

Use of an Artificial Intelligence-Driven Digital Platform for Reflective Learning to Support Continuing Medical and Professional Education and Opportunities for Interprofessional Education and Equitable Access

Featuring:

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TRANSCRIPT

ANHI: In a pilot trial with healthcare professional learners, the AI platform detected that 45% of learners would change future behaviors and /or apply new knowledge to their clinical practice, while 55% of learners provided deeper clinical and personal insights.

ANHI: Welcome to Abbott Nutrition Health Institute's, Power of Nutrition Podcast. My name is Ashley Bronston, and I'm with the Abbott Nutrition Health Institute.

ANHI: It's our pleasure to have Dr. Brian Cohen with us today, Managing Partner & Administrative Chief of Miami Anesthesia Services, to discuss his recent commentary "*Use of an Artificial Intelligence-Driven Digital Platform for Reflective Learning to Support Continuing Medical and Professional Education and Opportunities for Interprofessional Education and Equitable Access.*"

ANHI: Hello, Dr. Cohen, and welcome!

Dr. Cohen: Hey Ashley. Thank you so much. It's great to be here.

ANHI: Before we start, I should note that I'm recording in the studio while Dr Cohen is dialing in from Fort Lauderdale, Florida, so you may notice a small difference in the sound quality of our respective microphones.

ANHI: Dr. Cohen, can you start by telling us a bit about yourself and your background.

Dr. Cohen: Yeah, of course. I grew up and did most of my medical training in the Midwest, where I also met my current wife at a combined undergraduate medical school program. We now have two amazing daughters and enjoy living here in South Florida. I'm in my 16th year as a practicing anesthesiologist and launching an anesthesia company in 2015 with three other partners. While launching that company, I also became interested in other healthcare ventures, like medical liability and risk, health checks, and educational technology. I began to appreciate the human side of how all these ventures either work or don't work. While pushing propofol in the operating room is one challenge, really understanding the behaviors of both the individuals delivering care and receiving care is really where much of my time was being required.

ANHI: Very impressive. It is a pleasure to have you with us today. Before we start discussing the article, can you tell us what sparked your interest in this topic?

Dr. Cohen: Of course. As I alluded to above, I really challenged myself to understand that human factor of health care from as many angles as possible. I felt that, if I failed to understand the people that I bring into these companies, the chances of overall success are greatly diminished. And I found that anesthesiologists and surgeons and nurses and techs – obviously – we work better, smarter, safer, more efficiently when we function as a team. But why doesn't this team mentality always work? Or how do personalities play into the outcomes? And these intangibles of health care professionals can greatly affect the tangible outcomes, and as a result of this challenge to myself, I began to appreciate these more global shifts in how we, as clinicians, look at certain things in our day-to-day, like communication, family life, learning, keeping up to date with education, inter-disciplinary solutions, technology – all these things that really led me to the topic at hand today.

ANHI: Wonderful. Thank you for sharing that. For our learners, let's start with the basics: What is reflective learning and how is it different from traditional learning?

Dr. Cohen: Reflective learning is a type of active learning. It typically starts with the learner identifying a need and is built on the premise that examining an experience builds knowledge and helps guide future practice. But a common limitation of traditional learning approaches, like a lecture, is that they tend to focus on updating practitioners' clinical knowledge. Thus, they may be less sensitive to individual practitioner needs and experiences. In contrast, reflective learning really enhances these personal and professional developments, because it's, of course, self-awareness, and reflective learners start to assume responsibility for their own learning.

ANHI: Thank you, that's super helpful as we further explore the key points of your article. So, is reflective learning a new educational approach? And how is it related to continued professional development?

Dr. Cohen: Yeah, reflection is definitely not a new education strategy. It's been talked about in the educational sector for more than 25 years, and they really started to comment that continuing professional development is grounded in these principles of reflective practice, and it's more effective than traditional continuing medical education in sustaining relevance, coherence, and progression of professional learning.

Dr. Cohen: This active learning approach, like reflective learning- I mean, the approaches are are foundational to adult education, and of course, the belief that effective education establishes, really, a purpose of an activity and its application to real life. So, today, active reflection is part of the recommended processes for both clinical practice development and professional accreditation

ANHI: That's interesting. It sounds like this learning approach could provide many benefits to practitioners. Could you further explain how reflective learning can benefit practitioners when used as a learning approach for CME or CE?

