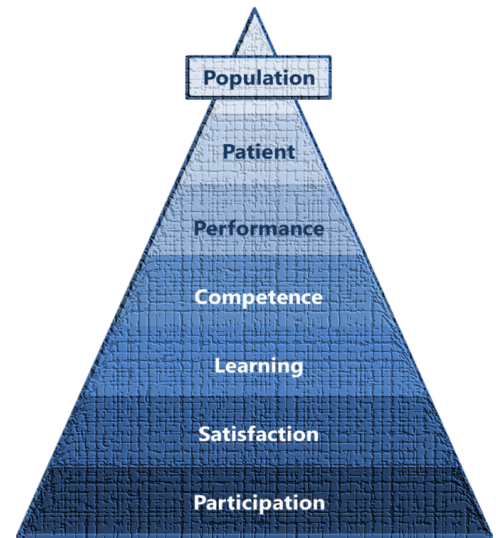# ArcheMedX-Powered Education:
Consistent Evidence of Breakthrough Success

ArcheMedX-powered education has consistently and repeatedly allowed our Educational Partners to achieve the learning outcomes that they planned to achieve – *and, in the process, they are learning far more about their content and learners.*

Level 1 = Participation:

ArcheMedX-powered education and the Learning Actions Model drive learners to participate at significantly higher rates and to complete our lessons at three times the national average for online learning.

- Across a variety of *ArcheMedX*-powered lessons that are now a more than a third of the way through their accreditation period, learner completion rates have persisted at a staggering clip – **upwards of 80%** - and, with targeted refinements of content and architecture, Partners have been able to optimize lessons and consistently increase completion rates month over month over month.

Learner Completion Rates Across a Sample of ArcheViewer Lessons
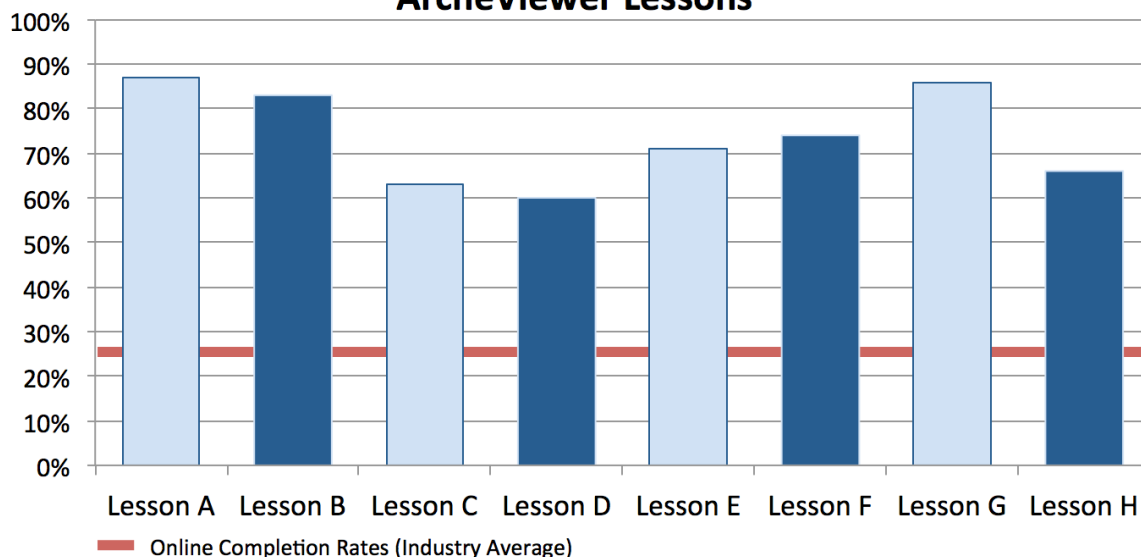
- Online Completion Rates (Industry Average)

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We also track much more than traditional lesson starts and completions, and the new types of data captured through the *ArcheViewer* allow partners to explore deeper layers of learner participation as measured by the notes taken, reminders set, questions asked, and resources viewed, downloaded, or shared. Partners can then rapidly apply these insights to drive increased 'real' participation in both primary and secondary educational content.

- Within 6 weeks of launching one recent initiative, learners had taken and set hundreds of notes and reminders and reviewed and downloaded nearly 500 key resources (i.e., journal articles, clinical studies, patient education tools) that Faculty and Planners had collated and connected to the primary learning experience.

