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Innovative approaches in continuing medical education: Revolutionizing the path to excellence

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ABSTRACT

Introduction: Continuing medical education (CME) plays a pivotal role in updating healthcare professionals with the latest advancements. While traditional methods are valuable, there is a need to explore innovative approaches to enhance engagement and clinical competence.

Aim: To explore the potential of innovative CME approaches, including immersive virtual reality (IVR), personalized mobile learning (PML), gamification, blended learning (BL), and adaptive learning (AL), aiming to enhance engagement and knowledge retention among healthcare professionals.

Methods: A literature review analyzing the benefits and challenges associated with current research on innovative CME methods.

Results: IVR facilitates realistic simulations, enhances clinical skills, and reduces errors, but challenges include initial costs and ethical considerations. PML apps offer flexible learning experiences tailored to individual needs, but face challenges like the requirement of digital literacy and content quality assurance. Incorporating game elements boosts engagement and knowledge retention, with challenges involving balancing gaming and learning. BL, combining online modules with in-person experiences, bridges theory and practice but faces technological hurdles, and reduced face-to-face interaction. Personalized feedback and content delivery enhance engagement but encounter challenges such as needing an algorithm design, data privacy, and development costs.

Conclusion: Innovative CME approaches such as virtual reality, mobile learning, gamification, and AL are revolutionizing global medical education and enhancing engagement and competence. To unlock their potential, we must address challenges such as investment costs and equitable access, ensuring high-quality education for healthcare professionals worldwide.

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Introduction

Healthcare professionals are the unsung heroes, tirelessly working to deliver quality care based on scientific advancements [1]. To keep pace with evolving medical practices, continuing medical education (CME) is essential. CMEs help professionals stay updated on the latest trends, technologies, and best practices relevant to their specialty. CMEs address real-world challenges and reduce medical

errors, ultimately benefiting both healthcare professionals and the quality of care that they deliver [1–4].

CME has numerous benefits for healthcare professionals and patients. First, CME can help reduce medical errors, misdiagnosis, and improper or ineffective treatment which can adversely affect patient outcomes and satisfaction [4]. Medical malpractice claims arise from diagnostic and medical errors.

These errors could be significantly reduced if health-care providers are engaged in continuous learning and development through CME [3,5]. Second, CME can help healthcare professionals learn about the latest medical technologies and equipment that can improve the accuracy, speed, and effectiveness of service delivery [6]. By adopting these technologies and equipment, healthcare providers can optimize their service delivery models and save time and costs for themselves and their patients [7]. Third, CME can help healthcare professionals identify and manage current health challenges that have a negative impact on patient outcomes, such as cancer, heart disease, and COVID-19 [8,9].

Healthcare professionals can gain in-depth knowledge about the ever-changing disease management guidelines, the best clinical practices, and the latest research on new emerging trends and drugs that can improve patient outcomes [7]. Finally, earning CME credits is a mandatory requirement in most countries, and healthcare professionals must earn mandatory credit hours in training programs/conferences to meet the requirements for licensure, re-certification, accreditation, or credentialing [6].

Although CME undeniably offers valuable advantages, its successful integration indeed encounters substantial hurdles. In developed countries, the adoption of advanced technologies such as immersive virtual reality (IVR) demands significant initial investments, leading to substantial challenges. Moreover, resistance to change and inherent technological disparities further compound the complexities of effectively implementing CME initiatives. On the other hand, in developing nations, financial constraints and infrastructural limitations significantly inhibit the advancement of CME. The scarcity of financial resources and inadequate infrastructure pose formidable impediments to the progression of CME in these regions.

Furthermore, the cultural and linguistic diversity prevalent in both developed and developing countries adds another layer of complexity to the implementation of CME. This complexity necessitates the development of tailored, culturally sensitive content to effectively address the unique needs and preferences of diverse healthcare professionals.

Current Methods for CME

CME activities are accredited and regulated by organizations, such as the Accreditation Council for CME in the United States, to maintain the quality and relevance of the content for clinical practice. These

are a combination of live events, online courses, recorded lectures, and publications [7]. Not all CME activities are equally effective or satisfying for learners

While CME methods, such as meetings, workshops, conferences, and lectures, have numerous benefits, their traditional modes of delivery have inherent limitations that impede their effectiveness. Seminars, conferences, and lectures, though informative, often fail to fully engage participants. They can at times be inaccessible to busy professionals and those in rural or underserved areas. The COVID-19 pandemic and the resultant restrictions have further highlighted the shortcomings of traditional approaches. Another challenge with traditional CME methods is a lack of engagement. Passive learning through lectures can result in limited retention and restricted application of knowledge [10]. The one-way flow of information from the speaker to the audience restricts interaction and active participation, hindering learners' ability to fully comprehend and integrate the material [11]. This lack of engagement can diminish the overall effectiveness of CME programs. Another issue is the potential for outdated or irrelevant information. The development and delivery of these sessions often require significant lead time, which means that the content may become outdated by the time it reaches the learners. Furthermore, the relevance of the information presented may vary across different practice settings and specialties, leading to limited applicability for some participants [11].

