

The aim of this guideline is to outline the characteristics of an Interactive Workshop as they apply to RANZCP CPD Section 3.1 and to provide advice on how to develop an interactive workshop.

WORKSHOPS FOR RANZCP CPD

The RANZCP CPD Program Guide advises that the following CPD activities can be claimed:

- **Section 3.1** Practice Development and Review - Interactive Workshop participation
- **Section 4.1** Accredited Group Learning Activities - Non-interactive Workshop attendance.

Clarity regarding the **definitions** of different types of workshops is important so that the correct type of workshop activity is undertaken in order to accurately meet the intended CPD activity.

The Interactive Workshop is an identified Section 3, Practice Improvement (PI), CPD activity in the RANZCP CPD Program Guide. Sub section 3.1 identifies Practice Development and Review Activities; the Interactive Workshop is one of these activities along with the 360 ° feedback, formal clinical audits and College OSCE examination calibration and debriefing meetings.

The key difference between an interactive workshop and a (didactic) non-interactive workshop:

The key difference between the workshop types relates to the application of the learning to practice, either of the individual or of a group

As well as the teaching of theory and/or practical skill, in an interactive workshop there is the opportunity for all participants to practice the skill in an environment that allows for feedback on the performance of the skill. In a psychiatry CPD context; such skills could be communication and language-based, including interviewing and psychotherapeutic skills. There is also the opportunity for all participants to apply the skill to real life examples and a reflective component on how the skill will be applied to the individual's practice.

An example of an interactive workshop that applies learning to a group brings together key stakeholders to help solve a problem, identify solutions for work or practice issues, or to determine strategies, priorities and visions, improve working relationship or to gather feedback to improve a resource, tool or service. An outcome from this type of interactive workshop would be "I'm helping to improve the system by overcoming this problem that has been identified in the workplace".

Interactive Workshops for Practice Improvement (Section 3)

The purpose of an Interactive Workshop in Section 3 of the RANZCP CPD program is Practice Improvement by way of, for example, general skill-building as opposed to participation in a workshop in order to study / solve a case or to learn a new concept. In an interactive workshop, participants will learn a skill, practise it and give or receive feedback.

Characteristics of an interactive workshop:

- Small groups
- Simulated patients

- Focus groups
- Reflective element
- Role play
- Feedback
- Experiential
- Brain storming.

Non-Interactive (Didactic) Workshops for Self-Guided Learning (Section 4)

The purpose of a Non-Interactive Workshop in Section 4 of the RANZCP CPD program is expert-guided Learning, or knowledge building,. This would typically include the lecture or presentation by a subject expert or facilitator. In a non-interactive workshop, or a “Didactic Workshop”, participants will learn about a skill and perhaps workshop to solve an example problem. This type of learning does not equate to practice improvement; rather it enhances subject-matter knowledge of the participant. Even when the presenter allows for questions at the end of the session this is not regarded as interactive.

PLAN, DO, STUDY, ACT

A key framework for RANZCP Continuous Professional Development (CPD) activities is the reflective cycle forming a framework for learning and to promote analysis and critical review of personal professional and workplace activities. To foster the development of the “reflective practitioner”¹, the CPD program promotes the use of the “Think, Plan, Do and Review” or the PDSA (**Plan, Do, Study and Act**) frameworks. The RANZCP CPD program guide outlines active learning as a key feature of Section 3 learning activity.² This includes participants’ engagement in the instructional process through exploring, analysing, communicating, creating, formulating and reflecting.



¹ Schön, D.A. (1983) The Reflective Practitioner: How Professionals Think in Action. New York: Basic Books.

² RANZCP. Continuous Professional Development Program Guide. <https://www.ranzcp.org/files/cpd/2019-cpd-program-guide.aspx>

Figure 1: Plan, Do, Study, Act³

In this Guideline, we also show how CPD members can incorporate the PDSA cycle in the planning and development of an Interactive Workshop.

WORKSHOPS FOR RANZCP CPD SECTION 3.1

The learning process in an interactive workshop:

- Learning occurs within a social context; learning is an evolving, developing experience for participants. As learners, participants bring their former understanding and experiences of an issue to interactive workshops and, at a successful workshop, their existing constructs of understanding are invariably changed as a result of the new learning (i.e. Second order learning)
- There are broadly two main types of interactive workshop:
 - A workshop that is designed to **use** the skills and knowledge of a group of stakeholders to solve a problem or to generate ideas and options to address an issue. A “problem or issue-based” workshop.
 - A workshop that is designed to **improve** the skills of individual practitioners through instruction in a skill, practice with feedback of that new skill, and application of that new skill to the individual’s clinical practice. A “skills improvement” workshop.

PROBLEM or ISSUE-BASED WORKSHOPS

- The aim of this type of interactive workshop, which typically lasts between 2-3 hours in duration, is to bring together key stakeholders to help solve a problem, identify solutions for work issues or strategies, determining priorities and vision, improving work relationships or to gather feedback on a resource, tool or service.⁴
- Participation in these interactive workshops is grounded in various activities that aid the learning process e.g. small group discussions, brain storming, concept mapping etc.
- An interactive workshop requires the participants to work collaboratively towards an agreed outcome – usually, in a problem or issue-based workshop, the aim is to learn something new or analyse a concept to improve and enhance understanding and to integrate new learning schemas into existing knowledge base. The session should also allow for reflection of the participants’ own experiences related to the issue / topic.

