

CPD Pulse Points: A Gaze on the CPD Profession during the Time of COVID-19

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Outline

- What is the role of CME professionals?
- How can we envision our (new) role as a profession?
- What can we do to impact change?

What Is the Role of a CME Professional?



Impact

First, a Broad Summary of COVID-19 Impacts

- Physical distancing has been a key aspect of getting through the COVID-19 pandemic and slowing its spread
- Physical distancing has limited travel and closed public spaces – schools, offices, stores, restaurants – changing and challenging the “normal” ways of work
- Technologies, as “third places,” are taking on new importance: beyond the home (first place) and work (second place), third places support the kinds of informal conversation and sociality that underpin civic life and community and are increasingly a critical part of personal and professional connection (Oldenburg R, *The Great Good Place*, 1999)
- Technologies, including new technologies, are increasingly being adopted and used to advance connection, social movement, and content

Medical Education Was Already Experiencing Transformation

The Inevitable Reimagining of Medical Education



“Medical education is currently undergoing a gradual but significant change”

- Shortening the preclinical education period from 24 months to 12 to 15 months
- More training in the predominant site of care, the outpatient setting
- Confirmation and assessment of completed training shifting from time in school to proven competencies

“The reconfiguration of medical education seems inevitable, fueled by online educational technology and the need to transform clinical training to more outpatient settings with promotion based on competency, not time”

JAMA The Journal of the
American Medical Association

Emanuel, *JAMA*, Feb 2020

Then Add COVID-19

COVID-19: The Global Disrupter of Medical Education

“The structure of medical education has not evolved substantially since the Flexner Report of 1910, which called for American medical schools to transition from bedside apprenticeship to a 4-year training program”

“On March 17, the Association of American Medical Colleges (AAMC) issued guidance recommending that its member medical schools place, at minimum, a 2-week suspension on their medical students’ participation in any activities that involve patients.”

“In the context of patient-centered teaching, today’s mandate raises questions that may reshape medical education:

- How can we train future doctors within the limitations of social distancing?
- In addition to web-based learning and digital content, can we simulate virtual patient encounters?”



What Does This Mean For CME?

- “This transformation will not be easy. Transformations never are” (Emanuel, *JAMA*, Feb 2020)



- “The coronavirus pandemic appears to be an inflection point that is forcing disruption in how we teach medicine” (Wolanskyj-Spinner, *ASH Clinical News*, Apr 2020)
- While much of this discussion is on medical training, CME is ultimately impacted via the educational experience that healthcare professionals will expect and demand
- “Change and transformation are inevitably coming...As was the case in 1918, our society will be disruptively transformed by this pandemic. That includes how we deliver medical education. The future will tell if the disruption will be transient or permanent.”

How Can We
Envision Our
(New) Role as a
Profession?



What Does CME that Meets These "New" Needs Look Like?

November 2018 issue of *American Journal of Public Health* was dedicated to the question of lessons learned from the 1918 Spanish flu pandemic.