Learning Action Case Study #1 > 8 weeks

500+ Resources Viewed

350+ Resources Downloaded

Hundreds of Notes & Reminders
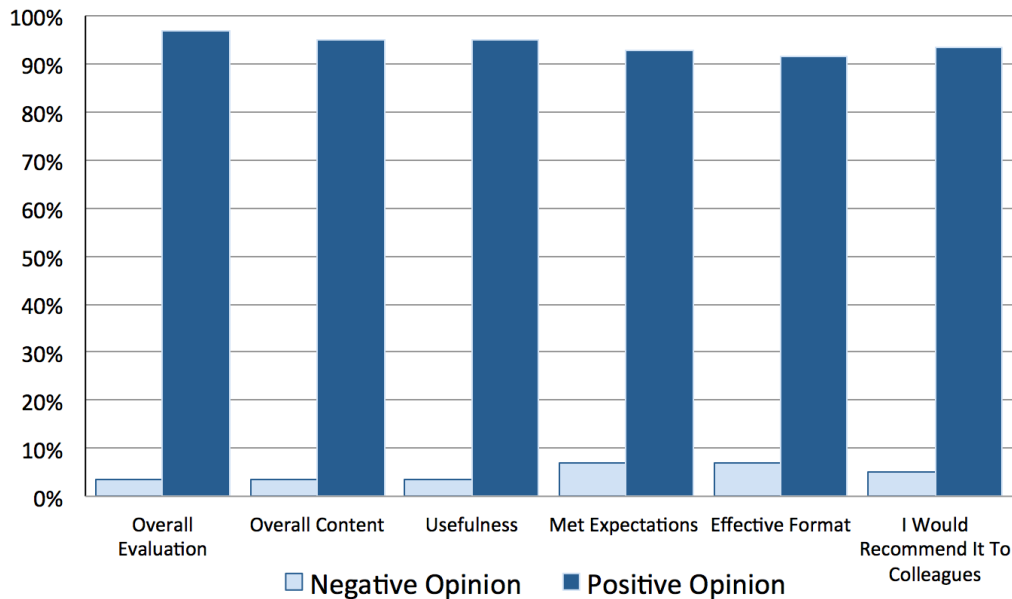
Level 2 = Satisfaction:

By engaging learners in new models of learning, *ArcheMedX*-powered education shifts the expectation from a passive to active mindset. No longer are learners left to passively absorb online content – even content traditionally viewed as being didactic. Instead learners are supported by Faculty-engineered learning moments (Educator Notes, Cue Points, and In-Lesson Polling) and the learner-centric tools provided through the architecture simplify the act of learning and produce overwhelmingly positive learner sentiment.

- Nearly 100% of participants in one recent large initiative found the new educational model to be "Effective" or "Extremely Effective" despite it being their first time participating in 'active' online learning. And, nearly 100% of participants believed that *ArcheMedX*-powered education would be a more efficient way for their colleagues to learn!

- And it is not just learners who express their satisfaction, as one Educational Partner said, "*Having seen what ArcheMedX-powered education can do, I will never go back to producing online education any other way!*"

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Please Rate The Following Elements of The Initiative:

Chart showing Negative Opinion and Positive Opinion for: Overall Evaluation, Overall Content, Usefulness, Met Expectations, Effective Format, I Would Recommend It To Colleagues. Positive opinions range approximately 92%–97%, negative opinions approximately 4%–7%.
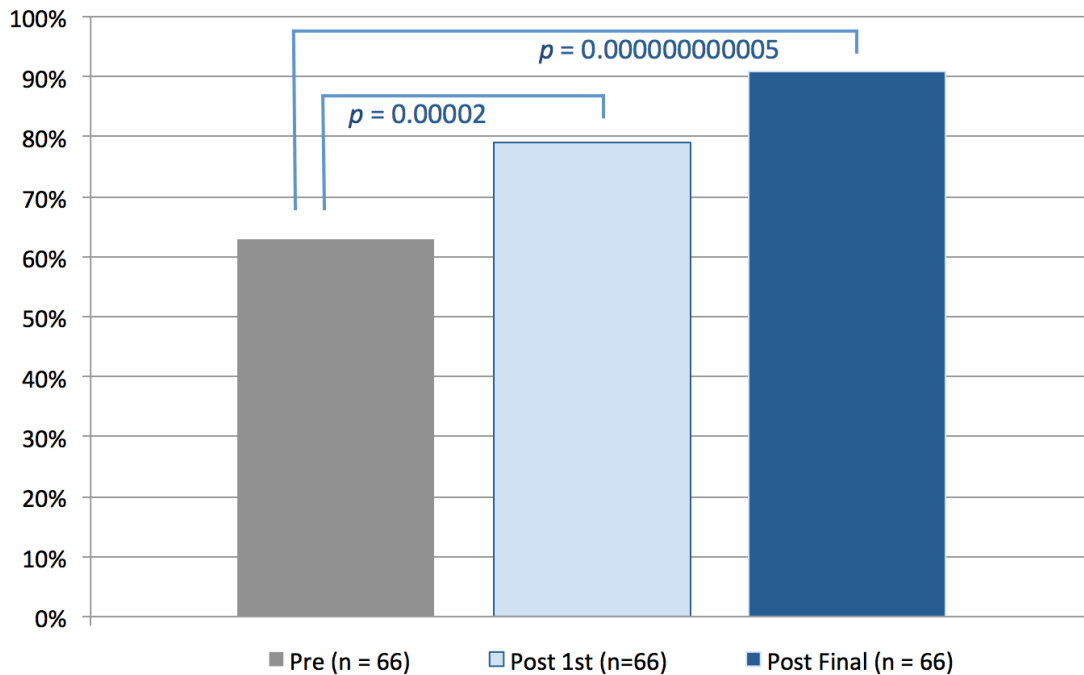
Level 3 = Learning:

By "structuring" the learning experience using the *ArcheViewer*, Faculty and Planners have far greater and more dynamic control over learning, learning moments, and retention. This allows for lesson plans to have robust and sustained effects and allows for activities themselves to be refined to ensure they have the desired impact over time.

