



# Understanding the Planning Process for CME Activities

Presented by the Office of CME  
Eastern Virginia Medical School

# Objectives

After participating in this presentation, you should be able to:

- Explain the steps involved in planning a CME activity.
- Employ different methods of needs assessment.
- Design your CME activity using an educational planning model.
- Integrate electronic media for selected CME activities.

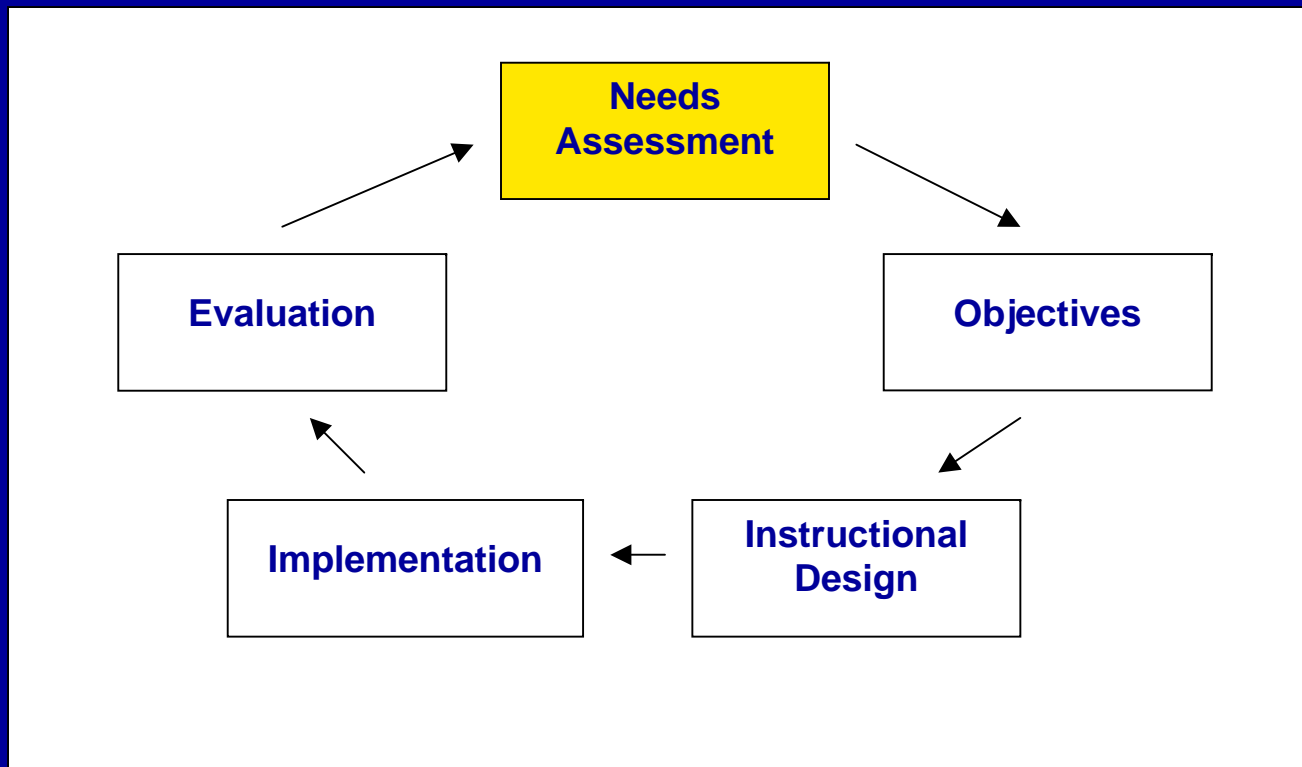
# Where to Begin? A Needs Assessment

The first question that should be asked is

**WHY ARE WE DOING THIS?**

The reason for planning any activity should be based on a good needs assessment.

# Professional Educational Model



Adapted from the Professional Educational Module from "What is a Needs Assessment?" by J.S. Green, PhD & J.B. Eckstein, MA, *Almanac*, Alliance for CME (25)3.

# Needs Assessment

Examples of Needs Assessment Data include:

- Expert Needs
- Participant Needs
- Observed Needs
- Environmental Scanning

From Passin, S., "Linking Needs to Outcomes", Medical Meetings, December 2003, p.21.

