

Cutting through the noise

Why creativity = impact in medical education

Healthcare professionals (HCPs) are currently presented with an overwhelming array of sources of information and changes in best practice. Medical education programmes must compete to stand out, not only by promising a truly meaningful educational experience but, tougher still, by measuring real impact. Why should busy physicians join your educational programme?

Impact through creativity

Creativity is critical to success, and should run through all stages of an educational activity, from insight gathering, through programme design, to execution and impact measurement. True creativity is not just applying gloss; it should come from blending a deep understanding of the learner, educational principles, content and the regulatory environment with a person-centric mindset and a drive for constant improvement.

When pharma companies sponsor educational programmes they usually aim to:

- Fill gaps in clinical knowledge and improve patient outcomes
- Show a commitment to supporting HCPs and improving patient care
- Show leadership and build relationships on trust.

Physicians want to:

- Maintain knowledge of best practices or learn about new developments in their field
- Network, share and discuss learnings with peers
- Access knowledge within the time constraints of a very busy profession.

A successful educational programme will address all these needs, while standing out from the crowd. This can only be achieved by combining high-quality content, design principles and creativity, with proven educational experience, throughout.

'I do not think it means what you think it means'

Creativity is often conflated with promotional marketing; in an educational context, that does not necessarily engender trust. Creativity should not focus solely on delivering a



Figure 1

superficial 'wow-factor'; true creativity arises from deep insight into the needs and nature of the learner, resulting in the delivery of something uniquely impactful and memorable. Creativity should act as a catalyst, ensuring that educational objectives are achieved. Creative ideas should be integrated within programmes, not layered on top.

Start with 'who'

It is vital to understand who is at the centre of the learning experience. The days of pushing out 'messages' and 'educational themes' with no consideration of the audience's needs have gone. Only a profound understanding of the learners and the situational context can ensure that you understand where their needs intersect with your educational imperatives, how their clinical environment influences practice, and where the gaps are in the

broader communications landscape, enabling you to create a genuinely differentiated experience.

Getting close

In recent years we have explored how best practices in marketing communications can be extended to medical education. Audience segmentation, channel preference data and persona development can all be applied. Closed-loop engagement with modern customer management systems can provide useful insights; however, segmentation often describes behaviours, not needs. The best insights can come from direct conversations with physicians; Medical Science Liaison (MSL) colleagues are a great source of insight, as they really understand physicians' perspectives. The gold standard in getting close to the audience is to co-create a programme with a panel of representative learners (not necessarily

'key experts'). The closer you can get to your audience, the better the insights, and the more likely you are to trigger a truly creative solution.

Once more, with feeling

Emotion is the most overlooked component in medical education today. Emotions shape memories of an event and how it is described to others. Decisions, such as referring colleagues, are often based on emotion; a positive emotional experience will also help with recall, increasing educational value. Evaluate both rational and emotional factors when building learner profiles; consider whether an emotional component could support the learning experience or inspire your call to action.

No pain, no gain

It is critical to uncover learners' 'pain points'. If you can find a problem that no-one else has identified

