

Principles of Online Learning

**EFPPEC Symposium 2006
Interprofessional Symposium on
Palliative and End-of-Life Care Education
April 29, 2006 London, Ontario**

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The Task!

- A general discussion of:
 - The principles of online learning
 - Potential indications (when might it be used)
 - The efficacy
 - The challenges
 - Interactivity
 - Interprofessional education possibilities



Start with the end in mind...

- What are we trying to achieve?
- Canadians should be able to die as free of pain and suffering as possible (ideally without pain), in the setting of their choice, surrounded by loved ones.

Adapted from
Quality End of Life Care
Coalition of Canada (QELCCC)

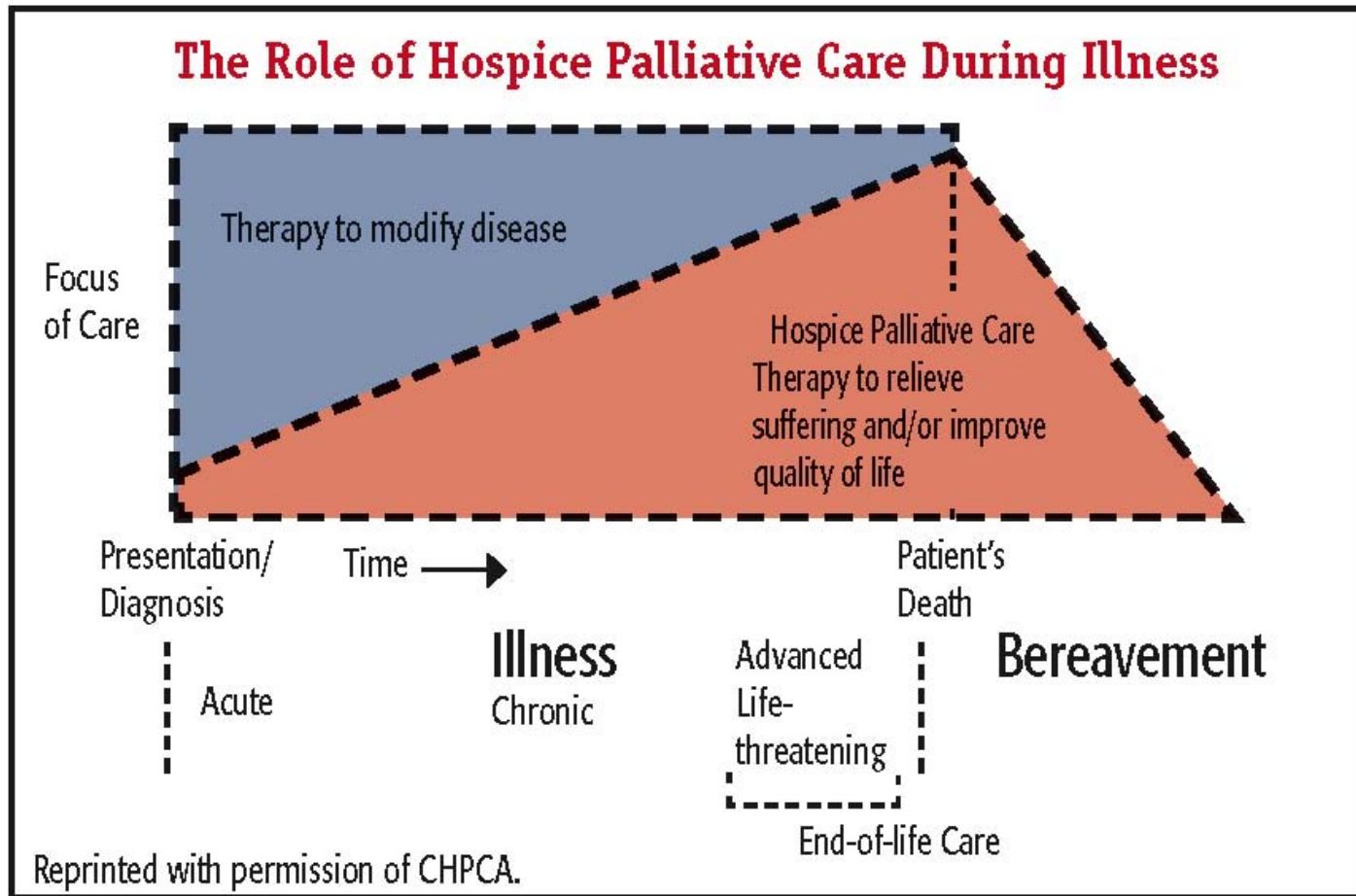


Hospice Palliative Care (HPC)

- A philosophy of care and range of active, supportive services provided across several settings of care (home, hospital, hospice, LTC/CC and settings of marginalization) to enhance the quality of living, dying and surviving.
- Appropriate for any patient and/or family living with, or at risk of developing, a life-threatening illness due to any diagnosis, with any prognosis, regardless of age, and at any time they have unmet expectations and/or needs, and are prepared to accept care.



