## PLEASE NOTE

This session, held at the Alliance for CME's Annual Conference in January 2009 was a hands-on, small and large group interactive, educational session using simulations and scenarios to build an educational activity. It was a group learning activity designed to simulate the planning of a CME activity using the ACCME 2006 Accreditation Criteria. The slides were designed to guide the discussion and not reflect the entire range and content of the learning activity.

For the sake of simulation and discussion, we are going to artificially restrict the scope of the 'professional practice gaps' that we try and address today to 'HealthCare Quality Gaps.' In your own practice of CME, you have the flexibility to address gaps found in research practice, professional skills such as manuscript review, interpersonal skills or conflict management techniques – just to name a few. Today, here, we are going to narrow things down to a healthcare quality gap of your choice.

When examples of compliance and noncompliance are provided, the information provided is the entire example – and you shouldn't add in any information or assume anything else is true. Yes, often if you added 'this' or 'expanded that', or in a different context, it would become more or less compliant – but for this simulation, and in this context, we need to restrict the content down to a valid example.

It would be a mistake to generalize an answer to a different context. It would be a mistake to try and apply all the information in my slides outside of the specific context of this simulation and this educational session.

You would be best served looking at www.accme.org or contacting postmaster@accme.org or attending an ACCME Workshop for other information, about other circumstances and for other issues.

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# Closing 'Quality Gaps' Using the ACCME Updated Criteria

Steve Singer, PhD
Director, Education, Monitoring, and Improvement
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Manager, Provider Education

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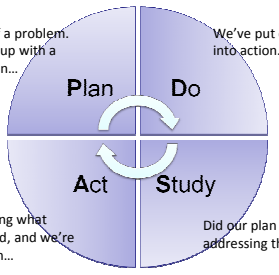
## How Do We Improve?




"Shewhart Cycle" based on Deming

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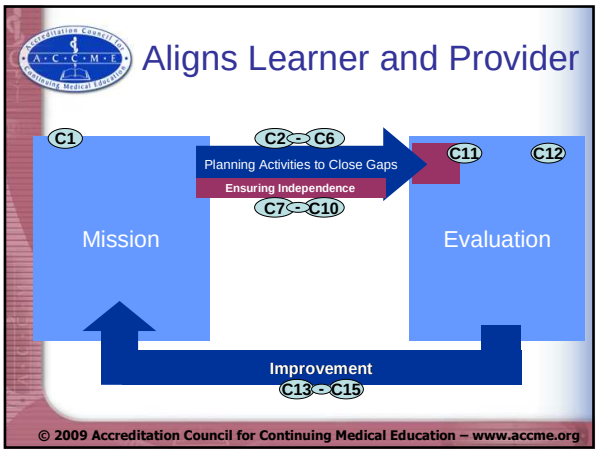


