Strengthening Continuing Medical Education:

A theoretical framework to inform research and practice

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BACKGROUND



 Continuing Medical Education (CME) is a means for healthcare practitioners (HCP) to maintain clinical competence

■ Is effective when offered correctly (Cervero and Gaines, 2015)

■ However, continues to be poorly developed (Legaré et al, 2015) and inappropriately utilized (Sibley et al, 1982)

■ In addition, HCPs underestimate skill deficits (Davis et al, 2006) and overestimate abilities (Hodges, Regehr and Martin, 2001)



BACKGROUND



■ Rapid rate of knowledge creation (Davidoff et al, 1995), particularly in fields of Public Health and Quality Patient Care (Druss and Marcus, 2005), together with epidemiologic transition (Oman, 2005) necessitates improving development and delivery of CME

■ Focus shifted to identifying wider contextual factors that play a role in CME (Cervero and Gaines, 2015; Grant et al, 2015)

 Current study aims to develop conceptual framework of wider contextual factors in PH CME for frontline HCPs



WHY A THEORETICAL FRAMEWORK



■ First step in medical education research (Ringsted, Hodges and Scherbier, 2011)

- Lack of explicit application of frameworks in medical education (Zackoff et al., 2018)
- Theories in medical education individualistic (Bleakley, 2006; Mann, 2011)

■ Growing recognition to utilize contemporary socio-cultural theories of learning in medical education (Hodges and Kuper, 2012; pg. 31)

"[offer] explanatory power at the level of the environments in which medicine is learned and practiced"



METHODS



- Narrative review of online journal databases and selected academic texts
- Keywords: "learning theory", "medical education"

- 3 Criteria:
 - 1. Cognisant of contexts beyond the individual learner
 - 2. A systems understanding of interactions between contexts and learner
 - 3. An appreciation of learning as more than mere acquisition of knowledge



RESULTS

Eleven theories examined



THEORY	AUTHOR
Awareness-to-adherence	Pathman <i>et al.</i>
Adult Learning	Knowles, M.
Bioecological Model of Human Development	Bronfenbrenner, U.
Biographical Learning	Alheit, P.
Constructive Alignment	Biggs, J.
Diffusion Theory	Rogers, E.M.
Experiential Learning	Kolb, D.
Expansive Learning	Engström, Y.
Situated Learning and Communities of Practice	Lave & Wenger
Transformative Learning	Mezirow, J.
Theory of Multiple Intelligences	Gardner, H.







Biggs Bronfenbrenner	Presage (Past experiences, regulation, etc)	Process (Teaching/learning activity, etc)	Product (Purpose/outcome of CME)	
Micro-system (Individual)				
Meso-system (Intermediaries)				
Exo-system (Influencers)				
Macro-system (Ideologues)				







Biggs' Theory of Constructive Alignment

Presage (Past experiences, regulation, etc)

Process (Teaching/learning activity, etc)

Product (Purpose/outcome of CME)

- Constructivist theory of learning
- AND
- Alignment between outcome, TLA and TA (Biggs and Tang, 2011)
- 'Deep' vs 'Surface' learner
- Presage-Process-Product Model (Biggs, 1993)





Direction of CME Development



Bronfenbrenner **Bioecological** Model

Micro-system (Individual)

Meso-system (Intermediaries)

Exo-system (Influencers)

Macro-system (Ideologues)

- Impact of ecological systems on human development (Bronfenbrenner, 1976)
- Interactions between systems and individual
- Offers a definition for identifying stakeholders within each system
- Final iteration (PPCT) complements Biggs (Rosa and Tudge, 2013)









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NEXT STEPS



- 1. Mixed-Method Systematic Review of Literature
 - Best Fit Framework Synthesis (Booth and Carroll, 2015)
- 2. Qualitative semi-structured interviews with key stakeholders
 - Identify any themes not raised in literature



Leaving Thoughts:

"Moving [medical education research] forward involves the use of theories to frame and generate our questions, using the resulting scholarship to support or modify the theory" (Bordage, 2007; pg. \$127)

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THANK YOU! QUESTIONS?

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