Hospice Palliative Care (HPC)



Principles of Learning

- Learning ≠ Education
- Most health sciences knowledge and skill development rooted in Tyler's (1950) Education (a.k.a. Curriculum/Programming) Model
- Default response is to respond to a "need" through an educative/instructive experience.
- So, traditionally a "new" (and usually didactic/static) program, course or seminar.
- Often dissatisfied with result – Hammer Principle



- Learning - A Lifelong Process of the “To Do” and the “To Be”

Learning is the essence of everyday living and of conscious experience; it is the process of transforming that experience into knowledge, skills, attitudes, values, and beliefs.

It is about the continuing process of making sense of everyday experience - and experience happens at the intersection of a conscious human life with time, space, society, and relationship.

(Jarvis, 1992, p. 11)



Learning...Towards Skilled and Compassionate Practice

For my initial two years of medical school, I had sat in lecture halls absorbing a wealth of information about anatomy, physiology, pharmacology and pathology. During the last two years, I had stood rapt at the bedside, taking in the words of master clinicians who revealed the subtleties of physical examination and the fine points of medical treatment.

Brimming with new knowledge, I thought I was fully ready to assume the care of people. I mistook information for insight. While I was well prepared for the science, I was pitifully prepared for the soul.

Jerome Groopman (2004)
Harvard Medical School

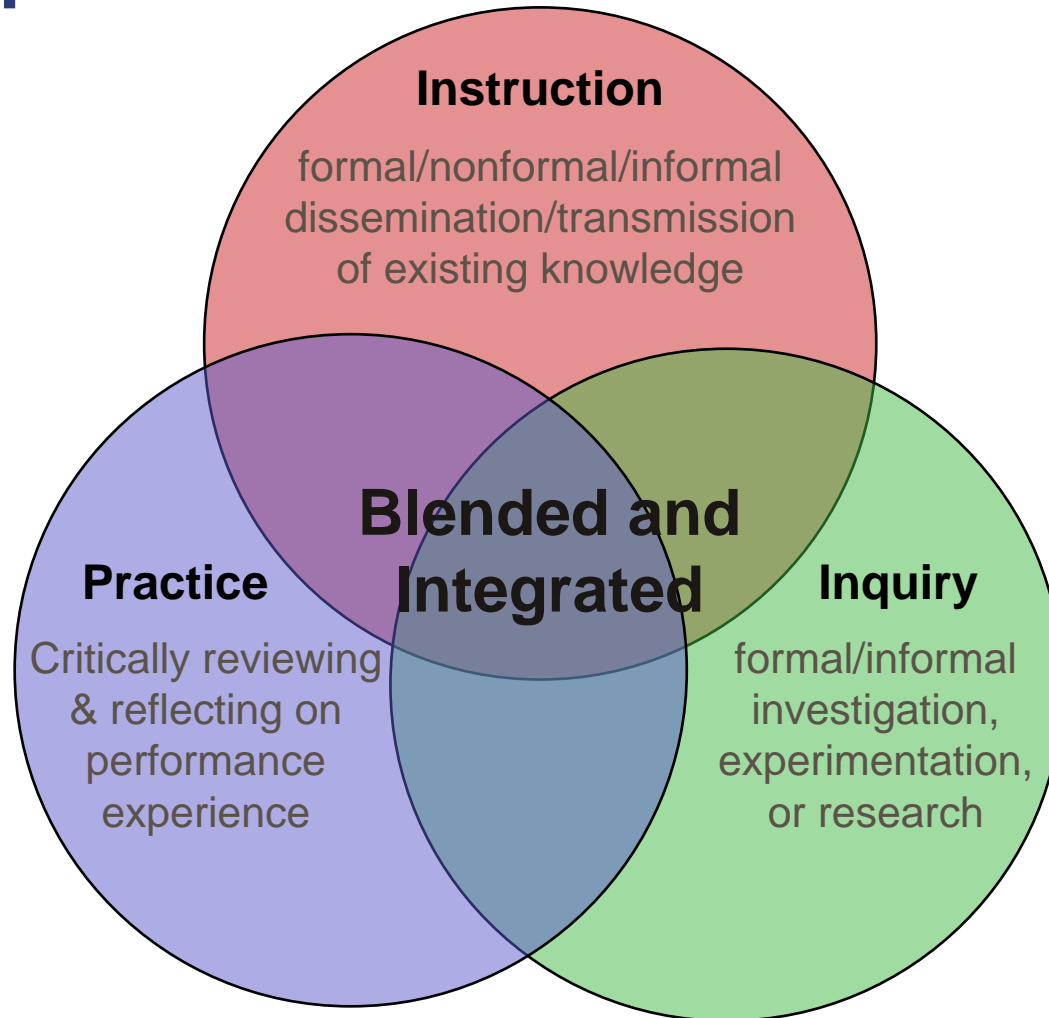


Principles of Learning

- First task – Consciously acknowledge that professionals learn in a variety of ways, only one of which is participation in formal instruction.
- 25 year “quiet revolution” in Adult Learning
 - Cyril Houle (1980)
 - Don Schön (1983, 1987)
 - Phil Nowlen (1988)
 - Robert Fox, Paul Mazmanian & R Putnam (1989)
 - Victoria Marsick & Karen Watkins (1990)
 - Jack Mezirow (1991) and Ed Taylor (2001)



Responsive Professional Learning



HPC is in “The Swamp”

In the varied topography of professional practice, there is a high, hard ground overlooking a swamp.

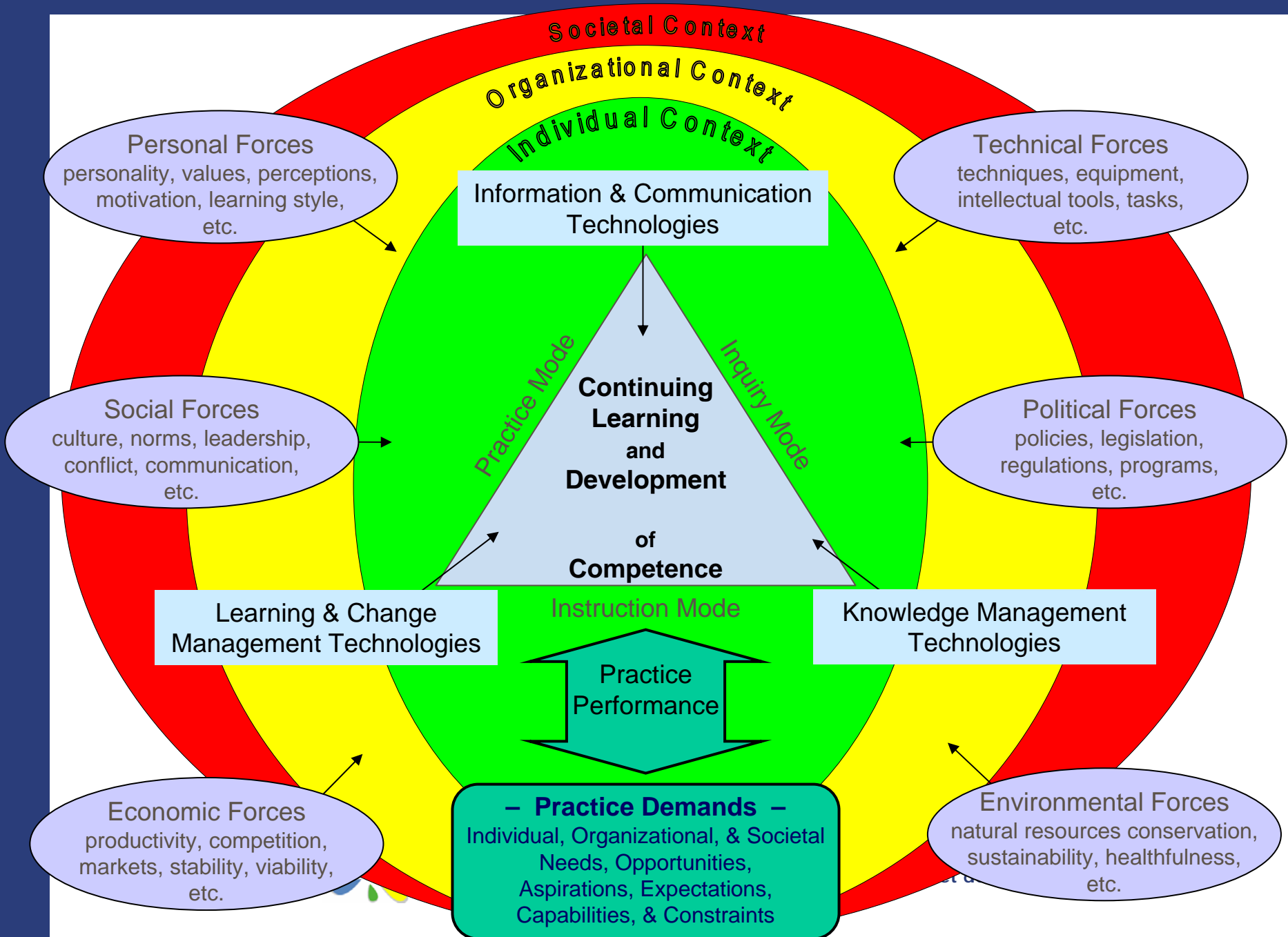
On the high ground, manageable problems lend themselves to solution through the application of research-based theory and technique.

