

Guide for CME Activities

This guide offers a brief guide to Continuing Medical Education (CME) requirements. It also provides models, strategies, and best practices used to help you plan effective physician education.

The goal of CME is to improve physician practice and, by extension, patient health outcomes and the quality of medical care. The Accreditation Council for CME (ACCME) sets national standards for Continuing Medical Education activities with this purpose in mind (see 'Requirements in Brief'). Your CME Office is responsible for an overall education program, and is tasked with making sure that all CME activities are in compliance with these standards.

Planning a CME activity – the first steps:

All CME activities must be designed to contribute to improving physician practice. An educational planning cycle is required to achieve this goal, including these initial steps:

- 1) Identify areas where improvement is needed [referred to as a gap in practice].
- 2) Determine what factors contribute to each gap (see 'Identifying Practice Gaps').
- 3) Consider whether or not education can help improve practice in these areas.

If education is indicated: If you determine that education can contribute to practice improvement, you will need to:

- 1) Identify the appropriate learners. (Physicians only? Other clinicians? Teams?)
- 2) Specify what a learner needs to understand or do differently in order to improve his/her practice (these will be your objectives).
- 3) Choose an effective format for the activity
 - a. Didactic (most frequently used, lower effectiveness for changing behaviors)
 - b. Mini lectures mixed with small group activities
 - c. Discussions – small group, large group, panels
 - d. Case presentations and studies
 - e. Simulations
 - f. Skills Demonstrations and practice
- 4) Decide how you will measure whether your activity helped improve practice or not (see 'Evaluating the Impact of Your Activities' for examples/suggestions).
- 5) Review the results of your evaluation. Identify what worked, what did not, and what additional interventions or education may be needed.

If education is not indicated:

If you determine that education will likely not help to improve a problem you've identified, tell your CME Office. They work with many organizational stakeholders to identify and overcome barriers to physician improvement, contribute to quality improvement initiatives, and reinforce learning through education and other interventions.

Educational Independence:

Your CME activities must be **independent** of commercial interests. To ensure this:

- 1) Anyone who helps develop the activity must complete a financial disclosure form.
- 2) Review the signed disclosure forms. If someone has disclosed a financial relationship, the planners need to resolve any potential conflicts of interest (CME Office is available to help you resolve conflicts of interest that are disclosed and to prepare a statement of resolution).
- 3) Disclosures (and statements of resolution, as needed) must be provided to the CME Office before the activity to ensure that no outside commercial interest is promoted during the activity.
- 4) Disclose financial relationships to your audience before the activity starts.
- 5) **If commercial support is used, the CME Office must be informed, in order to ensure the use is compliant with ACCME guidelines.**

Requirements in Brief

This is a summary of the Accreditation Council for CME (ACCME) requirements for CME activities, which must satisfy ACCME Criteria 1-22, ACCME policies, and applicable state legislation. Suggestions for how to satisfy these requirements are on the right.

Criteria	What to look for
1 Align education with CME mission	Review CME mission (or ask CME Office to summarize it for you)
2-6 Design education based on learners' needs (knowledge/competence/performance gaps in practice); design to make a change; match to scope of practice; use appropriate format; consider desirable physician attributes	Who is your learner? What are some challenges they face in practice? What problem(s) could be improved? What is causing or contributing to the problem? What needs to change in order to improve? Would education help? (If yes, what kind of education?)
7-10 Ensure independence from commercial interests; disclose, resolve conflict of interest; no outside promotion	Discuss commercial support with CME Office; return disclosure forms for all who influence activity
11-12 Analyze effectiveness of program with respect to change in learners	How will you know if learners made a change in practice? Plan how you will measure this, measure it, and review the results. Communicate these results to the CME Office.
13-15 Determine what worked, what didn't, <u>why</u> , and make plans to build on that in future education	Based on the results of your activity, assess what worked, what didn't, and why. Incorporate into plans for future education.
16-22 Work in your organization to improve practice, and identify/overcome barriers to physician change; collaborate with stakeholders; participate in quality improvement; reinforce learning; influence scope/content of education.	Look for opportunities to partner with others and leverage the education you are planning to add to existing improvement efforts.

