# WELCOME

**Dean Beals**
**President, GAME**

**Mila Kostic (and Coco)**
**Chair, Education Committee**

**Eva Thalmann**
**Past President, GAME**

# DISCLAIMER

Parts of the conference will be recorded and used for the GAME website and for the GAME YouTube channel

The views expressed in the presentations and discussions are those of the individual experts and do not necessarily reflect the views of GAME

# The GAME Conference 2025 Planning Committee

**Mila Kostic (and Coco)**
**Chair, Education Committee**

**Eva Thalmann**
**Past President**

**Daniel Guinee**
**Treasurer**

**Amy Farr**
**Communications Committee Chair**

**Dean Beals**
**President**

**Celeste Kolanko**
**Volunteer Extraordinaire**

**Aaron Johnson**
**FIC Chair**

# Program Resources

# GAME 2023/2024 activities

**GAME Virtual Conference 2024**

## 6 President's Dialogues







**20 experts faculty / 311 delegates**

# GAME 2023/2024 activities

## Futurist Forum



**15 expert faculty / 96 delegates**

## Social Learning

**Lew Miller**

1928 - 2024

# Mindful Moment.....

# Open Session Poll Questions



Scan the QR code, or join at menti.com use code
# 2955 3271

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# AGENDA - DAILY SCHEDULE

**Thursday, March 27, 2025**

9:00 am – 9:30 am          **Welcome and Program Overview**
                            Eva Thalmann, PhD, Dean Beals, Mila Kostic, CHCP

9:30 am – 11:00 am         **BLOCK I: Science of Learning, Impact & Improvement**
                            Facilitator - Mila Kostic, CHCP
              **Are we Making the Difference with CPD – Same old question, do we have new answers?**
                                1. Introductory Plenary - David Price, MD
                                2. International stakeholder panel reaction with real examples from practice
                                        Fernando L. Martin, MD, Annette Donawa, PhD, Pan Chen, PhD,
                                        Adrian Ott, Helena Prior Filipe, MD, MMEd
                                3. Examples from your best practice – case-based peer discussion

11:00 am – 11:30 am        **Coffee Break & Networking**

11:30 am – 1:00 pm         **Designing for Social Learning in Today's World**
                             Helena Prior Filipe, MD, MMEd, Mila Kostic, CHCP

                            Brief Information Sharing followed by small-group work format
                              •    Learning in the Communities of Practice
                              •    Why Social Media in Medical Education?
                              •    Do we still need Face-to-Face learning in MedEd?

                                **Post - BLOCK I Session Evaluation**

1:00 pm – 2:00 pm          **Lunch**

# AGENDA - DAILY SCHEDULE

**2:00 pm – 3:30 pm**

**BLOCK II: Future Technologies in Medical Education**
**Facilitator – Aaron Johnson, PharmD**

**Interact with the Future - The Role of AI in Healthcare and MedEd Globally**
1. Introductory Plenary - Matt Lewis, MPA
2. International stakeholder panel reaction with real examples from practice - Augmenting Outcomes with AI
    Brian McGowen, PhD, Sophie Peloquin, MMed Sc, Dean Beals, Andrew D. Bowser, ELS
3. Questions and examples from your practices – peer discussion

**3:30 pm – 4:00 pm**   **Coffee Break & Networking**

**4:00 pm – 5:00 pm**   **Presentations from accepted abstracts**

1. Strategies for developing & providing CPD in West & South-East Asian countries
    Vaibhav Srivastava, M Pharm, PGDBA
2. Performance Improvement and Quality Improvement: What should we know and why should we talk about it?
    Sophie, Peloquin, MMed Sc

*End-of-Day 1 Session Evaluation*

**5:00 pm – 6:00 pm**   **Networking Reception – meet your colleagues and experts**

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# BLOCK I - Science of Learning, Impact & Improvement

# BLOCK I - Science of Learning, Impact & Improvement

**Learning Objectives**

After actively participating in these sessions, learners should be better able to:

1) Assess the overall impact of current CPD/CME practices on clinician knowledge, competence, practice, and patient health

1) Explore effective learning design, as well as quality and performance improvement strategies to optimize CPD/CME outcomes

1) Discuss the role of social learning in enhancing engagement, fostering motivation for learning, and facilitating change in the CPD/CME community

# BLOCK I - Science of Learning, Impact & Improvement

9:30 am – 11:00 am   Facilitator - Mila Kostic, CHCP

**Are we Making the Difference with CPD – Same old question, do we have new answers?**

1. Introductory Plenary - David Price, MD

2. International stakeholder panel reaction with real examples from practice
Fernando L. Martin, MD, Annette Donawa, PhD, Pan Chen, PhD, Adrian Ott, Helena Prior Filipe, MD, MMEd

3. Examples from your best practice – case-based peer discussion

# BLOCK I: Science of Learning, Impact & Improvement
*Pre-Block Poll Questions*

Scan the QR code, or join at menti.com use code

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# BLOCK I - Science of Learning, Impact & Improvement

**Are we Making the Difference with CPD –**
**Same old question, do we have new answers?**

**David W Price MD, FAAFP, FACEHP, FSACME, DABFM**
Professor, Family Medicine,
University of Colorado Anschutz School of Medicine
Senior Advisor to the President and CEO,
American Board of Family Medicine
Advisor and Coach
Health Professions Education and Quality Improvement

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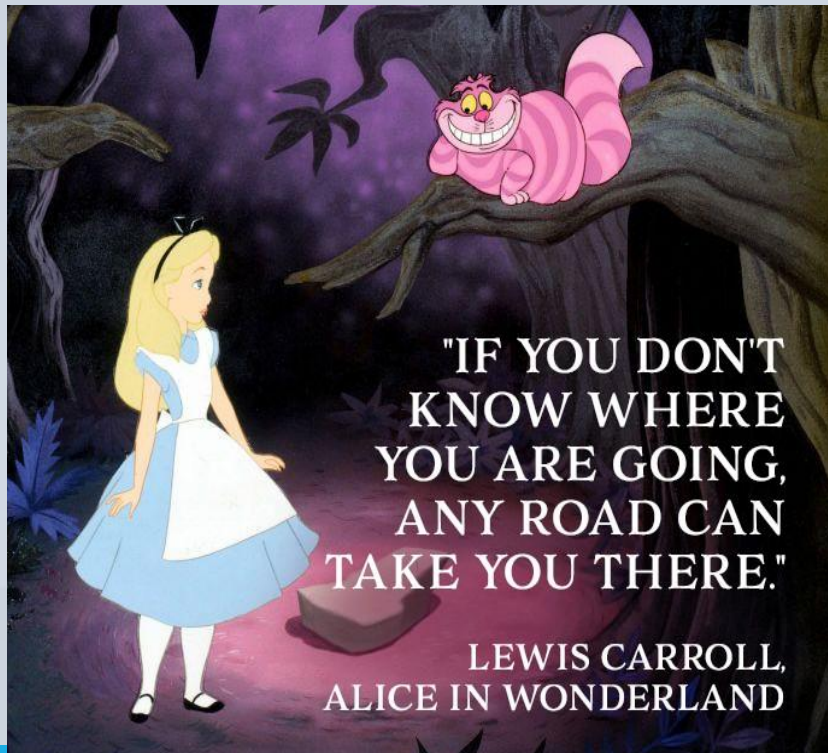
# Disclosures and perspective



- Senior Advisor to the President, American Board of Family Medicine
- Professor, Family Medicine, University of Colorado Anschutz School of Medicine
- Health Professions Education, CPD and QI Advisor and Coach
- No industry relationships to disclose

Perspectives:

Family Physician, health systems leader, education department chair, accredited CPD provider, CPD and health services researcher, specialty board certification



