

Enhancing Education Delivery for Members and Their Care Teams

The Next Generation ASA Education Center

Elizabeth Ann Lepkowski, M.A.T.D., Marie Germaine Higgins, B.S.

As technology continues to evolve rapidly, the American Society of Anesthesiologists (ASA) remains committed to keeping current and thereby helping members stay current in their medical knowledge and competency-based education. ASA has partnered with Synegen, a Chicago-based technology consulting firm, to launch the next generation ASA Education Center. ASA members will benefit from the powerful capabilities of this modern, flexible learning platform and the business intelligence it provides for competency-based, self-directed learning (fig. 1).

During development of the new improved platform, the education team focused on key strategies: ensuring that the new platform provides personalized education and content, supports standardized search terms, and provides mobile friendly content delivery. It also had to include reporting with individual, group, and organizational data in a dashboard view. The team sought to create a centralized location to track all of Continuing Medical Education (CME), American Board of Anesthesiology Maintenance of Certification (MOCA®), and state licensing requirements.

Member (Learner) Centric

Since the launch of ASA's first learning platform in 2011, the education team has been gathering member feedback including assessments of what was working, what was not, and potential improvements. These provided the foundation for this new tool. The selected technology is more user friendly and member centric.

Navigating the new platform is very intuitive. All educational programs including Anesthesiology Continuing Education Program, Self-Education and Evaluation (SEE) Program, Self-Assessment Modules, Ultrasound-Guided Regional Anesthesia Education and Clinical Training Portfolio, and other enduring materials are consolidated into a single platform with single sign-on. Members can personalize their learning plan and develop the necessary skills to achieve their education goals as well as can track their certification requirements. Learners can collaborate *via* discussion board and wikis and use peer review tools that stimulate critical thinking and team problem-solving.

Organizations and group practices can use administrative management tools to target learning goals for their group.



Fig. 1. The new Education Center header.

Group administrators can enroll learners in group activities, facilitate course content, send notifications, and monitor learner assessment data to evaluate individual and group progress (figs. 2 and 3).

Dashboard with Data-driven Feedback

Every ASA member can access their learner dashboard. A snapshot view provides an overview of relevant information such as course enrollments and completion status. A detailed and dynamic transcript tracks CME and American Board of Anesthesiology Maintenance of Certification (MOCA®) requirements while demonstrating individual, group practice, or an organization's commitment to learning, quality outcomes, and patient safety. Peer benchmarking is provided on all posttest data so that members can see where they fall among peers in medical knowledge and competency-based assessments.

Future plans for a further enhanced dashboard include integrating Anesthesiology Quality Improvement elements and quality benchmarking data for members participating in data reporting to the National Anesthesia Clinical Outcomes Registry. This dashboard will also allow members to track state licensing requirements. It will be released sometime in late 2015 or early 2016 (figs. 4 to 7).

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Fig. 2. Login at www.asahq.org and select the “My Learning” button to view your personalized dashboard and educational content.

10 out of 10 selected.

| Selected | Question | Tags |
|-------------------------------------|---|------|
| <input checked="" type="checkbox"/> | A recent study attempted to elucidate factors leading to successful resuscitation after out-of-hospital cardiac arrest when lay rescuers were the first responders. Which statement about out-of-hospital cardiac arrest is MOST likely true? | |
| <input checked="" type="checkbox"/> | Barrier pressure (BrP) is defined as the difference between lower esophageal pressure and intragastric pressure. According to a recent small study that evaluated upper digestive tract pressures in obese patients, which statement about BrP is MOST likely true? | |
| <input checked="" type="checkbox"/> | Systematic reviews are developed by combining results from independent studies of a health condition. Some systematic reviews are organized to compare interventions; the meta-analysis of a systematic review presents quantitative results and is presented in a Forest plot. Regarding a Forest plot displaying risk ratios, which statement is MOST likely true? | |
| <input checked="" type="checkbox"/> | A recent small trial from China examined treatment options for chronic discogenic low back pain. Which of the following therapies had a patient satisfaction rate greater than 90%, even after 2 years? | |
| <input checked="" type="checkbox"/> | You are assessing a 58-year-old man in the holding area on the morning of surgery. The patient has diabetes and hypertension and was seen in the anesthesia clinic 3 weeks ago, where he received written preoperative fasting and medication instructions. His prescribed medications include metformin and metoprolol, both of which he took this morning (despite instructions to hold the metformin). Postoperatively, he is scheduled to be admitted for 23 hours to an ambulatory hospital unit where he will resume responsibility for taking his own medications. According to a recent study on perioperative medication compliance, which of the following statements about this patient is MOST likely true? | |
| <input checked="" type="checkbox"/> | Which statement about massive transfusion in trauma patients is MOST likely true? | |
| <input checked="" type="checkbox"/> | Which of the following is MOST likely to result from a continuous phenylephrine infusion during cesarean delivery under spinal anesthesia? | |

