

CME Effectiveness – CME Policy Paper – 9/01/2000

Continuing Medical Education Educational Effectiveness Summary by DN Bailey, MBA, Assistant Dean for CME

As the CME arena moves towards more accountability the emphasis on the type of programs being planned and conducted should play a major role in meeting the educational needs of physicians to effect improvement in patient care. Effective July 1, 2000 the Accreditation Council for Continuing Medical Education implemented System 98, the new system of accreditation. All accredited sponsors will be required to be surveyed under System 98. System 98 is divided into three Essential Areas: Purpose and Mission, Educational Planning and Evaluation and Administration. The elements of each Essential area are as follows:

Essential Area 1: Purpose and Mission

Element 1.1 – Have a written statement of its CME mission, which includes the CME purpose, content areas, target audience, type of activities provided, and expected results of the program.

Element 1.2 – Demonstrate how the CME mission is congruent with and supported by the mission of the parent organization, if a parent organization exists.

Essential Area 2: Educational Planning and Evaluation

Element 2.1 – Use a planning process(es) that links identified educational needs with a desired result in its provision of all CME activities.

Element 2.2 – Use needs assessment data to plan CME activities.

Element 2.3 – Communicate the purpose or objectives of the activity so the learner is informed before participating in the activity.

Element 2.4 – Evaluate the effectiveness of its CME activities in meeting identified educational needs.

Element 2.5 - Evaluate the effectiveness of its overall CME programs and make improvements to the program.

Essential Area 3: Administration

Element 3.1 – Have an organizational framework for the CME unit that provides the necessary resources to support its mission including support by the parent organization, if a parent organization exists.

Element 3.2 – Operate the business and management policies and procedures of its CME programs (as they relate to human resources, financial affairs and legal obligations), so that its obligations and commitments are met.

Element 3.3 – Present CME activities in compliance with the ACCME's policies for disclosure and commercial support.

AAMC – Association of American Medical Colleges

On June 16, 2000 the AAMC Executive Council approved the statement entitled, "Lifelong Professional Development and Maintenance of Competence". Per Jordan J. Cohen, MD, the statement outlines a new vision for continuing medical education (CME). Quotes from the statement are: AAMC believes that changes are needed in CME, which will result in the development of CME activities that will be effective in improving physicians' practice behaviors. The AAMC believes also that it is imperative that the profession establishes a system for assuring the public that individual physicians are maintaining their clinical competence. Neither performance on examinations that primarily test knowledge recall, nor participation in traditional CME activities, is an adequate way of assessing the clinical competence of physicians. Thus, these traditional methods should no longer be used as the sole basis for representing to the public that physicians are remaining clinically competent. One method by which this could be achieved would be to establish a body composed primarily, but not exclusively, of members of the profession, which would monitor and validate the policies and procedures used by the societies and boards to assess the clinical competence of physicians. End Quote. Similar requirements are being made by the ACGME Outcomes Project for the Core Curriculum on individual competency.

CME will continue to:

CME will continue to conduct Audience Reaction Evaluations annually or for programs that receive educational grant support from pharmaceutical companies. CME will continue to require Disclosure of Interest Declarations from all lecturers at approved events annually or for an event by event basis depending on the status of the faculty – local or visiting. CME will continue to conduct an annual Needs Assessment Survey or Study and report the results to the

CME website for use by all Conference Chairs in event planning. CME will continue to rely on the individual Conference Chairperson to identify specific educational needs for their program and develop educational events that reflect these needs. CME will continue to provide all Conference Chairpersons with Quarterly summaries of their events. CME will continue to provide all participants with Quarterly Summaries of Category 1 hours earned and maintains files for 6 years.

CME Proposal:

Based on Essential Area 2, Educational Planning and Evaluation, Elements 2.4 and 2.5.

