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Learning programmes – more interactivity please!

In the changing climate of what constitutes acceptable medical education, the emphasis is now on offering true learning opportunities for customers. But whether it is for professionals, patients or internal audiences, the trick is in selecting which educational tactic or tactics to use. In this article we look at both external and internal audiences for med ed and assess the sorts of learning programmes that can work for each. We also look at the place for interactive solutions and suggest why these now hold a core position in effective medical education.

Healthcare professionals want a greater mix of learning tools
We are all familiar with the traditional forms of providing education to the professional customer base; symposia, speaker meetings and rep-led slide presentations. But increasingly pharmaceutical companies are providing more interactive and technologically sophisticated programmes for their customers that have greater reach, and wider appeal.

At conferences and speaker meetings, there has been a shift toward more interactivity within the programme. “Ask the expert” sessions, master classes and “hands-on” workshops are popular, and consistently receive the highest feedback scores.

Doctors are also more familiar with multimedia and its benefits for learning. A clinician might be introduced to new information or updated on recent trials using a slide presentation in a conference setting – but he or she might also receive, in the delegate pack, a CD-ROM or password for a website which will provide a wealth of further information - guidelines and interactive algorithms, useful case studies, product information, self-learning assessments and KOL endorsement. And this programme can also be rolled out (by the sales team)

to all those doctors that couldn't attend or indeed never attend these sorts of meetings. In short, interactive learning programmes can supplement and complement traditional formats.

So what are the keys to success in interactive learning? Of course there are many professionals who are just not going to put a disk in their computer drive, or won't go to your website. Gone are the days when a CD-ROM was an access generator out of novelty value. But with the need for continuing education, constantly changing targets, new guidelines and protocols and the plethora of new drugs to choose from, doctors simply have to get their information somewhere and they are now using interactive solutions routinely within clinical practice. The first key is to implement an interactive tool cleverly within the mix of other med ed tactics, ensuring greater uptake, and wider penetration. The second is be SMART and measure.

For example, a learning programme aimed at specialist nurses in endocrinology had a comprehensive CD-ROM at the heart of the campaign. This aimed to highlight key issues facing this group of HCPs which were also those issues important to the product's marketing strategy. But it wasn't "just a CD-ROM"; the programme was launched at a series of meetings with one module showcased from the disk itself by the expert that had endorsed it. Further modules were "passworded", and nurses attended 4 "master class" meetings in total over a year, to launch the additional 3 topics and unlock the other modules. Follow up materials were delivered during subsequent calls – including a book written by the expert. The campaign was a good example of integrating an interactive product into a wider, more traditional programme.

In another example, for a well-known hypertension product, a series of educational DVDs delivered by the sales force (in 3 separate meetings) were combined with a follow-up website – where 3 accredited self-assessments could be completed and certificates printed for inclusion in GPs' personal development plans. Here again, learning conducted in a meeting setting was supplemented by further information delivered at the user's own pace combined with a system for self-testing with a PDP hook.

We should all be routinely setting SMART objectives for our med ed tactics, and thus have a much better idea about whether specific programmes really achieve results. In a project in 2005 for the Roche product NeoRecormon, a CD-ROM learning programme was developed with the simple objective of conveying to diabetologists the need to identify kidney disease earlier and to achieve this by switching to a different diagnostic protocol. The programme contents were entirely educational – with no one product mentioned - and this was delivered in meetings by local opinion leaders. The evidence for adopting a new protocol was all there on the CD-ROM – with peer and opinion leader endorsement, key data, and interactive sections. The programme was rolled out by the specialist sales force and the results after one year were staggering. All target centres were reached using the initiative, and nearly 50% of centres changed practice within one year.

Senior Product Manager Andrzei Orlowski said, *"This project was the centre-piece of our rep-run meetings aimed at changing clinical practice in chronic kidney disease. It has achieved everything we set out to do and more – the conversion of so many units to a new standard in CKD diagnosis is a significant success story, due in large part to the use of this excellent learning programme."*

Sales force training – New methods of learning

Medical education is also about training the people that market and sell the products. As it becomes increasingly difficult to see GPs, and as the rules tighten, pharma representatives have to be highly skilled experts in their field and up to date on the very latest in the disease area and competitor products.

As part of the ongoing drive for cost-effectiveness within companies, there is a push to reduce time off road for lengthy training courses and provide the most effective methods of training and assessment. Thus, cumbersome printed manuals have been supplemented with e-learning or distance-based learning systems. These have greater functionality, are easier and less costly to update, and fit in with the general move to more online facilities.

As a representative using one of these learning systems, you could receive regular emails alerting you to new learning modules available online, be able to click a link to go directly to the new module, work through it online at your own pace led by a "virtual trainer", complete assessments and view your training log or assessment scores at any time. The system provides true "push-pull" learning.

The learning methods available mimic some of the benefits of classroom teaching and provide some extra ones. There is the ability for the same information to be provided in a range of ways – an interactive diagram with drag and drop labels, a video clip of an expert providing an important rationale, real patient testimonials giving an inside track on a quality of life issue or voice-over for those that would prefer to be "talked through" something rather than read the text themselves. For those who want to read from a printed page – pdfs are provided to print and learn. The "pull" aspect of e-learning means quite simply that the user "pulls" the information <u>when</u> they want it and using the method that best works for them.

This system is ideal for reducing the length of the ITC. You cannot replace classroom learning altogether – you would lose a lot in doing so, but you can, for example, cut down 6 weeks to 4. The "virtual trainer" aspect ensures reps actually complete the pre-course reading, and the assessment system ensures that they have reached the required standard. The system can record when a user was online and how long for, how many attempts at the assessments were made, and "anti-cheating" systems can be included.

For the trainer, marketing or sales manager there are a host of new possibilities – through the "push" aspect of the system. Firstly, is the speed of delivery of new data, or other important information about which the team may need immediate updates. Secondly, is the ease with which a short test can be written by a trainer, posted online, with reference to relevant information sources, and "pushed" out to the team via an email or intranet link. The system informs the trainer when all reps have completed the test, or who

needs reminding, compiles results automatically, and can generate graphs and tables for comparison, for example by region. In addition, the system can work out which questions have been answered poorly across the board, and therefore identify areas in which further training is needed.

The use of interactive learning programmes is easier if tied to a central learning management system – an online programme which manages e-learning for a company or business unit. Once this is in place each product can bolt on its own learning resources and interactive manuals and can make the most of therapy area cross-over, sharing resources and interactive elements.

Developing a Learning Management System – 5 tips

1. DO develop this at a company level – not by product.
2. DON'T try and put an entire training manual in interactive form. Include pdfs of the full manual and use interactive formats for key information or that which is best suited to interactivity.
3. DO get together trainers, marketing, and the sales team to input on the development of new learning programmes. This ensures a more comprehensive tool which reflects all training needs, and helps with uptake.
4. Do decide whether you want an "off the shelf" learning system or something bespoke. Cost is the issue here.
5. Do invest in launching this to the sales force with a bang. It is exciting, effective and fun to use. Get people to buy in to it early.

In summary, learning programmes of all kinds form the core of medical education. As internal and external audiences demand more sophisticated learning tools, and online multimedia technologies become mainstream, we should all be getting more interactive! !

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