Fig. 3. Self-assessment questions can be sorted and selected by the end user based on their individualized needs and interests.



Fig. 4. Track all American Board of Anesthesiology Maintenance of Certification (MOCA®) requirements on your dashboard.



Fig. 5. Track all Anesthesiology Quality Improvement (AQI) data elements in your dashboard.



Fig. 6. Track all credits for the American Board of Medical Specialties (ABMS) Core Competencies in your dashboard based on your individual licensing requirements.

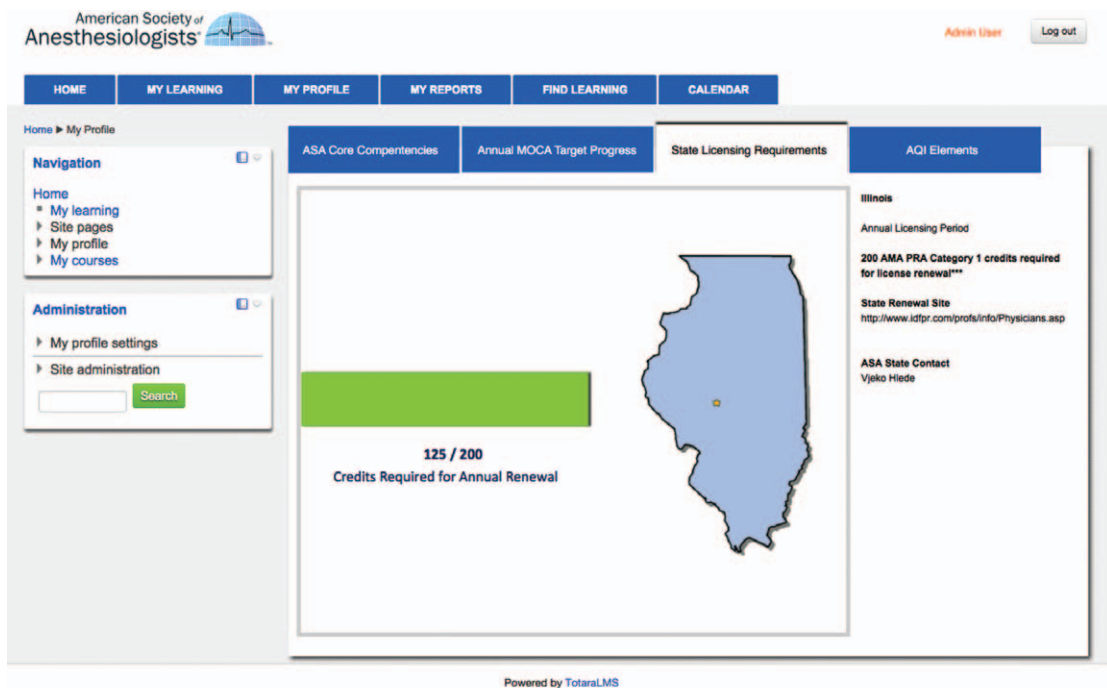


Fig. 7. Track your state licensing requirements in your dashboard.