The CME Proposal will require all Conference Chairpersons to conduct **Quarterly Focus Group meetings** to review the subjects covered by their events – and report these results to CME quarterly for an effectiveness review by the CME Advisory Committee. Event Evaluations will be returned by participants to Conference Chairs for review and comparison with the Focus Group review. These evaluations will validate or refute the findings of the Focus Group meeting. If any changes are needed to the event, they should be implemented and evaluated at the next Focus Group meeting. Conference Chairs will require all or selected participants to conduct a Participant Impact Study quarterly that will consist of 3 questions: What events did you attend? (a list of topics held during the quarter can be provided for check off); Did you use the information obtained to facilitate any changes in your clinical practice? If so, how was the change implemented? Was the change effective? If so, what new learning needs were derived as a result of your change in clinical practice? These Quarterly Participant Impact Studies will be returned to the Conference Chairs so they can be reviewed during the Focus Group Discussion. The Chairpersons will maintain all reports in an Effectiveness Manual provided by CME. A summary of the Focus Group meeting and Participant Impact Study will be sent to CME on a quarterly basis (4 times per year).

What is a Focus Group?

A focus group consists of individuals including the conference chair that participate in event planning and attend events on a regular basis and rely on the event to provide them with education and information that can be used in their clinical practice to improve patient care.

Guidelines for Conducting Focus Groups

Purpose: To gather data from a select participant group, in a convenient setting, to improve the CME event to effectively address the educational needs of the target audience with the ultimate goal of improving patient care.

General guidelines:

- Conduct the session at the end of each quarter-March, June, September, December.
- Hold the session in a convenient location.
- Limit the number of people to 5-10.
 - Provide refreshments.
 - Keep organizational status of participants roughly equal.
 - Make the session convenient and easy for the participants to attend.
 - Have all questions written out beforehand.
 - Conduct the session with two facilitators; one to facilitate (event Chairperson) and one to take notes.
 - Use flip charts to record comments.
 - Seat group in a “U” configuration.

- Keep the session to 1-1.5 hours.

Conducting the Session

- Plan to record the session with an audio recorder. Don't count on your memory.
- Reveal the major goal – to review the CME topics conducted during the quarter and to determine if they were effective in meeting the educational needs of the participants.
- Summarize the topics presented during the quarter.
- Introduce yourselves.
- Ask participants to introduce themselves.
- Reveal how the information gathered will be used
(to improve the CME event towards being an effective avenue for clinical education).
- Review focus group ground rules: Sources of specific information will remain confidential. Facilitator
will ask a question, individual participants in the group will respond, facilitator will capture the comments on the flip chart for note pad. Follow-up and clarification questions may be asked by the facilitator.
- Ask if there are any questions or concerns. Respond as appropriate.
- Assign note takers to flipcharts.
- Reveal the first question which should be written on a flip chart and taped to the wall.
- Read the first question (What are your needs and requirements for this event and how will that help you do a better job clinically?)
- Other questions might include: What do you need from this event review process that you are not getting now that would make your job easier? How could we change the event review process to make it more responsive to your clinical needs and requirements?

Hints:

1. Minimize your involvement (only talk 10% of the time).
2. Avoid judgements negative or positive. Save your evaluation for later.

3. Capture all comments exactly as they are stated. Don't attempt to put in your own words.
4. Follow your outline, but remain flexible.
5. Look for strong agreement on individual points. Note intensity and reactions (visual clues).
6. Manage the group.
7. Dampen the verbose.
8. Encourage all to participate.
 - Cross talk is OK.
 - Don't be afraid of silence. Ask your questions and wait.

After the Session

1. Review the notes taken for clarity and understanding.
2. Compare and record observations about the group not readily apparent from the notes.
3. Discuss and record any insights or ideas that the interview created while they are fresh in your mind.
4. Prepare a summary of the session using the CME Focus Group Quarterly Study FORM. Forward a copy of this FORM to CME.
5. If any changes are to be made to the CME event – implement them during the proceeding quarter and evaluate its effectiveness at the next Focus Group Quarterly Session.
6. Use the CME Participant Quarterly Impact Study Forms to gather feedback from participants – send to all participants or a selected sample size.
7. Review the responses from Participants at each Quarterly Focus Group Session.

Use the following forms to conduct Quarterly Focus Group Sessions and Participant Impact Studies.

CME Focus Group Quarterly Study-Ongoing Conferences

CME Program Review Policy 2000

*Return to CME-MUMC G407 by the 1st month of the New Quarter with Copies of Participant Impact Study Forms.