



QUICK TIPS

PRACTICE ENABLERS

Tools to translate professional development
into practice for improved patient care

8 >> Program Design Series

Quick tips:

Practice Enablers: Tools to translate professional development into practice for improved patient care

One of the ongoing challenges in the field of CPD is to develop effective educational interventions which appropriately change clinician behavior and improve healthcare outcomes for patients.

Educational interventions, which are developed with an understanding of how clinicians learn and apply new knowledge, have been shown to improve clinician learning, retention, application, and satisfaction (Doucet et al. 1998).

Educational literature indicates that it is necessary to not only teach, but reinforce learning using follow up techniques to ensure sustained practice change. Practice enablers are tools that are designed to help practitioners initiate and maintain changes in practice. They are used in CPD to help reinforce recommended practice behaviour thus expanding the impact of CPD efforts.

EXAMPLES OF PRACTICE ENABLERS

Practice enablers in CPD are broadly understood to relate to two very different mechanisms of reinforcing, sharing, or expanding the impact of CPD activities.

First, enablers can be defined as tools which facilitate the use of a new skill or approach to care that has been learned or introduced at a traditional CPD activity.

Tools that encourage the use of new knowledge or facilitate a behavior change include: patient education materials (e.g. websites, videos to be supplied to the patient), materials such as algorithms and checklists (e.g. guide to the physical examination or checklist for medical history collection) and Clinical Practice Guidelines (such as prudent use guidelines for antibiotic prescribing or safer opioid prescribing).

Examples of practice tools introduced in a CPD activity that can contribute to a clinician using a new skill or approach in practice include:

- Patient education materials
- Flow charts
- Decision aids such as algorithms
- App or Pocket card e.g. listing different types of antibiotics
- Reminder stickers for patient charts or files
- A list of conditions/symptoms to consider in making a referral
- A list of places or people to whom to refer
- Methods of tracking patients through electronic files

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Second, enablers can include materials which enable a health care provider to share information learned at a CPD event with colleagues. Increasingly clinicians are being encouraged to work in group practice settings. As group practice becomes the standard setting for care delivery, the enduring challenge for CPD - to effect lasting behavior changes in clinical practices which result in improved patient outcomes - may become even more challenging. As medical decision making and provision of care becomes the responsibility of a group, often an interdisciplinary group, the goal of CPD must no longer be to educate a single physician. The goal of CPD will be to create the potential for systems change within an interprofessional, group practice setting. CPD participants can share their learned knowledge within their own practice setting by local activities such as presentations, educational outreach for practice improvement, grand rounds, workshops, implementation of toolkits, and the provision of training materials.

Many of the examples listed above can be duplicated and shared, other examples include:



PowerPoint presentations

Presentations for grand rounds or workshops

Links to relevant interactive web sites

WHAT EVIDENCE DO WE HAVE THAT THEY ARE HELPFUL?

“Broadly defined CHE interventions using practice enabling or reinforcing strategies consistently improve physician performance and, in some cases, health care outcomes.” (Davis DA et al 1992)

- Educational interventions that incorporated “predisposing” factors such as knowledge testing and practice needs assessment strategies succeeded in improving some aspects of physician performance. Those interventions that did not use these strategies had less positive results.
- When “enabling” factors were added to the intervention such as practice protocols, algorithms, information from patients, and/or practice guidelines, the majority of the interventions were successful in changing performance.
- When “reinforcement” factors were added also such as reminders or feedback, effectiveness of the intervention also increased.
- Finally, the interventions that were most successful were those that used a combination of the three factors “predisposing”, “enabling” and “reinforcing”.

The effectiveness of enablers may be most dependent on the practice situation in which they will be used.

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**This quicktip is part of the quicktips for program design series.
Review all of the tips to help you create your best prpgram.**

PROGRAM DESIGN

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