# Expert Needs

- Planning Committee
- CME activity faculty
- Expert panels
- Peer-reviewed literature
- Required by a medical school authority
- Required by governmental authority (certification or licensure)

From Passin, S., "Linking Needs to Outcomes", Medical Meetings, December 2003, p.21.

# Participant Needs

- Previous course evaluations
- Focus panel discussions
- Needs assessment survey
- Requests from physicians
- Requests by affiliated institutions or physician groups

From Passin, S., "Linking Needs to Outcomes", Medical Meetings, December 2003, p.21.

# Observed Needs

- Hospital/clinic quality assurance analysis
- Other clinical observations (including chart audits)
- Mortality/morbidity data
- Epidemiological data
- National clinical guidelines (NIH, NCI, AHRQ, etc.)
- Specialty society guidelines
- Database analyses (diagnosis trends, prescription changes, etc)

# Environmental Scanning

- Hot Topics
- New Therapeutics
- Lay Press
- Direct to consumer advertising
- Other societal trends
- Examples include Avian flu, bioterrorism, disaster preparedness, etc.)

From Passin, S., "Linking Needs to Outcomes", Medical Meetings, December 2003, p.21.

# Stating the Learning Need

After a thorough needs assessment has been done, the “learning need” should be the obvious byproduct.

## Why is it important to state the learning need?

- Because your intervention and assessment builds on the learning need.
- The learning need must be linked to the desired outcome.

