

Reading the Screen

Re-Thinking CME through Screen-Based Learning Initiatives

This article discusses the manner in which screen-based media increases the process of doctors' engagement in professional medical education. The purpose of this review is to promote screen-based initiatives as an alternative opportunity to traditional forms of medical education by drawing particular attention to The Synapse Continuous Medical Education (CME) on-line portal as an example of good practice.

1. INTRODUCTION

To date a lot of resources have been invested in order to help people become better achievers in education. Generally, learning initiatives focus on developing strategies on how people can achieve higher grades in education notwithstanding the internal and external challenges that people face in order to learn. Initiatives include strategies that focus on improving classroom participation, individual attention, and new methods to help people improve learning performance.

This review is written from the perspective of a media practitioner-lecturer, also a Doctorate student in education, who in the past years introduced various media-based initiatives to facilitate learning of Higher Education (HE) students during their studies.

2. WHY CME?

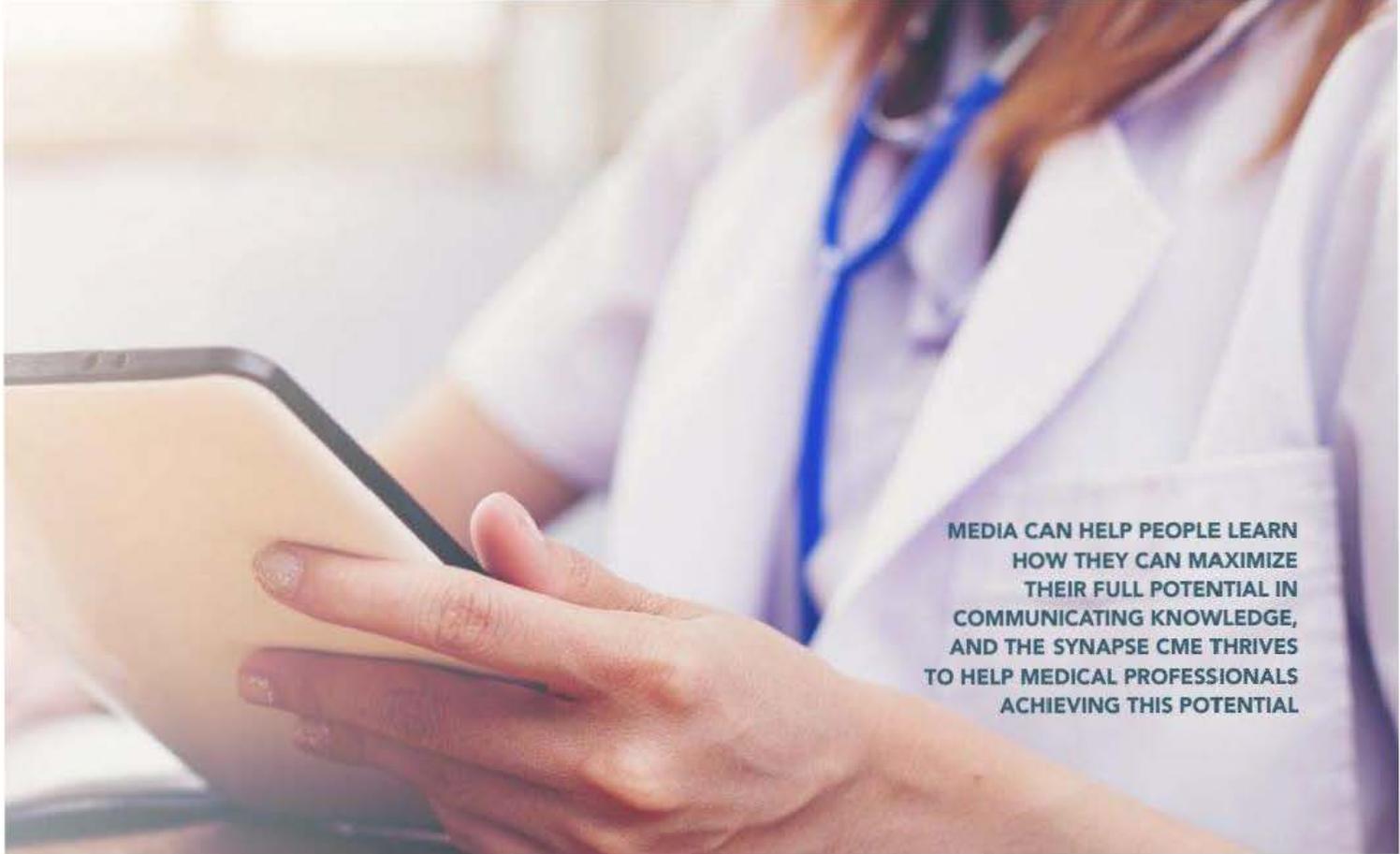
The busy lifestyles of medical professionals continuously shape the ways CME is evolving in its modes of delivery. In the US, the Accreditation Council of Continuous Medical Education (ACCME) reports that CME is critical in the lives of medical and health care professionals.¹ Since ACCME's last report in 2018 there has been a steep growth in demand for new and alternative CME initiatives, with almost 180,000 accredited activities for medical and health care professionals around the world seeking to keep updated in latest medical developments. This echoes also in Europe with most of the European countries believing that CME should be mandatory for medical professionals.²

