# Success Story: Vernova "Caring Together" Microlearning series

**CLIENT PROFILE:** Vernova Healthcare Community Interest Company

## TOP BENEFITS

1. **Shorter length** to accommodate time-pressed clinicians
2. **Targeted information and examples** appropriate to the practice
3. **Relevant scenarios** that model clinician/patient conversations

### THE BUSINESS GOAL

The *Caring Together Series* was created to prepare a group of General Practitioners (GPs) working with the UK's NHS for a new way of working. Under a contract with the UK's NHS, General Practitioners were to transition their practices and take on conditions which had been previously treated by specialists.

### THE BEHAVIORAL GOAL

GPs needed to manage more patients and refer less to secondary care.

### THE PROCESS

Relias worked with Vernova Healthcare Community Interest Company to create modules that would create motivational buy-in for caring for patients in a different way and provide them with the needed information to do so. The challenges:

- Physicians do not have a lot of time to attend training or consume learning content

- The content needed to inform and provide examples and opportunities to apply knowledge
- Covers a wide-range of health care conditions

For this project, we were asked to create a learning solution that could meet these learning objectives all while providing the needed information in a conscience and engaging format.

### THE SOLUTION

To address this need, recommend these micro-learning modules; each course has a target length of *5–8 minutes*. The format is lively and engaging with high-color vector images and characters. The content is condensed down to the 'need to know' for the physician. They learn what they are expected to do and why in the module, and are shown and provide opportunities to practice accomplishing their goals successfully. Additionally, these modules are formatted to take on-the-go, on a tablet or phone as well as a desktop PC.

### Consult with the people doing the job

Working with physicians from the practice as subject matter experts, we created learning content that provided the information in the context of typical patient scenarios. We then crafted a patient persona to use in the scenarios that would reflect realistic conditions and outcomes.

In a short module on prescribing DMARDS, the content is presented with the value proposition: Why monitoring patients for

DMARDS (medications used to treat arthritis) is a benefit to their practices and improves patient outcomes.

We then presented a short scenario where the learner could discover relevant details about the patient and their condition and how to treat them within the new protocols. **See Figures 1 and 2 below.**



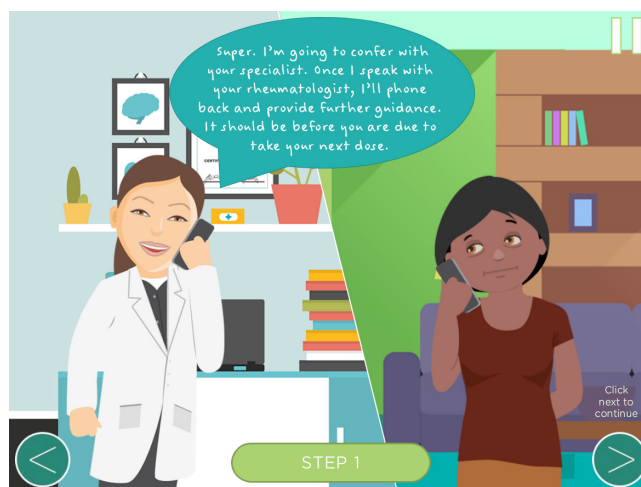Figure 1: The doctor gets an abnormal blood test back.



Figure 2: The doctor consults with the patient—something only the specialist did before.

## Use instructional approaches that has learners apply the information within the context of the job

We used application-based learning to help the learners use the drug prescribing guidelines. Instead of simply telling the learners what they needed to know, we created an activity where the learner used the guidelines as they would in their practice. **See Figures 3 and 4 below.**



Figure 3: The learner uses the drug information sheets to answer the questions.



Figure 4: Now familiar with the guidelines, the learner applies the knowledge to a specific situation and receives helpful feedback.

> *"Instead of simply telling the learners what they needed to know, we created an activity where the learner used the guidelines as they would in their practice."*
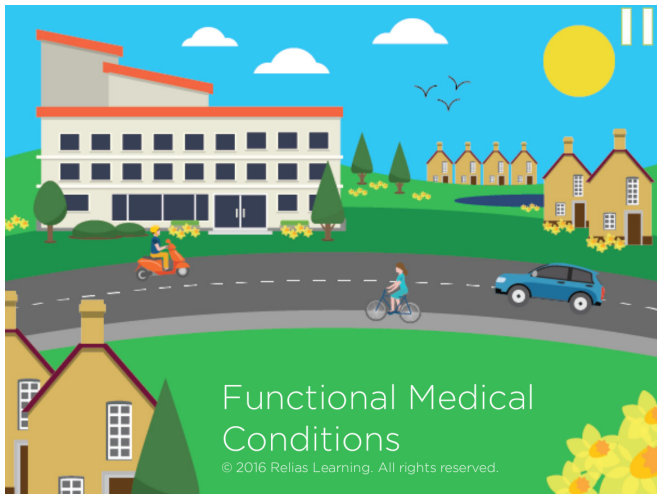
Figure 5: consistent opening screen from series.


Figure 6: Consistent format; different patient character and condition.

### Repurpose the approach and format for successive modules.

We then used this approach to build modules on *Managing Functional Medical Conditions, Pain Management*, and have more modules under development. Each module retains the look of the series and address managing patients with specific medical conditions. **See Figures 5 and 6 above.**

### CONCLUSION

Working in close consultation with physician subject matter experts, we were able to create a series of brief, targeted modules that provided needed information, context and practice to support behavior change and better patient outcomes. **See Figure 7 to the right.**


Figure 7: Summary screen with a call to action, focusing on the behavior goal of the course.

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