PERSPECTIVE IS EVERYTHING
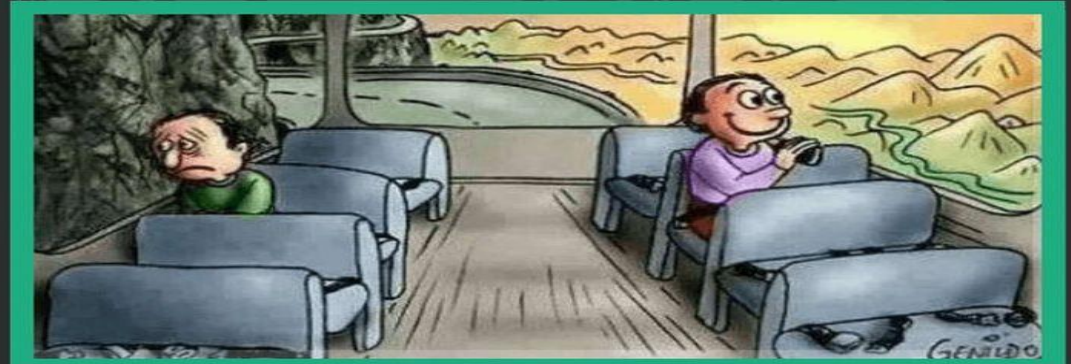
# Some (uneven) progress over the last few years implementing evidence of what works
## (that we could stand to do more of….)

- Interactivity
  - Group discussion, peer/social learning
  - Practice time

- Case-based learning

- Simulation+ debrief/practice

- Built in time for reflection
  - Self-paced learning (internet)
  - Intent/commitment to change ("what", not "will you")

- Data to determine gaps

- Application (vs. factoid) questions

# Are we making a difference?
## *generalizations to be a bit provocative, perhaps*
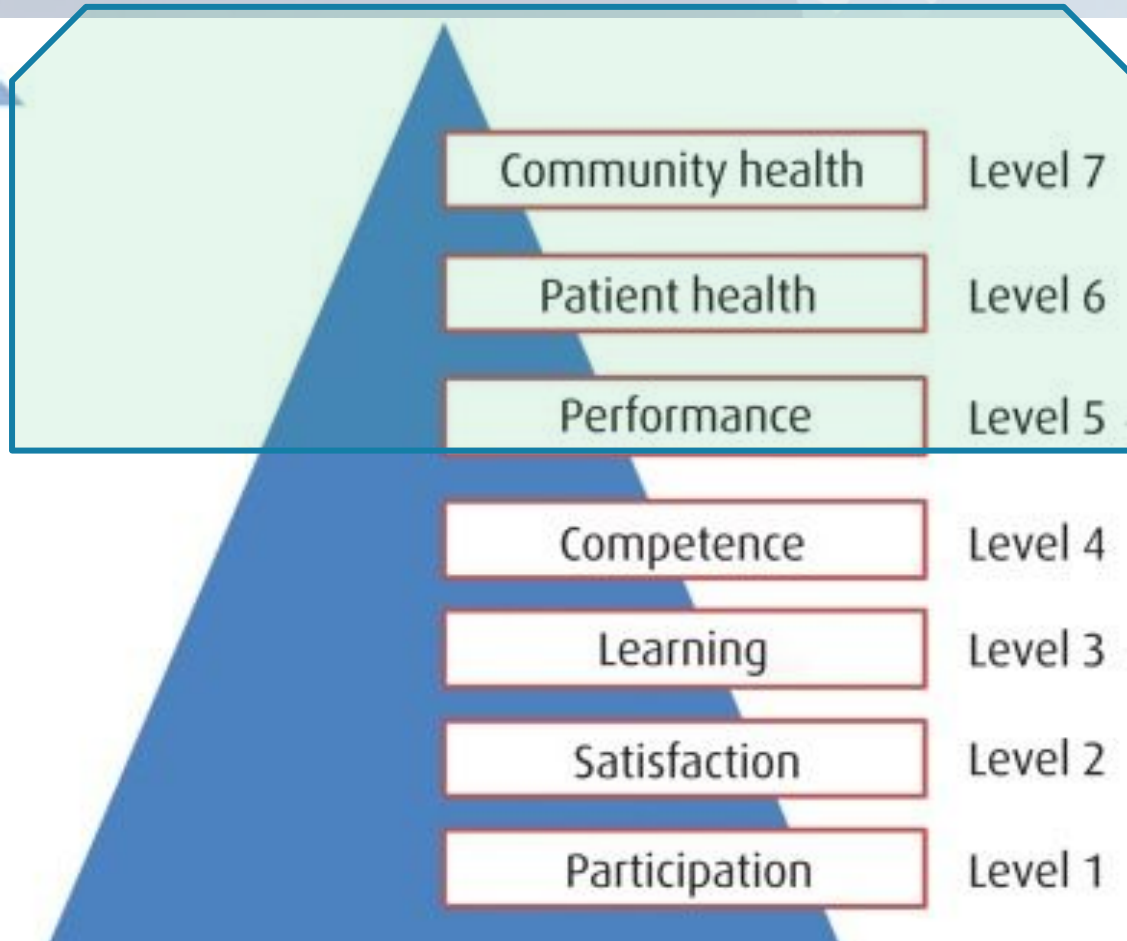


| Community health | Level 7 |
| Patient health | Level 6 |
| Performance | Level 5 |
| Competence | Level 4 |
| Learning | Level 3 |
| Satisfaction | Level 2 |
| Participation | Level 1 |

| No (minimal evidence) | |
|---|---|
| Rare | |
| Short term – sometimes | Long term –sometimes* |
| Short-term yes | Long term – sometimes* |

* procedural training

# A few (but far from all-inclusive) opportunities

# Backwards planning
(starting with *& specifying* the end in mind

- What is the problem you are trying to solve?

- Whose problem are you trying to solve?
  ◦ Reconciling stakeholder perspectives

- Are you asking the right questions?

- How will you know you've solved the problem?
  ◦ Definition and metrics of success

*If you do not know how to ask the right question, you discover nothing.*

W. Edward Deming

www.SolutionsForResilience.com
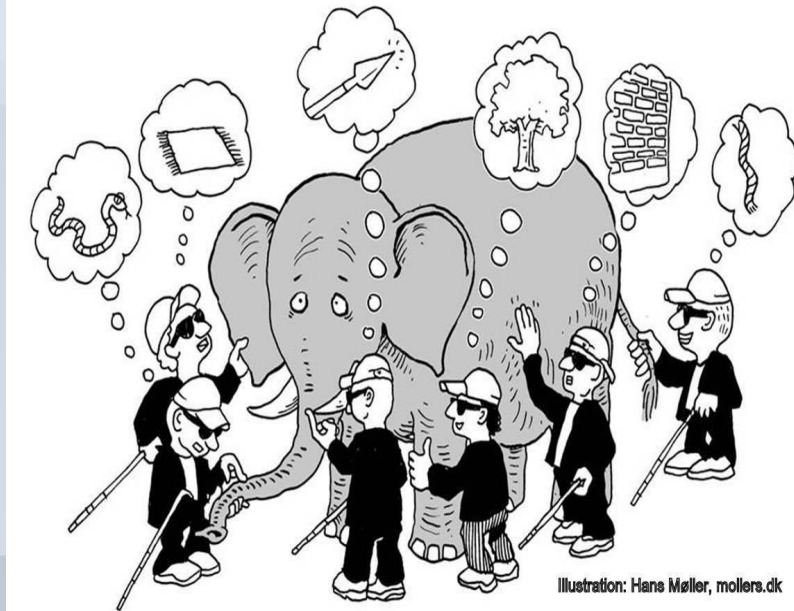
Illustration: Hans Møller, mollers.dk

# A few (but far from all-inclusive) opportunities



- Better questions for knowledge assessment and transfer
  - Case-based (not factoids) for knowledge synthesis not just recall
  - Confidence testing to prioritize (along with data) knowledge gaps
  - Spaced repetition for knowledge retention and reinforcement
  - Cloned questions for knowledge transfer
  - AI/ML analysis of short answer or essay questions

