

"Continuing Professional Development to Foster Behaviour Change: From Principles to Practice in Health Professions Education." Ramani S, McMahon GT, Armstrong EG. *Medical Teacher*, (2019): Vol. 41 (9): 1045-1052.

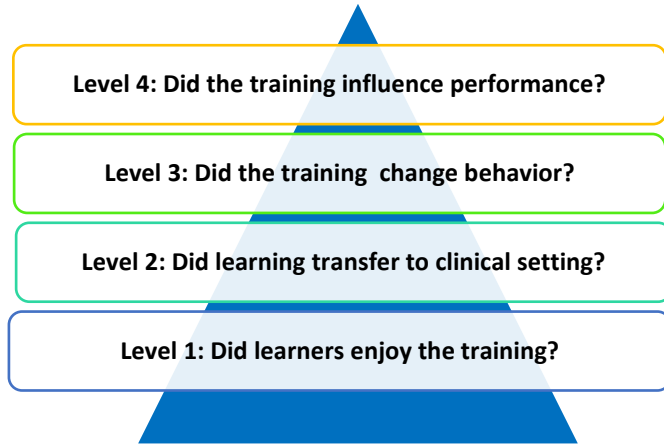
Why We Chose It

The authors emphasize that "CPD programs should move away from passive transmission of knowledge and use adult learning principles and practices to target behavioral change among participants." This article is packed full of ideas to foster behavior change as a part of continuing professional development (CPD).

Main Learning Points

- CPD programs consist of 3 phases: Design, Implementation and Evaluation
- Program design
 - Build the right team including consultants with expertise in innovative teaching methods, educational technology and program evaluation
 - "Begin with the End in Mind" – focus on what outcomes you want to achieve
 - Logic Model Development Guide by the Kellogg Foundation:
<https://www.bttop.org/sites/default/files/public/W.K.%20Kellogg%20LogicModel.pdf>
 - Leverage educational theories and frameworks such as adult learning theory
 - Include methods to build habits for change such as the Fogg Method
 - Participants describe new behaviors they would like to implement based on what they have learned
 - Describe the context in which they would implement these behaviors
 - Develop triggers to enable the behavior
- Program implementation (during the event)
 - Stimulate curiosity and enhance self-awareness through pre-tests, self-assessments, problem-solving exercises, peer consultation and feedback, discussion and disclosure of limitations and internal barriers to change, application exercises to describe what one has learned and how they will apply it to their setting
 - Have participants think back on their clinical experiences and reflect on what didn't work in and why as a prompt for discussion
 - Use an "immunity to change" exercise – this is where participants reflect on what **personal behaviors** might impede changes they would like to make. Develop action plans to change these behaviors.
 - To understand more about immunity to change, watch the 11 minute video: How to always finish what you start with Lisa Lahey
<https://www.youtube.com/watch?v=onCTofE7Y7A>
 - Facilitate opportunities for team-based learning (similar to what one does in quality improvement projects – the whole team is involved in learning and change)
 - Support lifelong learning by:
 - Providing recommended readings, videos or other activities prior to educational events (flipped classroom or hybrid learning)
 - Developing trigger questions to stimulate participants to adopt concepts from the reading and apply to their practice
 - Facilitating deeper learning about the topic by providing additional references, practice tools, additional key readings (videos or websites), other educational activities, and exercises where they can apply what they have learned.
 - Encouraging participants to teach others in their practice what they have learned

- Using technology to augment teaching
 - Ask participants what they already know about the topic
 - Use Think-Pair-Share and polls during sessions
 - Create methods for participants to interact before, during and after educational programs
 - Encourage participants to share resources, best practices, personal experiences, opinions and questions on social media and chat platforms
 - Use other educational strategies to broaden the learning beyond the current teaching session. These can include, but are not limited to, blog posts, videos, podcasts and links to other educational sites
- Program Evaluation (after)
 - Kirkpatrick Model for Assessing Learning



- Commitment to Change
 - Have participants explicitly state what changes they intend to make based on the learning activity – this increases the likelihood of change
 - Written statements and those expressed in public are more likely to result in behavior change.
 - List 1-2 behaviors you intend to change
 - What factors might motivate/facilitate these changes
 - What barriers do you anticipate in making these changes
 - Planned follow-up can increase the chance that change will occur
 - Utilize motivational interviewing practices to discuss Readiness/Confidence to change (“readiness ruler”)
 - What change(s) are you considering?
 - How important to your practice (and patients) is it that you make this change?
 - How confident are you that you are able to make this change?

On a scale of 1 to 10, how ready are you to make this change?

1	2	3	4	5	6	7	8	9	10
<i>Not at all ready</i>				<i>Somewhat ready</i>				<i>Very ready</i>	

How these Principles Can Be Applied to CME

- Include examples of practice change at the end of *Pediatrics In Review* Articles, webinars, as well as live teaching activities
- In the comments section of articles or in the chat box of webinars, encourage readers to discuss how they are taking what they learned and applying it to their clinical practice.
- Have planning programs create a list (or logic model) of what changes in **behavior** they would like to see as an outcome of the educational session
- Go to the [Educational Resources tab](#) of the [Committee on CME \(COCME\) website](#) to download the document titled Methods to Facilitate Behavior Change. Pick one method and use it in your next educational activity.
- Consider consulting a member of the COCME or the Section on Simulation and Innovative Learning Methods prior to planning or developing your next CME activity
- Use a pre-test at the beginning of a lecture or a webinar
- Put the questions for the *Pediatrics in Review* Articles at the beginning of the article (instead of at the end). Encourage readers to answer these prior to reading the article to identify knowledge gaps.
- Add polls to CME webinars to increase engagement
- Create an inter-professional CME event for the entire office practice and encourage the team to learn together
- Create toolkits for participants to apply what they have learned to their clinical practice
- Pause in the middle and at the end of a lecture and have participants turn to their neighbor and share one thing they currently do or will do differently in their practice based on what they are learning (Think-Pair-Share)
- After each learning event do one commitment to change activity
 - Provide a list of proposed changes from which the participants can choose
 - Have participants do the commitment to change exercise on page 2
 - Create an action plan to overcome barriers
- Develop “Applied Learning Activities”
 - An applied learning activity is an experiential method of learning that translates theory into practice. These activities are a way of helping the participant make a connection between what he or she has learned and how that knowledge can be used for real life patient issues. One example of an applied learning activity is: “Share information on the pro’s and con’s of energy drinks with a group of teenagers. The information can be shared through a social network, during patient care, with a written document or article or through a presentation at a local high school. Include information on common side effects of the products, range of caffeine content and side effects when caffeine is combined with ephedrine-like substances. Be able to list the names of at least 2 ephedrine-like substances found in energy drinks. Become familiar with the names and common ingredients of 10 of the most common brands of energy drinks available at your local convenience store, supermarket or pharmacy.”