

Implementing Backwards Planning with Content Experts: Easier Than You Think

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July 22 and August 5, 2021

Implementing Backwards Planning with Content Experts: Easier Than You Think

CPD PULSE POINTS Get a PULSE...INSPIRE ACTION!! REGISTER NOV

Session 1: July 22, 2021

Laying a Solid Foundation: Defining Gaps, Root Causes, and Learning Objectives

Participants will use resources provided in this activity to improve their ability to:

- 1. Explain backwards planning process to planners and faculty
- 2. Use questions and examples with planners to define practice gaps and root causes
- 3. Write learning objectives which align with gaps and root causes and define outcomes measures

Session 2: August 5, 2021

Designing For Impact: Aligning Content & Instructional Tactics with Learning Objectives

Participants will use resources provided in this activity to improve their ability to:

- 1. Use questions to help faculty prioritize and organize content to align with learning objectives
- 2. Recommend optimal instruction strategies, formats, and design elements to content experts

Our CE System...



Big reach

- 1,680 CE providers
- 171,912 CE activities
- ~45 MILLION (!) learner interactions

A wide variety

- 8 CE provider "organization types"
- 13 CE "activity types" (including Other...which can really be ANYTHING!)

*ACCME 2020 Annual Report

Some things in common

- Improve what someone is prepared to do, what someone does, and/or patient outcomes
- **Design** impactful activities using
 - Gaps and needs
 - Learning objectives
 - Design/formats
 - Outcomes
- **Collaborate** between CE pro(fessionals) and faculty/content experts

A Shared (Design) Mantra: Start With The End in Mind



Backwards Planning

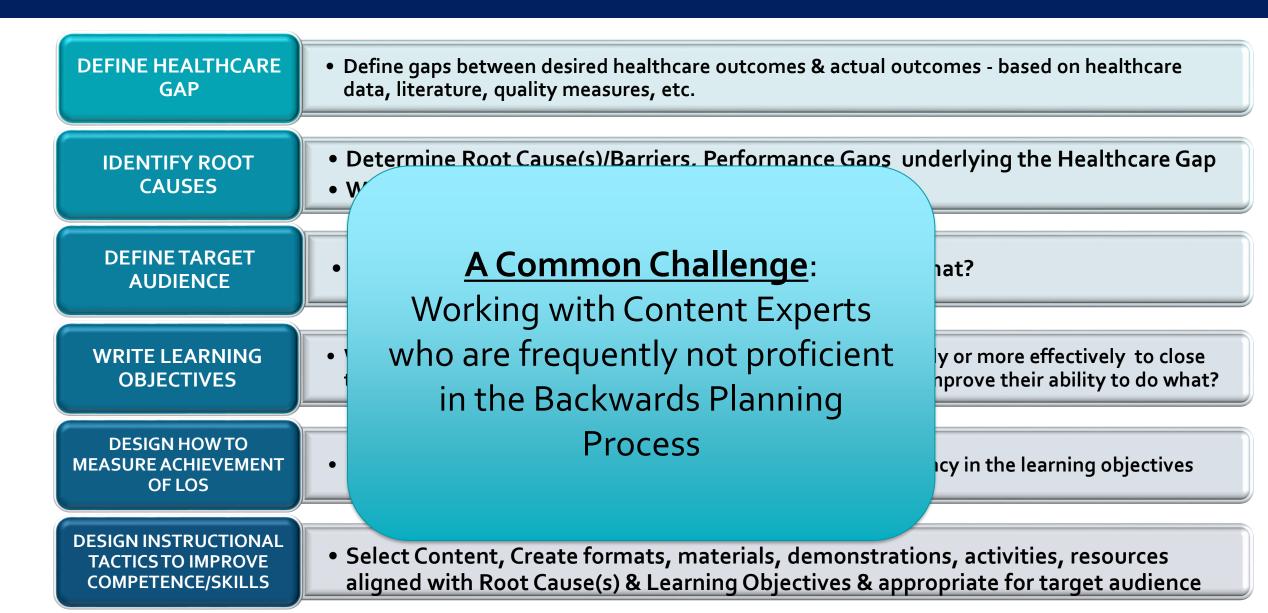
Backwards planning gathers crucial information about learning gaps and needs that will be used to develop more **effective** instructional design and evaluation strategies, based on cognitive and learning theory which will result in better and more measurable learning outcomes

Steps in the Backwards Planning Process



Go to PollEv.com/hilaryschmid639

Loading...



