A conceptual framework for planning and assessing learning in continuing education activities designed for clinicians in one profession and/or clinical teams

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Summary: The article reframes continuing medical education (CME) activities from a QI perspective in regards to planning learning activities and assessing learning. The framework provides a very practical approach and actionable recommendations to bring goals/identified milestones to fruition. It is also patient-centered, data-driven, evidence-based, promotes multiple modalities of interactive learning, and incorporates continuous assessment.

The framework promotes the following actions for CME activity development:
1. Identify a gap in healthcare/ health status of patients corroborated by available data.
2. Identify and analyze a gap in clinical performance or the professional practice gap (PPG)
   a. Analyze the PPG – why does it exist (Can use fishbone tool in QI; root cause analysis).
3. Identify and analyze gaps in competence and knowledge
   a. Develop various complex case scenarios to lead to identification of gaps
   b. Competence should explore various types of knowledge
      i. Declarative knowledge: facts/concepts that a learner can express as statements.
      ii. Procedural knowledge: skills used to achieve goals through thinking and acting.
      iii. Dispositional knowledge: attitudes, values, interests, intentions that direct/guide individuals conscious thinking, acting, and learning
4. Recognize the clinical motivation to participate = i.e., influenced by comparing opportunity cost and likelihood of enhanced capability and improved care in a care area of interest
   a. Utilize cognitive dissonance – where new information contradicts current belief – to influence enrollment/desire to change to reduce discomfort
      i. PPG reminders – use in advertisements, use data highlighting PPG
      ii. Create/reinforce teachable moments – work through scenarios
5. Learning activities – offer all types
   a. Predisposing activities – increase likelihood for learners to change behavior (case scenarios)
   b. Enabling sessions – help learners do something previously unable to do or improve something not doing well
      i. Reviews declarative knowledge, procedural knowledge, and dispositional knowledge related to a given skill/behavior
      ii. 4 components: presentation; worked example; deliberate practice; and expert feedback and coaching
      iii. Incorporate scaffolding since clinical tasks can be complex (where learners move toward stronger understanding and greater independence through learning through increasing complexity)
6. Assessment of learning and impact
   a. Summative assessment – assessing learning
   b. Performance assessment – assessing change in performance of desired behavior
   c. Impact assessment – assessing change in health status of patients treated by learners
   d. Transfer – capability of clinicians to use what they learned in formal learning activities in their own practice settings