Limited access is another significant draw-back associated with traditional CME delivery methods. These events are typically geographically bound, requiring healthcare professionals to travel and incur additional expenses to attend [12,13]. This can create barriers for individuals in remote or underserved areas, limiting their access to high-quality educational opportunities [12,13]. Moreover, scheduling conflicts and time constraints can further restrict participation, particularly for healthcare professionals with demanding work schedules.

To overcome these challenges, innovative approaches in CME have emerged, leveraging technology to create more immersive, flexible, and personalized learning experiences [12,13]. These platforms can incorporate multimedia elements, interactive quizzes, and case-based scenarios to enhance learner engagement and knowledge retention [11]. Such platforms can be continuously updated to reflect the latest evidence-based practices, ensuring the relevance and timeliness of the

content [12,13]. However, they are not without their challenges. First, one of the main obstacles is the potential for technical difficulties. Issues such as poor internet connectivity, audio/video disruptions, or platform malfunctions can hinder the smooth delivery of educational content. Furthermore, the lack of face-to-face interaction and the inability to directly engage with speakers and fellow participants may limit the depth of discussions and networking opportunities. This can hinder the exchange of knowledge and the establishment of professional connections. In addition, the passive nature of online platforms may lead to decreased participant engagement and attention span, potentially reducing the effectiveness of the educational sessions. Finally, ensuring equal access to technology and reliable internet connection for healthcare professionals in resource-limited settings remains a challenge.

In the rapidly evolving fields of medicine, it is crucial for CME methods to provide timely and tailored content to ensure the highest educational value. Therefore, we need new and innovative models of CME that can overcome these challenges and provide more meaningful and effective learning experiences for healthcare professionals.

Aim

This article explores and analyzes the potential of innovative approaches in CME to revolutionize medical education practices. This study examines the benefits and challenges associated with IVR, personalized mobile learning (PML), gamification, blended learning (BL), and adaptive learning (AL) in the context of CME. By investigating these innovative approaches, the article aims to provide insights into how these advancements in knowledge dissemination can enhance engagement, knowledge retention, and clinical competence among healthcare professionals. In addition, it highlights the transformative impact these approaches can have on improving patient care outcomes. Ultimately, this study seeks to inspire stakeholders in the medical education field to embrace and integrate these innovative approaches to elevate CME, empowering healthcare professionals to excel in their fields and deliver the highest quality of care.

Methodology

A review of the contemporary literature was conducted to identify relevant studies to explore the potential of innovative approaches in CME (Fig. 1). The inclusion criteria were studies that examined

the benefits and challenges associated with IVR, PML, gamification, BL, and AL in the context of CME.

Search strategy

The data for this article were collected from academic databases, including MEDLINE (Pubmed), Embase (Ovid), Scopus, Web of Science, CINAHL, Psych INFO, and the Cochrane Library. The search strategy was developed using a combination of MeSH terms and keywords relevant to "innovative approaches in CME". The outputs from all searches were combined and duplicates were removed.

The identified titles and abstracts published within the past 10 years were sifted for potential eligibility, relevant manuscripts meeting the inclusion criteria were retrieved, and the full texts of each paper were reviewed for potential abstraction. In addition, reputable professional organizations' websites, reports, and guidelines related to CME and medical education were reviewed to gather additional insights and perspectives.

Data synthesis

The manuscript findings were synthesized to reveal important insights into various educational and technological approaches, that are used to enhance learning experiences. These insights serve as the foundation for our forthcoming review.

The findings were synthesized and presented in a narrative format, allowing for a comprehensive exploration of the potential and transformative impact of these innovative approaches in CME. The analysis also sought to identify common trends, patterns, and gaps in the current literature to provide insights for future research and practice.

Results

Immersive virtual reality (IVR) for enhanced learning: stepping into the future

IVR enables medical professionals to simulate medical procedures, experience patient interactions, and practice clinical decision-making in a safe and controlled virtual setting [14,15]. IVR technology provides a unique learning environment that bridges the gap between theory and practice, thereby enhancing clinical skills development and knowledge retention [16–19].