# A few more opportunities


LEARNING NEW TOOLS IS FUN

- Using Quality Improvement and Implementation Science tools
- Longitudinal, spiraling educational interventions for reinforcement, complex problems and harder outcomes

# CME & Some forms of QI Are Related

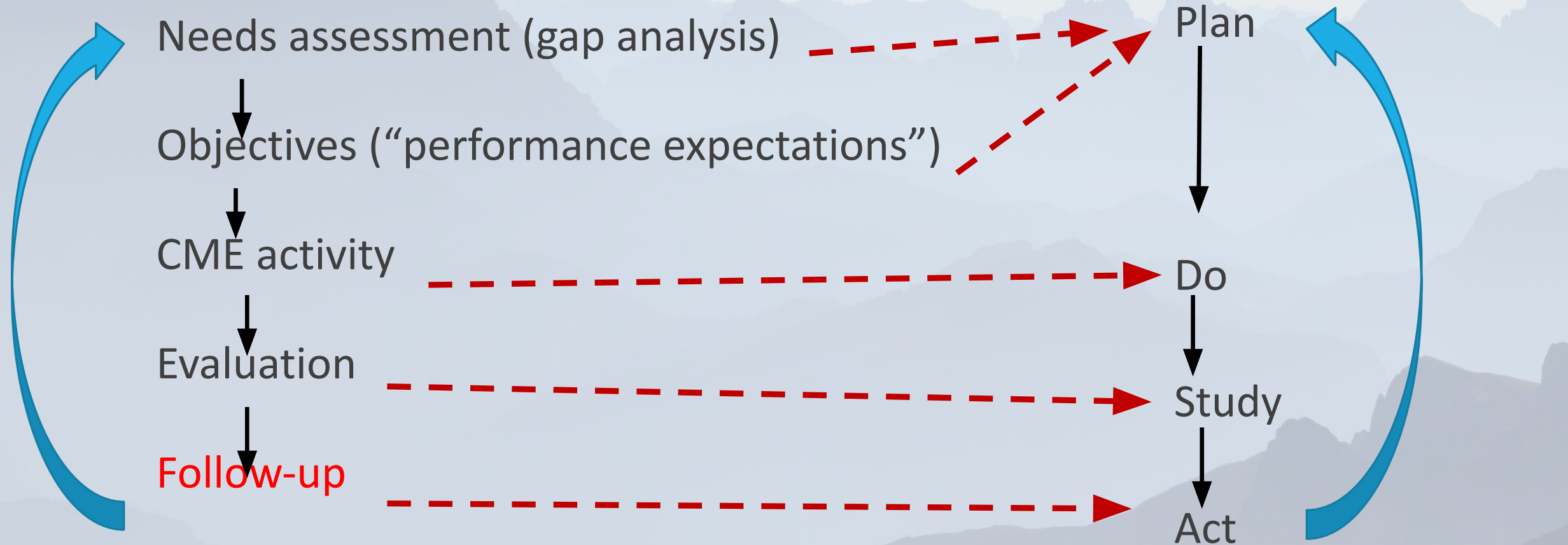Price D, Medical Teacher 2005 (updated 2011)

Needs assessment (gap analysis)

Objectives ("performance expectations")

CME activity

Evaluation

Follow-up

Plan

Do

Study

Act

Langley, Berwick

# Meaningfully addressing complex problems requires:

| Simple | |
|---|---|
| | recipe |
| | minor infection/fracture |
| **Complicated** | |
| | building a building |
| | multiple comorbidities |
| **Complex** | |
| | raising a child |
| | population health |

- Longitudinal (not one and done) initiatives
- Truly interprofessional learning
  ◦ Not just knowledge
  ◦ Not just "parallel" play
- Explicitly, intentionally linking learning to doing
- Mutual, multifaceted collaboration among experts & implementation stakeholders
- Spiraling and reinforcement

# Learning (that leads to doing), is contextual/local….

**What**

**How**

**"How to do the how"**

Procedural knowledge

Declarative/ conditional knowledge

Contextual knowledge: Collaborative knowledge, systems knowledge
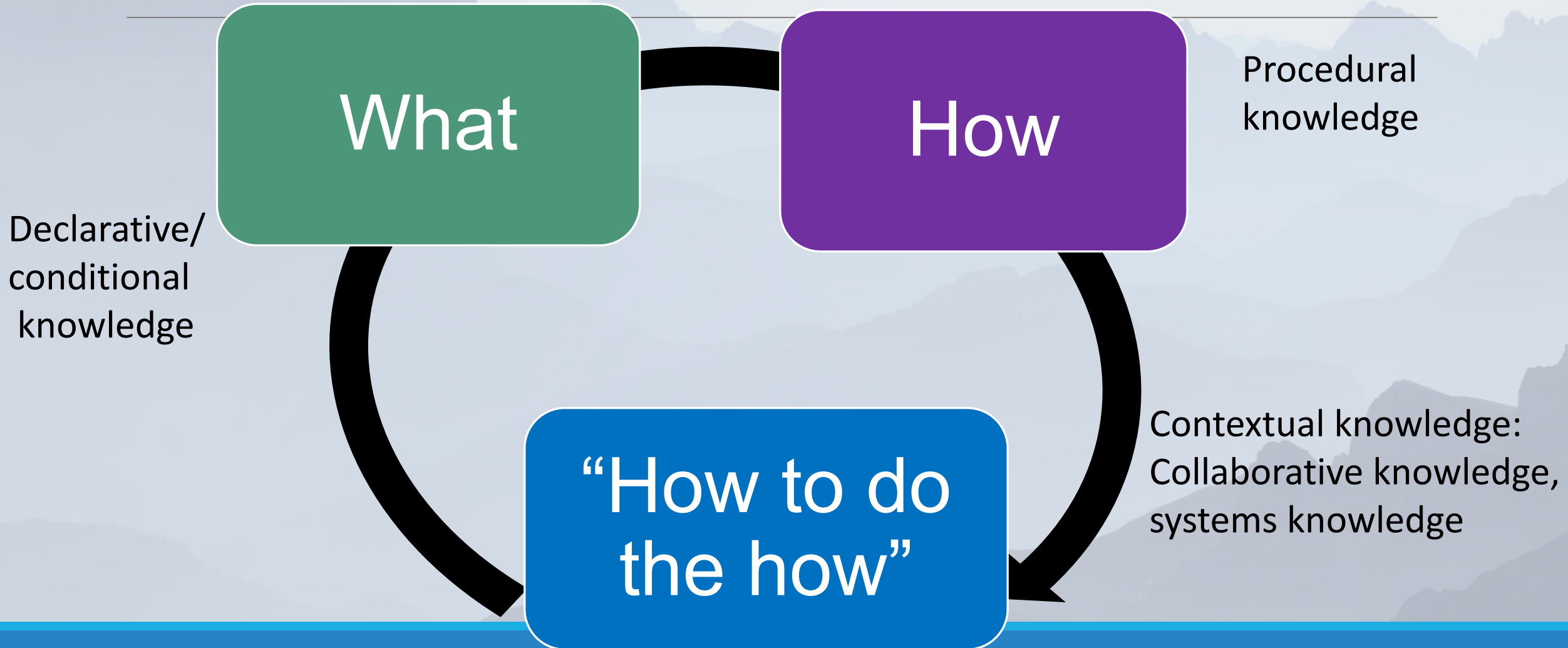
# A Model for Longitudinal CME/CPD

