Continuing Medical Education Effectiveness: Facilitated Small Group, Case-based Learning on Dementia

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This presentation will:
• Discuss the merits of small group, case-based, facilitated CME
• Illustrate these points with the UBC CPD Dementia education workshops

The UBC Continuing Professional Development  
Dementia Education Strategy
We delivered Continuing Medical Education on dementia management around BC...

UBC CPD Dementia Education workshops for physicians
- Abbotsford
- Chilliwack
- Clearwater
- Comox
- Cranbrook
- Dawson Creek
- Duncan
- Fort St. John
- Invermere
- Kamloops
- Kamloops (2)
- Kelowna
- Langley
- New Westminster/Surrey
- Nelson
- North Vancouver
- Parksville
- Port Alberni
- Powell River
- Penticton
- Prince George
- Port Hardy
- Queen Charlotte City
- Quesnel
- Revelstoke
- Richmond
- Salmon Arm
- Sechelt
- Smithers
- Squamish
- Trail
- Vancouver
- Vancouver (Chinese Community)
- Vanderhoof
- Vernon
- Victoria
- White Rock
- Williams Lake

Adult Learning:
- Is self-directed
- Is built on previous knowledge and experience
- Is relevant, and can be integrated into practice
- Is problem-centered
- Encourages physicians to think critically and ask questions

To design the workshop, we followed these steps:

1) **Learning needs**
   Physicians wanted to learn about:
   - dementia diagnosis
   - management
   - driving

2) **Educational goals**
   - The physicians would be able to properly assess patients
   - They would be more confident in managing patients with dementia along the continuum of care

To design the workshop, we also followed these steps:

3) **Best strategies**
   A facilitated small-group, case-based discussion

4) **Implementing**
   A “workshop in a box” in communities

5) **Evaluating**
   Post workshop forms, interviews, and surveys
We designed the workshop, using a problem-based approach to learning...

What is “Problem-based learning”?
- Comes from a social theory of learning—that we create knowledge and solutions together
- Uses open-ended, challenging practical problems
- Enables participants to learn in context

Problem-based learning (cont.)
- Generates questions
- Activates and recruits prior knowledge through small group discussion
- Uses and compares real patient-care experiences
- Encourages clinical reasoning and reflection on experience

Dementia Education Workshop cases
- 1. Mild Cognitive Impairment & Progression of Symptoms of Dementia
- 2. Dementia & Driving
- 3. Dementia & Living at Risk
- 4. Late Stage Dementia & Admission to a Nursing Home

“Case One: Global Dementia Case and Progressive Care: Participant Case for Discussion

Part One
Mr. W. is a 66 year-old working executive whose wife and children have noticed his memory deteriorating progressively over the past year. “He forgets details of conversations we have” complains his wife. She began to notice this about a year ago and it seems to be getting worse. His past medical history is unremarkable other than treated hypertension. He takes ramipril 10 mg OD, hydrochlorothiazide 12.5 mg OD, ASA 81 mg OD...

What are your initial diagnostic considerations?
What additional information would you like on history?
How would you proceed from here?”

“Case One: Global Dementia Case and Progressive Care Case with Facilitator Guiding Questions and Responses

Part One
Mr. W. is a 66 year-old working executive whose wife and children have noticed his memory deteriorating progressively over the past year. “He forgets details of conversations we have” complains his wife...

What are your initial diagnostic considerations?
- The one-year time course is inconsistent with delirium.
- Although there isn’t much information given, it doesn’t sound like depression given his interest and enjoyment in his work.
- One wonders if his regular use of a long-acting benzo could be dragging him down.”
How did we develop the cases?

- How did we create representative cases that would generate discussion?
- How did we decide what written guidance to give to the facilitators?

The workshops were facilitated…

How were the facilitators trained?

- The facilitator read the cases and facilitator guide
- They called the workshop developers to discuss the cases
- They facilitated the workshop with support from UBC CPD and were compensated for their time

What did the facilitators think about the workshop?

The facilitators said...

- “I think they felt respected, to be able to discuss clinical issues, in an abstract sense but be given a voice to listen to and discuss how that’s going to impact patient and family care.”
  - Workshop facilitator
- “The participants felt the freedom to go where they wanted with the cases, which were the basis of the opening discussion. The participants weren’t afraid to go off and ask other questions that were relevant in dementia care.”
  - Workshop facilitator

“I am more confident and independent and do not so often have to involve the psychogeriatricians.”
- A rural family physician
Case discussions in small groups effectively improve physician behaviour and improve patient outcomes.

What are the benefits of small group learning?

- Participants feel comfortable
- Participants can talk about their clinical experiences
- The group is focusing on particular learning needs of participants
- The small group approach is consistent with adult learning principles

What did the participants think was effective in the workshop?

The participants said...

- “hearing other physicians’ experience”
- “input from experience of other doctors”
- “opportunity to discuss cases with experienced clinicians”
What did the participants do after the workshop?

Reported use of Global Deterioration Scale before vs. after workshop (n=35)

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a. Using GDS for original assessment

What did the participants do after the workshop?

Reported use of GDS before vs. after workshop (n=35)

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b. Using GDS for re-assessment

As educators, we aim to improve physicians’ practice...

- Using face to face interaction (live education) (Davis and Galbraith 2009)
- Incorporating active learning (Grimshaw, Shirran et al. 2001; Davis, Evans et al. 2003)
- Repeating the message and over an extended period of time (multi-media and educational techniques) (Davis, Evans et al. 2003; Davis and Galbraith 2009; Satterlee et al., 2008)
- Disseminating wisdom from experts and peers (Kanouse, Kallich et al. 1995; Grimshaw, Eccles et al. 2006).

Summary

- The physicians enjoyed and learned from the workshops.
- The physicians committed to better practices of dementia management.
- Physicians are more likely to attend accessible, community-based events.

Summary (cont’d)

- If we continue with the Dementia Education Strategy...
  - The new case-based workshops will be designed to be interdisciplinary.
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Members are:

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References


Grimshaw, JH, Eccles MP, et. al. (2005). Is the involvement of opinion leaders in the implementation of research findings a feasible strategy? Implement Sci, 1, 3.


Grol R & Grimshaw J. (2003). From best evidence to best practice: effective implementation of research findings a feasible strategy?

Grimshaw, JM, Eccles MP, et al. (2006). Is the involvement of opinion leaders in the implementation of research findings a feasible strategy?


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Questions?

Thank you!