This report draws attention to The Synapse CME as a smart and a flexible form of CME initiative for all medical professionals who are seeking to keep up-to-date with the latest medical developments. The article focuses primarily on how The Synapse CME breaks away from traditional learning approaches providing countless alternative learning spaces for the busy health care professionals using latest screen-based technologies.

2.A. ALTERNATIVE LEARNING SPACES

Many mainstream education systems around the world encourage people to experience education through one-size fits all learning processes. For example, in Malta exams can be considered as a dominant form of evaluating education achievement in which the 'daily' learning processes directly tie into the examination requirements and not the personal. Many projects have been developed aiming to help people become better achievers in education. However, the majority of such projects focus on how people can achieve higher grades in education.

Conversely, an educational reform in Finland has thought us that educational processes that encourage people to identify with phenomenological cases can be very effective. According to Irmeli Hallinen, the now retired lead of curriculum development in Finland, teaching should not stop at teaching subjects in isolation and training students in recalling information, but should aim to push for transversal skills and to provide value in education by involving people in phenomenological cases to motivate



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learning based on real-life professional contexts. Hallinen states that the ability to secure knowledge in isolated specific subjects is not enough in today's society and she asserts that nowadays people must be able to apply their skills and knowledge to a multitude of real-life contexts.

The Synapse follows such an approach and provides screen-based professional medical courses to people through contemporary real-life medical cases. This approach can be considered as an alternative educational method purposely designed to help people value professional medical education based on their own individual professional identities, experiences and motivations. The Synapse creates motivating learning experiences for medical professionals with a view to communicate knowledge using screen-based media as a catalyst of transversal competences. The literacy consultant Debbie Miller states that learning by 'case' should be defined by the principles of action and practice that are accessible within the world that a person is familiar with so as to maximise learning opportunities. Miller asks '... is thinking valued and made visible? Is there student input? How will I know they understand?'³ Learning by 'case' can be considered as a stepping-stone towards making medical education more effective using 'tailor-made' screen-based methods of education suitable for today's busy life-styles of health care professionals. Moreover, in establishing unique creative methods to engage people in CME, one needs to consider the relationship between screen-based media and education.

2.B. SCREEN-BASED LEARNING

The implications of using screen-based media as a learning tool should be analysed through its potential to facilitate learning by encouraging reading, writing, interpretation and induction of knowledge dialogue between peers. Professor Sarah Pink, an international interdisciplinary scholar in visual methodologies, argues that media can be considered not solely as a means of communication but also as means to help democratizing and maximising learning potentials for various situations. Media can help people learn how they can maximize their full potential in communicating knowledge,⁴ and the Synapse CME thrives to help medical professionals achieving this potential.