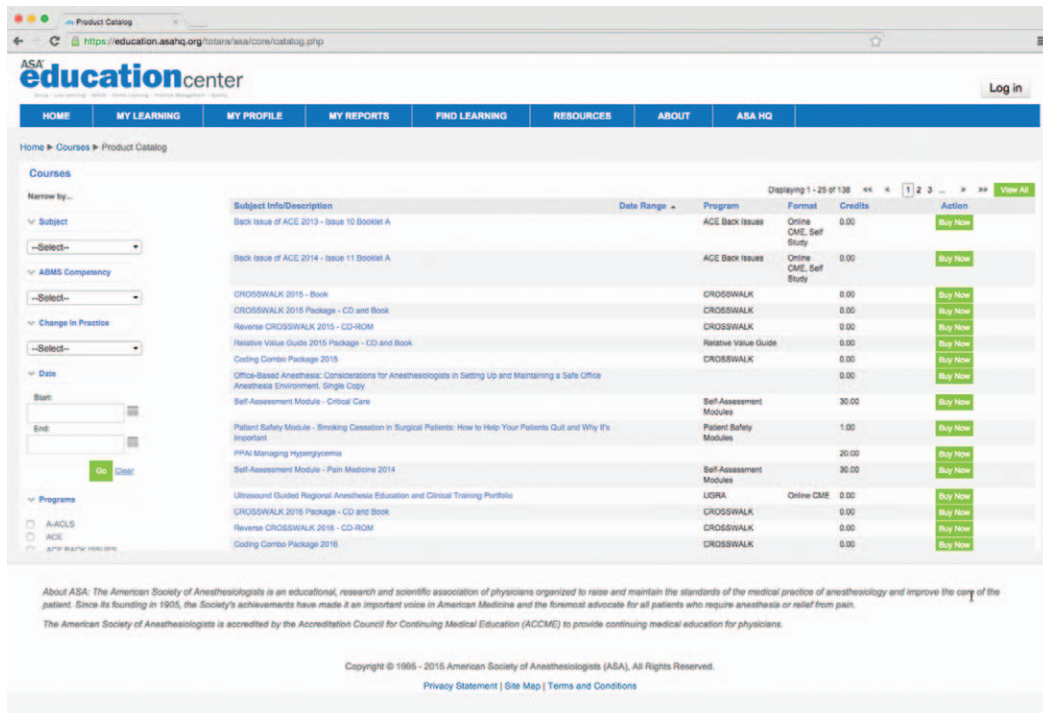


Fig. 8. The catalog of courses is searchable to target learning needs and requirements.

Optimized Search for Content

It is now easier to find other ASA content and resources. All sites including the new education center and Anesthesiology use a standardized list of primary terms to organize content. This means that users will receive the most relevant and comprehensive information available. A learner-focused course catalog structures results based on filters including keywords, American Board of Medical Specialties core competencies, change in practice, date, program, format, and number of CME offered (fig. 8).



Fig. 9. Icon of Education Center App released for both iOS and Android.



Fig. 10. Image of self-assessment question in the new mobile app.