In the context of medical education by simulating medical scenarios, IVR can be implemented for surgical training. Surgeons can practice complex procedures in a virtual environment before

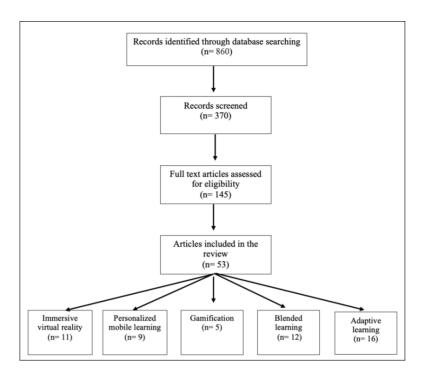


Figure 1. Results of literature search and studies reviewed for innovative approaches in CME.

performing them on real patients, thus honing their surgical skills and reducing the risk of errors on real patients [20,21]. IVR offers an immersive and realistic experience that actively involves learners, thereby boosting engagement and knowledge retention [22,23]. Furthermore, IVR-based CME programs offer the convenience of remote access, enabling professionals to learn and practice at their own pace without the need for physical attendance at training facilities [24].

Although the adoption of IVR technology in medical education is promising, challenges remain [19]. The initial investment in VR equipment and software can be substantial, limiting accessibility [15,25]. Furthermore, the creation of high-quality, accurate, and effective IVR content for CME programs can be time-consuming and necessitates specialized expertise [18]. Establishing ethical guidelines is also crucial to ensure the appropriate use of IVR technology in medical education and to safeguard patient privacy and safety [14,15].

To successfully integrate IVR technology into CME, considerations include adapting to evolving hardware and software technologies and striking a balance between realism and educational objectives to achieve desired learning outcomes [20,21].

Furthermore, ongoing advancements in hardware and software technologies require medical institutions to adapt and keep pace with the evolving IVR landscape [15]. Regular updates and investments in IVR equipment and software are necessary to ensure the compatibility and optimization of the learning experience. Balancing the need for realism with educational objectives and learning outcomes is crucial. While immersive and realistic VR environments can enhance engagement and learning, it is essential to align the level of realism with the specific educational goals and ensure that the technology supports the desired learning outcomes.

Personalized mobile learning (PML): empowering learners on the go

In today's digital age, mobile devices have become ubiquitous, offering a plethora of opportunities for personalized learning. PML harnesses the power of mobile apps and platforms to deliver educational content directly to healthcare professional's fingertips, promoting flexibility and engagement. It empowers healthcare professionals to engage in CME, even during their busy schedules. For instance, doctors can effortlessly access personalized medical updates and treatment guidelines on their smartphones, ensuring that they remain informed during demanding hospital rounds [26,27].

By tailoring learning pathways to individual needs, interests, and learning styles, PML enhances engagement and effectiveness [28].

Professionals can access customized content on the go, receive instant feedback, and monitor their progress in real time [29,30]. Bite-sized modules, videos, and podcasts support continuous learning, making education accessible anytime, anywhere [25,29,31,32]. Despite these advantages, challenges arise when implementing PML in CME [31]. The limited screen size and potential for information overload should be considered. Furthermore, disparities in access to mobile devices and reliable internet connections may hinder some professionals from using this learning opportunity [29,33]. Ensuring the quality and accuracy of educational content sourced from various providers can be challenging [31,33]. Moreover, self-motivation and discipline are required from learners to avoid distractions and prioritize learning [27].

Measures should be implemented to ensure the security and privacy of user data [25]. Compatibility across different mobile platforms and devices should also be considered to provide a seamless learning experience for all users. Finally, the optimal use of text, images, and multimedia elements must be balanced to maximize learning outcomes [29].

Gamification: leveling up engagement and knowledge retention

Gamification introduces game elements into the CME learning process, transforming education into an interactive and enjoyable experience. By incorporating points, levels, badges, and leaderboards, gamification increases learner engagement, motivation, and knowledge retention.

Gamification can be applied to medical quizzes and assessments [16]. For example, a medical app can gamify the process of testing knowledge about drug interactions, where healthcare professionals earn points and rewards for correct answers, creating a fun and engaging learning experience [27,34]. The introduction of game-like elements creates a sense of competition, achievement, and progression, encouraging active participation and collaboration [35]. Instant feedback allows learners to monitor their progress and celebrate achievements [36]. Social interaction through leaderboards and team competitions fosters collaboration among learners. However, there are considerations when implementing gamification in CME. Striking a balance between game elements and educational content is crucial to avoid superficial learning. Preferences for game-based learning vary among learners, therefore alternative approaches should be offered.