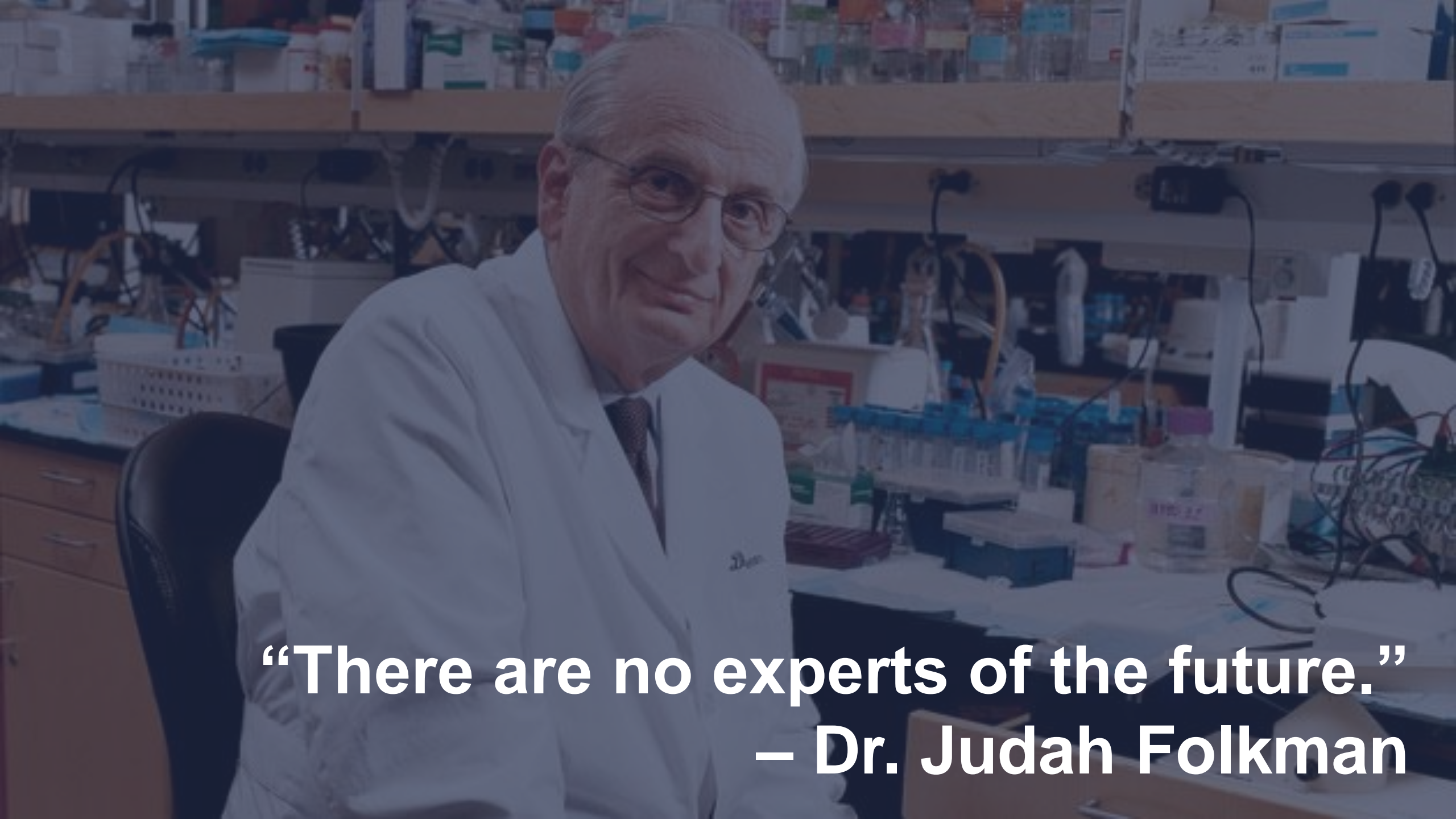
Chief among the issue's topics was an assessment of our current public-health preparedness for another pandemic.

Generally pointed to gaps in healthcare readiness, including gaps in professional and systemic training and necessary skills and plans.

- In the midst of a shift to working and schooling from home, with little or no extracurricular activities, there is a national sense of *busy-ness*, of *distraction and anxiety*, of *unrelentedness*
- As a community of professionals who interpret science and medicine to improve healthcare, is there a role for us to understand and interpret the current environment as part of this never-before-seen experience?

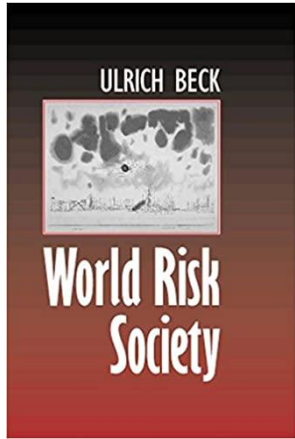


(Centers for Disease Control and Prevention, 2020)



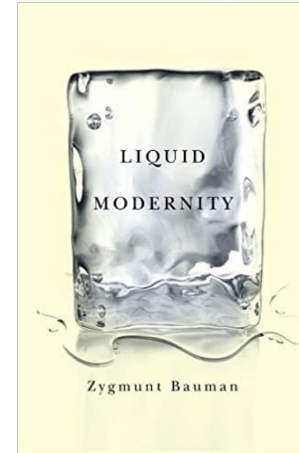
**“There are no experts of the future.”
– Dr. Judah Folkman**

Social Science Perspectives



Ulrich Beck in *World Risk Society* (1992)

- Globalization of society and economics, where “goods” are traded globally, also allows exposure to the “bads,” increased risks associated with global economic trade and travel
- The scale of global connectedness presents similar exposure to risks
- *Upside:* the same interconnectedness and rapid cultural change that produce risks also enable us to co-exist and collectively reimagine and recreate what “work” and “home” mean and how communication and learning are accomplished



Zygmunt Bauman in *Liquid Modernity* (2000)