- **↓ variation**
- **↑ efficiency**
- **↓ costs**
- **↑ patient outcomes**
- **↑ population health**
- **↑ clinician satisfaction retention**
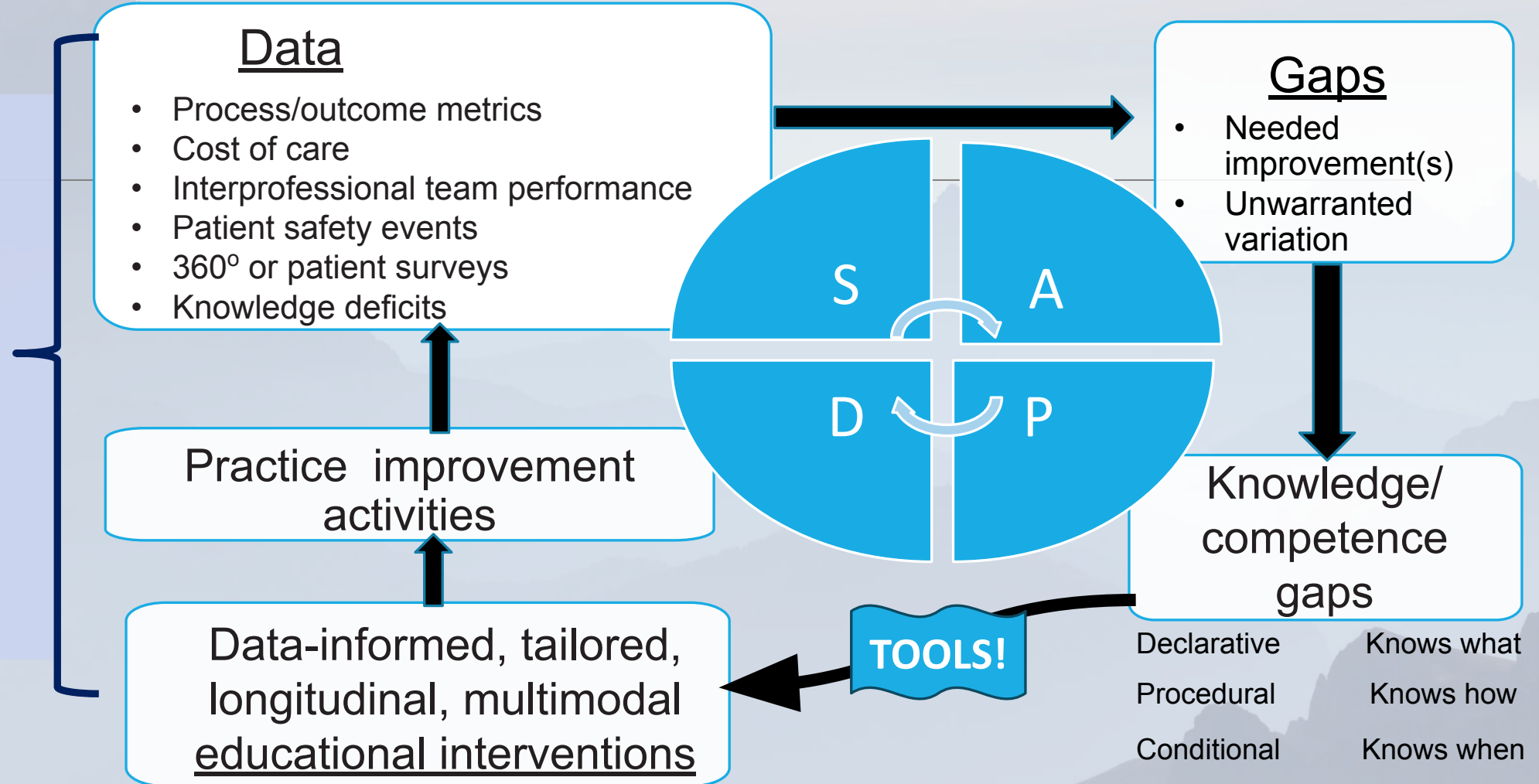
### Data

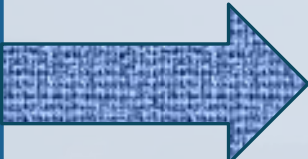- Process/outcome metrics
- Cost of care
- Interprofessional team performance
- Patient safety events
- 360º or patient surveys
- Knowledge deficits

Practice improvement activities

Data-informed, tailored, longitudinal, multimodal <u>educational interventions</u>

S    A
D    P

### Gaps

- Needed improvement(s)
- Unwarranted variation

Knowledge/ competence gaps

**TOOLS!**

| | |
|---|---|
| Declarative | Knows what |
| Procedural | Knows how |
| Conditional | Knows when |
| Systems | Knows where |
| Collaborative | Knows who/with whom |

# Outcomes

- Pre-post (or just post) knowledge

- Commitment/intent to change after program

- Self reported practice changes

- Observed practice change
- Changes in data metrics
    - Process
    - Outcome
- Sustained practice change (vs. recidivism)

# Enhanced evaluation methods/ frameworks



- Mixed methods
  - beyond if and how much☐ why or why not
- Realist evaluation: "What works for whom, under what circumstances"
- Contribution (vs. just attribution) analysis
- RE-AIM: Reach, Effectiveness, Adoption, Implementation, Maintenance (Glasgow et al, Am J Public Health. 1999;89(9):1322–1327

# Other opportunities

- Faculty/planner development
  - All of the above
  - Guide by the side, not sage on the stage
  - Fewer slides, more discussion with participants

- Beyond knowledge and procedural skills: communication, professionalism, team function

- Capturing gaps and learning in the workplace
  - Could AI eliminate documentation burden, help create personalized portfolios?
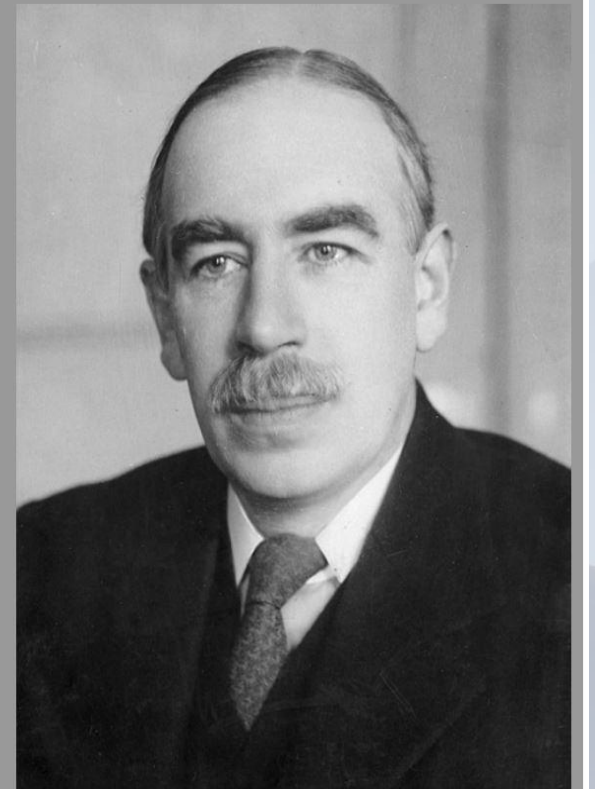
Quality vs. Quantity