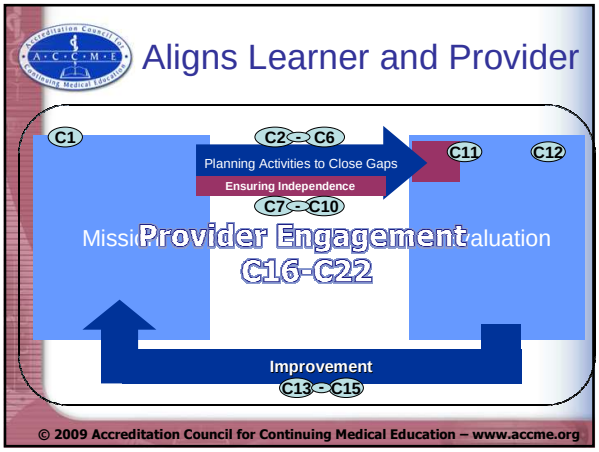


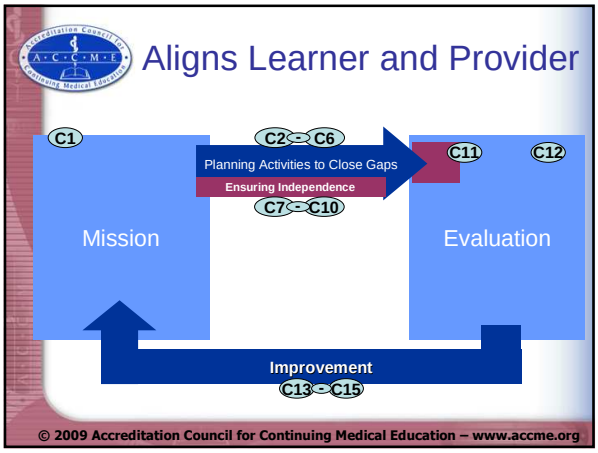


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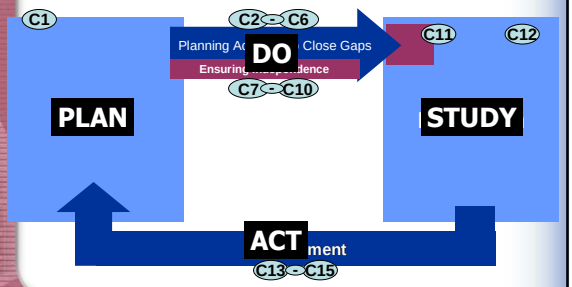
## Aligns Learner and Provider

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## Fulfilling Criterion 12

The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

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## Criterion 11

The provider analyzes changes in learners (competence, performance, or patient outcomes) achieved as a result of the overall program's activities/ educational interventions.

**Mission + [C11 + C11 + C11 + C11] = C12**

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## Our Goal

Improve your activity planning by...

- sharing insights to the compliance expectations of ACCME Criteria
- 'Enable' you to evaluate your whole program by providing strategies you can use to plan a single activity
- Practice applying these strategies with feedback and assistance

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## Help Each Other

Get friendly...

- Introduce yourselves
- Make sure everyone has a chance to talk
- For each question, assign a scribe to summarize and report what the group has determined

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## Materials

**Online at *www.accme.org***

- Slides and other materials posted under "Educational Opportunities"
- Activity Evaluation

**At your tables**

- Activity Planning Worksheet
- ACCME Criteria
- Colored Index Cards

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## What are Your Professional Practice Gaps?

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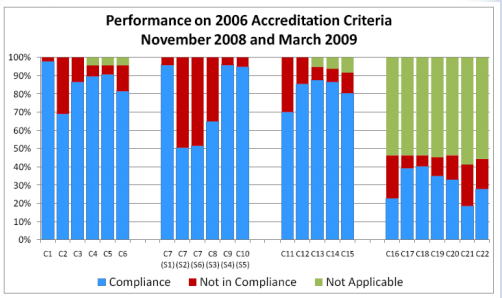


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## Criterion 2

NONCOMPLIANCE: The provider used multiple sources to assess **learner needs,** including literature reviews, core curricula, expert opinion, and healthcare mandates.

NONCOMPLIANCE: The provider asks learners to **self-assess their needs** via survey and references, "journals, ethical issues, and trends."

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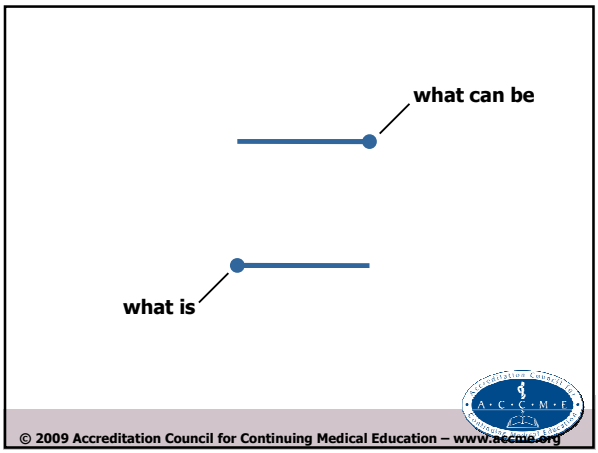