Case Study: Working with Content Experts in the Backwards Planning Process

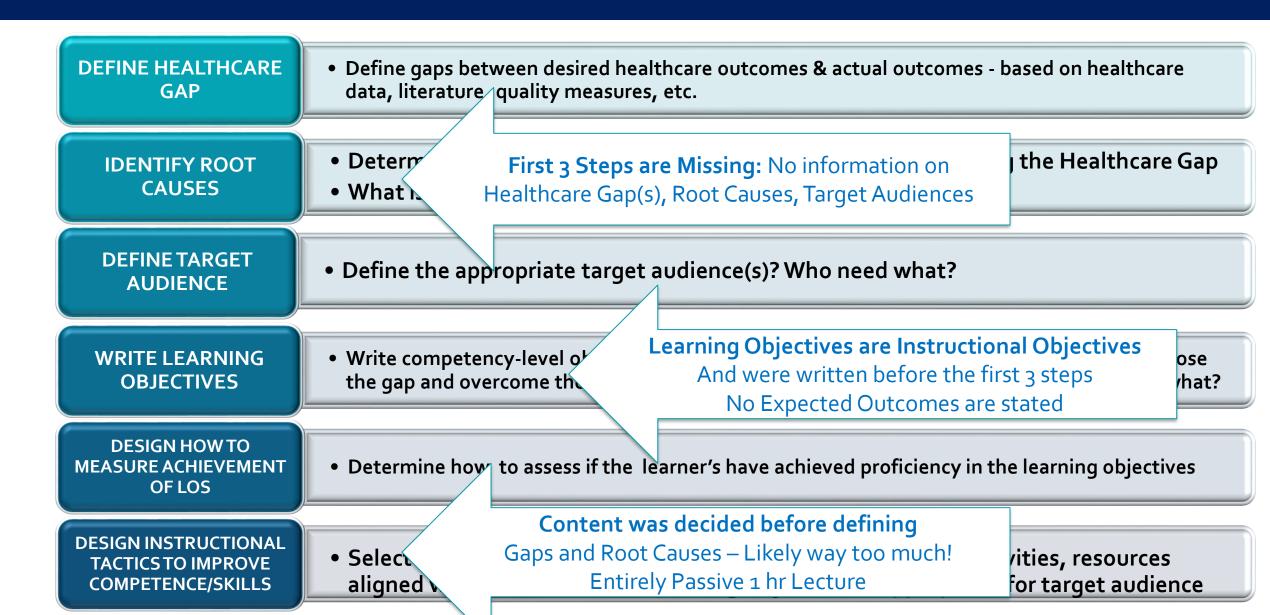
- Headache Physician arrives at the CE Office he wants to offer a 1 credit CE Program to "address significant gaps in the care of Migraine Patients"
- He tells you that "many HCPs don't know enough about Migraine". He says, "this deck is aimed at closing this gap".
- He presents you with a deck of 66 slides and has written the following learning objectives:
 - Describe the epidemiology migraine (3 Slides)
 - Review the Pathophysiology of migraine headache, (4 Slides)
 - Overview of the differential diagnostic process and a list of tools that can be used (5 Slides)
 - Review the research on treatment options with an emphasis on different MOAs and supporting Trials (35 Slides)
 - Describe research on emerging Tx options (10 Slides)
 - Review the guidelines for Tx of migraine (8 Slides)
 - Summary (1 Slide)

What's wrong with this picture? Reflect on case and use the Chat to enter your ideas

Has this happened to you? Enter Yes or No in the Chat



What's Wrong with this Picture?



DEFINE HEALTHCARE GAP	 Define gaps between desired healthcare outcomes & actual outcomes - based on healthcare data, literature, quality measures, etc.
IDENTIFY ROOT CAUSES	 Determine Root Cause(s)/Barriers, Performance Gaps underlying the Healthcare Gap What is preventing optimal care of patients?
DEFINE TARGET AUDIENCE	• Define the appropriate target audience(s)? Who needs what?
WRITE LEARNING OBJECTIVES	• Write competency-level objectives – What will HCPs do differently or more effectively to close the gap and overcome the Root Causes and Barriers? Hcps will improve their ability to do what?
DESIGN HOW TO MEASURE ACHIEVEMENT OF LOS	• Determine how to assess if the learner's have achieved proficiency in the learning objectives
DESIGN INSTRUCTIONAL TACTICS TO IMPROVE COMPETENCE/SKILLS	 Select Content, Create formats, materials, demonstrations, activities, resources aligned with Root Cause(s) & Learning Objectives & appropriate for target audience

Step 1 : Defining the Healthcare Gap

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The faculty says:

What's the problem with this "Gap"? Use the Chat to Enter Ideas

- There are "significant gaps in the care of Migraine Patients"
- Many HCPs don't know enough about Migraine I want to close this gap."

