

Sherwood Park PCN Case Study

Lowering Barriers to Health Education through Hybrid Learning



About the Client

Primary Care Networks (PCNs) support family physicians in meeting a variety of healthcare needs. Programs and classes are taught by certified or licensed healthcare professionals on chronic disease management, food and nutrition, exercise, and mental health. Sherwood Park PCN serves a region that encompasses parts of Edmonton, smaller urban centres, and rural areas, with a diverse patient base.



The Challenge

Sherwood Park PCN quickly pivoted to online learning at the beginning of the COVID 19 pandemic. As they continued to offer synchronous classes over Zoom, they recognized both the challenges and opportunities of online learning. Clinician educators were not well-equipped to adapt to online delivery, and many patients struggled with technical barriers. Online classes, however, offered more accessibility for patients with busy schedules, transportation barriers, and safety concerns.

The PCN recognized that a **hybrid of online and in-person learning** could meet diverse patient needs while expanding the capacity of busy clinician educators. This required a redesign of both their classrooms and technical equipment and of the courses themselves. Clinician educators needed training on best practices for delivering hybrid education.



Our Solution

Our work with Sherwood Park PCN was conducted in two phases.

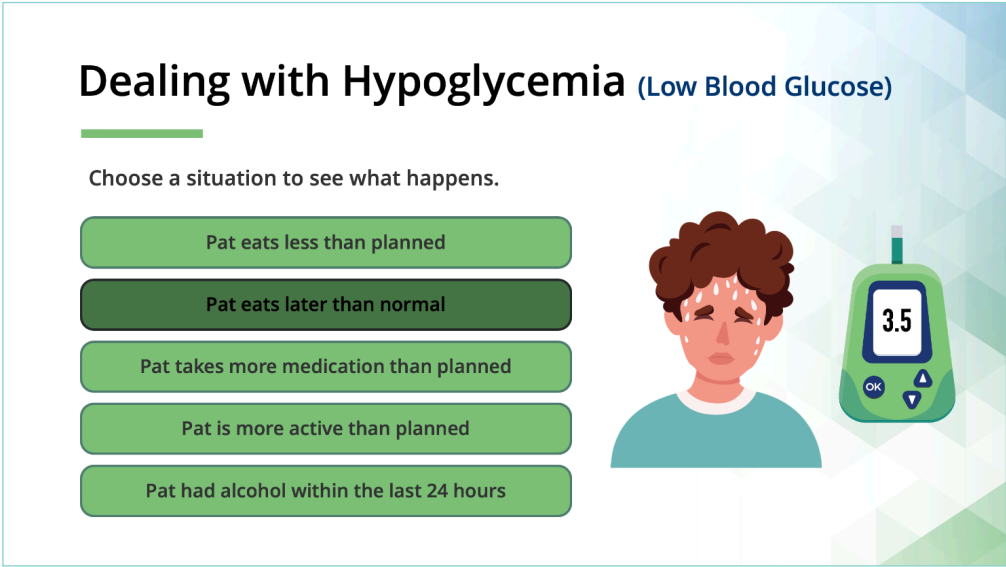
Phase One included extensive consultation with the PCN's clinician educators and stakeholders. We conducted **learner persona and learner journey workshops** to help identify the needs of diverse patients being served. We compiled a **learner survey** distributed to patients, as well as a survey for clinician educators to identify their pain points. We also consulted on the **physical and technical needs of the classrooms** to accommodate hybrid delivery and options for **Learning Management Systems**. Our surveys and consultations revealed significant limits on clinician capacity, as well as a desire amongst patients for on-demand learning, which led to our recommendation of additional asynchronous offerings. This phase culminated in a report summarizing our recommendations.

In Phase Two, we undertook the redevelopment of several key programs. This included the development of a **style guide** and **templates for both PowerPoint and Articulate Rise**. Through class observation, content review, and consultation with clinician educators, we redesigned four programs with very different learner needs and pathways:

- A synchronous, hybrid, one-hour introduction to diabetes management.
- A package of asynchronous online micro-modules for further learning on diabetes management.
- A synchronous, hybrid, six-week program on intuitive eating.
- A synchronous, hybrid, eight-week mental health program combining group therapy and psychoeducation.



In this PowerPoint slide from *Eating in the Now*, a series of custom animations illustrates how a dieting mentality can backfire.



In this PowerPoint interaction from *Diabetes 101*, the facilitator leads the group in a series of choices that demonstrate what can cause low blood glucose, what it looks like, and how to treat it.



In this PowerPoint slide from Acceptance and Commitment Therapy, **Zoom’s annotation tool** is used to record and validate participant responses to the question, “what does anxiety feel like in your body?”

Costs of Avoiding My Anxiety

For each aspect of your life, write down the impact that anxiety has had for you.

Cost	Examples
Interpersonal	
Career	
Health	
Energy	
Emotional	
Financial	
Freedom	

Blue Cross Network
Blue Cross of Ontario
Blue Cross of Canada

The patient workbook for Acceptance and Commitment Therapy was built to be both printable and fillable as a PDF, to enable access for patients with various needs.

This work entailed **mapping, scripting, storyboarding, and developing** new PowerPoint presentations and asynchronous modules using Articulate Rise, featuring **custom graphics and animations**. It also involved the development of a **patient workbook** and **clinician manual** to meet the unique needs of the group therapy program. This phase culminated with both customized, synchronous **Train the Trainer** sessions for clinicians and a four-hour asynchronous Train the Trainer course to build the PCN's internal capacity to redevelop other course offerings. All of these deliverables are fully **accessible and inclusive** of patients with various disabilities.



Results

In the process of addressing the instructional, logistical, and technical needs of a hybrid delivery model, we helped Sherwood Park PCN to update and improve their existing course materials for all patients. The PCN now has high-quality templates to ensure consistency, readability, and visual appeal in their presentations, across disciplines. They have four new programs that meet best practices for instructional design and user experience, with custom professional graphics and animations and transferrable tools for active learning and engagement. The addition of asynchronous options lowers barriers further for busy working families facing changes in health. Finally, their clinician educators are empowered to deliver engaging and effective education to both in-person and online patients with fewer barriers, and to develop new programs of the same high quality.