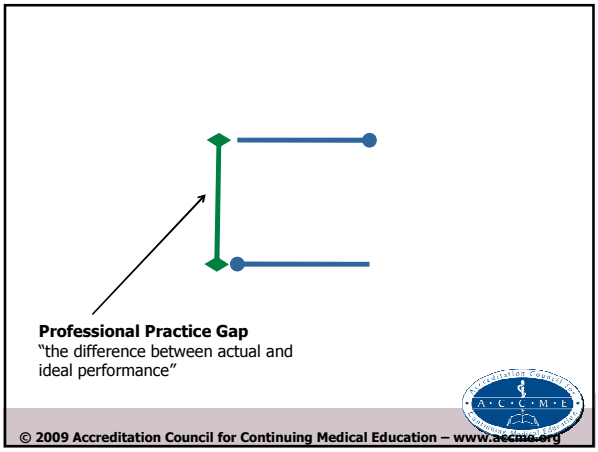


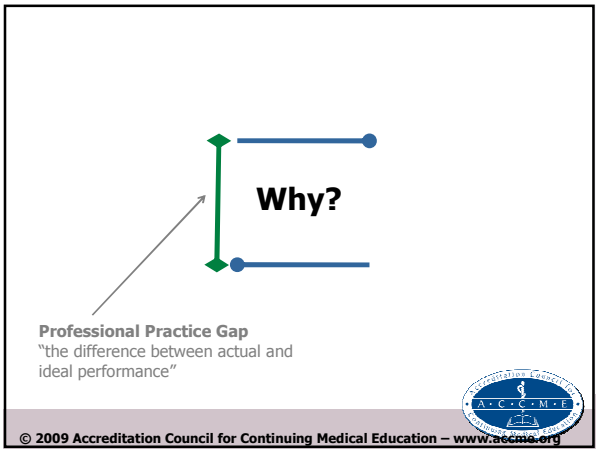


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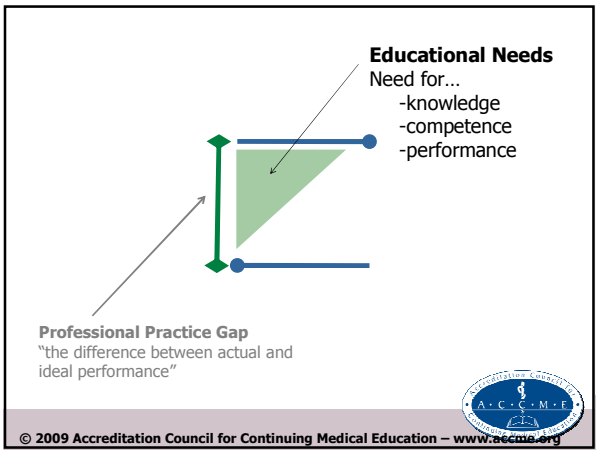


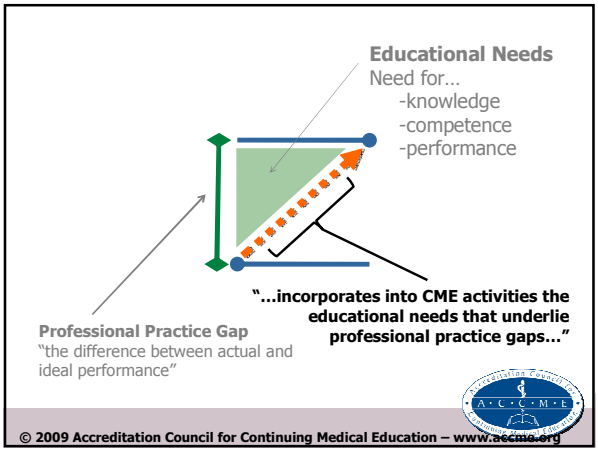


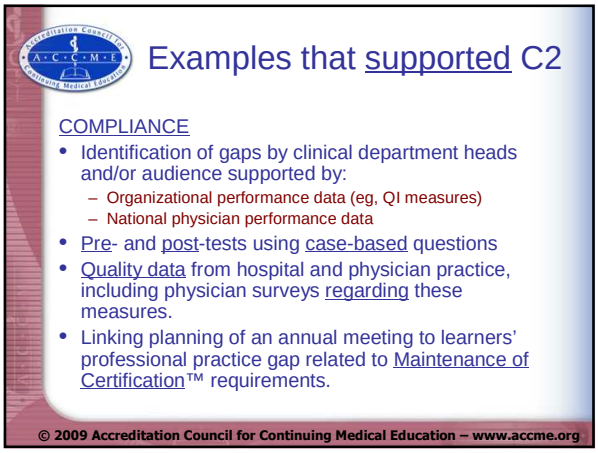


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## Criterion 3

NONCOMPLIANCE: Provider generates activities designed to **change physician knowledge** and not competence, performance or patient outcomes.

NONCOMPLIANCE: Provider indicates it designs activities to change competence. However, the follow-up descriptions and examples do not demonstrate this practice. Instead, **the evidence demonstrates activities designed to change knowledge.** In five of ten activities reviewed after the provider's transition to the ACCME's Updated Criteria, the provider designed activities to change learners' knowledge.