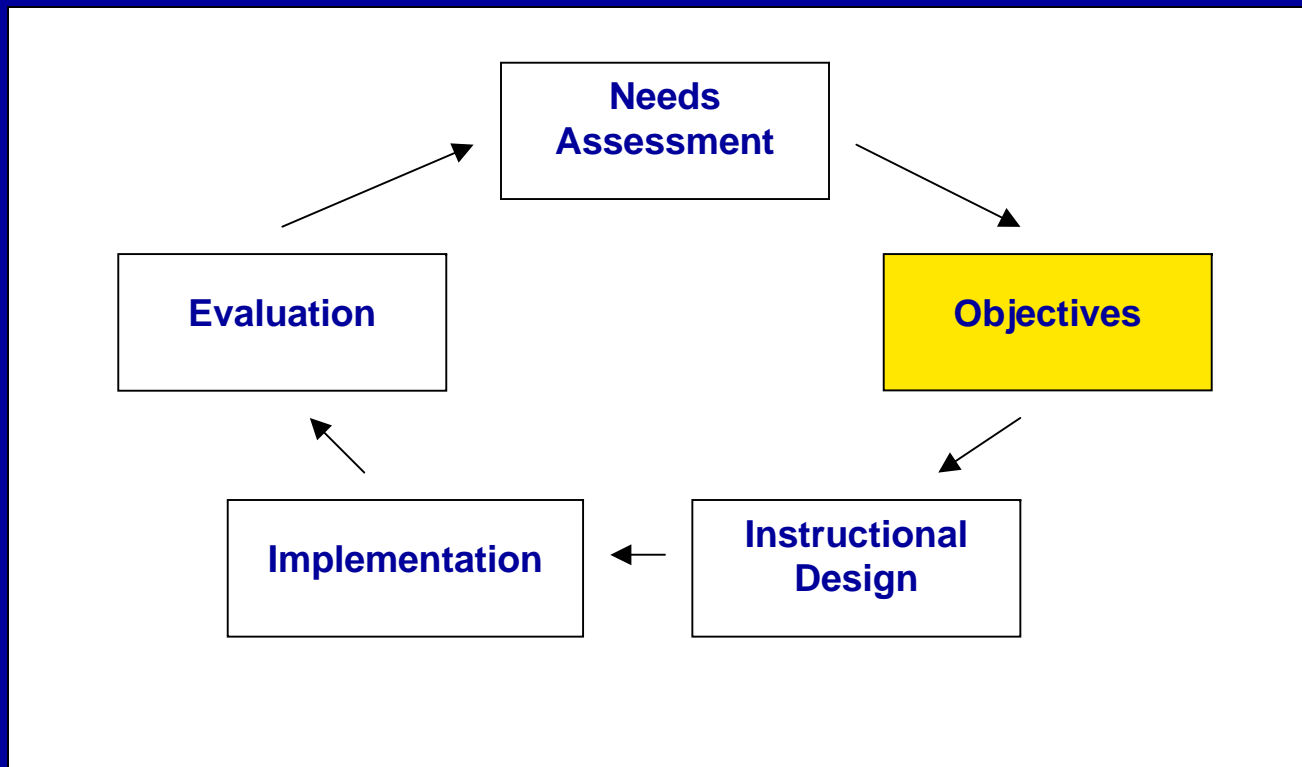
# Example of a Learning Need

- The American Heart Association guidelines state that high levels of hyperlipidemia in patients with diabetic comorbidity is the cause of increased morbidity in those patients.

*Your desired result is to:*

- Identify your diabetic patients, screen for hyperlipidemia, and place on appropriate lipid lowering medication(s).

# Professional Educational Model



Adapted from the Professional Educational Module from "What is a Needs Assessment?" by J.S. Green, PhD & J.B. Eckstein, MA, *Almanac*, Alliance for CME (25)3.

# What Are Your Objectives?

This should be a clear statement of anticipated results to be achieved through this educational activity.<sup>1</sup>

There is a hierarchical order of objectives:

- 1) Increased knowledge
- 2) Change in physician behavior
- 3) Better patient outcomes

Objectives for CME activities are #2 and #3. The written objectives should be based on a change in physician behavior or better patient outcomes.

<sup>1</sup>Mejicano, G & Passin, S, *Writing Better Objectives*, Presentation at the Alliance for CME Annual Meeting, January 30, 2003

# Writing a CME Objective

Build an objective using the following three parts:

## Condition

- Describe the condition of performance (tell what is presented to the learner)

## Behavioral Verb

Relate to specific actions or behaviors

## Standards

Specify standard(s) for judging a learner's performance<sup>2</sup>

<sup>2</sup>Mejicano, G & Passin, S, *Writing Better Objectives*, Presentation at the Alliance for CME Annual Meeting, January 30, 2003

# Analysis of an Objective

Given a healthy child (**condition**), correctly list (**behavioral verb**) the routine vaccines for a two-year-old (**action**) that are currently recommended by the CDC (**standard**).<sup>3</sup>

<sup>3</sup>Mejicano, G & Passin, S, *Writing Better Objectives*, Presentation at the Alliance for CME Annual Meeting, January 30, "Smart 2003"

# Preparing Objectives

- Now that you have determined the need and desired result, you can prepare learning objectives written in terms of physician performance or patients' health outcomes.<sup>5</sup>

*In our example, your objective is to:* Decrease cardiovascular events of your diabetic patients with hyperlipidemia by improving their cholesterol profiles.

# Examples of Objectives

- ***Original objective:*** Review current and new treatments for diabetes.  
***Better objective:*** Reduce the incidence of infections, amputations, and renal infections in your patients with diabetes by effectively controlling their blood sugars.<sup>4</sup>
- ***Original objective:*** Discuss pain treatment options for terminally ill patients.  
***Better objective:*** Improve the quality of life by optimally decreasing pain in your patients with terminal illness.<sup>4</sup>