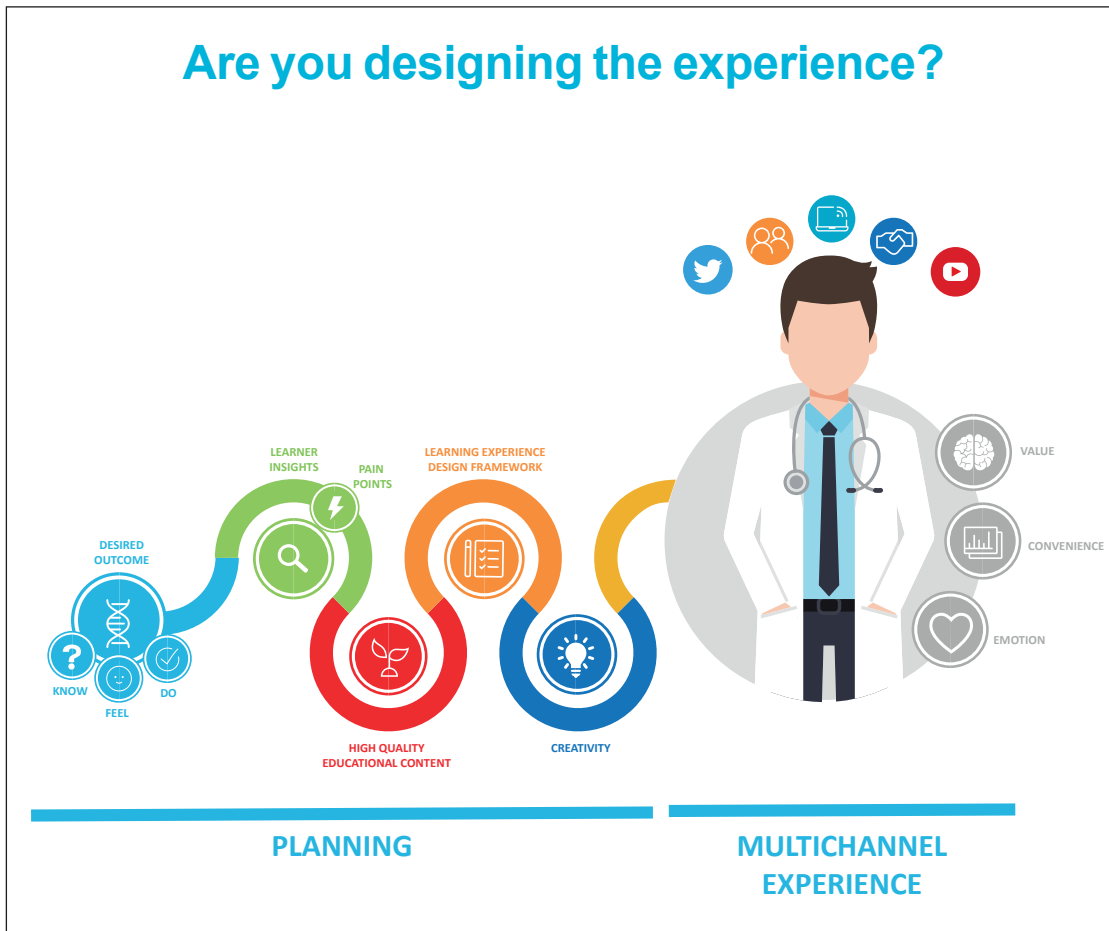


Figure 2

How do they get from one session to the next? Will they feel intimidated by unstructured workshops? How do you make it seamless and convenient?

Technology can play a key role, but again, consider the delegate's perspective: does it add value or convenience? Could you achieve more emotional engagement with physical interaction, such as collaborative poster walls and social learning points?

Finally, remember that the vast majority of our sensory impressions come from sight, and appropriate visually inspiring graphic design can reinforce key emotional experiences.

Post-meeting engagement

Calls to action aligning with the drivers of value, convenience and emotion will have the best chance of achieving successful long-term engagement. How can you engage delegates but avoid triggering 'sign-up fatigue'? Although evaluation does start in the room, follow-up enables more robust impact measurement and enables continual improvement. Consider applying a preference measure, such as Net Promoter Score, to evaluate how the experience was perceived. Consider how the event links with your broader multichannel engagement and achieves continuity of that experience.

then you will probably discover the most creative outcome. To steer your insight-gathering, focus on value, convenience and emotional needs. What would the physician value but currently misses? What could make the programme work seamlessly? What distinguished the last memorable event a physician attended? These insights do not show up in typical segmentation exercises. You do not need to cover everything in the learning experience: it may be as simple as finding one key pain point and focusing on that.

Rigor mortis

Adult learning models are crucial for ensuring activities are designed to have educational impact, but applying these frameworks rigorously does not mean killing creativity. Consider the adult learning principles described by Knowles et al, 2012:

- Learners need to know why, what and how
- Learners want to be autonomous and self-directing
- Learners' prior experience is an important consideration
- Readiness depends on the learner's needs
- Orientation to learning tends to be problem-centred and contextual

- Motivation to learn is an intrinsic value, with personal payoff.

These principles enable us to spark creativity by engendering questions such as: 'how can we give the learner full autonomy in this experience?' and 'how can we accommodate different prior audience experiences?' Regardless of whether you are following Knowles' ideas or applying 'constructive alignment' (Biggs and Tang, 2011) or the ADDIE model (Analysis, Design, Development, Implement, and Evaluate; Morrison 2010), remember that the framework is not a straitjacket: use it to guide you to the right questions.

Map the journey

Considering the programme as a journey reminds us to view it from the learners' perspective, and check that we are addressing their needs in terms of value, convenience and emotion. While most engagement now takes place within a broad multichannel context, events still form part of the mix. For simplicity let us consider when creativity can enhance an educational event.

Pre-engagement

The event must convince physicians it will be of value, from the very beginning. Personalisation is

powerful, forging a direct link with each individual learner's needs. How can we tap into a delegate's internal motivation ahead of attendance? How can we establish groundwork for social learning? Can delegates start participating before the event actually starts?

We can showcase convenience by overcoming barriers to attendance and allowing remote access to key sessions and content.

Creating an event 'branding' can catch the delegates' attention, setting expectations around the emotional tone of the event. Positive expectations should make their choice easy!

The meeting

Design with the end in mind: what should learners be able to do differently after the programme? The level of learning will help define educational activity formats and is a key component of the meeting's value.

Peer-to-peer interactions facilitate contextualisation of information, experience sharing and creative tasks, all of which stimulate effective learning. Session formats and room layouts should encourage learners to meet, talk and learn from each other. Remember the delegates' perspective.

Conclusions

Many medical education programmes expend huge effort, and budget, on channelling information to physicians without meaningful consideration of their viewpoint or needs. If you demand more engagement and impact from your programmes, remember that creativity within an established educational design framework, placing the learners and their clinical context at the centre, is key to educational effectiveness; it can differentiate your programmes as trusted offerings delivering real value to physicians.

Tim Norris is Group Director at Excerpta Medica, Amsterdam, Netherlands and **Dominic Sloane** is Business Development Director at Adelphi Communications, Manchester, UK