Policies	What to look for
Content validation	Patient care recommendations must be evidence-based, or accepted medical practice, and must not be known to be ineffective or cause harm that outweighs the benefits.
Attendance	Keep track of physician participation
Accreditation statement	Use correct language on event promotion (ask CME Office for example)

Identifying Practice Gaps

Here are some questions you may want to ask to help identify areas in practice that your learners have difficulty with or find challenging. Simply put, a gap in practice is the difference between where you are/what you currently do, and where you should be.

Questions to help identify practice gaps:

- What data or sources are available that might identify areas where improvement is needed? (Quality or Departmental data, reports, chiefs, committees, or staff)
 - What keeps your Chief up at night? Why?
- What are the most common cases seen in your department?
- What are the most prevalent and serious medical problems for Arkansans?
- If you survey for physicians' expressed needs, ask:
 - "Describe the key issues or obstacles to care you or your colleagues encounter?"
 - "What kinds of clinical situations do you find difficult to manage or resolve?"
 - *Instead of* "What topics are you interested in?"

Regularly scheduled series offer the opportunity to cover a complex topic over several sessions, and to reinforce what was learned in previous sessions over time. Because of this, one need or "gap" could be the driver for one session, or for many.

Identify practice gaps first, and then consider whether education can help or not.

Evaluating the Impact of Your Activities

There are many ways to measure whether learners made changes or not after a CME activity. Here are examples/options you may wish to try or adapt for your activity.

Ways to measure outcomes:

- Ask learners what they plan to do differently based on the education provided (summarize responses)
- Follow-up with learners 1-3 months later to ask about actual changes they tried in practice (what worked, what didn't, why)
- Look at quality measures before and after education is provided (**RSS**: especially for multiple sessions that address the same gap in practice)
- Revisit the source where you identified the gap in the first place. How did you know it was a problem? Has the problem improved or not?

Regularly Scheduled Series: You can evaluate these in multiple ways: every session, evaluate related sessions together, or with a single measure. It is required that you evaluate the series at least once a year.

- Compare department or learner-specific measures related to your session
- Verbally ask about changes in practice that were tried based on key lessons from a previous session (jot down one or two per session for CME office)
- See models for case conferences, journal clubs, and tumor boards – next pages

Model for Case Conferences & Journal Clubs

Courtesy of Dr. David Price, Kaiser Permanente, Colorado

- Avoid “fascinomas”
 - Choose cases or identify evidence-based articles that can be applied to practice
- Include a series objective like:
 - Attendees will be able to identify at least two learnings they will incorporate into their practice.
- During the last five minutes of each session:
 - Ask attendees to identify the key concepts from the presentation
 - Ask attendees to write down for themselves 1-2 learnings that they plan to use in practice
- During the first five minutes of the next session, ask attendees:
 - Who tried any of the key learnings from the last session?
 - Which were successful, which weren't, and why?
- Provide a summary of key learnings, and later, successes or barriers identified as a result of trying these learning, to the CME Office
- Share identified barriers with department Chief (may also share changes in practice, where appropriate)

This model not only meets CME requirements, but creates a learning opportunity among attendees and establishes continuity between series sessions.

See also *Journal of Continuing Education in the Health Professions*, Volume 28, Issue 3, Summer 2008

Suggestions for Tumor Boards

- Ask the clinician who suggests the case to briefly note why
 - i.e., difficult case; common case; specialist expertise needed
- Choose cases where there is a gap in practice
 - i.e., challenging problem; new guidelines; frequent problem
- Summarize the practice recommendations made for each case (blinded)
- If case recommendations can't be provided, consider adapting the Price case conferences model where appropriate

ACCME Policy Verbal Disclosure Relevant to SCS6 (Disclosure to Learners)

Disclosure of information about provider and faculty relationships may be disclosed verbally to participants at a CME activity. When such information is disclosed verbally at a CME activity, providers must be able to supply ACCME with written verification that appropriate verbal disclosure occurred at the activity. With respect to this written verification:

1. A representative of the provider who was in attendance at the time of the verbal disclosure must attest, in writing:

- a) that verbal disclosure did occur; and
- b) itemize the content of the disclosed information (SCS 6.1); or that there was nothing to disclose (SCS 6.2).

2. The documentation that verifies that adequate verbal disclosure did occur must be completed within one month of the activity.

The provider's acknowledgment of commercial support as required by SCS 6.3 and 6.4 may state the name, mission, and areas of clinical involvement of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.