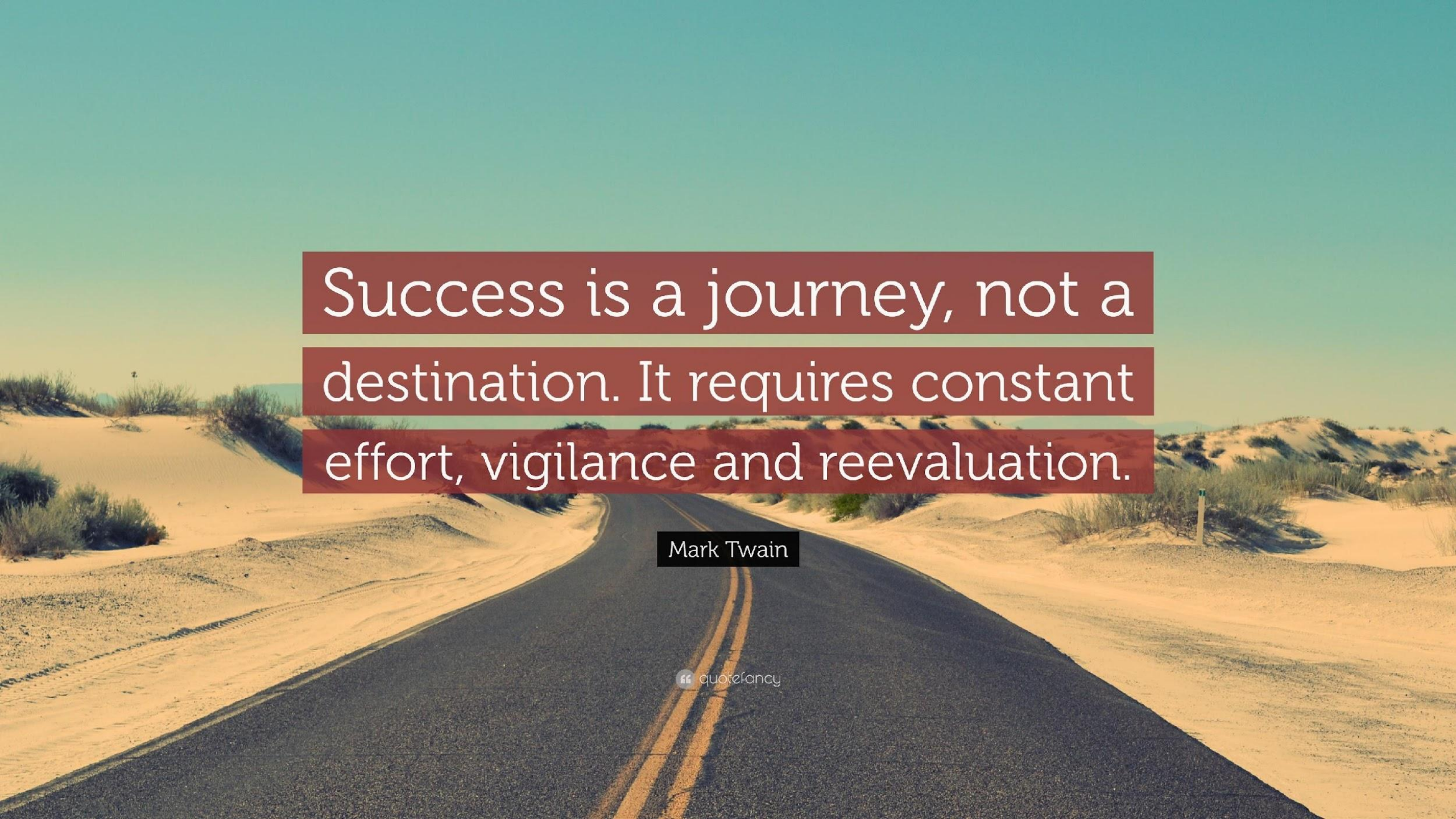"The difficulty lies not so much in developing new ideas as in escaping from old ones"

**John Maynard Keynes**
British Economist
1883-1946

Success is a journey, not a destination. It requires constant effort, vigilance and reevaluation.

Mark Twain

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- Glasgow, R. E., T. M. Vogt, and S. M. Boles. 1999. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *American Journal of Public Health* 89(9):1322-1327. https://doi.org/10.2105/ajph.89.9.1322.

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- Price DW, Campbell CM. Rapid Retooling, Acquiring New Skills and Competencies in the Pandemic Era: Implications and Expectations for Physician Continuing Professional Development. J Cont Educ Health Prof, 2020; 40(2): 74-75. DOI: 10.1097/CEH.0000000000000297

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- Price DW. To effectively address complex healthcare problems, continuing professional development must evolve. J Cont Educ Health Prof. J Cont Educ Health Prof. 2023 43(4S):S59-S63.

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# BLOCK I - Science of Learning, Impact & Improvement

**Panel Questions**

- Considering progress in **implementing evidence from** what works from the **learning science**, what are some of the **innovations** you have tried, or are doing in your practice that have shown to be **effective**?

- How do you **approach planning learning activities**/interventions in your place:

  Who is at the table? What do you spend most time on?

  Least? Has that changed over time, and how?

- When considering **impact of learning activities** in your setting, do you employ a single approach or different strategies when assessing outcomes, and why?

- Are there any particular **models** you use in your practice, such as David at al Model for Longitudinal CME/CPD?

- Any specific **evaluation frameworks** you favor in your practice and why?

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# BLOCK I - Science of Learning, Impact & Improvement

**Peer Discussion: Examples from your best practice**

## Instructions

- Introduce yourselves, take turns around the table: name, organization you come from, your role. (5 min)

- Discuss around the table - Reaction to the plenary and panel (15 min)
  - Is there a **case from your practice** you'd like to discuss?

  - What are some of the **drivers of best practices** in your setting?
    - How have you **benefited** from them?

  - What are some of the **barriers to using best practices**?
    - What has it **cost** you?

## Instructions, cont'd

Based on the presentation, panelists' thoughts and peer discussion so far:

- **Write down** on the sticky note, then **share** around the table, **one thing you will introduce or change in your practice**
- **Write down** next to it **how confident you are that you will make that change (1-5)**
- Take your sticky note and **place it on the flip chart** in the back of the room (5 min)

# BLOCK I - Science of Learning, Impact & Improvement

**11:00 am – 11:30 am**

**COFFEE BREAK & NETWORKING**

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# BLOCK I - Science of Learning, Impact & Improvement

11:30 am – 1:00 pm **Designing for Social Learning in Today's World**

Helena Prior Filipe, MD, MMEd, Mila Kostic, CHCP

Brief Information Sharing followed by small-group work format

- Learning in the Communities of Practice

- Why Social Media in Medical Education?

- Do we still need Face-to-Face learning in MedEd?

*Post - BLOCK I Session Evaluation*

# Designing for Social Learning

## Communities of Practice and Social Media as Strategies in Continuing Education & Professional Development

**Helena Prior Filipe**, MD, MMEd, FSACME, FAMEE, CPC (HC), FEACL

Western Lisbon Local Health Unit, EPE. Hospital de Egas Moniz.
*Consultant of Ophthalmology*

Egas Moniz Center for Interdisciplinary Research (CiiEM).
*Investigator*

**Mila Kostic**, CHCP, FACEHP
Global Alliance for Continuing Medical Education (GAME),
Chair of Education and GAME Community of Practice & Learning

Society for Academic CME (SACME),
Host & Facilitator for SACME Virtual Journal Club

# Plan for our session

| 1 | 2 | 3 |
|---|---|---|
| 1.Learning in the Communities of Practice

+ working together | 2.Why Social Media in Medical Education

+ working together | 3.Do we still need Face-to-Face learning in MedEd

+ working together |

# Lifelong Learning

1. Is effective when is **relevant to practice**.

2. requires **learners' proactive engagement** in knowledge translation

3. is enhanced by **working in a CoP**

J Sargeant, V Curran, K Eva, J Parboosing, I Silver. Future of Medical Education in Canada (FMEC). CPD and the lifelong learning continuum for physicians. Theme 5.

