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Feature Article

Real Time Curriculum-Elaboration: A Process for Reducing Time and Costs Associated with Developing Continuing Professional Education Programs

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Developing effective continuing professional education initiatives in a timely and cost-effective manner is an ongoing challenge for most program planners and developers. The challenge is even greater when considered in light of resource limitations placed on most continuing health education (CHE) organizations and the inherent multistakeholder nature of these initiatives as a whole. There is a growing need for idea building among contributors that carries an increase in time and associated costs to do so, especially when initiatives are national or international in scope. Despite an abundance of educational theory and design strategies described in the health and social sciences literature, there are few descriptions of practical processes or approaches that have been employed to reduce the time and costs for bringing a curriculum of educational programs from concept to end-user.

In this article we describe a formal *Real Time Curriculum-Elaboration* (RTC-E) process that our organization has adapted from facilitating the development of multicentre clinical trial protocols. We have employed this process to plan, develop and deliver an array of nationally accredited multistakeholder and multidisciplinary CHE programs for physicians, pharmacists and nurses over the past 4 years.

The notion of involving multistakeholder participation in the development of a curriculum of CHE initiatives that is national in scope, is not a novel concept.[1] In fact, involving learners, and other representatives of prospective target audiences or stakeholder groups, during all phases of project development for a given program is one of the fundamental principals embodied in the Accreditation Council for Continuing Medical Education (ACCME) Essentials[2], and is widely accepted by most as *good* CHE development practice. Similarly, we find the process of elaborating a clinical study protocol for a multicentre clinical trial also requires input from, and discussion among, investigators from each investigational site (multidisciplinary target audiences) given the variation among institutions in such things as patient populations, personal experience, institutional policies, specialties, inclusion/exclusion criteria, resource, and ethics review. Hence the origin of the operational term we have coined,

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Real Time Protocol-Elaboration (RTP-E) or, depending on the environment, RTC-E. A well-integrated program can leverage diversity so that it can be amalgamated in simultaneous and complimentary program building blocks. Without a well-integrated program, diversity becomes a series of roadblocks.

Traditional Protocol Elaboration Process

The traditional approach to clinical protocol elaboration is to circulate a written draft of a protocol to prospective investigators, usually prepared by the pharmaceutical or device manufacturer sponsoring the study in conjunction with a leading clinical researcher in the field or principal investigator. Gathering input in this way is a time consuming exercise for the prospective investigators and sponsoring organization. The resulting feedback usually necessitates further revised protocol drafts, recirculation and additional input gathering. Notably, one key element missing from this exercise is *real time* learning: experts learn and modify their views while the exercise is occurring. From beginning to end, a period of 3 to 6 months may transpire before a final protocol is accepted by the ad hoc working group and sponsoring organization.

Implications of RTP-E

Employment of a formal RTP-E process has repeatedly reduced the timeframe for process development to 8-12 weeks, and associated developmental costs by as much as 60%. This cost reduction, however, does not include the collective reduction in time spent by the ad hoc working group, which may provide further cost reductions. Similarly favorable results are obtained when applying the key learnings from our protocol-elaboration process experiences to the development of a curriculum of continuing health education initiatives.

What is RTC-E?

RTC-E is an approach designed to take advantage of the most productive phase of intellectual concept ideation at the onset of developing a curriculum of education initiatives. RTC-E leverages individual knowledge and expertise as well as collective idea building. Emerging from this composition is a *fast-track* program development. It is not a *magic bullet;* rather, it provides a practical framework on which to apply the fundamentals of best CHE practices, without cutting corners.

Since no two projects or programs are identical, and one cannot always rely on past experience, the process should be considered a dynamic and flexible one, allowing for original creation and fine-tuning depending on individual needs. In essence, there are three components involved in the process:

A. Preparatory Research–including an environmental scan, at the very least, and complemented by: market research, needs assessment, audits, literature and/or Internet searches, if possible.

B. Intelligence Gathering–identifying, soliciting and recruiting the ideal, interested and available program contributors. One should ensure representation from each multidisciplinary target audience or region of the country in the case of a national program. Recruitment should be based on an explicit outline of the entire program development process, including an estimate of time commitment.