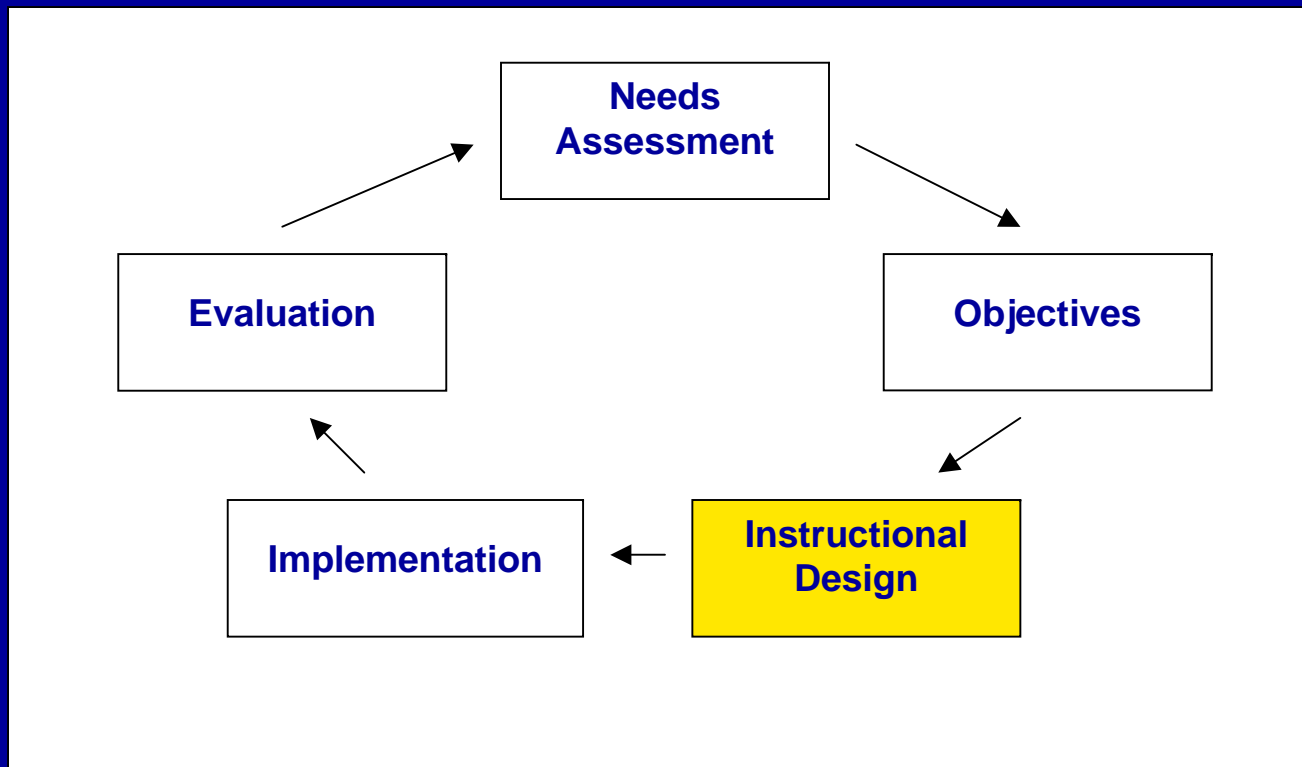
<sup>4</sup>Objectives from “Smart Solutions for Sticky Issues in Primary Care” brochure, November 21-22, 2002, University of Wisconsin Medical School, Madison, Wisconsin.

# Examples of Objectives

- **Original Objective:** Discuss new treatments in hyperlipidemia.  
**Better Objective:** Decrease cardiovascular events by improving the cholesterol profiles in your patients with hyperlipidemia.<sup>4</sup>
- **Original Objective:** Provide an update on the diagnosis and treatment of otitis media and sinusitis.  
**Better Objective:** Decrease the spread of resistant bacteria by correct diagnosing and treating otitis media and sinusitis.<sup>4</sup>

<sup>4</sup>Objectives from “Smart Solutions for Sticky Issues in Primary Care” brochure, November 21-22, 2002, University of Wisconsin Medical School, Madison, Wisconsin.

# Professional Educational Model



Adapted from the Professional Educational Module from “What is a Needs Assessment?” by J.S. Green, PhD & J.B. Eckstein, MA, *Almanac*, Alliance for CME (25)3.

# Instructional Design

What is the **most popular** instructional design?