Sustaining motivation and avoiding burnout can also be a challenge, as learners may lose interest once the novelty wears off. Ensuring data privacy and security is essential to protect learner information in gamified platforms. Another concern relates to the use of gamification in assessment, as it raises questions about the validity and reliability of accurately measuring knowledge acquisition and clinical competence.

To further explore the effectiveness of gamified approaches in achieving desired learning outcomes, research should focus on assessing the impact of gamification on learner engagement, knowledge retention, and the development of clinical competence [27]. In addition, it is important to address the potential ethical concerns associated with gamification in CME. The collection and use of learner data, particularly in relation to performance tracking and rewards, should adhere to privacy and confidentiality guidelines. Learners should be informed about the data being collected, how it will be used, and their rights regarding its storage and protection. The use of gamification in assessment raises questions about the validity and reliability of accurately measuring knowledge acquisition and clinical competence. Careful consideration is required to ensure that assessments align with learning

Furthermore, the cost and technological requirements of implementing gamified approaches should be considered. Developing and maintaining gamified CME platforms may require significant financial and technical resources. It is essential to consider the feasibility and sustainability of such initiatives, to ensure that they can be effectively integrated into existing educational systems and workflows. Sustaining learner motivation and preventing burnout can be a challenge, as learners may lose interest once the initial novelty of gamification wears off. Strategies to maintain engagement over time are crucial. Learners also have diverse preferences when it comes to game-based learning. Therefore, it is important to offer alternative approaches to cater to different learning styles and preferences.

Blended learning (BL): merging the best of both worlds

In BL, physicians attending conferences on new medical technology can combine in-person workshops with online modules. This combination allows for hands-on experience and theoretical knowledge integration and creates a dynamic and well-rounded CME experience. It caters to diverse learning styles, enhances engagement, and promotes collaboration among participants.

In BL, participants benefit from interactive online modules, virtual simulations, and discussion forums, complemented by in-person workshops and hands-on experiences [37]. This approach allows professionals to apply theoretical knowledge in practical settings, effectively bridging the gap between theory and practice effectively [30,38–40].

However, implementing BL in CME comes with its own set of challenges. Technological issues, such as connectivity problems and software compatibility, can hinder seamless integration. Digital literacy requirements may be a barrier for some learners. Reduced face-to-face interaction can lead to feelings of isolation, affecting engagement and collaboration. Instructors must be equipped with the necessary skills and training to facilitate effective online and in-person learning experiences [37,41].

Access and equity issues must also be addressed to ensure that all professionals have equal opportunities to benefit from BL approaches [39,42-44]. To mitigate these disadvantages, institutions should carefully plan, provide support, and evaluate the implementation of BL [45]. Technical issues can be addressed by ensuring connectivity and resolving software glitches. Providing digital literacy support can help learners navigate online platforms effectively. Promoting opportunities for face-to-face interaction can meet the preferences of some learners [46]. Offering time management guidance assists learners in optimizing their learning experience. Instructors should receive appropriate training to deliver high-quality online instruction. Equitable access to resources and technology can be ensured through proactive measures [47].

Adaptive learning (AL): unleashing the power of personalized feedback

Every learner is unique, and AL recognizes this by tailoring the educational experience to individual needs, progress, and preferences. For example, medical students receive personalized recommendations for further study based on their performance in online quizzes and exams. This ensures that each student's learning experience is tailored to their specific needs [48,49]. Through advanced algorithms and intelligent systems, AL dynamically adjusts content delivery, optimizing engagement and knowledge retention [50,51]. AL analyzes learner performance and identifies areas for improvement, presenting personalized content and resources accordingly. Real-time feedback allows

professionals to address knowledge gaps promptly, ensuring a focused and efficient learning experience [52,53]. Learners can track their progress and receive targeted recommendations to further enhance their skills and expertise [29]. AL can be customized and personalized throughout the healthcare professional's entire career, integrating with real clinical practice.

While AL shows promise, challenges remain in its implementation. Designing effective algorithms that accurately assess learner's needs and preferences is crucial. Data privacy and security concerns must be addressed to protect learner information and maintain trust.

Adequate technological infrastructure and access to AL platforms are essential requirements, that may pose challenges, particularly in resource-limited settings [25]. In addition, the initial development time and cost associated with creating AL materials and implementing the necessary technology can be substantial [25]. Moreover, there is a potential for algorithm bias in AL systems, highlighting the importance of careful design to ensure equitable learning experiences for all learners [56].

Various considerations are pertinent to the effective implementation of AL. First, learner data privacy must be given paramount importance to comply with ethical and legal guidelines, safeguarding the privacy of learners' personal information [57]. Second, educators may require training to effectively utilize AL technologies and interpret data insights to support learners [58]. AL modules could be designed to address specific clinical challenges or cases that healthcare professionals encounter in their daily practice, making the learning experience even more relevant [58]. AL provides the opportunity for continuous assessment and feedback.