C. Real-Time Session–convening a half or two-thirds day multidisciplinary planning meeting, usually at a hotel in close vicinity to an airport in a major city (to facilitate same day arrival and departure for most). The objectives of the curriculum-elaboration meeting are to:

1. *Integrate* the ideal objectives, scope, dimensions, content, faculty, participants and other practical logistical details into one continuous educational process.
2. *Secure* commitment from contributors, identify volunteer champions among them and assign roles to program participants for subsequent development phases and execution assignments.
3. *Provide* a forum for airing and addressing operational issues and if necessary to develop proactive strategies to deal with any potentially undermining tactical issues.
4. *Follow* a process that adheres to accreditation standards.

Critical Success Factors

- *Ensure* that all the requirements for effective idea building and integrated thought processes are met by all contributors during the real time session and thereafter.
- *Know* who the key influencers are in each target audience and solicit their input, even though they may not be available to participate in the program development.
- *Listen* to, and try to understand, the target audience needs, seek clarification when necessary.

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- *Identify* perceived knowledge, skill or attitude gaps and address them, as they can delay the process if not included early on.
- *Determine* areas of overlap between multidisciplinary target audiences and use these as starting points for discussion.
- *Differentiate* future program development initiatives based on the positive referrals from those involved in the curriculum-elaboration process.
- *Seek* outside assistance from an experienced group facilitator if you do not possess these skills.

Implications for Practice

Although we generally think of educational program development as an expensive and time consuming process, RTC-E is an efficient way to develop highly effective CHE programs and to minimize expenditures. By harnessing technical and even cultural diversity among multidisciplinary team contributors and channeling their ideas through real time learning interactions, we can avoid most of the usual pitfalls encountered when developing an original education program. RTC-E results in uniquely productive, cost-effective and efficient curriculum building.

References

1. Bellamy N, Goldstein LD, Tekanoff RA. Continuing medical education-driven skills acquisition and impact on improved patient outcomes in family practice settings. *JCEHP*. 2000;20:52-61.
2. *Accreditation Policy Compendium* Accreditation Council for Continuing Medical Education. 2000.

CME Basics

What Makes a Successful Mailer: Successful Direct Marketing Methods or *The Right Stuff?*

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When developing an activity, have you asked yourself: *how many pieces of mail do I have to send to get a given number of responses?* The short answer is: *it depends.* The number of pieces you need to mail to achieve a given level of response is a function of a number of variables—the offer, the signatory and the audience being principal among them. Generally, a 1% response is considered successful in the direct mail business. However, responses of close to 100% are not unheard of. For example, an offer of a free trip to Hawaii might result in response rates of 50% or more. An offer of a *no obligation* sales call might be lucky to break the 1% barrier.

A practical way to determine the quantity needed for a major campaign is to run a small-scale test. This is easier when dealing with larger markets, and is more important. There's not much point testing a mailing to all 1,100 allergists unless your promotion is very expensive. On the other hand, if you're planning on mailing to Family Practitioners, General Practitioners, Internal Medicine specialists and Osteopathic physicians, it is well worth the time and trouble to mail to a sample of 5,000 to determine if your mailing will work, and if so, how well.

A second question often raised is frequency. It does make great sense to mail multiple waves of a campaign for many of the same reasons it makes sense to run a series of space ads rather than one insertion. You can't count on the recipient of your campaign to open one piece of mail. The day it arrives may be the day he or she tosses all the direct mail, or the day before she has a need for your product or service.

In the next three issues of the *Almanac*, I will provide you with a more detailed discussion of what makes a successful mailer, and will discuss proven direct marketing methods that invariably produce successful direct marketing programs–the six keys to direct marketing success.

The Right Stuff

Aficionados of the author Tom Wolfe, cinema buffs and John Glenn for President campaign veterans will instantly recognize the subtitle of this treatise. *The Right Stuff* was a phrase used by test pilots in the mid-20th century to summarize the attributes required to succeed in their perilous trade. For example, these attributes included a facility for exhibiting grace under pressure or, in test pilot-ese, the ability to *maintain an even strain*. It was easy to determine which pilots had the right stuff. Those who did lived. Those who didn't died. They tended to crash or, in pilot-ese, *augur in*. The now-famous Chuck Yeager, first pilot to break the sound barrier, was the personification of the right stuff.

Direct marketers are test pilots of a sort, too. Instead of airplanes, they test mailings. Just like test pilots, survival is evidence of success. Like test pilots, direct marketers do