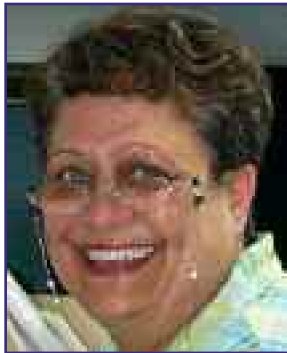

Reformulation of the Learner in CPD

Jatinder Takhar, MD, FRCPC

There has been a shift in the landscape of CME to Continuous Professional Development (CPD). In order for CPD providers to be responsive to this new environment, they will need to seek out innovative solutions to engage the learners for continuous improvement in their own practices. This will no doubt involve understanding the learner from their perspective, needs and wants.

Adult learners are autonomous and self-directed and one of the strongest methods to motivate them is to enhance their reason for enrolling and decrease the barriers that prevent learning.[1] Engagement of the learners depends on a number of factors such as motivation, social relationships with peers, personal advancement, stimulation, curiosity and cognitive interest. Adults tend to participate in activities they see as flexible, relevant and pertinent to their own practice. It is vital to build opportunities that will allow the learners to practice the learning and receive structured, helpful feedback.[2,3]

Literature suggests that the transfer of knowledge to practice for adults is not automatic and must be facilitated with coaching or other types of follow-up and support.[2-4] Other critical elements of knowledge transfer that must be addressed to maximize learning are reinforcement and retention. When these factors are present, there is a higher likelihood the learner will confidently apply the new learning to situations they encounter. These stages of learning have been well described by authors since the mid-20th century.[5-7]

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Most educators agree that the fundamental stage is recognizing an opportunity for learning or awareness. Furthermore, educational activities in a single topic area are more likely to be effective when delivered in multiple learning activities.[8,9] Evidence suggests that it is how these activities are organized (*i.e.*, instructional design) that makes a difference.[10] Davis, *et al* observed that in effective CME, multiple educational activities were organized as predisposing, enabling and reinforcing tools, following the Precede-Proceed

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framework developed by Green *et al*.[11-14] In his recent article, Davis suggested that physicians are capable of self-administering competency assessments as long as they are well structured—based on standard measures and guidelines—and involve iterative feedback.[15] However, there is no single test theory that exists for CME planners to use as a guide for planning educational activities.[16]

In keeping with the principles of adult education and focusing on effective knowledge transfer methodologies, CME providers continue to stimulate learning through the use of multiple modalities in the provision of education without the exclusion of traditionally-based methods.

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