SKILLS IMPROVEMENT WORKSHOPS

- The aim of this type of interactive workshop for RANZCP CPD is to improve the expertise of individual practitioners in a particular therapy, technique or skill with an aim of changing the practice of the practitioner.
- Whilst commonly clinical in focus, e.g. use of an assessment tool or application of a therapeutic approach, – a skills improvement workshop may address other skills such as teaching, leadership, communication or management.

³ Healthcare Improvement Scotland. Ihub. Image accessed at <https://ihub.scot/project-toolkits/diabetes-think-check-act/diabetes-think-check-act/getting-started/plan-do-study-act/> on the 28/10/19

⁴ Pavelin K, Pundir S, Cham JA. Ten Simple Rules for Running Interactive workshops. PLOS Computational Biology. 2014, 10(2) e1003485-

- This type of learning should also include reflection of the participant's own learning. Participants should consider how they are going to implement skills learnt into practice, and working with peers and superiors, and what effect/s this will have / have had on practice.

CREATING AN INTERACTIVE WORKSHOP ENVIRONMENT

- It always takes time and effort in the design of both didactic and interactive workshops.
- A typical workshop should consist of 20-25 participants. Beyond this number, it becomes too difficult to engage the participants.
- An interactive workshop requires participant involvement; it is more than opening the floor to the participants to ask questions after the teacher's initial lecture. If a learning session takes three-hours to deliver it does not automatically constitute a workshop. Initial description of the session's learning objectives and essential (key) background information may be required to prepare participants to take part in discussions.

THE FACILITATOR / TEACHER ROLE

- Interactive workshops are learner-focused sessions; the role of the "teacher" is to facilitate the interactive workshop session. This involves the design of the workshop, thinking through the learning activities, and collating the resources required to support learning (e.g. clock, stopwatch, camera, flipcharts, team name placeholders, sticky notes, microphones, etc).
- The facilitator / teacher creates the "rules" for the session, manages time and helps ensure a 'safe' learning environment. This includes ensuring quieter group members feel comfortable to participate fully.
- Often, larger interactive workshops have a number of facilitators to assist the main facilitator with its running. Multiple facilitators can also provide alternative topics and/or perspectives within the workshop's theme. It is important that assisting facilitators are well briefed on their role and tasks before the workshop starts.
- In the problem or issue-based workshop, the most important task will be that facilitators remain impartial / neutral.

Three main tasks for the facilitator during a workshop⁵:

- Y Brief walkthrough of the learning activity – tell and show participants what you want them to do.
- Y While the participants undertake the learning activity, the facilitator wanders around and helps groups or individuals with ideas.
- Y Debrief – at the end, the facilitator leads a discussion on what participants found easy, difficult, what they learned, or what they need to learn further and therefore change in their professional practices.

INTERACTIVE / PARTICIPATORY WORKSHOP STRATEGIES

1. Group work – keep groups small (usually less than 6 people) and consider times when it may be more effective for participants to work in pairs.

⁵ <https://scottberkun.com/2013/run-a-good-workshop/>

2. Use quizzes before and after the workshop to promote engagement and to measure pre-and post-intervention education experience change. Collating “best practices” utilised by clinicians before the workshop can also prepare the facilitator for relevant discussion in their presentation.
3. Brainstorming on white board or butcher paper within groups or via the facilitator.
4. Identifying visual metaphors to convey new ideas.
5. Concept mapping within groups and through the facilitator.
6. Sharing feedback – Here are a few methods you could use to facilitate feedback:
 - γ Ask for groups’ feedback but limit the feedback from the groups to only 2-3 groups otherwise it takes too long listening to all the groups’ feedback (– but don’t tell the groups beforehand who will report back).
 - γ Or, you could ask groups to feedback as a Twitter feed – i.e. limited to FIVE sentences taking less than 140 words, or feedback lasting no longer than one minute (“pecha kucha” style feedback⁶ but limited to one minute rather than the traditional 6 minutes and 40 seconds) etc.
 - γ Or, you could ask each group to identify ONE main issue that arose in their discussions.
 - γ The group can also record their ideas on butcher paper and other groups can rotate and look at ideas to identify similarities and differences.
7. Role play following a scenario presentation – testing out new professional behaviours e.g. communication skills in a safe, simulated environment.
8. With role plays it may be helpful to have a “patient”, a “doctor” and an observer to provide feedback on performance, with the roles being rotated to ensure all participants have the opportunity to practice and to reflect through the provision of feedback. .
9. Record discussions on butcher paper, video etc. (Challenge yourself as facilitator to be creative in the presentation of ideas – e.g. picture what represents ideas best).

Additional Resource

- Interactive Workshops: Checklist for RANZCP CPD
- RANZCP CPD Program Guide

Contact:	Manager, Accreditation, CPD and Reporting		
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14/12/20	1.0	RANZCP Board	Developed to provide clarity regarding RANZCP CPD Section 3.1
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⁶ . a brief story telling format that uses 20 slides shown for 20 seconds each
<https://www.yarno.com.au/blog/pechakucha-best-presentation-style-never-heard/>