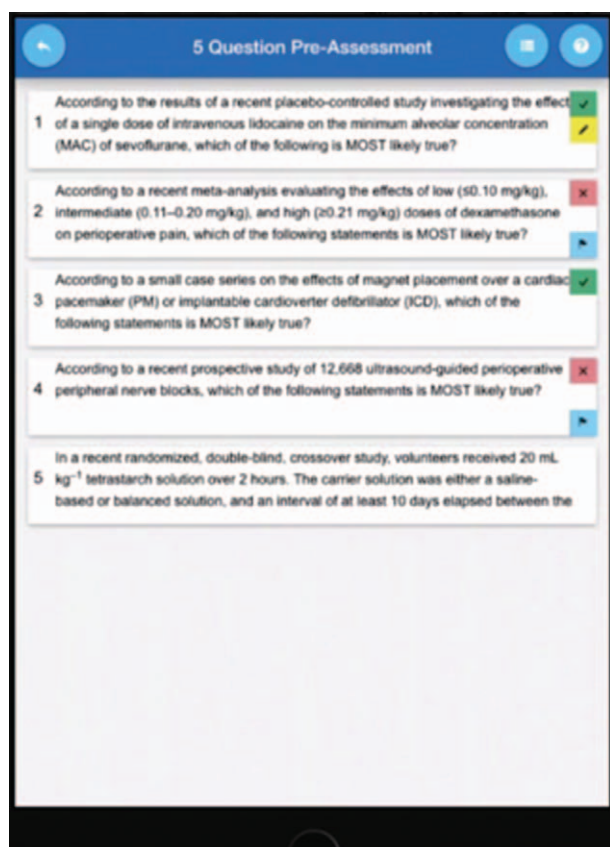


Fig. 11. Image of self-assessment questions in the new mobile app.

Mobile Ready and My Learning App

Accessing courses *via* mobile devices creates additional opportunities for learning while on the go. Members can now view all courses on any mobile device. The newly released My Learning App is available as a free download on both iOS and Android platforms at the Apple Store and Google Play. Anesthesiology Continuing Education, SEE, and 2015 Journal CME are now available on the app both online, when the mobile device is connected, and offline. For example, if the new issue of SEE is purchased, members can complete the self-assessment module while sitting on a long flight while offline. Coursework will be saved offline. Once the mobile device is connected again to Wi-Fi or cell service, the app automatically syncs. CME and ABA MOCA® credit can then be claimed. Additional courses will be released on ASA's My Learning App in the near future (figs. 9 to 12).

Forward Thinking

Members and their care teams will benefit by accessing all of their continuing education requirements in one location.

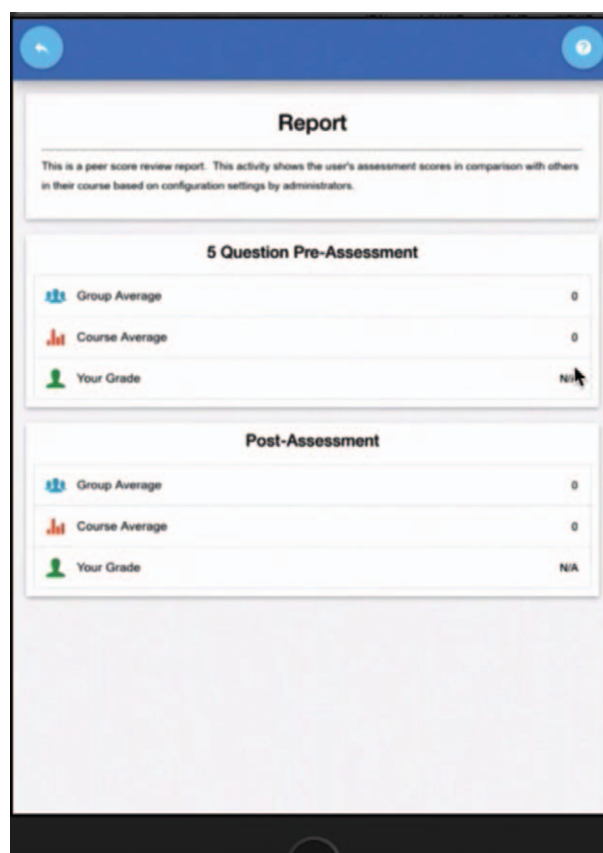


Fig. 12. More courses will be added to the American Society of Anesthesiologists' My Learning App throughout 2016, which will include robust peer benchmarking reports.

Accessing courses through mobile devices creates additional opportunities for learning while on the go and supports member's busy lifestyles. Members can now view many courses on any mobile device, making tracking and completing member CME credits, American Board of Anesthesiology Maintenance of Certification (MOCA®), and state licensing requirements more easily accessible. Check out the Education Center tutorials (<http://education.asahq.org/tutorials>) to learn more and look for additional features and functionality that will be introduced throughout this year and beyond.

Competing Interests

The authors are not supported by, nor maintain any financial interest in, any commercial activity that may be associated with the topic of this article.

Correspondence

Address correspondence to Ms. Lepkowski: e.lepkowski@asahq.org