Main Line Health®

Primary Contact: _____

Address: _____

City: _____   State: _____   Zip: _____

Phone: _____   Fax: _____   Email: _____

Secondary Contact: _____

Address: _____

City: _____   State: _____   Zip: _____

Phone: _____   Fax: _____   Email: _____

Organization: _____

Proposed Title of Activity: _____

Commercial Supporter(s) [if applicable]: _____

Accredited CME Provider: Main Line Health

This interactive document is designed to assist planners in working through the required steps that the Department of Medical Education mandates prior to approval of CME activities sponsored by the Main Line Health Department of Medical Education.

Importantly, all of the following steps must be taken independently of commercial interests. Further, all persons who are in a position to control CME content must disclose all relevant financial relationships with a commercial interest to MLH Department of CME because the MLH Department of CME must implement mechanisms to identify and resolve all conflicts of interest before any CME activity occurs.
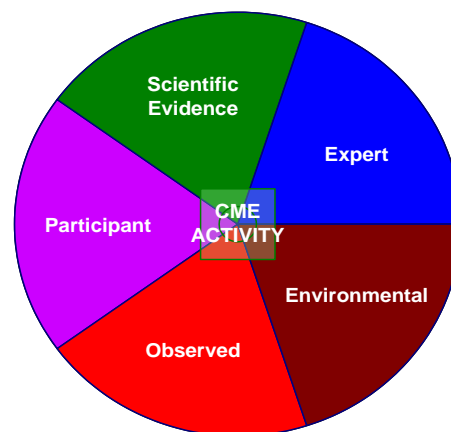
**ACCME
C7**

Step 1: Identifying the educational gap(s)

CME activities sponsored by the Main Line Health Department of Medical Education are meant to foster the continuing professional development of physicians and other health professionals. However, these activities are not simply meant to provide "education for education's sake". Rather, the educational offerings are intended to increase competency, influence behavior, and improve patient outcomes.

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The planning process begins by the identification of at least one educational gap. This educational gap can be expressed as the difference between what actually occurs and what ought to occur to give the best care possible to patients. Thus, the person filling out this form must (a) describe identified gap(s); (b) determine whether closing the identified gap(s) will improve knowledge, enhance competency, and/or change physician behavior; (c) identify barriers that may need to be overcome to close the gap(s); and (d) describe how the gap was analyzed so that the cause of the problem is being addressed through CME. The latter is termed a "needs assessment" and must include at least two different sources (e.g., scientific evidence from the literature; opinion from clinical or scientific

Sources of Needs

experts; information from the general public, the media and/or other environmental sources; observed data from local or national databases; and/or surveys from past participants or prospective learners). Whenever possible, local QI data should be included as a component of the needs assessment.

Step #1	(a) What is/are the educational gap(s)? How was this gap (were these gaps) identified? Said differently, what is/are the quality gap(s) that this CME activity is trying to address?	**ACCME C2**
	(b) What is the reason that the gap exists? Is it because physicians don't know something (i.e., there is a knowledge deficit)? Is it because physicians aren't able to do something (i.e., there is a competency problem)? Is it because the physician did something or failed to do something (i.e., there is sub-optimal physician behavior)?	**ACCME C2, C3**
	(c) What are the barriers facing the learners who are trying to close the identified gap(s)?	**ACCME C18-19**
	(d) What sources and kinds of information (i.e., needs assessment data) did you use to figure out the cause of the gap? Please attach documentation of at least two sources of needs that were used to identify the learning gap(s).	**ACCME C2**

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Bryn Mawr Rehab Hospital | Mirmont Treatment Center

Step 2: Identifying the Target Audience

CME activities are intended to increase competency, influence physician behavior, and/or improve patient outcomes. Thus, the major reason for planning your CME activity should be to close the gap(s) you identified in step 1. The next step is to identify the target audience for your proposed activity. By clearly identifying the specific target audience for the proposed CME activity, you will be able to plan a learning process that will enable the learners to close the identified gap(s).

You should specify both the general type of health professional that you want to target (i.e., physicians, nurses, pharmacists, etc.) as well as the specific type of learner within those broad categories (e.g., primary care physicians, infectious disease specialists, neurologists, transplant surgeons, etc.). Of note, students, residents, and fellows should NOT comprise the primary target audience for a continuing medical education activity.