A General Statement that gaps exist in not sufficient. "Not knowing enough" - This is NOT a Healthcare Gap – it is a possible Root Cause.

A healthcare gap is a discrepancy between desired/expected healthcare outcomes and actual healthcare outcomes.

What questions could you ask to help identify the specific "significant" Gaps in the desired health outcomes of Migraine Patients? Use the Chat to Enter Ideas

Step 1: Defining the Healthcare Gap

Tip 1: Ask open-ended questions

CE Pro: Can you tell me more about the most important gaps in the care of migraine patients?



Content Expert: Multiple studies have shown that for 80% of migraine patients, it takes between 7-8 years to get an accurate diagnosis. This is way too long. HCPs don't learn enough about Migraine in Medical School. And, these patients really suffer as a consequence and don't benefit from available treatments that can prevent or inhibit migraines for way too long.

CE Pro: That is pretty startling. So you would hope that this activity will result in more timely diagnosis of migraine, and fewer misdiagnoses?

Content Expert: Yes – that is exactly what I would like to see. In addition, once Migraine is diagnosed, it is often undertreated or mistreated... But they have to get diagnosed first – this is what we need to focus on.

DEFINE HEALTHCARE GAP	 Migraine Patients are frequently not diagnosed for 7-8 years, they are misdiagnosed
IDENTIFY ROOT CAUSES	 Determine Root Cause(s)/Barriers, Performance Gaps underlying the Healthcare Gap What is preventing optimal care of patients?
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Step 1: Defining the Healthcare Gap Additional Tips



- Tip 1: Ask open-ended questions
 - Can you tell me more about the most important gaps in the care of migraine patients?
- Tip 2: <u>Make suggestions</u> possible gaps, organized by "domains of care"
 - Diagnosis
 - Are patients misdiagnosed, are there delays in diagnosis, under-diagnoses, not being screened?
 - Treatment selection
 - Are there issues with undertreatment, overtreatment, failure to use most current drugs?
 - Monitoring and managing side effects
 - Are there issues with follow-up, adherence, treatment adjustments?
- Tip 3: Ask about or provide current literature about gaps in care
- Tip 4: Keep an ear out (for root causes/reasons why)



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Step 2: Defining the Root Cause



Does anything here sound like a Root Cause?

CE Pro: Can you tell me more about the most important gaps in the care of migraine patients?

Content Expert: Multiple studies have shown that for 80% of migraine patients, it takes between 7-8 years to get an accurate diagnosis. This is way too long. <u>HCPs don't learn enough about</u> Migraine in Medical School. And, these patients really suffer as a consequence and don't benefit from available treatments that can prevent or inhibit migraines for way too long.

CE Pro: That is pretty startling. So you would hope that this activity will result in more timely diagnosis of migraine, and fewer misdiagnoses?

Content Expert: Yes – that is exactly what I would like to see. In addition, once Migraine is diagnosed, it is often undertreated or mistreated... But they have to get diagnosed first – this is what we need to focus on.

Step 2: Defining the Root Cause

Tip 5: Move beyond knowledge deficits using 5 Whys



CE Pro: Why do you think HCPs have such a hard time making a correct diagnosis for Migraine?

