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Brief Research Article

An eLearning series for staff working in Title X-funded settings: An effort to disseminate national family planning recommendations

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ABSTRACT

Objectives: A team of trainers and instructional designers who develop federally funded training for staff working in Title X-funded settings developed an eLearning series of seven modules to support dissemination of *Providing Quality Family Planning Services: Recommendations from CDC and the US Office of Population Affairs.* QFP outlines how to provide services related preventing and achieving pregnancy.
Study design: We evaluated participant reactions and intention to apply what they learned from the eLearning modules.
Results: In 2021, 6132 unique individuals completed 12,102 modules, and of those, 5324 unique individuals completed 10,460 evaluations (86% evaluation response rate). Nearly all respondents agreed that the modules were useful (97%), that they would recommend the training to others (96%), and that they were confident in their ability to apply what they learned (97%). More than half (60%) of respondents intended to share information and tools with colleagues and with clients; one in ten (10%) intended to change program practices.
Conclusions: eLearning modules can be an efficient way to disseminate recommendations.
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1. Introduction

In 2014, the Centers for Disease Control and Prevention and the US Office of Population Affairs jointly developed *Providing Quality Family Planning Services* (QFP) for use by all reproductive health and primary care providers [1]. QFP outlines how to provide services related to contraception, pregnancy testing and counseling, achieving pregnancy, infertility, preconception health, and sexually transmitted infections. When national guidelines such as QFP are released, staff working in clinical practice settings must learn about and understand the implications of those recommendations for their practice. Without being put into practice in a clinic setting, the recommendations themselves cannot produce the health benefits they seek to achieve. New evidence takes an average of 17 years to become routine clinical practice [2].

Educating staff working in settings funded by the Title X Family Planning Program—the only federal program dedicated to comprehensive family planning service delivery—presents one opportunity for increasing awareness about and disseminating implementation strategies related to QFP recommendations [3]. Staff in Title X-funded settings includes a broad range of clinical service providers (physicians, advanced practice nurses), nurses, and clinic administration staff (clinic managers, front desk staff, billing, and finance staff).

In 2020, we—a team of trainers and instructional designers who receive funding from the Office of Population Affairs to develop training for staff working in Title X-funded settings—developed a QFP eLearning Series to provide staff with evidence-based recommendations along with practical tips and suggestions for putting QFP recommendations into practice. We explored how participants reacted to the eLearning modules and if they intended to apply what they learned.

2. Material and methods

The QFP eLearning Series consists of 7 modules: Introduction to the QFP; Reproductive Anatomy and Physiology; Determining the Client's Need for Services and Discussing Reproductive Goals; Pregnancy Testing and Counseling; Contraceptive Counseling and Education; Support for Achieving a Healthy Pregnancy; and Sexually Transmitted Infection (STI) Services.[1]

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[1] All modules are in the public domain and can be accessed for free at https://rhntc.org/resources/putting-qfp-practice-series-toolkit.

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To develop each module, we reviewed QFP recommendations; reviewed and discussed questions received from staff working in Title X-funded settings about the topic; identified learning objectives to guide the module content; and developed and iterated on the content, interactions, and scenarios. Modules were user-tested by staff working in Title X-funded settings, and reviewed for clinical accuracy by a clinician.

The modules are grounded in the principles that adults learn most effectively when they can (1) self-direct their learning (i.e., there is minimal passive instruction and maximal opportunities for experiential learning); (2) connect learning to their own experiences; (3) collaborate and engage with peers; and (4) see how learning will help them address real problems using examples and case-based scenarios [4]. To that end, each module contains activities (flash cards, quizzes) to support users to apply the content immediately in their own working settings, as well as case scenarios that align with real patient cases.

The modules present content in alignment with the organization of QFP, with the addition of 2 introductory modules. However, the modules are designed to be taken in any order, in line with the principle that adult learners learn best when they can direct their own course of learning. Similarly, staff are encouraged to complete only the modules needed based on the requirements of their job and training needs. Each module landing page directs learners to the other modules in the QFP eLearning series.

Modules were developed using the eLearning course development platform, Articulate Rise. The modules adhere to standards established in Section 508 of the Rehabilitation Act (29 U.S.C. § 794d) so that they are accessible to people with disabilities [5]. Participants can choose whether to listen to narration. Spanish translations of the modules are currently in process.

Drawing on the Kirkpatrick model for training evaluation, we assessed participation reaction and intention to apply what they learned using an evaluation survey immediately presented to participants upon completing each module (Appendix) [6]. Learners can obtain a certificate of completion and continuing education (CE) credits (when applicable) upon completing the evaluation.

3. Results

In 2021, 6132 unique individuals completed 12,102 modules, and of those, 5324 unique individuals completed 10,460 evaluations (86% evaluation response rate). On average, each participant completed 1.97 (standard deviation 1.49) out of 7 modules. Between 79% and 97% of individuals who completed the module also completed an evaluation, with the Pregnancy Testing and Counseling eLearning module having the highest evaluation completion rate.

Nearly all respondents agreed or strongly agreed that the module objectives were met (98%), the modules were useful (97%), and that they would recommend the training to others (96%), as shown in Table 1. When asked how the training could be improved to better meet participant expectations, 97% of respondents said they found the training satisfactory and had no feedback.

Overall 97% of respondents said they were confident in their ability to apply content, as shown in Table 2. Six in 10 (60%) respondents intended to share information and tools with colleagues and with clients. One in 10 (10%) respondents intended to make a change in program practices and 4% of respondents intended to make a procedural or policy change.