Step #2	What is/are the primary target audience(s) that will help close the identified educational gap(s)?	ACCME C2, C4

Step 3: Specifying the Pertinent ABMS/ACGME Competency

The American Board of Medical Specialties (ABMS) and Accreditation Council for Graduate Medical Education (ACGME) have determined that there are six critical competencies that physicians must master in order to provide optimal clinical care. Similarly, the Accreditation Council for Continuing Medical Education (ACCME) has determined that all CME providers should specify which of the six competencies is being addressed in each of its sponsored activities. Thus, the 3rd step in the CME planning process is to specify which of the following competencies is most relevant to a gap(s) that has/have been identified: (1) patient care; (2) medical knowledge; (3) practice-based learning and improvement; (4) interpersonal and communication skills; (5) professionalism; and (6) systems-based practice. If you would like more information about the six ABMS competencies, please see the following web site: abms.org/Maintenance_of_Certification/MOC_competencies.aspx

Step #3	Which of the ABMS/ACGME competencies is most relevant to the gap(s) that were identified?	ACCME C6
	o Patient care	
	o Medical knowledge	
	o Practice-based learning and improvement	
	o Interpersonal and communication skills	
	o Professionalism	
	o Systems-based practice	

Step 4: Identifying Potential Partners and Allies

Closing the identified gap may be a daunting task. Thus, it is prudent to consider whether other groups or organizations are working on the same issue. If so, joining forces with them may help you accomplish your common goal of closing the identified gap(s). Working with other groups may increase access to scarce resources, improve efficiency, and produce synergistic partnerships. Importantly, these potential partners may be internal or external to your organization or unit. Step 4 of the planning process involves identifying who these potential partners are.

Step #4	(a) Are there other initiatives <u>within</u> the institution working on the same issue? Do you know of <u>other institutions</u> that could be potential partners in working on this issue? Please list them below.	ACCME C18, C20
	(b) Could these internal or external groups help address or remove barriers? If so, how?	ACCME C19

Step 5: Identifying Non-Educational Strategies

Numerous research studies have shown that CME interventions can increase competency, influence physician behavior, and/or improve patient outcomes. These findings were confirmed in a 2007 report by the Agency for Healthcare Research and Quality [Evidence Report / Technology Assessment; Number 149: AHRQ, 2007]. Nevertheless, education of health professionals is only one strategy that should be used to improve patient safety and healthcare quality. Importantly, there are many non-educational strategies that may play a crucial role in improving quality. This is especially true when one considers the gaps that can best be addressed with "system-level" interventions. As such, step 5 involves the identification of non-educational strategies that may help close the identified gap(s). CME planners may be able to incorporate some of these strategies into an activity. Alternatively, these non-educational strategies may dove-tail with well-sequenced educational activities.

Step #5	Are there non-educational strategies (e.g., patient reminders, order sets, computer decision support systems, guidelines, etc.) that are currently being used to close the identified gap(s)? If not, what kind of non-educational strategies could be created/used?	ACCME C17

Step 6: Determining the Appropriate Evaluation Methodology

In order to determine whether the identified gap(s) has/have been closed, the CME activity must be evaluated. Similarly, the evaluation methodology must match the type of gap that was initially identified in step 1. For example, an activity designed to change the behavior of a physician should not be limited to a post-activity survey that only asks whether participants were satisfied with the quality of the handout materials.

To that end, a useful paradigm that is used in educational circles to measure educational impact involves various levels of evaluation. The ten levels are as follows: (1) learner participation; (2) learner satisfaction; (3) learner knowledge; (4) learner learning, measured before and after an educational intervention; (5) learner competence or ability, measured by a variety of techniques that determine whether a physician can apply the knowledge they have in the care of patients (i.e., this *knowledge in practice* can be determined by questions that measure application, case-based assessments, and/or simulations); (6) self-reported learner behavioral change, typically determined by participants filling out an "intent-to-change" form immediately following an educational activity, followed by a questionnaire or interview a few months later; (7) documented learner change in behavior, determined by a third party that measured actual behavior both before and after an educational intervention; (8) impact on individual patients, as measured by health outcomes on specific patients; (9) impact on patient populations, as measured by health outcomes on a patient or population cohort; and (10) the cost of the educational intervention, better known as the return on education (ROE).

The first part of step 6 of the planning process requires that you specify which level of educational evaluation would best determine whether the CME activity has closed the identified gap(s) you identified in step 1 in this document. The second part of step 6 involves the selection of one or more tools that will be used to determine whether or not   the gap(s) has/have been closed after the intervention is complete.

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Step #6	(a) Which of the ten levels of educational evaluation described above will best determine whether your educational activity has closed the identified gap(s)? OCPD requires that CME activities measure Level 1 (participation) as well as Level 5 (competence), Level 6 (self-reported learner behavior change), Level 7 documented learner change in behavior, Level 8 (impact on individual patients), *or* Level 9 (impact on populations). You can list all that apply.	**ACCME C11**
	✓ (Level 1) <u>Participation</u> o (Level 5) <u>Learner competence or ability</u> o (Level 6) <u>Self-reported learner behavioral change</u> o (Level 7) <u>Documented learner change in behavior</u> o (Level 8) <u>Impact on individual patients</u> o (Level 9) <u>Impact on patient populations</u>	
	(b) What type of evaluation method/tool(s) will you use to determine whether the identified gap(s) has/have been closed? The tool must be able to measure Level 1 as well as Level 5, Level 6, Level 7, Level 8, or Level 9). Do you plan on using this/these tool(s) on every participant or a sample of the learners?	