8.7% Basic Lecture without Q&A

**67.4%** **Lecture with Q&A**

16.3% Case based sessions

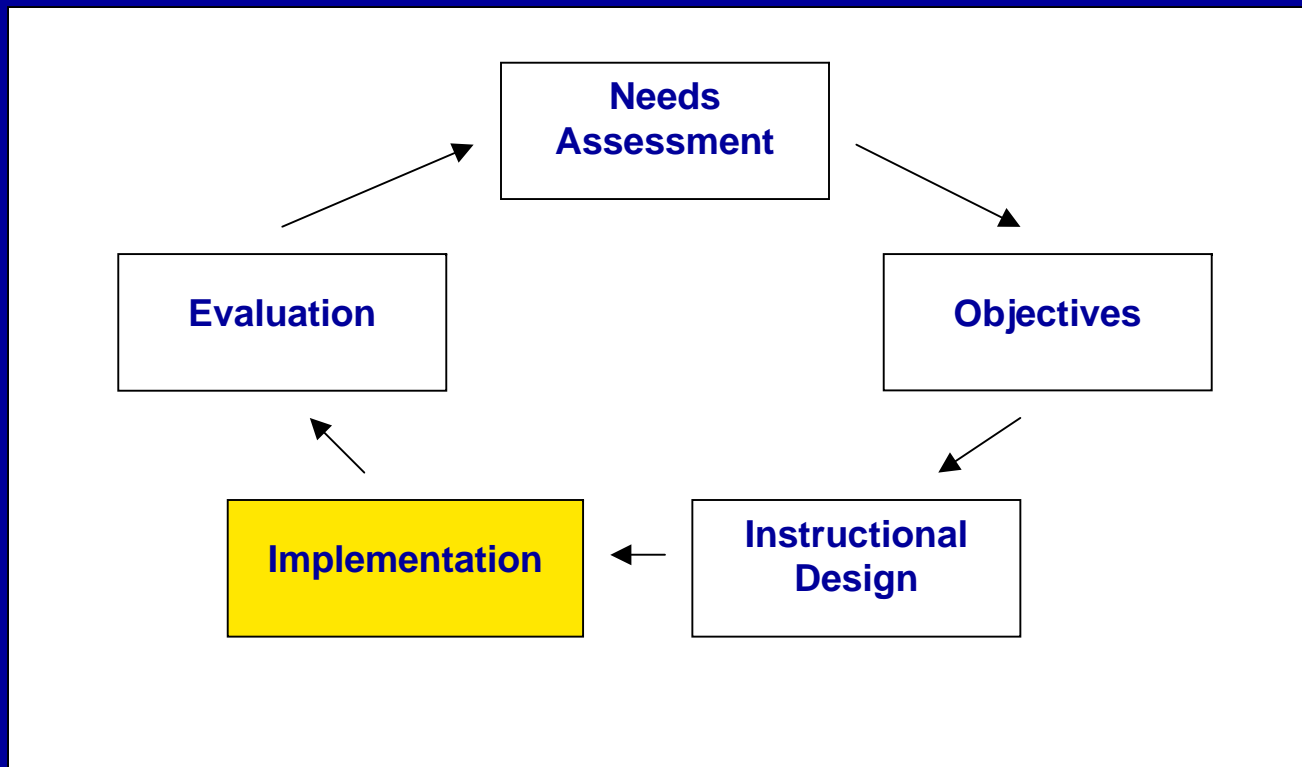
2.2% Interactive “hands on” activities

1% Information Discussion with  
Colleagues

What is the **least effective** instructional design?

Lecture

# Professional Educational Model



Adapted from the Professional Educational Module from "What is a Needs Assessment?" by J.S. Green, PhD & J.B. Eckstein, MA, *Almanac*, Alliance for CME (25)3.