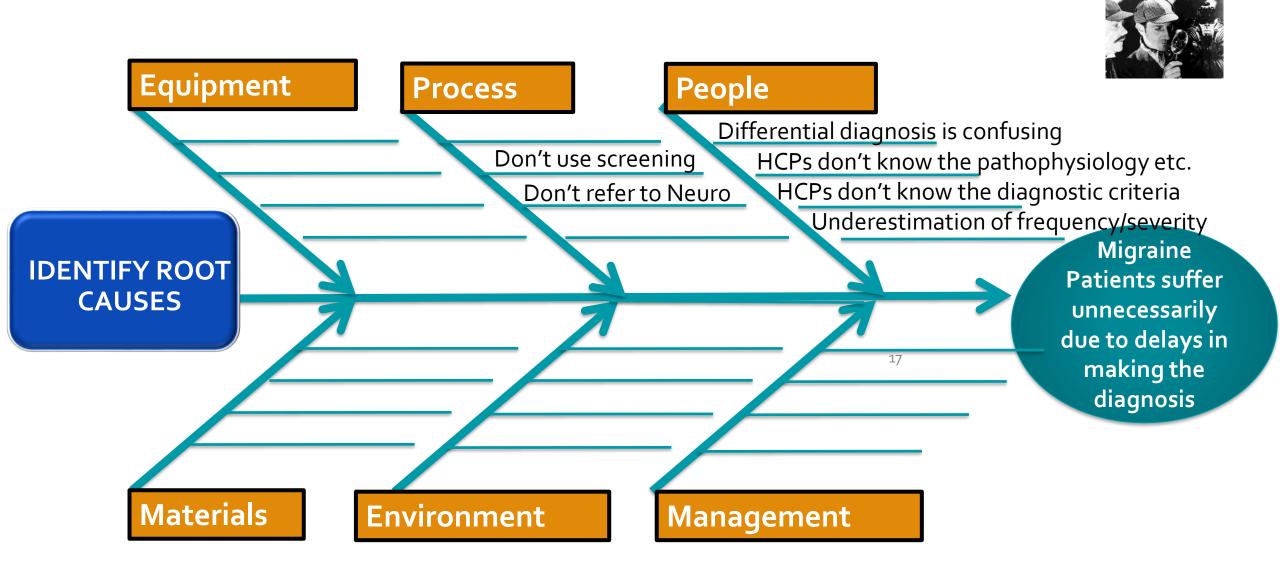
Content Expert: Primary Care doctors just don't know enough about the epidemiology and pathophysiology. They frequently misdiagnose migraine as sinus or tension headaches.

CE Pro: Why do you think it is so confusing to differentiate these types of headaches, and how could you help HCPs avoid being misled?

Content Expert: Its confusing because some of the features are similar, and HCPs don't have a lot of practice differentiating different types of headaches. They aren't using migraine screening tools, and they don't ask patients the right questions in the history. Moreover, they really underestimate the frequency and severity of Migraine

CE Pro: That's very interesting, so our learners need to learn more about how to differentiate headaches and use screening tools, and to ask the right questions.

Tip 6: Use A Fishbone Diagram to explore and organize ideas *Why are there so many mis-diagnoses of migraine*



Step 2: Defining the Root Cause Additional Tips



- Tip 1 (again): Ask open-ended questions
 - <u>Why</u> do you think HCPs have such a hard time making a correct diagnosis for Migraine?
 - What are the most common misdiagnoses for migraine?
 - How could you help HCPs avoid being misled?
- Tip 2 (again): Make suggestions beyond Knowledge deficits Possible root causes, focusing on <u>skills and competencies</u>
 - Are different types of Headache features confusing?
 - Are there any validated tools or checklists that HCPs could use to help converge more rapidly on the correct diagnosis of migraine
 - Are HCPs not following guidelines for treatment?

Other types of root causes that Faculty may not have considered

 Are there any issues with Cost? Treatment Effectiveness? Patient Factors? System Barriers? Side Effects?

\checkmark	DEFINE HEALTHCARE GAP	 Migraine Patients are frequently not diagnosed for 7-8 years, they are misdiagnosed
√	IDENTIFY ROOT CAUSES	•HCPs don't know enough about Migraine, they don't use screening tools, don't refer, underestimate the frequency and severity of migraines and their impact on QOL and confuse migraine with sinus and tension headache
	DEFINE TARGET AUDIENCE	 Define the appropriate target audience(s)? Who needs what?
	WRITE LEARNING OBJECTIVES	 Write competency-level objectives – What will HCPs do differently or more effectively to close the gap and overcome the Root Causes and Barriers? HCPS will improve their ability to do what?
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Did this discussion of Root Cause reveal Targets?



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CE Pro: Why do you think it is so confusing to differentiate these types of headaches, and how could you help HCPs avoid being misled?

