Workshop

Patient Centered Outcomes Based Planning

9th European CME Forum

Facilitators:
Thomas Kellner
Tanja Heidbrede (excused)

Patient & Carer:
Marc Noble
Audrey Noble
Conflict of Interest

Tanja Heidbrede, Thomas Kellner and Audrey Noble are employed by Marc Noble is married to a UCB employee.
WARNING: This session may be biased by human nature.
Intended learning outcomes of this workshop

1. Skills to determine and formulate learning outcomes based on a gap assessment
2. The ability to classify gaps into learning domains
3. The ability to associate learning outcomes with areas of professional competencies
4. The ability to choose educational formats dependent on the educational domain
Question

What is the benefit of putting the patient first?
Outcomes based planning, what does this mean to you?
"Instructional design, also known as instructional systems design, is the analysis of learning needs and systematic development of instruction. Instructional designers often use Instructional technology as a method for developing instruction. Instructional design models typically specify a method, that if followed will facilitate the transfer of knowledge, skills and attitude to the recipient or acquirer of the instruction."

www.wikipedia.org
Question: Outcomes Based Planning

What are the required process steps?
Needs Assessment
What are appropriate techniques for gathering a needs assessment?
Important Techniques for Gathering Needs Assessment Data (not exhaustive)

**Qualitative**
- Interviews (e.g. in-depth, semi-structured)
- Focus groups
- Audits
- Observation
- Case studies

**Quantitative**
- Survey, questionnaire, poll
- Databases
Why is qualitative research so important for medical education?
Task

In the following session take note of relevant gaps you recognized.

Discuss and align with your group and complete the gap assessment template.
Who are these people?

Audrey Noble
Product specialist CNS at UCB and spouse of a PwPD

Marc Blore
Living with PD since 2009
Data to be shared

- The patient’s perspective
- Evidence from the literature and study data
- The physician’s perspective
“I wasn’t really asked any questions, I just had to do some movement tests. All he [the neurologist] said was that I have Parkinson’s, and I didn’t even know what it was. I had never ever heard of it. After I went home and searched the internet and I realised that this is very, very bad.” (PwP, Hungary)
The patient’s perspective

“I wanted to kill myself after the diagnosis. I was just left…with no information.” (PwP, France)
The patient’s perspective

“He [the neurologist] said: You should be happy, you don’t have cancer, you don’t have AIDS and not everyone gets dementia. That was quite a hit in the face I thought.” (PwP, Germany)
“It is necessary for the neurologist to take more time and explain the [side effects] more carefully and with more consideration.” (Carer, France)
"He [the neurologist] sat down with me for one hour explaining. That really helped. If I had left immediately I would not have coped so well." (PwP, Germany)
What is your opinion?

Please estimate. How long is the average consultation with a PD Patient when the diagnosis is given?

- 5 Minutes
- 15 Minutes
- 30 Minutes
- more than 45 Minutes
Background
Who gave the diagnosis?

**Diagnosis**

**WHO GAVE THE DIAGNOSIS?**

- Neurologist: 72.9%
- Parkinson's specialist: 7.1%
- Family doctor: 5.7%
- Hospital doctor: 17.9%
- Not stated: 1.7%
- Geriatrician: 1.7%
- Not stated: 1.2%

**Key Findings**

- Clinical guidelines recommend that patients be diagnosed by a Parkinson's specialist.
- Parkinson's specialists diagnosed just 12% of the survey's respondents.

How was the diagnosis given?

**KEY FINDINGS**

4 OUT OF 10

PEOPLE FELT THEY WERE DEALT WITH IN A “LESS THAN KINDLY” MANNER BY THEIR DOCTOR

53%

FEEL THE WAY THEY RECEIVED THEIR DIAGNOSIS WAS ‘GOOD’ OR ‘VERY GOOD’

45%

SAID IT WAS ‘POOR’ OR ‘VERY POOR’
How helpful was the information?

**Key Findings**

- **2 in 3 respondents** found the information to be either "helpful" or "very helpful".
- **1 in 3** found the information to be "of little help".

**Move for Change**

Evidence from Literature and study data

How helpful was the information provided by the doctor?

(b)

- Very helpful: Pre-1996 - 17.2%, Post-1996 - 20.1%
- Helpful: Pre-1996 - 35.3%, Post-1996 - 38.6%
- Of little help: Pre-1996 - 34.8%, Post-1996 - 29.3%
- Not stated: Pre-1996 - 12.7%, Post-1996 - 12.0%

Ask the expert statement

• Involving Patients in treatment decisions is important
• Different aspects and perspectives on PD between patients and HCPs
• Important information from the patient
• In PD non-motor-symptoms are important for the patient, but not so obvious

Fabrizio Stocchi MD, PhD
Professor of Neurology
Institute for Research and Medical Care IRCCS
San Raffaele Rome
Rome, Italy
Evidence from Literature and study data

Figure 4 Percentage of total respondents indicating the sources of information used by patients to help them make decisions regarding management (n = 1546).