However, it also is very important to identify how The Synapse assists medical professionals value their educational experiences. In this respect one should understand that changes are continuously taking place in the medical field worldwide. Creativity is one of these changes. It is a tool that impacts the educational world at large. For Sir Ken Robinson, Professor Emeritus at the University of Warwick, creativity is a key factor to engage people with mixed learning priorities to learn and to make this world more dynamic. He states that the "... world is suffering from a crisis of human resources."⁵ If creativity is key to improve education and human resources, how can we make sure we formulate a sustainable professional education route that combats such a crisis? Robinson stresses the importance of how education should empower people to understand the world around them, by making more effective use of the world they exist in. This type of

educational empowerment is at the core of The Synapse modus operandi in which empowerment of learning is achieved by embracing more effectively the medical professionals' own experiential resources such as memory, talent and emotion. Quoting Robinson, this leads to "... fulfilled individuals and active, compassionate citizens."⁵

CME also has a very important role in helping professionals thrive in their own sustainable future. In order to achieve sustainability, it is important to promote educational endeavors with creativity at their core. This should be done by first examining current educational parameters, and secondly search for creative solutions that can facilitate life-long learning for the benefit of, not only the present, but also for the longer term in a professional's life experience.

Sarah Pink states that the screen has potential to engage people with '... a reflexive and experiential process through which understanding, knowing and academic knowledge are produced... Exploration of and reflection on new routes to knowledge.'⁴ In keeping with this, can screen-based CME qualify as a 'new route' of knowledge with same 'parity of esteem' as other traditional learning routes? For Pink this is possible, '... innovative methods have been developed to provide routes into understanding other people's lives, experiences, values, social worlds and more to go beyond the classic observation approach.'⁴

In fact The Synapse works in tandem with participatory methods, and it periodically organizes think-tanks on professional medical education and training. Initial thoughts about such learning initiatives might sound as structureless and without a determined bearing as Pasi Sahlberg, a Finnish school reform and educational practices expert, critically argues. Sahlberg poses a question whether non-written work should be considered as academic, and of a high standard. His view is that although public opinion is a necessity in one's academic work, it needs to be rigorously structured and to follow a 'critical pathology'. Thus, if peoples' works need to be taken seriously by the public, works need to follow such a pathology.

'Critical pathology' in education raises a discussion about which type of direction fits best learning and assessment methods that clearly speak out 'good professional education practice'. However, should 'critical pathology' just reduce to the distinguishing factors between creative methodologies and academic principles? In order to arrive to such conclusions on education standards, I argue that it is imperative to put the medical professional at the centre of what defines 'good education', keeping in mind the social and 'political' factors that impact directly a person's ability to show acquired learning.

In response to the above observations, the medical professional learning cases adopted in The Synapse CME set out to stimulate various educational objectives. One of the main aims is to enable medical professionals to re-create 'knowledge' through contemporary 'real-life cases' using a digital screen-based medium. The Synapse



CME focuses on professional medical education as a 'case' that briefs the users about the learning outcomes that are expected to be achieved in a given syllabus and to give directions on how they can be achieved through the interventions of screen-based initiatives. In this type of learning environment professionals are encouraged to explore and identify with professional medical education through their own medical experiences.

3. CONCLUSIONS

In this article I argued that The Synapse CME is a screen-based educational initiative that provides medical professionals with a platform to explore new ways of how to express knowledge by acquiring transversal competences that are relevant today. It has been identified how The Synapse builds on theoretical resources and academic discussions, and provides an alternative learning framework for medical professionals in various fields.

The above review of topics that emanate from this article informs the professional reader on how The Synapse CME thrives to be a responsive-type of learning initiative that can be considered as an 'equally' effective, alternative and an attractive professional medical education platform. This augurs well that The Synapse will further design, develop and invest in its learning strategies that are fit for the contemporary medical professional to instill added value in professional medical educational achievement.

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