# TYPICAL EXTERNALLY DRIVEN LEARNING

# TYPICAL SOCIAL LEARNING

Starts with external pressure to LEARN a specific:

## CONTENT

Starts with motivation to DO a specific:

## PRACTICE

Predetermined
learning objectives
and road map

Go off-roading
Network with others

As a consequence we can DO

## PRACTICE

As a consequence we learn ABOUT

## CONTENT

**"Learning is in the doing."  S. Downes**

**Modified from** Stephen Downes - **http://www.downes.ca/presentation/497**
and from  John Parboosingh, MBCHB

# Topic

1

**Learning in the Communities of Practice**

# Learning is a social process, that



- **Fits** around **work**
- Is built by
    - **Experience**
    - **R**ecognizing and **U**sing **learning opportunities**
    - **Observing** behaviors and then **experimenting**
    - Expanding the **zone of proximal developmen**t through **scaffolding**

Josh Bersin and Marc Zao-Sanders, 2019, Albert Bandura 1994,  Stephen Billett, 2001, Lev Vygotsky 1978

# Learning is a social process

that can be nurtured in environments such as a

**Community of Practice (CoP):**

A **group of people** (C) who **share a mutual interest or a passion** (D) for something they do and **learn how to do it better** (P) as they **interact regularly**.

**C**ommunity

**D**omain

**P**ractice

E. Wenger, 2006
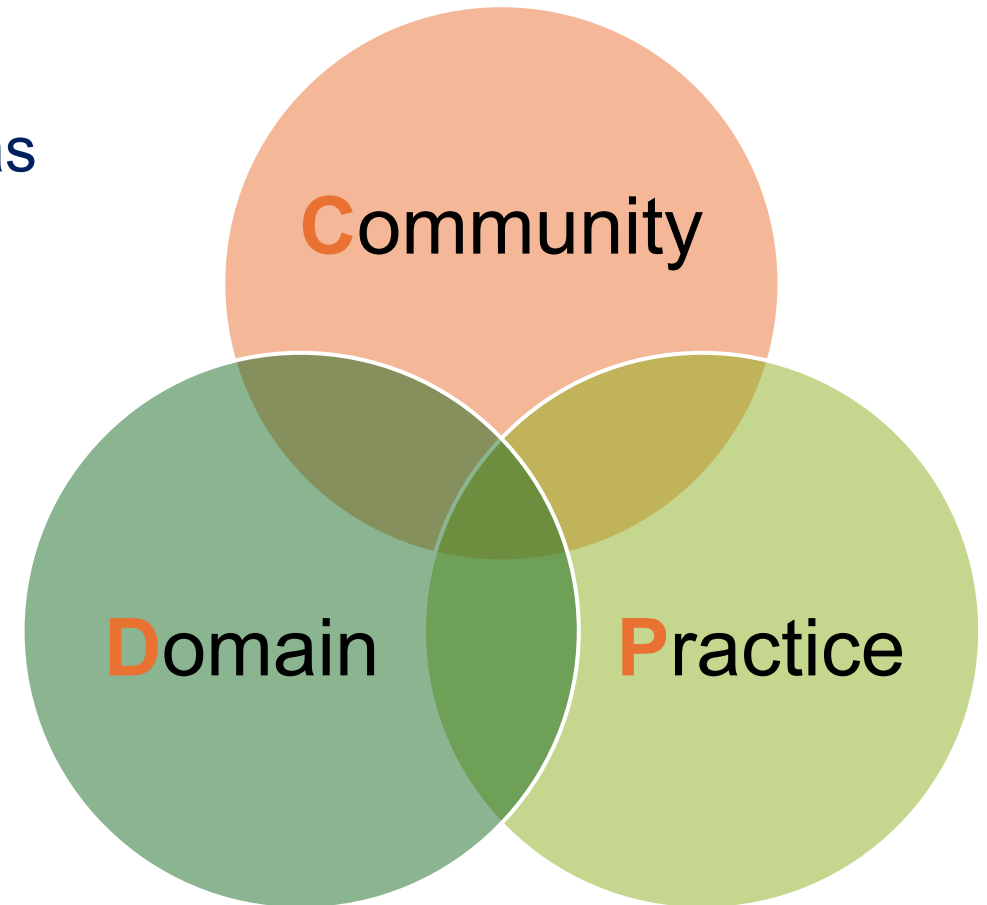
A trajectory of participation from low to high accountability/ (peripheral legitimate participation)

Guidance by
-more experienced others
-the physical and social environment

Learning in the Workplace / CoPs features

Team Competence involving "uniqueness and belongingness"

Collaborative work as a 'joint cognitive accomplishment not attributable to any individual'

Billett 2001 , Randel, Galvin, Shore et al. 2018, Hutchins 1991

'Peer Talk'

an interdisciplinary field of inquiry

Practice Talk

**OPENING PHASE**
Exchanging stories of current practice using narrative-based dialogue.
*"How do we do this now?"*

**ACTION PHASE**
Piloting improved practice through traditional improvement methods.
*"How will we do this better?"*

**Trusted relationships enhance engagement**

**DIVERGENT PHASE**
Sharing ideas for improvement through sense-making conversations.
*"How could we do this better?"*

**CONVERGENT PHASE**
Collectively creating a shared vision of improved practice through sense-making conversations.
*"How should we do this better?"*

Blum-Kulka, S., & Snow, C. E. (2004). Introduction: The Potential of Peer Talk. *Discourse Studies*, *6*(3), 29
Hess DW, Reed VA, Turco MG, Parboosingh JT, Bernstein HH. 2015.

# Discussions & Dialogues

| Characteristics | Discussions | Dialogues |
|---|---|---|
| Approach | Cognitive | Cognitive, Affective, Experiential |
| Intent to | Defend opinions | Explore perspectives |
| Emphasis on | Objective | Subjective /Intersubjective |
| Authority | Preserved | Shared |
| Method | Persuasive | Exploratory |
| Goal | To arrive at a solution | To generate new possibilities |

# Learning in CoPs in CPD

- Task: Design your ideal Community of Practice or shared learning space

- Format:

- Brainstorming in rounds (10 min)

- Rapid fire share of key ideas (8 min)

- Think about a CPD/CME initiative you're involved in. If you could design a CoP to support ongoing learning & collaboration within that initiative, what key elements would you include?

Consider:

- Structure

- Communication channels
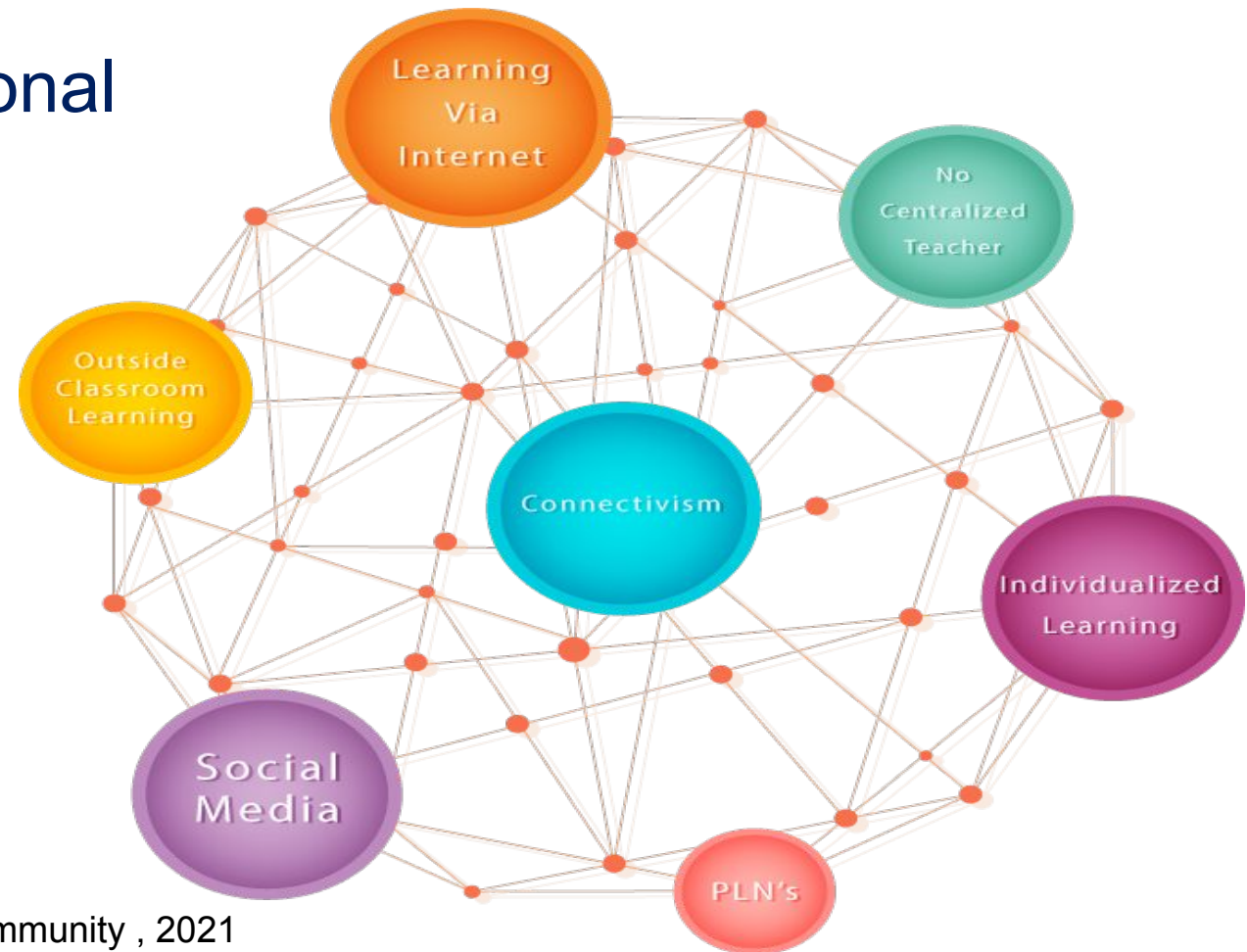
- Strategies to sustain engagement

