. There is growing support in the literature for this approach to improve clinician knowledge, competence and practice. ARHP is incorporating new educational platforms for all of its programs, including the annual Reproductive Health Clinical Conference. ARHP leaders plan to continue in-depth evaluation and experimentation to work toward improved provider performance and the best possible patient outcomes. There is a strong need for more research to inform this promising area, but we are on the right track.

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References