European Journal of Neurology 2015, 22: 133–141
Important Techniques for Gathering Needs Assessment Data (not exhaustive)

Qualitative
- Interviews (e.g. in-depth, semi-structured)
- Focus groups
- Audits, observation
- Case studies

Quantitative
- Survey, questionnaire, poll
- Databases
Educational Domains
What is an educational domain?
Task

Associate each gap with a specific educational domain
Learning Design: Associating Domains to the Gaps identified

<table>
<thead>
<tr>
<th>Educational Domain</th>
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<tbody>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td>(Declarative, Procedural)</td>
</tr>
<tr>
<td>Skills</td>
</tr>
<tr>
<td>Attitude</td>
</tr>
<tr>
<td>Beliefs</td>
</tr>
<tr>
<td>Behavior</td>
</tr>
<tr>
<td>Performance</td>
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<tr>
<td>Environment</td>
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<tr>
<td>System</td>
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</tbody>
</table>
Learning Outcomes (LOs)
Tasks

. Prioritize gaps that shall be addressed by your programme

For each prioritized gap define a specific learning outcome you intend to achieve with your programme

.Use one line per learning outcome

Your final programm will consist of as many interventions as you need for achieving the outcomes. This will be specified in the last task.
Writing Measurable Learning Outcomes

courses or a program. Learning outcomes are not about what the instructors can provide

Helpful action verbs (based on Blooms’ Taxonomy)
Use concrete verbs such as “define,” “apply,” or “analyze” are more helpful for assessment than verbs such as “be exposed to,” “understand,” “know,” “be familiar with.”

<table>
<thead>
<tr>
<th>Domain</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td>Knowledge (declarative)</td>
<td>To recall or remember facts without necessarily understanding them: arrange, define, duplicate, label list, memorize, name, order, recognize, relate, recall, reproduce, list, tell, describe, identify, show, label, collect, examine, tabulate, quote</td>
</tr>
<tr>
<td>Comprehension (procedural)</td>
<td>To understand and interpret learned information: classify, describe, discuss, explain, express, interpret, contrast, predict, associate, distinguish, estimate, differentiate, discuss, extend, translate, review, restate, locate, recognize, report</td>
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<tr>
<td>Affective learning (attitude)</td>
<td>Appreciate, accept, attempt, challenge, defend, dispute, join, judge, praise, question, share, support</td>
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<tr>
<td>Application (competence)</td>
<td>To put ideas and concepts to work in solving problems: apply, choose, demonstrate, dramatize, employ, illustrate, interpret, operate, practice, schedule, sketch, solve, use, calculate, complete, show, examine, modify, relate, change, experiment, discover</td>
</tr>
<tr>
<td>Analysis (competence)</td>
<td>To break information into its components to see interrelationships and ideas: analyze, appraise, calculate, categorize, compare, contrast, criticize, differentiate, discriminate, distinguish, examine, experiment, question, test, separate, order, connect, classify, arrange, divide, infer</td>
</tr>
<tr>
<td>Synthesis (competence)</td>
<td>To use creativity to compose and design something original: arrange, assemble, collect, compose, construct, create, design, develop, formulate, manage, organize, plan, prepare, propose, set up, rewrite, integrate, create, design, generalize</td>
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<tr>
<td>Evaluation</td>
<td>Evaluation – to judge the value of information based on established criteria: appraise, argue, assess, attach, defend, judge, predict, rate, support, evaluate, recommend, convince, judge, conclude, compare, summarize</td>
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Professional Competencies
Task

Assign one leading professional competency domain for each

Use high level domains only (communication skills, medical scientific knowledge, technical skills)
Task

Discuss which type of educational formats (learning instruction) would be appropriate for the learning domains you have identified.

We have a brief discussion to align on the identified learning instructions.

Specify the learning instruction & finalize your program plan with more than one program element (multiple instructions).

If time allows: suggest a method for evaluating the proposed instructions.

Final step: Share your plan with the other teams.
# Learning Design: Assigning Learning Formats

<table>
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<th>Domain</th>
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<tbody>
<tr>
<td><strong>Knowledge (Expert centered)</strong></td>
<td>Lecture, Reading, Multi-media (e.g. video), Journal club, Self-learning, Big conferences</td>
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<tr>
<td><strong>Skills, Attitude (Learner centered)</strong></td>
<td>Workshops, Role-play, Peer to peer, Problem based discussion, Discussion, Flipped classroom, Quality cycle, Formal learning simulation (e.g. computer based)</td>
</tr>
<tr>
<td><strong>Behavior, Performance (Learner centered)</strong></td>
<td>Simulation, Team training (at workplace), Role-play (in day to day environment), Audit/feedback</td>
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References:
# Key Learnings

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<tr>
<th>Outcomes based planning starts with assessing the patient’s situation first</th>
<th>Gap assessment and qualitative data are key for the identification of educational needs</th>
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<tbody>
<tr>
<td>Often multiple professional competencies need to be recognized to achieve a learning outcome</td>
<td>Educational domains help for identifying appropriate learning formats</td>
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<td>Educational domains help for identifying appropriate learning formats</td>
<td>The number of interventions depends on many factors, but is directed by the intended outcome</td>
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Thanks!