4. Discussion

Participant reactions to the QFP eLearning modules were positive. Almost all participants were confident in their ability to apply what they learned, and were able to identify at least one way they intended to apply lesson material, from sharing information to making a practice, procedure, or policy change. That over half of evaluation respondents said they intended to share information with colleagues and/or clients suggests that the modules helped to disseminate the content found in the QFP recommendations as intended. The lower level of intention to change program practices, procedures, and policies may reflect the fact that these types of change require more time and support of other staff, such as leadership. Future research should further explore the perceived barriers to applying what eLearning participants learned, in order to identify opportunities to further support eLearning participants in making these more system-level changes.

The primary limitation of our analysis is that we were unable to connect immediate intention to apply with resulting behavior change. We attempted to conduct a follow-up evaluation with module participants, however, we were unable to achieve a high-enough response rate to report conclusions. Future studies should explore strategies for following up with eLearning participants to ascertain behavior change resulting from their participation.

Particularly in 2021, during the context of the public health COVID-19 pandemic, self-paced eLearning modules became widely used. In this case, they ensured that staff working in Title X-funded settings was still able access training about QFP recommendations. Thousands of staff were able to complete the QFP eLearning modules, found the modules to be useful and had a high level of intention to apply content immediately following their completion. eLearning modules can be an efficient way to share information about national recommendations and disseminate implementation strategies to staff working in clinical practice settings across the country.

Appendix. Immediate evaluation instrument

1. The learning objectives are listed above. Please rate the extent to which you agree or disagree that the objectives were met:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
The TTA learning objectives were met.					

2. Please rate the extent to which you agree or disagree with the statements below:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
The training was useful.					
The training was relevant to my needs.					
I am confident in my ability to apply what I learned to my work.					
I would recommend this training to others.					
Overall, I was satisfied with the TTA.					

3. What did you find most useful about this training?

4. How do you intend to apply what you learned in this training? (check all that apply)

Share information/tools with program staff
Share information/tools with clients
Make a change in program practices
Make a procedure or policy change
None of the above
Other - please specify

5. If this training did not meet your needs or expectations, please tell us why: (check all that apply)

Table 1
Participation in and reactions to the *Quality Family Planning Recommendations* eLearning modules for staff working in Title X-funded settings (Jan 1–Dec 31, 2021).

Module title (# of available CE credits)	# of Module completions	# of Evaluations(response rate)	% Rated objectives Met[b]	% Rated training useful[b]	% Would recommend training[a,b]	% Rated training satisfactory
Introduction to the QFP (1 credit)	2427	1911 (79%)	97.7	96.9	96.3	97.0
Reproductive Anatomy and Physiology (2 credits)	1683	1504 (89%)	97.5	96.5	96.1	96.0
Determining the Client's Need for Services and Discussing Reproductive Goals (1 credit)	1488	1269 (85%)	97.7	97.1	96.0	97.6
Pregnancy Testing and Counseling (2 credits)	1738	1690 (97%)	97.6	96.6	95.4	96.6
Contraceptive Counseling and Education (2 credits)	1970	1782 (90%)	98.0	97.7	97.1	97.9
Support for Achieving a Healthy Pregnancy (0.5 credit)	1095	881 (80%)	98.2	97.3	96.9	98.6
STI Services (1 credit)	1701	1423 (84%)	98.2	97.8	97.4	97.6
Total	12,102 modules completed (6132 unique individuals)	10,460 evaluations completed (86%) (5324 unique individuals)	97.8	97.1	96.4	97.2

[a] This question was added to the standard evaluation during 2021; some responses are missing data (<10% for each module).
[b] Sum total of agree and strongly agree response options. 1 CE credit corresponds to 1 contact hour of training.

Table 2
How participants intend to apply what they learned from *Quality Family Planning Recommendations* eLearning modules for staff working in Title X-funded settings (Jan 1–Dec 31, 2021).

Module title	% Confident they can apply	% Intend to share information/tools with colleagues	% Intend to share information/tools with clients	% Intend to change program practices	% Intend to change procedure or policy	% Indicated none of the above
Introduction to the QFP (n = 1911)	96.8	60.2	54.4	11.2	3.5	9.7
Reproductive Anatomy and Physiology (n = 1504)	96.4	60.0	54.5	10.2	4.1	11.8
Determining the Client's Need for Services and Discussing Reproductive Goals (n = 1269)	97.2	61.8	60.3	9.2	4.1	7.8
Pregnancy Testing and Counseling (n = 1690)	95.9	60.2	59.6	8.8	3.3	10.3
Contraceptive Counseling and Education (n = 1782)	97.0	57.5	66.1	9.8	4.1	6.9
Support for Achieving a Healthy Pregnancy (n = 881)	96.5	58.9	62.5	8.1	3.8	8.7
STI Services (n = 1423)	97.0	59.5	65.5	7.8	2.9	7.1
Overall (n = 10,460)	96.7	59.7	60.2	9.5	3.7	9.0

Note: Totals > 100% because participants could select multiple response options.

I found the training to be satisfactory and have no feedback at this time
The content was too complex or unclear
The content was too basic
Technical challenges made it hard for me to follow the training
Other - please specify

6. What, if anything, could have made this training better?

7. What additional supports or resources from the RHNTC are needed to make use of the content presented in the training?

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Conflicts of interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

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