

Engaging in Blended Learning to Plan and Deploy an Interprofessional Educational Programme Across 6 European Countries: Scientific Society Perspective, Journey & Lessons Learned

Caroline Bennett, Educational Program Development Manager, France

Celine Carrera, Head of Education, Department European Society of Cardiology, France

Key words:

Blended learning, eLearning, professional development, evidence-based and needs-driven educational programme, multi-disciplinary, multi-country.

Purpose:

The purpose of this study is to report, from the perspective of a European Scientific Society, on steps followed, the journey undertaken and on lessons learned when planning and developing an evidence-based educational programme in Stroke Prevention and Management in Atrial Fibrillation that is to be deployed in 6 European Countries.

Methodology:

The ESC agreed some years ago on a vision in terms of education, namely ‘to improve cardiovascular outcomes’. This was instrumental for the society as it triggered a paradigm shift from purely opinion led medical education (mostly lecture based delivery during face-to-face events), to a willingness to engage with adult learning principles, instructional design and blended learning approaches. For the specific project, a 3-phase approach was decided from the outset (phase 1 being the needs assessment, phase 2 the educational design and deployment, phase 3 the outcome measurement of the educational intervention). Having performed a robust behavioural needs assessment (phase 1) through an external research company, an Oversight Committee of multidisciplinary scientific experts was appointed, along with a Planning Committee. The project team followed the ADDIE approach, as well as the backward planning and instructional design advocated by Don Moore (2009, 2017). Establishing the actual needs and prioritisation of key findings from phase 1 (needs assessment) was the first task the Planning Committee focused on. Phase 3 (outcome measurement) had also to be integrated early on, in order to pre-identify assessment metrics in line with the learning objectives and ensure coherence of findings (definition of learning objective, assessment methods, metrics and learning formats). The aim is to report phase 3 findings in a peer-reviewed journal. Finally, given the territory to cover (France, Germany, Italy, Poland, Spain, UK) and the categorization of findings (from knowledge, skills to attitude gaps), Planning Committee and project team agreed on the fact that the delivery format could not be solely traditional lecture based; a novel blended learning approach had to be considered to achieve the expected outcomes. The backbone of the deployment of the programme relies on a Train the Trainer mechanism, whereby for each country, programme champions receive a dedicated training and commit to enroll learners as well as register data for phase 3.

Sample:

Based on educational needs and gaps, as well as programme constraints (territory, budgets, impact measurement), a programme blueprint as well as a learner journey were developed. The programme outlines a pre-disposing phase to ascertain individual cohorts’ specific gaps and activate prior knowledge, a series of 3 modules online (learner centered approach) in a MOOC

type platform whereby cohorts engage as a group with the educational modules, including regular interactions with local trainers and peers. This is followed by a series of in-person interventions whereby skills and attitude gaps are targeted. These workshops will also allow for reflective practice and problem-based exercises. After each module, learners engage in commitment to change exercises, as well as logging data in the ESC registries, which will feed the multi-faceted programme evaluation phase 3.

Results:

In the blended approach (blended approach defined as including a mix of online and face-to-face learning activities) the e-learning instructional method, while allowing learners autonomy and flexibility, will still be teacher-guided, fostering personal interaction. Webcasts followed by monitored live sessions will also ensure learners are supported in their instruction. The face to face sessions will include deliberate practice with scaffolding during small group discussion. It is essential to develop close working partnerships with all collaborators involved - including, e-tools designers, publishing platform suppliers, and internal associates including trainers so that their input helps refine the development of the learning activities. The aim being to offer an optimum e- platform and user experience that is also fully aligned and integrated in the existing online environment of the organization and an overall Evidence based educational programme that organize learning for transfer.

Outcomes/ Summary:

- Collaborative effort, engagement with technology and medical educational experts, as well as medical education
- Structuring impact of engaging with backward planning and instructional design best practice
- Cultural change for physician volunteer contributors
- Inspiring new collaboration models with various stakeholders of the ESC

Conclusion:

This programme represents a paradigm shift for the ESC, moving away from more traditional approaches to developing and deploying educational programmes. This is having a very positive impact on the scientific society as a whole and is demonstrating that medical education is a vehicle for quality improvement across the board.