In the swampy lowland, messy, confusing problems defy technical solution.

The irony of this situation is that the problems of the high ground tend to be relatively unimportant to individuals or society at large...while in the swamp lie the problems of greatest human concern.

(Schön, 1987, p. 3).





What Might O.L. Look Like?

- Teaching-learning online using Computer Mediated Conferencing (CMCs)/Learning Management Systems (LMS)
- Community-building/critically-reflective dialogue using asynchronous technologies
- Online Journal Rounds/Journal Clubs (CMCs)
- E-Mentoring/precepting (LMS/e-mail)



What Might O.L. Look Like?

- Personal Digital Assistants (PDA) decision support
- Podcasting (e.g., *Conversations on Caring*)
- Web Streaming integration (e.g., *Clinical Communication in Hospice Palliative Care*)
- Tele-Pain & Symptom Management in-reach clinics
- Tele-case Conference (via videoconference)



Design/Use Principles

- Respect roll of O.L. as a set of tools to encourage safe, ethical, effective and defensible practice
- Acknowledge/support emergent role of the Health Care Professional (HCP) as a Knowledge Manager
- Create collective support (e.g., Communities of Practice) to introduce/sustain desired values
 - Curiosity – “wonder” about the human condition
 - Humility – to learn, unlearn and relearn
 - Journeying with and “being” (as well as “doing”)
 - Respect/trust/shared accountability among team



Distributed Learning Model

- University of Calgary – Family Medicine Program
 - Rural Residency – Palliative Medicine rotation
 - Two day “face-to-face” classroom instruction
 - Asynchronous Learning Management System
- Original focus – Online course “foundational knowledge” a.k.a. “just the facts”/content
- Modified design – Use F2F for theory/foundational lectures/presentations; use LMS and asynchronous communication to support learner dialogue/platform for reflection



Monthly CPD Audioconference Pgrm

Pallium Project (Phase II)

<u>Month</u>	<u>#Sites</u>	<u>#Part</u>	<u>#P/T</u>
Feb 05	32	169	06
Mar 05	50	231	08
Apr 05	66	180	08
May 05	70	241	09
June 05	58	176	09
July 05	68	217	08
Aug 05	54	158	09
Sept 05	85	259	10
Oct 05	68	147	10
Nov 05	115	430	11
Dec 05	85	247	11
Jan 06	80	258	11
Feb 06	97	405	12

- Programmed monthly opportunity to connect locally about HPC through national conduit
- Accommodates high volumes of participants
- Thoughtful programs support local change
- Audio-post - from POTS to PodCast drives content for "decision support" and local CPD



Online Journal Club

- First rural online journal club (Pallium– 2001/02)
- 6 family physicians; 5 RNs; 1 pharmacist
- Rural practice-based - Alberta, Sask, & Manitoba
- Convenor from 2^o Rural Palliative Program
- Academic resource from U of Calgary/CHR
- OJC model is a viable option with modification
- Adequate consideration of the technical issues and infrastructure required to support web-based OJC
- Assure clarity of purpose... OJC is primarily a self-directed learning platform, not a discussion forum



Personal Digital Assistants (PDAs)

- Recent Canadian base-line study with University of Victoria & Canadian Society of Palliative Care Physicians (CSPCP)
- Migration of traditional print-based tools to move into PDA ready (e.g., 99 Common Questions 3rd Edition - e-reader/PDF for PDA)
- Comments/insights from Dalhousie/Nova Scotia experience (during question session)



Concerns and Challenges

- Risk of remaining “teacher dominated”/directed
- Risk of doing the “same old thing” (education only) online rather than lever opportunities for learning
- Institutional cultures and systems do not generally support O.L./inter-professional education/learning
- Knowledge and skills to design/build/sustain
- “Front end” investments of time/money
- Ongoing maintenance costs/reinvestment
- Patient/Health Information compliance concerns



Closing Thought

Perhaps the greatest gift we can give our students is to nurture their innate capacity to be an effective agent in addressing pain and suffering, including seeding their capacity to be a facilitator of healing.