Content Expert: Its confusing because some of the features are similar, and HCPs don't have a lot of practice differentiating different types of headaches. They aren't using migraine screening tools, and they don't ask patients the right questions in the history. Moreover, they really underestimate the frequency and severity of Migraine

CE Pro: That's very interesting, so PCPs need to learn more about how to differentiate headaches and use screening tools, and to ask the right questions.

Tip 7: Use Questions to Validate and Refine Targets



CE Pro: So you just indicated the PCPs have a high rate of misdiagnosis. Are there other members of the healthcare system who could benefit from this?

Content Expert: As a matter of fact, Ophthalmologists have the highest rate of misdiagnoses, and even neurologist miss the diagnosis 25% of the time.

- CE Pro: You shared that the PCPs really need to use screening tools, ask specific questions, and learn to differentiate migraine from other types of headache. Do these same issues apply to Ophthalmologists and Neurologists as well?
- Content Expert: Now that you mention it, PCPs and Ophthalmologists really have the same issues but Neurologists should know this stuff but is much more complicated for them. And I'm not sure why they miss the migraine diagnosis so much?

CE Pro: Ok. So it seems appropriate to really focus this activity on the PCPs and Ophthalmologists. Perhaps we can tackle your neurology colleagues when we have more insight into why they miss the diagnosis.

	DEFINE HEALTHCARE GAP	 Migraine Patients are frequently not diagnosed for 7-8 years, they are misdiagnosed and undertreated
√	IDENTIFY ROOT CAUSES	•HCPs don't know enough about Migraine, they don't use screening tools, don't refer, underestimate the frequency and severity of migraines and their impact on QOL and confuse migraine with sinus and tension headache
	DEFINE TARGET AUDIENCE	• Primary Care Docs and Ophthalmologists have the greatest need
	WRITE LEARNING OBJECTIVES	 Write competency-level objectives – What will HCPs do differently or more effectively to close the gap and overcome the Root Causes and Barriers? HCPS will improve their ability to do what?
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CE Pro's Problem:

- These "Learning Objectives" are Instructional Objectives
- They were written <u>before</u> the Healthcare Gap, Root Causes and Target Audiences
- After exploration, they don't <u>align</u> well with the refined focus of the activity

What would you do now? Enter your suggestions into the Chat.

Step 4: Defining the Learning Objectives



Tip 8: Write – or revise- learning objectives that align and ask the Content Expert to Validate

CE Pro: This has been so interesting and helpful. So you are really focused on the problem of migraine diagnosis, caused by PCPs & Ophthalmologists lack of knowledge and use of screening tools to diagnose and challenges they face in differentiating headache types

Content Expert: Yes – that's it!

CE Pro: Ok. So you anticipate that HCPs who participate in this program **will improve their ability to:** 1) Use screening tools and ask questions to appropriately identify migraine, 2) Accurately differentiate Migraine Headache from other headaches 3) Refer to specialists in a timely manner.

Content Expert: Couldn't have said it better myself!

CE Pro: Great. These LOs are really going to help us design the outcomes measures. I know you are headed to clinic – lets meet on **Thursday August 5th at 2 pm EST**. My colleague Chitra and a few of our friends will be there to help us continue the process – designing outcomes, selecting content and instructional tactics.

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/	DEFINE TARGET AUDIENCE	• Primary Care Docs and Ophthalmologists have the greatest need
	WRITE LEARNING OBJECTIVES	• Learners will improve their ability to 1) accurately differentiate Migraine Headache from other headaches, 2) use screening tools and ask questions to appropriately identify migraine, 3) refer to specialists.
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CPD

PULSE

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Let's recap some common pitfalls



- Sequencing starting with tactics/formats, or with a list of topics
- Not understanding the root cause (or cause<u>s</u>) of the problem
- Assuming knowledge is the gap (not considering skills and attitudes)
- Different learners different needs
- Learning objectives a necessary evil (vs a tool)
- Teaching points or instructional objectives as learning objectives



- Tip 1: Ask open-ended questions
- Tip 2: Make suggestions
- Tip 3: Ask about or provide current literature about gaps in care
- Tip 4: Keep an ear out
- Tip 5: Move beyond knowledge gaps using 5 Whys
- Tip 6: Use a Fishbone Diagram to explore and organize ideas
- Tip 7: Use Questions to validate and refine targets
- Tip 8: Write or revise learning objectives that align and ask the Content Expert to Validate

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