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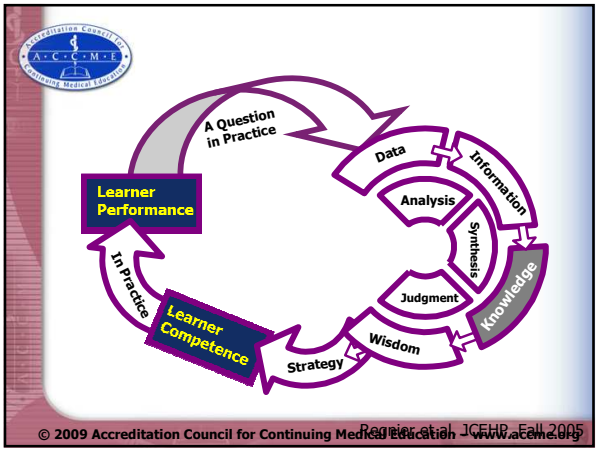


Regnier et al. JCEHP. Fall 2005

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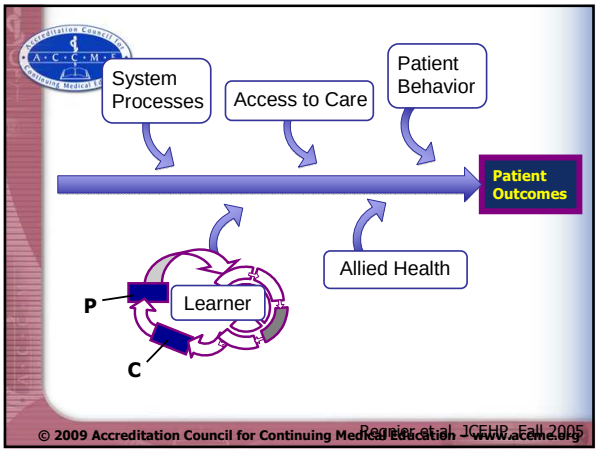


Regnier et al. JCEHP. Fall 2005

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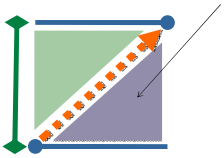
**"...designed to change competence, performance or patient outcomes..."**



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## Examples that supported C3

Compliance

- A provider uses demonstrations coupled with audience polling to determine if learner strategies for delivering care (eg, **competence**) change as a result the activity.
- A provider uses hands-on skill workshops with trainers to determine if surgeons improve their technique (eg, **performance**) through educational activity.
- A provider uses patient chart audits to determine changes in patient care as a result of a group of CME activities (eg, **patient outcomes**)

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## Criterion 11

NONCOMPLIANCE: Provider asked learners if the content of the activity is relevant to their profession and if they will apply this information to their daily activities. Other questions asked learners to rate levels of knowledge before and after completion of the activity. These questions do not measure a change in competence.

NONCOMPLIANCE: The provider's typical practices of evaluation (both at the end of the activity and in post-activity surveys) do not measure changes in physician competence, performance, or patient outcomes. Questions that it currently asks all learners to respond to do not measure changes in physician competence. Those questions are: "Did the activity enhance your professional practice? Were the topics current and relevant to you practice?"

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## Criterion 11

NONCOMPLIANCE: Provider uses posttests in which physicians are asked to indicate if they (1) intended to make changes/apply learning; (2) believed that policies and procedures in their organization should change; and (3) if additional education or training would be helpful. These questions do not evaluate changes in physician competence.

NONCOMPLIANCE: Provider includes summary statistics (eg, graphs and data tables) from each activity evaluation, however no analysis or discussion of changes in competence, performance, or patient outcomes are provided.

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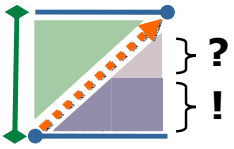


**"activity achieved some, but not all expected changes in competence"**

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## Examples that supported C11

- Provider asks learners,
  - "What will you do differently in the care of your patients?" (C)

  Follow-up survey asks,
  - "What are you doing differently in the care of your patients?" (P)

  Provider compares the data from both surveys to determine the effectiveness of the activity.
- Provider uses an extensive "activity review form" to evaluate changes in competence and performance.
- Provider develops an activity to improve ultrasound interpretation and asks learners,
  - "What do you see now that you couldn't see before?" (P)

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## Criterion 6

Match your activities/educational interventions to IOM/ACGME Competencies.

http://www.acgme.org/outcome/Comp/compFull.asp
http://www.accme.org/dir_docs/doc_upload/97976287-85d0-4d5a-b2d3-a11df26949b8_uploaddocument.pdf

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## Criterion 7 (SCS 1, 2, 6)

Standard 2

... **everyone** who controls content discloses relevant financial relationships

... identify and resolve all conflicts of interest

Standard 6

... proper disclosure to learners prior to activity

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## Criterion 8

Standard 3.6

Both the commercial supporter and the provider **must sign** the written agreement between the commercial supporter and provider.