# Topic

## 2

### Why Social Media in Medical Education?

# Connectivism

Knowledge = distributed across a network of connections
Learning = the ability to construct and traverse those networks

- ✔ Networking integral to professional practice
- ✔ Building Relationships

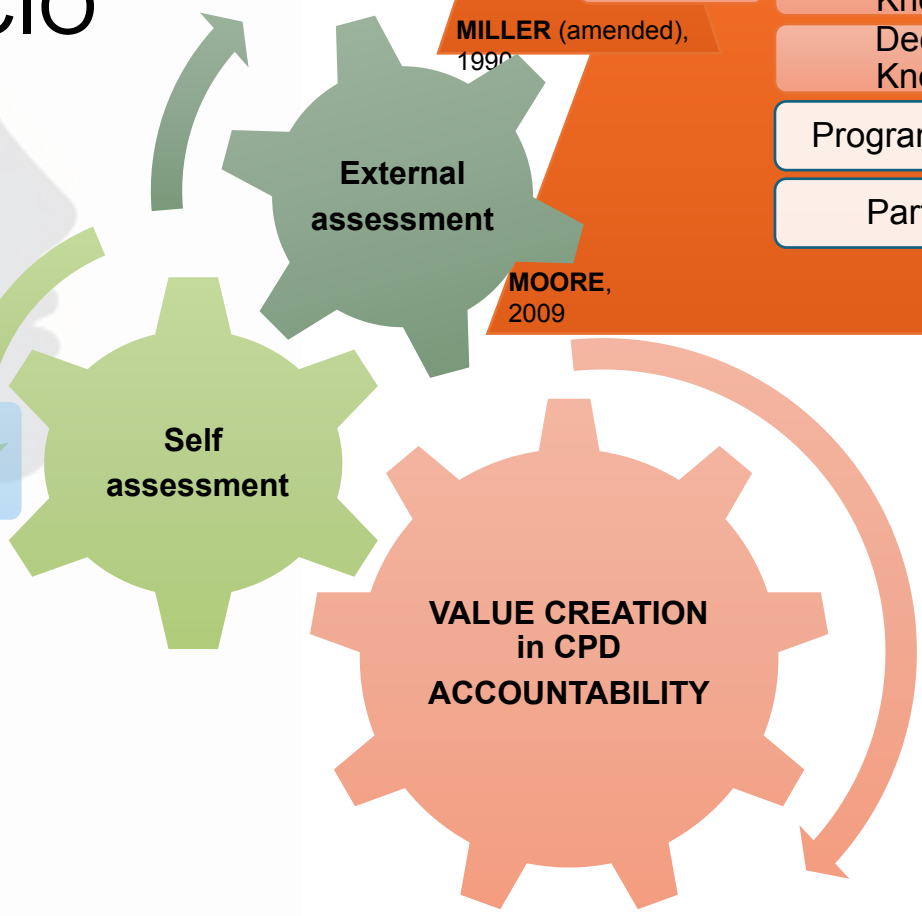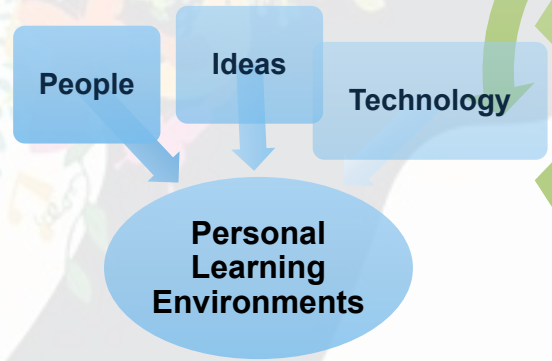- ✔ Co-Creation

- ✔ Distributed Cognition

George Siemens and Stephen Downes. Knowledge, Learning, Community , 2021
John Parbosingh, et. al. 2011
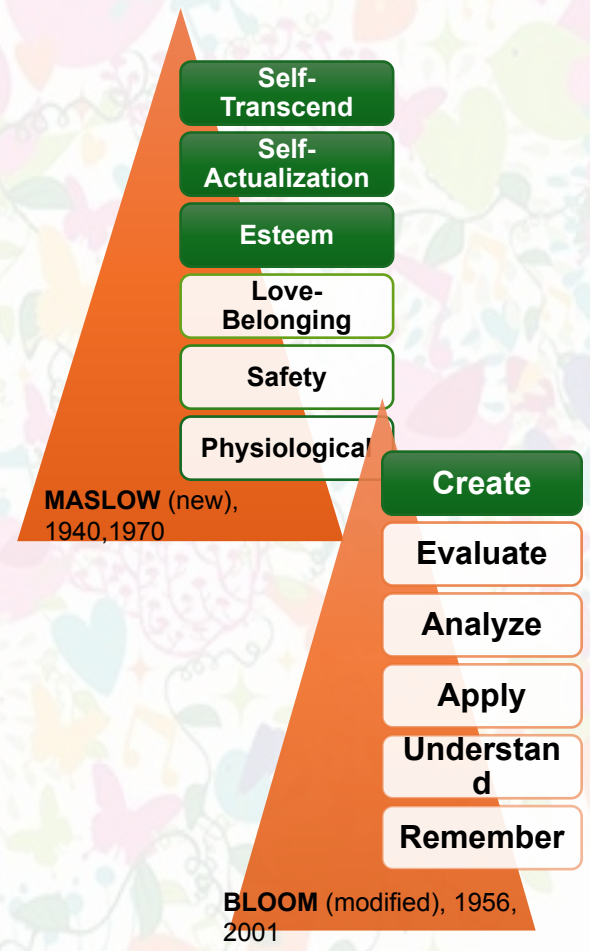
# SoMe