- Our post-modern, interconnected world is shifting from the post-industrial social structures that previously provided the fabric to hold society together
- New structures and ideas about work, community, time and space, and individuality are increasingly challenging traditional models
- The “liquid” nature of modern structures allows us to determine collectively what we will make of our next phase
- We are in a very “liquid” phase now: the post-COVID-19 experience will necessarily be very different from the world we were living in at the beginning of 2020

The Opportunity

- Considering different perspectives + the sudden separation from “normal” allows us the opportunity to reset, to apply mental “tools”
- We can choose not to perceive our shared condition as constrained
- Rather, we have opportunities to reshape
- What can education and our profession do to:
 - Extend fairness and equity in access to information and tools?
 - Improve understanding of evidence and trust in science?
 - Provide practical tools to improve health outcomes?
 - Extend opportunities for collaboration and shared learning?

A Small Start: Words

Using Social & Behavioral Science to Support COVID-19 Pandemic Response

- “Use of the term ‘social distancing’ might imply that one needs to cut off meaningful interactions.”
- “A preferable term is ‘physical distancing,’ because it allows for the fact that social connection is possible even when people are physically separated.”
- How can we, as professionals, use words as agents of change?

Bigger Shifts: How We “Do” CME

“This [COVID-19] situation challenged the education system across the world and forced educators to shift to an online mode of teaching overnight. Many academic institutions that were earlier reluctant to change their traditional pedagogical approach had no option but to shift entirely to online teaching-learning.”

STRENGTHS

1. Time flexibility
2. Location flexibility
3. Catering to wide audience
4. Wide availability of courses and content
5. Immediate feedback

WEAKNESSES

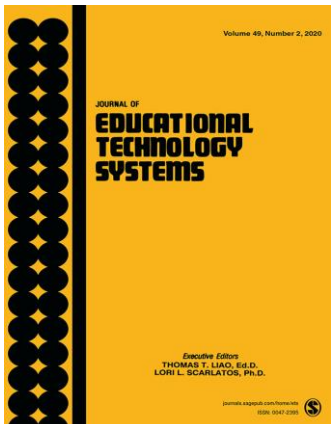
1. Technical difficulties
2. Learner’s capability and confidence
3. Time management
4. Distractions, frustration, anxiety, and confusion
5. Lack of personal/physical attention

OPPORTUNITIES

1. Scope for innovation and digital development
2. Designing flexible programs
3. Strengthen skills: problem solving, critical thinking, and adaptability
4. Users can be of any age
5. Innovative pedagogical approach (radical transformation in all aspects of education)

CHALLENGES

1. Unequal distribution of ICT infrastructure
2. Quality of education
3. Digital illiteracy
4. Digital divide
5. Technology costs and obsolescence



Online Learning: A Panacea in the Time of COVID-19 Crisis
(Dhawan, *Journal of Educational Technology Systems*, June 2020)

Flux Pedagogy

FLUX Pedagogy: Transforming Teaching and Learning during Coronavirus

We are feeling individually and collectively vulnerable, which, while difficult, brings possibilities for societal transformation and new connections and creativity in teaching and learning:

- Critical pedagogy situates students as agentic knowers who can investigate, question, and critique the construction of societal and educational norms in relation to their own experiences
- Critical pedagogy positions students as critical citizens who can act as agents of social change (Freire, *Pedagogy of the Oppressed*, 1970)



(Ravitch, Methodspace.com, 2020)

Emerging Learning Science, Applicable to CME and Patient Education

Providing Educational Continuity under Covid-19: Best Practice in Pedagogy for Remote Teaching

- The general principles of effective pedagogy remain valid, but remote learning presents additional challenges
- ‘Teaching presence’ is hugely significant in remote learning
- Teaching engagement with the vulnerable and disadvantaged should be a key priority
- Effective remote pedagogy needs to encourage cognitive engagement
- Technology can drive student engagement in the immediate term and enhance pedagogy in the longer term