Dr. Cohen: Sure, if we first focus on what we see with reflective learning: first, it increases learning from an experience or a situation because reflection promotes deep, rather than superficial, learning. This becomes extremely important when we're looking at things like unique clinical scenarios. It also helps facilitate problem-solving. Reflective learning can act as a source of feedback and encourage self-motivated and self-directed learning, and then lastly, it identifies the learner's own educational needs and personal and professional strengths and weaknesses. So, when we take that and we apply that to the CME or CE world, reflective learning brings these benefits and provides practitioners the opportunity to explore their own personal beliefs – their attitudes, their values, their biases – and what we get from that is this transformed understanding, and also this translation to practice.

ANHI: Those are excellent benefits. Thank you. In your paper you state that “reflection can enhance interprofessional education.” Can you discuss how reflection can support interprofessional CE?

Dr. Cohen: Yes. First, let's define interprofessional education. And, interprofessional education occurs when two or more professions come together to learn about, from, and with each other to enable effective collaboration and improve health outcomes. Now, it can be challenging to apply reflections kind of theoretical dimensions to learning contexts and experiences like interprofessional continuing education. So, really, a more structured method for encouraging and engaging in reflection is needed, and that's really what's great about the use of an AI-driven platform for reflective learning that we're currently using to support interprofessional CE. And reflective learning can occur in all different contexts, not just traditional classroom settings with a traditional lecture-based approach, but the AI-driven platform works well in all different types of learning venues from articles to podcasts to virtual meetings, and really, if you think of it, any encounter between health care professionals that spark learning. I experienced this the other day in one of my own meetings using the digital reflective learning CME tool with one of our surgery center partners, and as you may or may not have heard, the GLP-1 agonist medications that have become extremely popular, not only as diabetic medications but also for weight loss. And, we've seen an enormous increase in patients

using these medications, and it's actually created a unique challenge in the anesthesia world and we've found that the use of these medications actually decreases the gastric emptying speed of the stomach, and therefore, it increases the risk of previous stomach contents still being present when we induce anesthesia, which is actually a very high risk for aspiration. So, we called an interprofessional meeting at one of our GI centers to discuss this challenge, and, again, in healthcare, one of the challenges is that all of the different sectors of caregivers receive different information and different policies and different procedures and different updates from their societies and the regulatory bodies. But, how do we then really all start rowing in the same direction? And, at our meeting, we had anesthesiologists, anesthesiologist assistants, gastroenterologists, medical assistants, nurses from the surgery center, and then also nurses from the clinic setting, and through a brief discussion about the anesthesia concerns, we brought in endocrinology updates – we brought in the gastroenterologist's perspective. We started to layer in some of the logistical practice challenges from the nursing side, and then from the administrative side, and this conversation is what provided that spark for all of the individuals to then reflect on these topics. And then, the analysis, really, was able to then bring back solutions and next steps for the team.

ANHI: That's really a great real-life example. Now, I'm hearing more and more about AI technology lately. Can you tell us more about the AI-driven platform for interprofessional CE?

Dr. Cohen: Yeah, of course. The AI-driven platform- what it really does is it safeguards learner also safeguards learner reflections, while at the same time assuring their reflections are meaningful and appropriate for interprofessional CE credit. Additionally, the AI-driven platform can help address common barriers to CME/CE, like expense, time, motivation, and as a digital platform, they can actually become more inclusive of people and their individual idea, thus, support a more equitable approach to CME/CE. And what it truly has become is that equalizer in learning and earning.

ANHI: Fascinating. Before we close, do you have any concluding comments for our listeners?

Dr. Cohen: Well, Ashley, I really appreciate the platform that you provided to just talk about this topic. And it truly becomes about the learning – making it relevant, making it concise, making it personal, and making it accessible – and when we all admit to the fact that learning happens all around us, every day, in health care. It allows us to engage with each other, draw connections back to our own clinical practice, and I love that we're embracing the fact that knowledge doesn't really have to be force-fed to us in order for patient outcomes to be affected. Really, when we understand our audience, which is truly our peers – our colleagues, our employees – we can meet them where they are, and when the learning happens, and that then empowers each individual to better himself or herself as part of that overall team. And, at the end of the day, the goal remains the same, and it's better care of ourselves and our patients. That's really how we all win.

ANHI: Dr. Cohen, thank you for your time today, and for helping us better understand the concept of reflective learning.

Dr. Cohen: Thank you so much for having me. I appreciate it.

ANHI: For our listeners, if you're looking for education where reflective learning credit is available, please visit [ANHI.org/Education](https://anhi.org/education). We will be adding new reflective learning offerings often throughout this year. If you would like to learn more about Reflective Learning, visit our Learning Approaches page. Thank you for listening and stay healthy and safe.

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