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Guest Editor
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Conclusions and consensus statements on: Innovative educational methods and technologies applicable to continuing professional development in periodontology – consensus view 4

Consensus report of the 1st European Workshop on Periodontal Education

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This position paper was adopted by the participants of the Group 4, and was based upon the manuscript which follows this consensus report. The group was composed of the following:

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Innovative educational methods and technologies applicable to continuing professional development in Periodontology - Position Paper 4

1. The goals, complexity and length of CPD courses vary according to the requirements of the professional regulators and also the needs of learners, and include: acquisition of contemporary knowledge; professional re-validation; expanding clinical skills; and obtaining additional expertise and/or qualifications.

2. CPD programmes differ from undergraduate courses in that they tend to be more 'learner driven' and 'learner centred' and their design should be flexible to accommodate the differing social, professional, geographical and economic pressures of working practitioners.

3. CPD courses should be evidence-based, should integrate patient contact when appropriate, inform changes in clinical practice, and enable the maintenance of up-to-date practice of core competencies.

4. The methods used in CPD should accommodate the diversity of learners' characteristics and promote active and student-centred learning.

5. Pedagogical methods should be founded on a clear theoretical background and have an adequate basis in the literature reports.

6. Mentoring, peer learning environments and work-based learning are appropriate for CPD.

7. There seem to be advantages in combining several instructional methods for CPD.

8. Information technology has the potential to deliver CPD to a wider audience, yet technology could enhance learning strategies.

9. All CPD courses should include an element of assessment; formative assessment to provide feedback for the learner; summative assessment for accreditation. It is crucial to ensure that the assessment is appropriate to achieve the desired competencies and learning outcomes.

10. Assessment methods should be subjected to an analysis of their validity, reliability, feasibility and cost-effectiveness.

11. Course evaluation, quality assurance and accreditation including the provision of feedback by the learner to the provider are important to ensure the validity of the teaching program.

12. Ideally, personal development plans (PDPs) should be guided by a mentor.

13. Given the diversity of reported courses addressing different audiences, different learning objectives and using different instructional media, the available evidence is not sufficient to recommend one approach as being superior to another, and research is urgently needed to address this issue.

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Current CPD programmes differ from formal structured educational programmes in that they are mainly driven by and focussed upon the learner; they encompass a range of largely informal non-linear learning activities designed to accommodate a diverse group of clinicians. CPD may include components of full-time accredited programs undertaken on a stand-alone basis, but does not lead to specialist certification.

Personal development plans, ideally guided by a mentor, and supported by reflective learning diaries are recommended in order to provide some structure to the professional development of the individual clinician throughout their career.

There is evidence that the most successful learning outcomes result from combining different instructional methodologies in the design of CPD courses. However, the available evidence is potentially subject to a high level of publication bias.

There is a wide range of new and emerging technologies, which inevitably precede methodological development and which may be incorporated into CPD courses; however, research supporting the impact of such technologies is in its infancy.

All CPD courses should include an element of appropriate assessment and such assessment should be bi-directional in order to ensure quality for clinicians and courses alike.

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