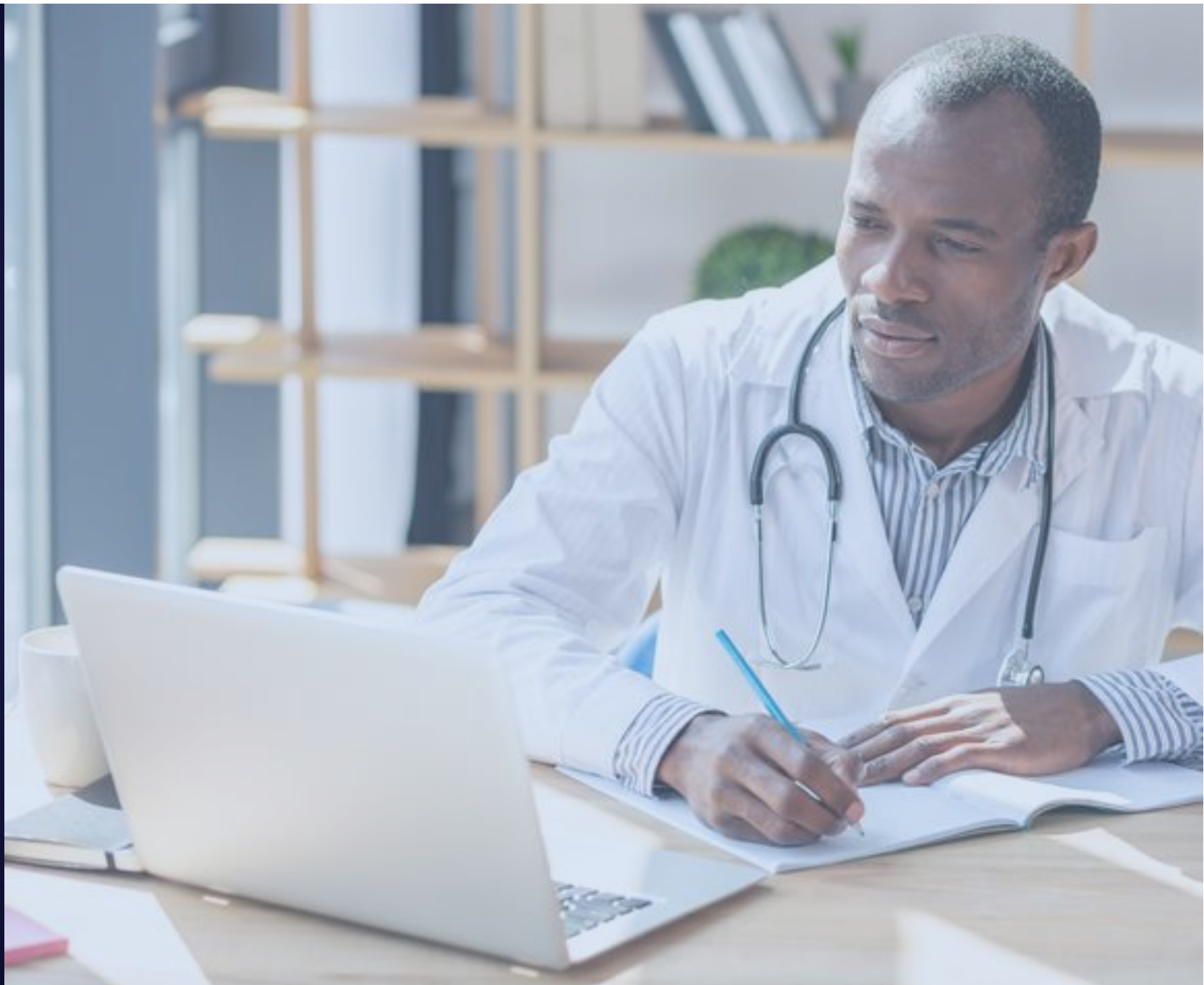
JCEHP “Rapid Response” Articles

Rapid Retooling, Acquiring New Skills, and Competencies in the Pandemic Era: Implications and Expectations for Physician Continuing Professional Development

Opportunities for continuing professional development (CPD):

- *Retooling*: How can we help HCPs reactivate previous skills?
- *New competencies*: How can we help HCPs learn new skills, including meeting public-health and health-advocacy needs?
- *Technology*: How can CPD use distance learning to advance skills development? How can technology be used to promote interactive, multimodal, sequenced, and longitudinal CPD that impacts communities of practice and reinforces in-person learning experiences?
- *Teams*: How can we advance interprofessional team improvement?

What Can We
Do to Impact
Change?



Call for Best Practice and Collaboration

How Medical Education Can Help in a COVID-19 Crisis

- “Knowledge-translation strategies suggest that educators can increase that uptake by becoming knowledge brokers [for] sharing decision-making” across our CPD community”
- “...the need has never been greater to reframe health professional education and to translate the research base into practice”
- “The focus is not on transferring innovation, but on adapting longstanding good practice to new contexts and disseminating scholarship in a way that balances efficiency and critical review.”

