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Instructional Design and Implementation

Designing and carrying out the accredited continuing education activity is the heart of the educational process that begins with determination of professional practice gaps, identification barriers to closing those gaps, identification of educational needs that will help close the gaps, development of learning objectives tied back to the educational needs, and ends with evaluation.

Despite its central importance, the choice of methodology and technique is often unimaginative and unrelated to the purposes that were defined earlier.The activity instructional design must be responsive to the characteristics of prospective learners such as; knowledge level, professional experience, team composition, and preferred learning styles. It should also take into account the evolving CE-literature on instructional design.

Once the content and method is determined, they must be made known to prospective learners in all activity materials. As always, _documentation of this process is necessary._

The following is a sample (though not exhaustive) list of learning designs which may be considered: You are encouraged to think outside the box to come up with the best learning design given the goal the activity is trying to achieve.

Curriculum-Based CE: Conventional CE is generally very fragmented. Curriculum-based CE places the programs into categories that are connected through principals or clusters of knowledge.

Example: A series of activities or modules that contribute to a single organized theme.

Discussion Groups/Small Group Workshops: A small number (five to fifteen) of clinicians exploring problems collaboratively, with the guidance of a skilled leader rather than a formal presenter.

Example: Round-table discussions (in person or virtual) focused on a specific case, topic, or problem of common interest.

Preceptorships: The clinician will leave his/her practice for a specified period of time to learn in a clinical setting. For a healthcare professional that has a defined need for a particular type of clinical experience, the preceptorship can be a highly rewarding experience.

Enduring Online Learning: _As clinicians have moved online, so has their learning._ When developing online activities, efforts should be made to take advantage of the opportunities for active learning (ie polling questions, etc) which the medium offers. Also, because the learning is asynchronous learners have greater autonomy to take advantage of the learning opportunity at a time and place of their choosing.

Live Online: As was demonstrated during the Covid-19 pandemic, online technology platforms can be used effectively to educate audiences in diverse geographic locations. However planners should keep in mind that live online activities may require a different educator skill set from faculty who are experienced with in person education, and will require greater use of active learning strategies to build a connection with learners and achieve maximum results.

Quality Improvement (QI): The goal of a QI educational initiative is to enhance the capacity of the care team or its members to assess their current practice patterns, apply the latest clinical evidence, and improve the coordinated team-based management of patients. Such initiatives take place over a set period of time and may develop learners' skills in QI as well as leadership, systems thinking, interprofessional collaborative practice, and implementation science.

Skill Session: Requires a model for the learner to emulate and a chance for supervised practice.

Example: CPR Training

Simulations: Using live patients or actors or online avatars, members of the care team work their way through clinical problems in diagnosis and/or management, receiving feedback along the way or at the conclusion of the simulation. .

Example: Patient interviewing techniques