Finally, ensuring the quality and adaptability of learning materials to cater to diverse learners' needs and preferences remains a challenge [58]. Addressing these considerations and challenges is crucial to maximize the potential benefits of AL in medical education.

Discussion

The landscape of CME is evolving with the integration of innovative methods such as IVR, PML, and gamification. Each approach offers unique advantages, necessitating a strategic integration to maximize overall impact. For example, IVR excels in teaching complex procedures like robotic surgery, while gamification provides incentives for learners.

A blended approach that incorporates IVR, PML, and gamification caters to diverse learning styles and objectives, creating a comprehensive and effective CME experience. However, the implementation of novel CME approaches is not without challenges. One major obstacle is the resistance from health-care professionals who may be unfamiliar with these new technologies and concerned about disrupting established learning routines. Overcoming this inertia requires effective communication, well-designed training programs, and emphasizing the benefits of innovative CME methods [11].

Financial challenges, including the cost of acquiring specialized equipment and developing scenarios, pose barriers to entry, particularly for smaller healthcare institutions. To address these challenges, collaboration with technology providers, clear procurement protocols, and efficient maintenance strategies are essential. In addition, technological disparities, such as limited internet access and device availability, contribute to a digital divide. Solutions involve AL approaches, partnerships for device access, and content optimization for basic devices. Logistical challenges in equipment acquisition, scenario development, and internet accessibility require streamlined processes and interdisciplinary collaboration [1,59]. Regulatory challenges, including quality control and privacy considerations, necessitate collaboration among CME providers, educational institutions, and regulatory bodies [11,23,59,60].

Addressing these challenges effectively involves comprehensive training programs for healthcare professionals, pilot programs, collaborative networks, and continuous improvement processes. In resource-limited settings, challenges such as limited technological infrastructure, insufficient access to devices, and financial constraints can be addressed through low-bandwidth solutions, communal learning spaces, and partnerships with nonprofit organizations. Furthermore, case studies from Uganda, Haiti [61], Nepal [62], and Rwanda [63] highlight the adaptability and impact of innovative CME approaches in low-income healthcare settings. Tailoring CME initiatives to specific needs, involving local communities, ensuring technology overcomes connectivity barriers, and incentivizing learning through gamification are key learnings for enhancing global relevance.

By addressing resistance to change, financial barriers, technological disparities, and regulatory challenges, the integration of IVR, PML, and gamification in CME can be successful. This requires a concerted effort through collaboration among healthcare professionals, educational institutions, technology developers, and regulatory bodies [11,23]. Pilot programs, evaluation studies, and ongoing assessments can further refine these educational approaches, fostering a culture of lifelong learning among healthcare professionals worldwide.

Conclusion

Innovative approaches in CME are revolutionizing the way healthcare professionals learn and stay updated. IVR, PML, gamification, BL, and AL are reshaping the educational landscape, and promoting engagement, knowledge retention, and clinical competence. All of these approaches have the potential to transform medical education globally. However, to unlock this potential, it is crucial to address the challenges and barriers that hinder their implementation. The challenges are multifaceted, affecting both developed and developing countries. By adopting collaborative and inclusive strategies, we can work towards ensuring equitable access to high-quality medical education and continuous professional development for healthcare professionals worldwide.

By leveraging technology, these approaches address the limitations of traditional CME methods, such as accessibility, engagement, and relevance. However, successful implementation requires overcoming challenges related to investment costs, technical considerations, ethical guidelines, and equity in access. As these approaches continue to evolve, the future of CME holds immense potential to transform medical education and improve patient care outcomes, empowering healthcare professionals to excel in their fields and deliver the highest quality of care.

Limitations

This study's limitations include the reliance on existing literature, which may be subject to publication bias and limitations inherent in the studies reviewed. This plain review is based on the literature published in the last 10 years. Only broad search terms were used and a quality assessment was not done. The generalizability of the findings may be limited to the specific contexts and populations discussed in the selected articles.

Funding and Conflict of Interes

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Ethical Consideration

Exempt from institutional review board (IRB) approval, the literature review relies solely on pre-existing published literature, ensuring no primary data collection from human subjects. Confidentiality concerns are mitigated by the absence of personal information. Informed consent was unnecessary as there were no direct interactions with human subjects. Proper citation and referencing were employed to prevent plagiarism, and the review was presented objectively and transparently. It aligns with ethical standards and follows The National University of Natural Medicine guidelines.

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