Step 7: Writing the Learning Objectives and Determining the Content

In steps 2 and 3, the target audience and pertinent ABMS/ACGME competency were identified. Subsequent steps involved the identification of non-educational interventions and potential allies that could help close the identified gap(s). Step 6 involved the identification of an appropriate evaluation methodology that will be used to judge whether the activity has successfully closed the identified gap(s). In step 7, the desired results, learning objectives and content of the CME activity are determined.

Importantly, this step has been deliberately placed at this stage in the planning process. In other words, the identified gap(s) and the issues identified in previous steps should always be considered BEFORE the learning objectives and educational content are decided.

Learning objectives can be thought of as "stepping stones" that help learners understand the nature of the identified gap(s). Well thought out learning objectives also serve as a guide to instructors so that they create content that will help learners close the identified gap(s). As such, objectives should contain action verbs and criteria that help activity planners evaluate whether the gap(s) was/were closed (e.g., whether the activity helped improve competency, influence physician behavior, and/or improve patient outcomes). Moreover, planners should present the learning objectives to instructors and authors, not vice versa.

Similarly, the content should reflect the premises outlined in the learning objectives. In turn, the content should be dictated by the need to close the identified gap(s). In other words, CME

planners should direct instructors to address the need(s) identified in step 1 (i.e., the cause that is responsible for the gap in optimal care). Faculty may be actively involved in the process of content creation; however, they should never lose sight of what the planners are trying to achieve (i.e., helping the learners close the identified gap by addressing the need to improve knowledge, enhance competence, influence behavior, and/or improve patient outcomes).

In addition, the creation of CME content must strictly adhere to all pertinent ACCME Essential Areas and the Standards for Commercial Support. **To that end, the Main Line Health Department of Medical Education sponsors CME activities that promote improvements or quality in healthcare and not the proprietary interests of any commercial organization.** All relevant financial relationships with commercial interests must be disclosed to the Department of CME so that methods to resolve any conflicts of interest may be implemented prior to the CME activity taking place. Further, the management of any commercial support must strictly adhere to the Standards for Commercial Support. In all cases, education is separated from promotion. Disclosure to the learners of relevant financial relationships and any commercial support of the activity must also occur.

ACCME C7, C8, C9, C10

Step #7	(a) Based on the identified gap(s) as well as the cause for the gap that you discovered through the needs assessment analysis, what are the desired results of the CME activity? Based on this answer, what is the content you want to cover?	ACCME C3
	(b) Based on the identified gap(s) and the desired result(s), what is/are the activity objective(s)?	ACCME C3
	(c) How does the content relate to the current or potential scope of practice of the physician target audience?	ACCME C3, C4

Step 8: Selecting the Appropriate Educational Methodology

Importantly, the educational methodology should reflect the gap(s) identified in step 1, the evaluation methodology chosen in step 6, as well as the desired results, learning objectives, and the content chosen in step 7. Whenever possible, adult learning principles (as well as the physician learning and change process) should be taken into account when selecting appropriate educational methodology.

Step #8	(a) Based on the previous steps, what is/are the right educational format(s) to use for the activity? What type of activity will it be (i.e., live activity, enduring material, internet, performance improvement, internet point of care, etc.)? Why?	**ACCME C3, C5**
	(b) What will be the educational design of the activity (e.g., presentation, case-based, round table, simulation, etc.)? Consider adult learning principles and the identified gap(s).	**ACCME C3, C5**
	(c) Is the educational format appropriate to the setting, your objectives, and your desired result(s)?	**ACCME C5**
	(d) How do the educational format/methodology and design components of the CME activity support the desired results and learning objectives outlined in step 7?	**ACCME C5**

Step 9: Selecting Instructors

Instructors and authors should be selected only after the content has been chosen and the educational methodology has been determined. You should select instructors and authors that are best prepared to teach the activity that you have planned, not vice versa. Criteria to consider when instructors are selected might include the following: demonstrated expertise in the content area selected; ability to communicate effectively with the target audience; and willingness to meet the educational needs that the planning committee has identified. In the end, the instructors and authors should understand what the purpose of the CME activity is (i.e., to improve competence, influence behavior, and/or to improve patient outcomes).

Step #9	Who are the right faculty to cover this content? Do you want them to focus on transfer of information (i.e., lectures and monographs), techniques to overcome gaps in competence (e.g., algorithms and case-based discussions), or strategies to overcome system problems (e.g., guidelines, policies, and toolkits)?	ACCME C3, C5

Step 10: Describe your CME activity

The final step is to simply describe, in your own words, what you envision for your CME activity.

Describe your CME Activity:

Thank you for your diligence in planning a CME activity of excellence. Your work is greatly appreciated by the Department of CME. Finally, please **attach** an estimated budget for your activity as well as any appropriate documentation (e.g., two sources of needs assessment data that were used to identify learning gap(s) described in step 1). The latter must accompany this planning document before it will be approved by the Department of Medical Education.