

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



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The UBC Continuing Professional Development Dementia Education Strategy



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COLOMBIE-BRITANNIQUE

We delivered Continuing Medical Education on dementia management around BC...

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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



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UBC CPD Dementia Education workshops for physicians

- ✓ 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



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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



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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

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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



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ILLUSTRATION BY ANTHONY RUBE

We designed the workshop, using a problem-based approach to learning...



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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



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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



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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



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"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?"



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"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."



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ADVISORY COMMITTEE
Cognitive Impairment in the Elderly – Recognition, Diagnosis and Management
 Effective Date: July 15, 2007

Scope
 This guideline summarizes current recommendations for recognition, diagnosis and longitudinal management of cognitive impairment and dementia in the elderly. Where the guideline refers to "people affected by dementia", this indicates not only the person with dementia but also the people in their "network of support".

Statement Recommendations **Care Objectives**
 The primary care objectives are to encourage early recognition and assessment of cognitive impairment and to support general practitioners in the development of a comprehensive care plan that includes the identification of community resources for the people affected by dementia. A summary is provided for this guideline and can be used as a worksheet in the physician's office.

Part I: Recognition and Diagnosis

Recommendation 1 **Recognition**

a. General population screening in asymptomatic individuals is not recommended at this time.
 b. Cognitive impairment should be suspected when there is a history that suggests a decline in occupational, social or day-to-day functional status. This might be directly observed or reported by the patient, concerned family members, friends and/or caregivers.

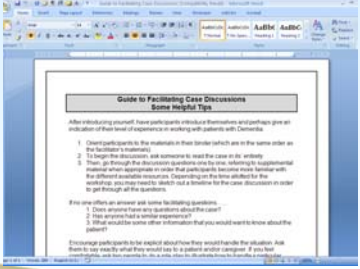
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How did we develop the cases?

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

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The workshops were facilitated...



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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

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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

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"I am more confident and independent and do not so often have to involve the psycho-geriatricians."

- A rural family physician



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Case discussions in small groups effectively improve physician behaviour and improve patient outcomes.



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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



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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"

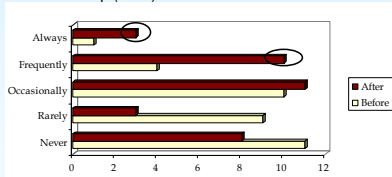


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What did the participants do after the workshop?

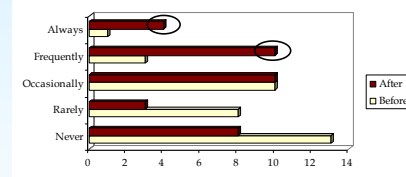
Reported use of Global Deterioration Scale before vs. after workshop (n=35)



a. Using GDS for original assessment

What did the participants do after the workshop?

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



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.*

References

- Alzheimer Society of B.C. (2003). Alzheimer's disease and dementia: Disease statistics. <http://www.alzheimerbc.org/Alzheimer-s-Disease-and-Dementia/Disease-Statistics.aspx> (Accessed 17 November 2009)
- Armson H, Kinzie S, Hawes D, et al. (2007). Translating learning into practice: Lessons from the practice-based small group learning program. *Can Fam Physician*, 53, 1477-85.
- Ceccato NE, Ferris LE, et al. (2007). Adopting health behavior change theory throughout the clinical practice guideline process. *J Contin Educ Health Prof*, 27, 201-7.
- Connell CM, Holmes SB, Voelkl JE, et al. (2002). Providing dementia outreach education to rural communities: Lessons learned from a train-the-trainer program. *J Appl Gerontol* 21, 294-313.
- Davis D, Evans M, et al. (2003). The case for knowledge translation: shortening the journey from evidence to effect. *BMJ*, 327, 33-5.
- Davis D & Galbraith R. (2009). Continuing medical education effect on practice performance: effectiveness of continuing medical education: American College of Chest Physicians Evidence-Based Educational Guidelines. *Chest*, 135, 425-465.



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References

- Davis DA, Thomson MA, Oxman AD, Haynes RB. (1992). Evidence for the effectiveness of CME. A review of 50 randomized controlled trials. *JAMA*, 268, 1111-7.
- Davis DA, Thomson MA, Oxman AD, Haynes RB. (1995). Changing physician performance. A systematic review of the effect of continuing medical education strategies. *JAMA*, 274, 700-5.
- Davis D, O'Brien MAT, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. (1999). Impact of Formal Continuing Medical Education. Do Traditional Continuing Education Activities Conferences, Workshops, Rounds, and Other Change Physician Behavior or Health Care Outcomes? *JAMA*, 282, 867-874.
- Davis D, O'Brien MAT, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. (1999). Impact of Formal Continuing Medical Education. *JAMA*, 282, 867-874.
- De Villiers M, Bresick G, Mash B. (2003). The value of small group learning: An evaluation of an innovative CPD programme for primary care medical practitioners. *Med Educ*, 37, 815-21.
- Dochy F, Segers M, Bossche van den P, Gijbels D. (2003). Effects of PBL: a meta-analysis. *Learning and Instruction*, 13, 533-568.
- Downs M, Turner S, Bryans M, et al. (2006). Effectiveness of educational interventions in improving detection and management of dementia in primary care: Cluster randomized controlled study. *BMJ*, 332, 692-96.



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References

- Grimshaw JM, Eccles MP, et al. (2002). Changing physicians' behavior: what works and thoughts on getting more things to work. *J Contin Educ Health Prof*, 22, 237-43.
- Grimshaw JM, Eccles MP, et al. (2006). Is the involvement of opinion leaders in the implementation of research findings a feasible strategy? *Implement Sci*, 1, 3.
- Grimshaw JM, Shirran L, et al. (2001). Changing provider behavior: an overview of systematic reviews of interventions. *Med Care*, 39, 112-45.
- Grol R & Grimshaw J. (2003). From best evidence to best practice: effective implementation of change in patients' care. *Lancet*, 362, 1225-30.
- Kanouse DE, Kallich JD, et al. (1995). Dissemination of effectiveness and outcomes research. *Health Policy*, 34, 167-92.
- Koh GC, Khoo HE, Wong ML, Koh D. (2008). The effects of problem-based learning during medical school on physician competency: a systematic review. *CMAJ*, 178, 34-41.
- Kühne-Eversmann L, Eversmann T, Fischer MR. (2008). Team- and case-based learning to activate participants and enhance knowledge: An evaluation of seminars in Germany. *J Contin Educ Health Prof*, 28, 165-71.



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References

- Mazmanian P & Davis DA. (2002). Continuing Medical Education and the Physician as a Learner: Guide to the Evidence. *JAMA*, 288, 1057-1060.
- Mazmanian PE, Daffron SR, et al. (1998). Information about barriers to planned change: a randomized controlled trial involving continuing medical education lectures and commitment to change. *Acad Med*, 73, 882-6.
- Schmidt HG. (1993). Foundations of problem-based learning: some explanatory notes. *Med Educ*, 27, 422-432.
- Smith WR. (2000). Evidence for the effectiveness of techniques to change physician behavior. *Chest*, 118, 85-175.



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Questions?



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Thank you!



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