

## AAFP Course Design

Each course lists learning objectives from which sessions will be designed. Below is the course design model where you build your course(s) from the learning objectives to ensure you provide education that leads to the desired learner outcomes.

### Using Backward Design:

Backward design begins with the end in mind. It moves the focus from what the instructor wants to teach to what the physician-learner needs to learn (learning objectives). Backwards design allows you to teach for understanding and requires learners to apply and demonstrate their new knowledge to ensure learning. A well-designed curriculum enables the physician-learner to engage in the learning, observe role-modeling from faculty, practice what they have learned, receive feedback from faculty and peers, and reflect on their learning.

*“When one starts with the end - the desired results (goals or standards) - and then derives the curriculum from the evidence of learning (performances) called for by the standard and the teaching needed to equip students to perform” (Wiggins and McTighe, 2005, page 8).*

### Backward Design Model (three stages)

The following strategic model gives a focusing question which will allow you to design your course(s) around the learning objectives:

#### • Stage 1 - What is worth knowing?

Identify Desired Results – From the session learning objectives, identify your learning goals by focusing on what physician-learners need to understand or be able to do upon leaving the course. Look for the “big ideas.” Remember, the focus of CME is to improve physician competency such that it positively impacts physician performance and ultimately patient care.

#### • Stage 2 - What is the evidence of understanding?

Determine the means to assess learning – Early in the planning process, determining how to assess understanding to give both you and your learners clear direction of the learning experiences necessary to get there. Providing a means to self-assess during the learning activity allows physician-learners to practice what they have learned and receive feedback from faculty and peers.

Physician-Learners demonstrate true understanding when they:

- can explain concepts to patients, staff, and colleagues
- can interpret clinical practice guidelines
- can apply new knowledge to practice
- have perspective on the “big picture” of patient care

- can empathize with the view points of others
- have self-knowledge of one’s own knowledge, attitudes, and biases

**• Stage 3 - What learning experiences will promote understanding, interest and excellence?**

Plan the learning experiences and instruction. This includes:

- determine the learning activities (i.e. small group, interactive lecture, etc.).
- determine what is essential for the physician-learner to know
- definition of knowledge (know-that), skills and procedures (know-how) learners ought to master
- consider materials needed

<b><i>Backward Design Learning Activities</i></b>	
The following is an acronym to help you consider which learning experiences and instruction will enable students to achieve the desired results:	
<b><i>“WHERE TO” ACRONYM</i></b>	<b><i>EXAMPLE</i></b>
<b>W</b> = Tell learners <b>Where</b> the session is going, <b>What</b> to expect, and know <b>Where</b> the learners are coming from (prior knowledge).	<b>W:</b> Go over session learning objectives and explain to the learners what is expected of them.
<b>H</b> = <b>Hook</b> all learners and <b>Hold</b> their interest.	<b>H:</b> For each specific concept, remind learners how the knowledge/skill should be used in the actual clinical setting.
<b>E</b> = <b>Equip</b> learners, help them <b>Experience</b> the key ideas and <b>Explore</b> the issues.	<b>E:</b> Demonstrate the clinical concept by reviewing a case-study, and then give learners the opportunity to participate in a similar case-study.
<b>R</b> = Provide opportunities to <b>Rethink</b> and <b>Revise</b> their understanding.	<b>R &amp; E:</b> These next two sections go together. Learners should compare the new knowledge with what they currently do in practice and write out a potential commitment to change statement. Also, provide learners with the opportunity to evaluate their thinking by comparing ideas with one another or faculty. Pre & post-tests may also be used for learners to self-evaluate.
<b>E</b> = Allow learners to <b>Evaluate</b> their understanding of the main ideas and its implication on the way they practice.	
<b>T</b> = Be <b>Tailored</b> (personalized) to the different needs, interests, and barriers of learners.	<b>T:</b> Provide opportunities at regular intervals throughout the session to ask learners questions and be prepared to

	address misconceptions and barriers physician-learners face when implementing changes in their practice.
<b>O = Be Organized</b> to maximize initial and sustained engagement as well as effective learning.	<b>O:</b> Practice the timing between delivering content, questions & answers, and redirecting after opportunities for interactivity. AAFP physician-learners expect a balance between the amount of content and time spent on important concepts of the session.

**Citations:**

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Overview of backward design and (FAQ) Frequently Asked Questions.  
<http://www.greece.k12.ny.us/instruction/ela/6-12/BackwardDesign/Overview.htm> [Accessed May 5, 2009].

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