THE **CLINICAL TEACHER**

(Roberts, *Clinical Teacher*, Jun 2020)

Progress and Movement

COVID-19 and the Future of Society

- “...without critique, progress is not possible. But once critique is rendered, movement is the next step.”
- “When a crisis begins, it is all too easy to retreat into a monotonous cycle of pessimism. The news, every day, brings us examples of bad decisions and poor behavior. Instead, we should take stock of the marvelous thing that is humanity. We are creative, compassionate, and brilliant. We can see this in our healthcare workers, frontline workers, first responders, teachers, medical researchers, and all the people trying to make a living in this tough time.”
- Consider the importance of shared language and learning in this time of change to set our paths forward

contexts

(Ray and Rojas, *Contexts*, 2020)

“Fitting the Same Educational Pegs Into New Holes”

Back to Medical School during COVID-19

(Weiner, AAMC news, Aug 2020)

There are resources from organizations such as the Association of American Medical Colleges (AAMC) to share best practices, including curricula for teaching virtually and guidelines for involving students in patient care

“I’ll be honest — I don’t know what the future of medicine or the future of medical education is going to look like. The pandemic has been a major disruptor. But it’s also creating opportunities to think about new ways of learning and of delivering health care.”



Lisa Martinez, MD

Florida Atlantic University Charles
E. Schmidt College of Medicine

Back to the Basics

A Conceptual Model of CME to Address Disparities in Depression Care

- “Management of multiple chronic conditions requires a transformation in health care”
- Almost half of those with chronic illnesses have multiple conditions. Many managed-care and integrated delivery systems want to correct the many deficiencies in current management of diseases such as diabetes, heart disease, depression, asthma, and others. Those deficiencies include:
 - Rushed practitioners not following established practice guidelines
 - Lack of care coordination and planned care
 - Lack of active follow-up to ensure the best outcomes
 - Patients inadequately trained to manage their illnesses
- “Overcoming these deficiencies will require nothing less than a transformation of health care”
- **The Chronic Care Model** (originally conceived by Wagner et al, 1996) describes the basic elements for improving care in health systems at the community, organization, practice, and patient levels

And the Hard Work Required to Change

Reflections on the Chronic Care Model—23 Years Later

- “What are the necessary and sufficient conditions for improvement in large systems?” The answer is threefold: “Will, ideas, and execution.”
 - *Will* refers to the task of fostering discomfort in the status quo and conveying attractiveness for the as-yet-unrealized future.
 - *Ideas* are meant to assure access to alternative designs worth testing, as opposed to continuing legacy systems.
 - *Execution* is a term for embedding learning and change in the day-to-day work of everyone, beginning with leaders.
- “Without change, there is no improvement. Therefore, here is the task: to find or create new models of a system that can outperform the existing system, and then to offer those models to the people without whom they cannot be put to use—the workforce.”

**Execution, the hard, daily work of system change, challenges
“old ways of working”**

Areas for Advancing the Science of CME During the COVID-19 Era

01

Delivering and assessing effective technology-enabled learning design

- Evaluating the learner-centricity of virtual and online education

02

Equipping learners and teachers for virtual education, tools, and assessments

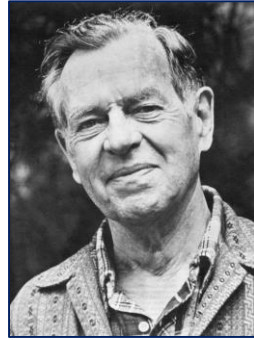
03

Ensuring education addresses emerging areas of patient and HCP needs

04

Learning from other industries and innovations to advance the science of CME

The Spirit of Change and Improvement



The most well-known writer on archetypal myth and heroism, Joseph Campbell (*The Hero with a Thousand Faces* [1949]; *The Power of Myth* [1988]) describes the “heroic journey” as consisting of a series of illuminating steps:

- Being in high-risk danger
- A willingness to help
- Venturing into the unknown
- Having a mentor
- Overcoming tests and temptations to leave the journey
- Discovering who you are in the deepest sense, including your Achilles-heel weaknesses
- Returning to everyday life after some success

“Real heroes and real heroism, whether suddenly or ongoing, occurs when anyone is in the right state of mind at the right place in time and takes the best actions.”

A Call for CPD Heroes

How Will The COVID-19 Crisis Transform You?

- “There are three common reactions to crisis:
 - become fearful and spread that fear
 - become distracted and devour news story after news story to escape
 - or become courageous and inspire others by becoming the leader your family and the world needs you to be right now. “
- “This is your official call to adventure.”
- “I can’t promise you that the new few weeks and months will be easy or safe, or even successful, but...if you lean into this moment, you will never be the same.”

Forbes (Dayton, Forbes.com, 2020)