- When compared to a control group of demographically matched learners, participants of *ArcheMedX*-powered lessons answered a range of questions across a variety of key learning objectives with 3-fold, 4-fold and even 7-fold greater accuracy.

- In another initiative designed to better assess learning change over time, learning was meaningful and significant ($p = 5.39 \times 10^{-12}$) in paired analysis inclusive of both declarative and procedural domains. Additional studies are ongoing to explore just how sustained these learning changes are and what educational design variables positively impact these changes.

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Average Grade at Various Stages of Assessment
(Paired Analysis)

p = 0.000000000005

p = 0.00002

- Pre (n = 66)
- Post 1st (n=66)
- Post Final (n = 66)

Level 4 = Competence:

The In-Lesson Polling functionality of *ArcheMedX*-powered education, along with the integration of sophisticated case-based content types, allows Faculty and Planners to assess changes in competence (and learning…and even performance) in near real-time.

- After participating in a series of *ArcheMedX*-powered CE activities nearly 50% of learners reported that they were now more comfortable applying the content matter in practice, or were expressly ready to make a change in practice.
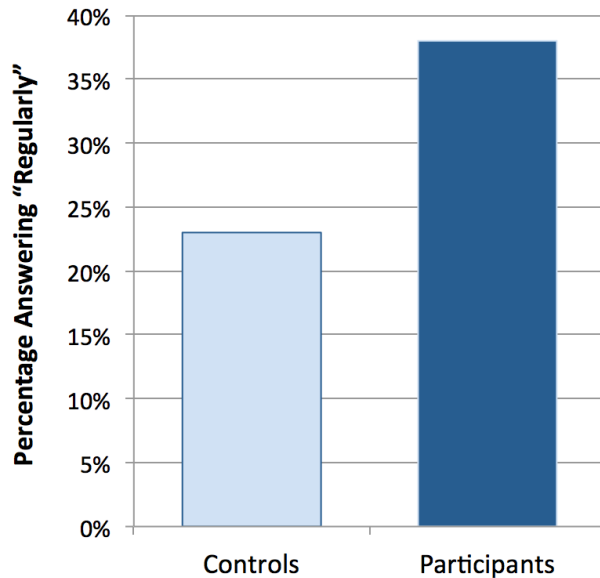
Change in Competence
(Defined by Readiness to Change)
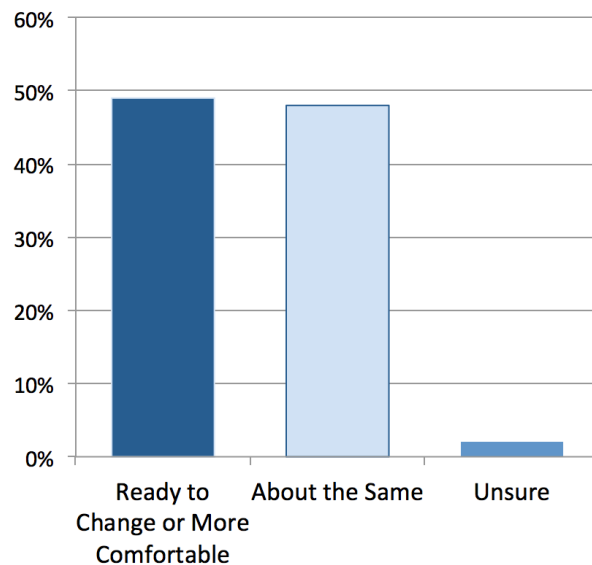
- Ready to Change or More Comfortable
- About the Same
- Unsure

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How Often Have You Applied These Changes in Practice?

Level 5: Performance:

In an evaluation of learner behavior (performance) timed for several weeks after learners participated in a series of *ArcheMedX*-powered CE activities, learners were nearly twice as likely to report having applied changes in practice!

Level 6 and 7: Patient- and Population-level Health Outcomes:

While changes seen in learner participation (and how it's defined), satisfaction, learning, competence, and performance are consistently meaningful and significant for our Partners, these are just the beginning. We are now working with Partners through the US to leverage our learning models and e-learning solutions to drive AND measure changes in patient and population health outcomes.

Over the coming months we will be exploring the impact of *ArcheMedX*-powered education on a variety of chronic disease conditions that are largely undermanaged and overlooked in the primary care setting – and therefore lead to significant and unnecessary burden on our nation's emergency room system. These studies are intended to fundamentally transform how we describe and explore the value of CE and the CE profession in healthcare improvement.

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