If so, is it reasonable or ethical to expect a 25 year old to know all they need to know to support those living with life-threatening and life-limiting illness when they, themselves, have just started to live?

Responsive and compassionate caring requires a commitment to continuous learning, unlearning and re-learning about our respective abilities and responsibilities – as HCPs and as human beings.



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The Pallium Project
le projet Pallium



Working Together to Improve the Quality of Living and Dying in Canada
Travailler ensemble pour améliorer la qualité de la vie et de la fin de vie au Canada

Educating Future Physicians
in Palliative and End-of-Life Care



Former les futurs médecins dans
les soins palliatifs et de fin de vie

Interprofessional Symposium on Palliative and End-of-Life Care Education

Partnerships for Improving Palliative and End-of-Life Care Education April 28-30, 2006

EFPPEC's second Symposium is being held in
London, Ontario at the London Convention Centre.

Once again, the Symposium is being held in conjunction with the 2006 Medical Education Conference held by the Association of Faculties of Medicine of Canada, The Canadian association of Medical Educators, The College of Family Physicians of Canada, the Medical Council of Canada and the Royal College of Physicians and Surgeons of Canada.

Symposium Objectives

1. Discuss interprofessional education in end of life care.
2. Bring together an interprofessional group to discuss education in palliative and end of life care.
3. Enhance interprofessional and discipline specific networking among educators.
4. Develop interest groups / networks in end-of-life care curriculum development and educational research.
5. Provide faculty development.
6. Give interdisciplinary educators an opportunity to present programs and ideas in palliative and end of life care education.

CONFERENCE VENUES

London Convention Centre

300 York Street Tel.: (519) 661-6200
London ON N6B 1P8
Toll Free: 1 (800) 203-1992
Fax: (519) 661-5990
www.londoncc.com

Hotel – Hilton London

300 King Street Tel: (519) 439-1661
London ON N6B 1S2
Toll Free: 1 (800) 210-9336
Fax: (519) 439-9672
www.hilton.com/en/hi/groups/private/groups/yxulohf_acm/index.jhtml
Conference Rate: \$145 single/double

The education sessions (plenaries, workshops, and poster presentations) will be held at the London Convention Centre. Simultaneous interpretation will be available. Registration forms will be available on the EFFPEC website www.efppec.ca.

The cut-off date for the conference rate at the hotel is March 27th. After this date, reservations will continue to be taken on a space available basis and the applicable rate at that time will be offered.

TRAVEL

Air Canada is the official airline for the conference. Special Air Canada convention fares* (within Canada): 15% off Executive Class J; 5% off Executive Class C; 15% off Latitude Plus; * 10% off Latitude; 5% off Tango Plus. No Saturday night stay over required; discounts not applicable to seat sales. Contact Air Canada's convention reservations at 1-800-361-7585 (in Montréal 514 393-9494) or your travel agent and take advantage of special discounted airfares. Our conference code, CV060158, must appear on the ticket in order to support our organization. Please note that the convention code only applies to on-line reservations made through a travel agency.

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Preliminary Program

Time	Topic	Speaker
Friday, April 28, 2006		
1300-1315h	Welcome & Program Description	
1315-1400h	Plenary Session: Update on Interprofessional Education and Discussion	Pippa Hall, Maryse Bouvette
1400-1415h	Discussion	
1415-1445h	BREAK	
1445-1700h	Paper Presentations Examples of Interprofessional Education (3 papers) General discussion	Call for abstracts
1800-2000h	Poster Presentations & Reception	Call for abstracts
Saturday April 29, 2006		
0830-0915h	Plenary #1 Issues and Challenges in EOLC Education-The US Experience	David Weissman
0915-0930h	Discussion	
0930-0945h	BREAK	
0945-1215	General Discussion Reports from Local EFPPEC Teams – Successes & Challenges General Discussion	
1215-1315h	LUNCH	
1315-1345h	Plenary #2 Principles of On-Line Learning	Michael Aherne
1345-1400h	Discussion	
1400-1630h	Workshops (choice of 3 or 4)	Call for abstracts
Sunday April 30		
0830-0945h	Plenary #3 and 4 Principles of Evaluation of Students	To be determined
	Educational Research	Glenn Regehr
0945-1015h	Discussion	
1015-1030h	BREAK	
1030-1145h	Workshops (choice of 3 or 4)	Call for abstracts
1145-1215h	Summary and Evaluation	