

CME Activity Planning

Providence Oregon Region is accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** to sponsor continuing medical education for physicians (*AMA PRA Category 1 CME Credit™*).

Mission Statement: The Mission of the Providence Oregon Region Department of Continuing Medical Education (CME) is to meet the educational needs of our community through content that narrows practice gaps and builds provider competency. Varied, balanced, and evidence-based activities should enhance knowledge and skills while stimulating attendees to pursue personalized self-directed learning specific to their practices. Our CME program supports better patient care, emphasizes the role of primary care within an integrated and inter-professional care team, and measures our success through improved **performance**.

Professional Practice Gaps

CME is based on the concepts of quality improvement in order to achieve and maintain physician competency and performance. The ultimate achievement of CME is the improvement in patient health status. Both individual educational activities (e.g., conferences) and series activities (e.g., grand rounds) should be designed around identified practice gaps. The term, professional practice gap, is defined as the difference between what a physician currently knows and is doing and what he or she should know and do. Identifying professional practice gaps is a straightforward process, utilizing the following questions:

- What areas in practice do you and your colleagues find challenging? (examples include: difficult-to-manage or non-resolvable cases; prevalent public health problems; lifestyle-related health problems; patient safety concerns; limitations or obstacles occurring in the health care system)
- What factors contribute to the problem?
- What educational interventions are needed to change current behavior to "best practices" behavior? (Or what does the target audience need to do differently in order to improve practice?)
- What is the best format for teaching and learning the concepts to be presented? (examples include: Case presentation and discussion, demonstration, expert panel, lecture and discussion, moderated audience discussion, problem analysis and application to practice, question and answer session, role play, simulation, self-directed learning, skill development, or small group discussion)
- What additional CME or non-CME strategies must be incorporated in order for the target audience to achieve "best practice" behavior? Non-CME strategies may include applications added to smart phones or tablet computers to make resources more readily available; discussions held in medical staff meetings to reinforce learning; assessment tools; patient education materials; laminated reference cards; clinical practice guidelines uploaded into electronic health record system; printed algorithms, etc.

Stages of the CME Planning Process

The CME Planning Process occurs in six major stages

1. Planning/ Needs Assessment/Conflict of Interest Review
2. CME Application Process
3. Program development/Faculty/Logistical Planning/promotion
4. Delivery
5. Final Report & Follow-up
6. Outcomes Evaluation

A designated **"Program Chairperson" (Providence Physician required)** is responsible for overseeing all six stages of this process. In addition, the appointment of an individual to provide administrative support as a **"Program Coordinator"** is

required. You will also need to appoint someone from the Planning Committee to act as the “**CME Program Monitor**” during the actual delivery of the activity.

Planning & Needs Assessment

- a. The Planning and Needs Assessment process usually begins with the identification of a Program Chairperson, a Planning Committee of health professionals, made up mostly of physicians and a Program Coordinator.
- b. An effective Needs Assessment examines the GAP (in knowledge, skills and behaviors) between “What is” (actual patient care) and ‘What Should Be”. A review of **Needs Assessment** materials (Outcomes data, national guidelines, medical staff surveys, library search requests, previous CME evaluation summaries, Quality Assurance & Utilization Review Committee minutes, Morbidity & Mortality Reports, literature/web searches) takes place to determine the need for the activity.
- c. Planning for CME activities demonstrates the linkage between the documented needs assessment, desired educational results, learning objectives and outcomes of the education in terms of improved/changed physician practice and/or patient health status.
- d. Collection of planning committee members **CME Disclosure Forms**. These should be submitted to the CME office as soon as possible so any potential conflicts can be mitigated prior to the start of the educational planning.
- e. Thorough minutes should be completed as documentation of this process.
- f. The target audience is identified as a result of the needs assessment process.
- g. Develops learning objectives.
- h. Outlines the major topics to be covered.
- i. Identifies potential faculty and begins process of obtaining **CME Disclosure Forms**.
- j. Determines method(s) of educational delivery.
- k. Determines if a derivative enduring material will be developed from the live activity.
- l. Sets the location & dates for the activity.
- m. Establishes a budget to support the activity.
- n. Drafts and executes promotional plans.

CME Application

During later phases of planning, a CME Activity application for the designation of CME credit needs to be prepared, using information gathered during the Planning Committee process.

When the CME Activity Application is complete, including the necessary supplementary material, it is submitted to the Department of CME for review. Once the CME Coordinator determines the application meets all policies and standards, it is submitted to the Regional Director of Continuing Medical Education for review and possible approval for designation of credit. Once approval is received, promotional material containing the proper CME designation statements can be distributed. **There can be no advertising of CME credit until the application has been approved.**

Items to be included with the submitted CME Application:

1. Planner Disclosure forms from Activity Chair & Coordinator (should have already been submitted), as well as planning committee members
2. Documentation of a least two sources of needs that were used to identify the learning gap(s)
3. Detailed draft program schedule and timetable with topics, speakers, and session times (breaks/lunch included)
4. Preliminary Budget
5. Sample evaluation form
6. Sample Announcement/Brochure/Flyer (if applicable)

Development/Organizing

This is an extension of planning and often occurs concurrently with the preparation and submission of the application. Organizing usually continues right up until the program is actually delivered, although the most intense work is usually at the beginning, right around the planning and application stages.

Delivery

This is the actual program itself, including the on-site tasks required to manage meeting logistics, register participants, and deliver the content described in the promotional materials. A member of the Planning Committee (**CME Program Monitor**) is required to be on-site to review the activity for compliance.

Required Final Report & Follow-up

The Final Activity Report must contain the following documentation:

1. Copies of Attendance lists, either in paper format or electronic with physicians separate from other health professionals.
2. Summary audience evaluation
3. Summary financial report
4. Evidence of how disclosure was provided to the audience (email confirming disclosure given verbally, slide, sign-in sheets)
5. Final copy of activity brochure and/or flyer

The Final Activity Report must be received no **later than 4 weeks after the conclusion of the activity**. The Final Budget for the activity must be submitted **no later than 8 weeks after the conclusion of the activity**.

Failure to submit the required documentation can result in the withdrawal of CME designation for the activity and the attendees will not receive CME credit for their attendance.

Outcomes Evaluation

Describe method(s) and tools that will be used to evaluate whether the CME activity had an impact on physician learning, practice change and patient health status outcomes. Plan the proposed format and metrics of that survey. The ACCME requires that every activity providing category 1 credits be evaluated to measure the effectiveness of CME activities in changing physician competence or performance and/or patient outcomes. The results of the evaluation efforts must be documented and should then be used in the planning of subsequent activities.

Please be sure to include the following questions:

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| 1. Did the material presented meet the stated objectives? | Yes | No |
| 2. Was the information/material presented in this CME activity free from commercial bias? | Yes | No |
| 3. Did this CME activity increase your professional knowledge or skills? | Yes | No |

What did you learn?

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| 4. Will you make any changes in your practice based on what you have learned in this CME activity? | Yes | No |
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If yes, what will you do differently?

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| 5. How do you think this will lead to the improved health of your patients? |
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