

Who's listening?

Why a tailored approach to education improves outcomes

In an increasingly resource-constrained environment with a growing need to show measurable impact in patient outcomes, medical education needs to smarten up. A blanket approach is no longer enough: we need an individualised approach to our programmes that delivers a population-level improvement in patient outcomes.

Medical education should aim to disseminate best practice and advance patient outcomes. I entered the industry from an academic background, and am passionate about the opportunity to address patients' needs. The growing emphasis on demonstrating measurable improvements in outcomes excites me, and we need to ensure that the healthcare professionals we reach with our programmes do go on to advance their clinical practice. Coupled with the resource limitations in today's healthcare environment, this means that we need to become much smarter at effecting change. We need to instil ambition in our pharma clients and encourage a targeted approach. We need to move beyond broad awareness and focus on individuals who want to change in line with their educational needs and preferences. Knowing our audience is key: "We don't see things as *they* are, we see them as *we* are."¹

Tailoring education to our audience's NEEDS

Truly understanding the clinical care gap must form the basis of any education. The wealth of data available to us, beyond traditional market research, is increasing. In the UK, use of electronic patient records and prescribing systems allows analysis of aggregate patient data and prescribing patterns. These can be key indicators of regional clinical care gaps and

can inform targeted regional programmes. However, pharma clients are sometimes reticent to take the time to really understand the clinical care gap, often due to a pressure to demonstrate performance indicators quickly. We need to inspire ambition beyond annual budget cycles if we are to start off in the right direction.

We then need to understand the healthcare professionals we deliver to. Physicians move through stages when changing their clinical practice: pre-contemplation, contemplation, preparation, action and maintenance.² Throughout these stages, the perceived advantages of changing their behaviour increase, while the perceived disadvantages decrease. We must target physicians who are ready to change, but also understand their specific barriers to doing so. Psychological evidence tells us there are fourteen factors that determine whether a behaviour is performed. Only when we target individuals' specific barriers, and identify where they start their personal journey of change, can we tailor our education to facilitate that.

Tailoring education to our audience's WANTS

Too often we approach medical education from our own perspective. As healthcare professionals are more time-pressured than ever before, with more choice in how they engage in education, we need to embrace a consumer-centric mind-set. So, in addition to tailoring our education content to the needs of our audience, we

² Prochaska JO, Velicer WF: The trans-theoretical model of health behavior change. *Am J Health Promot* 1997;12:38-48.



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'We need to become much smarter at effecting change and encourage a targeted approach'

must recognise which channels (traditional versus digital) suit their habits and preferences.

To truly optimise the engagement of healthcare professionals, however, we need to go one step further: view the learning journey as a whole, and understand that factors change over time. Increasingly, we need to consider the overall consumer experience and the cumulative impact of each learning touchpoint on the physician. Our programmes need to be compelling, long-term experiences that understand individual's learning preferences and histories. To achieve this we need to inspire long-standing commitment in our clients that transcends annual budget cycles and staff transitions.

What can we do to lead the evolution?

I am part of a highly ambitious team, inspired by our passion to find the right solutions for

both our clients and the clinical community. This increasingly requires many different skill sets. In addition to a robust scientific and clinical understanding, and an understanding of our client's strategic goals, our team must also apply behaviour change principles, adopt a consumer-centric mindset and consider data analytics and multi-channel solutions. Traditionally, our industry has used siloed expertise and resource, but it is vital we build diverse teams with these hybrid capabilities.

As an industry, we should take a more ambitious approach to talent management. This requires adaptable resourcing models and an ability to harness expertise and manage talent outside traditional definitions. Leaders must recognise the opportunities to inspire ambition and vision both with clients and in their own teams. In doing so, we will develop stronger, more collaborative and more innovative partnerships, and evolve the

lucid GROUP

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¹ Nin A. *Seduction of the Minotaur*. The Swallow Press; Chicago, Illinois; 1961.