Internet-based applications on which people

- (D) Create a personal profile and connect
  - Personal digital creations' tags

- (P) Search, share, collaborate, create multimedia content

- (C) Build social networks

D'souza F, et al. Future Healthc J2021
Filipe HP, Mack HG. Ann Eye Sci 4:28., 2019
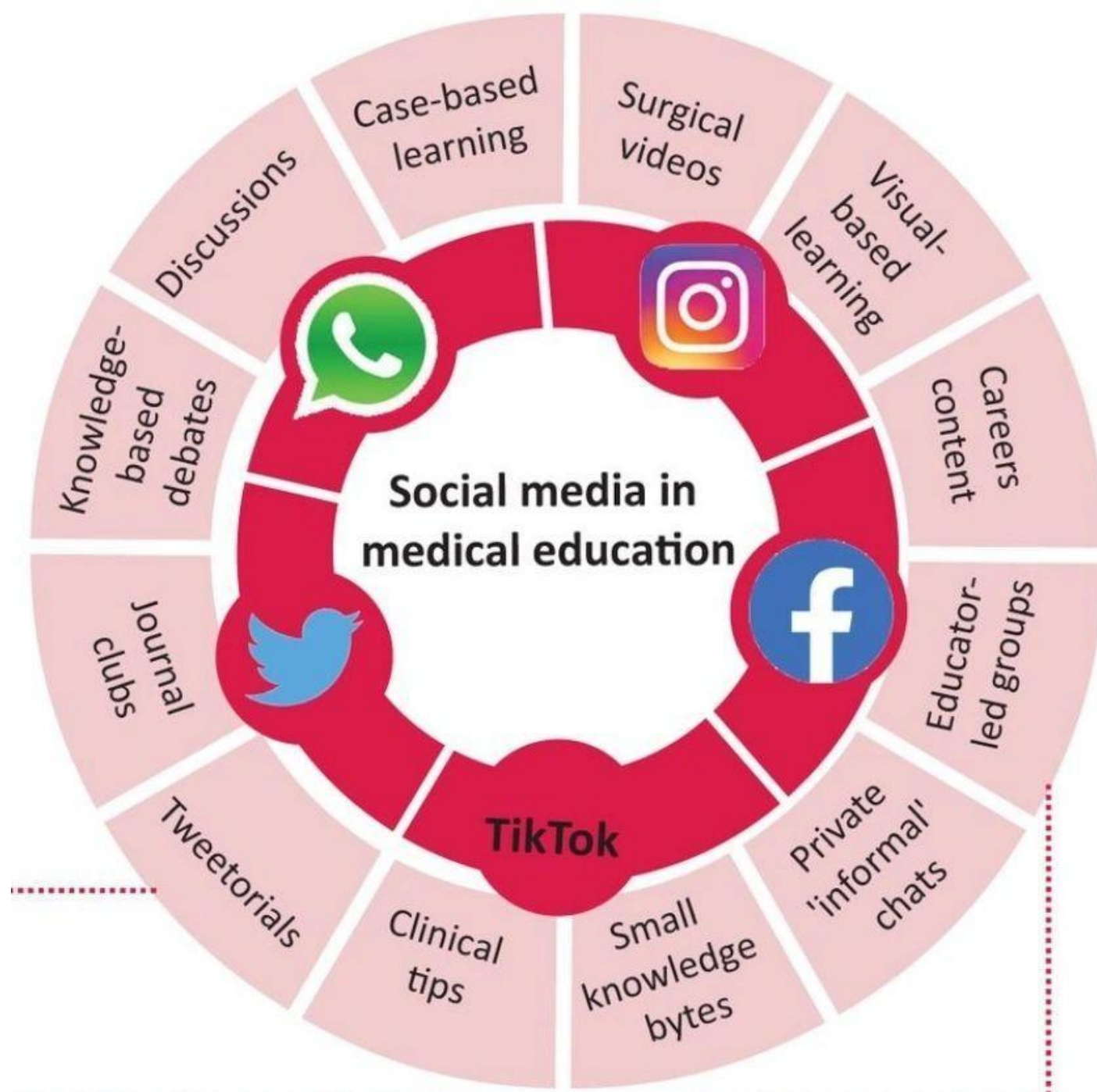
# SoMe

Supplements remote/live teaching

Encourages personal profiling and content creation

Nurtures relationship-building

Helps the learning community stay connected

Enhances learning engagement - peers, content and faculty

Enacts self-pace and choice over learning beyond course content

Filipe HP, Kostic M, Lopez M, Golnik K. 2024

# Microlearning

## CPD fundamentals

# Microlearning



4 Infographics on Simulation Based Education

# Online Group-Mentoring



Congolese Society of Ophthalmology
Mozambican College of Ophthalmology

Filipe HP, Golnik KC, Geary A, Buque A, Mack HG. 2022, Filipe HP, Golnik K, Geary AC, Kilangalanga J, Mack HG.. 2023 , Heather Mack, Karl Golnik & Helena Prior Filipe (2023)

# Application of SoMe in MedEd & CPD

- Task: CPD Educators' Social Media Strategy

- Format:
  - Think – Share (12 min)
  - Digital collection of ideas (8 min)

- How can we leverage SoMe to expand the reach and impact of CPD programs?

- Identify one specific SoMe strategy (e.g., live Q&As, case discussions, microlearning, or professional communities) and outline how it could be implemented in your CPD setting.

# Topic

**3**

**Do we still need Face-to-Face learning in MedEd?**

# Coffee-breaks

Unstructured time included in CME events to help physician learners

- solve individual practice problems
- make new meaning out of their experience

Tipping, J; Donahue, Jill HB.; Hannah, E. 2001.

# Networking

"social communication process which encourages the sharing of knowledge and requires an investment in interpersonal interrelationship building," can lead to innovation.

Swan at al

# Impacts of CPD programs through a CoPs perspective



Domain – shared area of interest being innovation in healthcare and health professions education

**The beginning of the course**

*Peripheral member*

HMI/MIHCE Community

Peripheral member - lacks insight into the shared understanding and negotiated meanings that the community are developing

**As the course progresses**

*Towards full membership*

*Social learning – participation, reification, negotiating meaning*

HMI/MIHCE Community

*Growing and utilising a network of like-minded individuals – forming connections*

*Gaining self-belief and forming stronger identities – affirmation and confidence*

*Applying learnings to practice – gaining new knowledge, skills and perspectives*

**After the course**

*Identification - 'being identified as'*

*multimembership and brokering*

HMI/MIHCE Community          Institutional Community*

*Growing and utilising a network of like-minded individuals – maintaining and leveraging connections*

*Gaining self-belief and forming stronger identities – identity, career focus, motivation*

*Applying learnings to practice – utilising course learnings*

*Obtaining achievements and recognition – career progression, recognition as an educator/leader*

*Going beyond the individual – introducing elements of HMI learnings to institution*

# In summary

**Embed** CPD and Lifelong Learning Activities **within Practice**

**Prioritize social constructivist learning theories** and **collaborative models like CoPs** to inform the (virtual) **learning environment design**

**Include HCPs** in **designing "shared learning space**s" to facilitate **co-construction of knowledge** leading to practice improvement

**Partner** with **organizational leaders to merge LLL in the work experience**, including less structured, **just-in-time peer learning**, often **in the virtual environments**

**Develop trustworthy and useful resources tailored to learners' needs**, and **promote** skills to enact **reflective LLL** and quality improvement

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# Is in-person learning still needed in CPD?

- Task: CPD Program Redesign Challenge

- Format:
- Group **conversation** (10 min)
- Each table presenting rationale in a lightning round

  (1 min pitch per table)

- Imagine you are redesigning a national CPD program for HCPs. You must decide on the balance between in-person, online, and hybrid learning.

- What guiding principles would you use to make the decision?

- How would you measure effectiveness?

*…" Nobody, but nobody*
*Can make it out here alone"*
Maya Angelou (1928 – 2014)

# Thank you

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# BLOCK I - Science of Learning, Impact & Improvement

**1:00 pm – 2:00 pm        LUNCH**