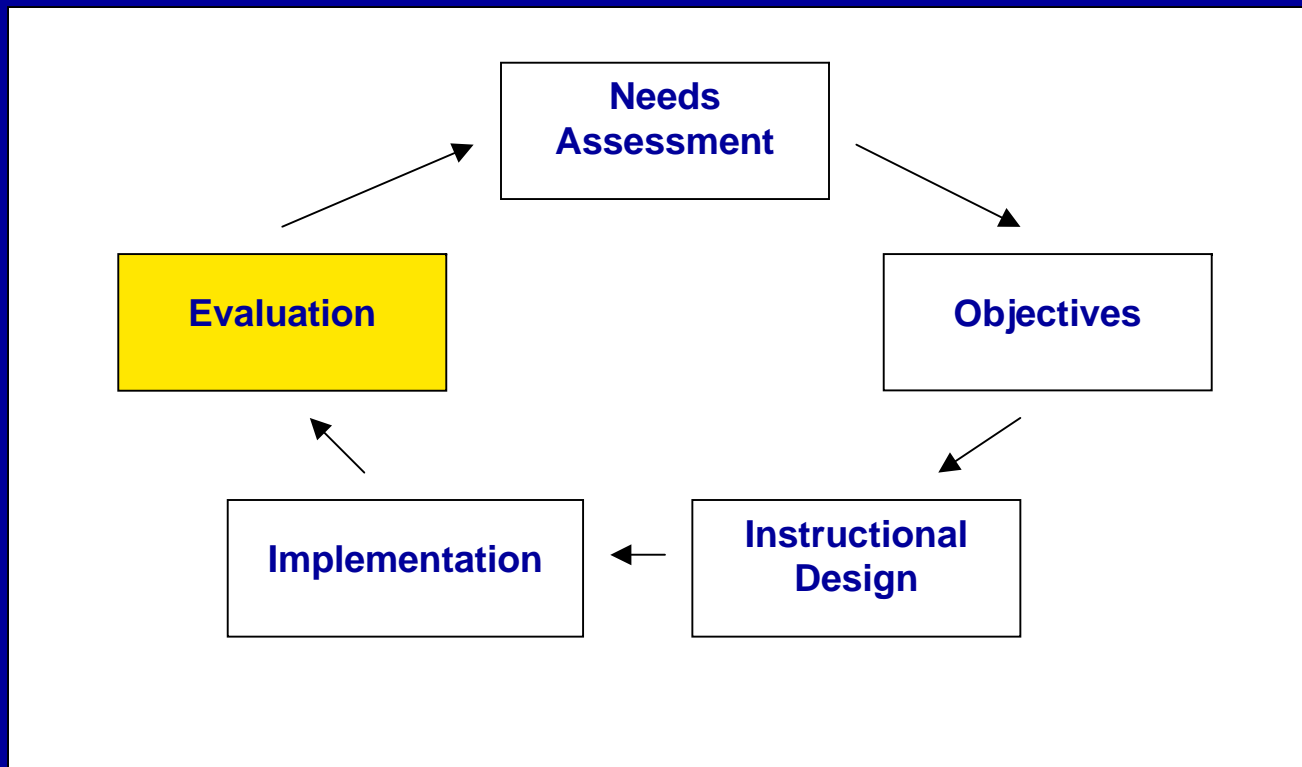
# Making Lectures More Effective

- Use interactive games such as Medical Jeopardy or Ask the Expert
- Use Audience Response System to get feedback from attendees
- Add simulations or demonstrations
- Prepare case studies to present at the end of a lecture
- Allow sufficient time for questions and answers and prompt/plant questions for discussion

# Implementation of CME is more than just lectures...

- Case Presentations
- Enduring Materials/Online Education
- Test Item Writing
- Manuscript Review (for journals)
- Internet Point of Care
- Journal-Based CME
- Performance Improvement

# Professional Educational Model



Adapted from the Professional Educational Module from "What is a Needs Assessment?" by J.S. Green, PhD & J.B. Eckstein, MA, *Almanac*, Alliance for CME (25)3.

# Measuring Outcomes

- **Participant Evaluation**
  - Ask attendees what they learned and how they plan to implement changes
- **Send a survey 3 months after activity**
  - Have they changed their behavior or practice as a result of this activity? If not, why not? This will help determine future programming.
- **Case Studies**
  - Can be used as a pre-test or post-meeting evaluation
  - Studies show it appears to be reliable as an indicator of predicting physician behavior
- **Chart Review**
  - Although a highly effective form of evaluation, it can be difficult to obtain outside a hospital system
- **Standardized Patients**
  - Highly effective form of evaluation, but requires resources to develop and implement.
- **Review of Statistics**
  - If statistics were used to determine the need, a review of the data can be done post-activity for comparison.

# Licensure Requirements

- The Commonwealth of Virginia requires physicians to obtain **60 hours** of “continuing learning activities” biennially.
- **30 hours of Category 1 Credit**
  - **15 hours must be face to face**
- 30 of the 60 may be Category 2 or all 60 of the hours may be Category 1 Credit

Taken from the General Assembly of Virginia Law 54.1-2912.1 on continuing competency of practitioners licensed by the Board of Medicine.