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## Criteria 16-22

- Engagement is essential to the impact of our system
- ACCME continues to share provider practices observed for each cohort. Look for new educational modules from ACCME
- ACCME expects that you consider and report how your program may address C16-22 in your Self Study Report [although not required for Compliance]

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## Activity Planning Questions #1-2

"Quality Gaps"
"Your Learners" (C2)
"Professional Practice Gaps" (C2)
"Educational Needs" (C2)

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## Your Turn

- Your table is your **CME Committee**
- Create examples from **YOUR** experience
- Be sure to encourage participation from all members of your committee
- Limit your discussion to answering the question being asked
- Keep it **simple**

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## Questions #1-2
### Criterion 2

*As a possible starting point to connect our activities to patient care, let us consider what quality gap(s) (e.g., the difference between healthcare processes or outcomes observed in practice and those that are potentially/optimally achievable) might be addressed by education.*

*Who is involved in the system or practice environment that produces the quality gap? What role does each person potentially play in the outcome? Which of the health professionals in this milieu are our learners?*

1. What is/are the professional practice gap(s) — the difference between current practice and optimal practice — that we wish to address with education?
2. What educational needs *(eg, knowledge, competence, performance)* should be addressed in order to close the professional practice gap(s)[1]?

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## Questions #1-2
### Criterion 2

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## What did **you** say?

*As our starting point, what is the **quality gap** to be addressed?*

*Which of the professionals that may have a role in the quality gap are **our learners**?*

*1. What is/are the **professional practice gap(s)** of our learners that may contribute to the quality gap?*

*2. What are the **educational needs** that underlie the professional practice gap(s)?*

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## A place to start...

As a possible starting point to connect our activities to patient care, let us consider what **quality gap(s)** *(e.g., the difference between healthcare processes or outcomes observed in practice and those that are potentially/optimally achievable)* might be addressed by education.

Who is involved in the system or practice environment that produces the quality gap? What role does each person potentially play in the outcome? Which of the health professionals in this milieu are **our learners**?

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## County Medical

| | Overall Satisfaction Rating | Patients Recommend | Nurse Communication | Doctor Communication | Hospital Staff Helpful | Pain Control | Staff Explained Medicine | Room Cleanliness | Quiet at Night | Provided Discharge Inst. |
|---|---|---|---|---|---|---|---|---|---|---|
| National Average | 63% | 67% | 73% | 79% | 60% | 67% | 58% | 68% | 54% | 79% |
| State Average | 65% | 70% | 73% | 78% | 63% | 68% | 59% | 69% | 52% | 81% |
| Our Hospital | 53% | 60% | 60% | 72% | 48% | 60% | 48% | 61% | 41% | 75% |

**Quality Gap:**

Patient satisfaction ratings at our hospital are too low.

**Our Learners:**

The medical staff has agreed to do what they can to be part of the solution.

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## Question #1

What is/are the **professional practice gap(s)** — the difference between current practice and optimal practice — that we wish to address with education?

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## County Medical

| | Overall Satis-faction Rating | Patients Recom-mend | Nurse Commun-ication | Doctor Commun-ication | Hospital Staff Helpful | Pain Control | Staff Explained Medicine | Room Cleanliness | Quiet at Night | Provided Discharge Inst. |
|---|---|---|---|---|---|---|---|---|---|---|
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| Our Hospital | 53% | 60% | 60% | **72%** | **48%** | **60%** | **48%** | 61% | 41% | 75% |

**Professional practice gaps:**

1. Physician Communication - Failing to meet patients' expectations for communication and interpersonal skills
2. Explanation of Medication - issues surrounding communications while delivering team-based care
3. Pain Control – poor clinical management of pain

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## Question #2

What **educational needs** *(eg, knowledge, competence, performance)* should be addressed in order to close the professional practice gap(s)[1]?

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## County Medical

**Educational Needs:**

| Professional Practice Gap | Educational Need |
|---|---|
| 1. Physician Communication | **Competence** – the physicians don't have a set of communication strategies that are perceived by their patients as positive<br>**Performance** – the physicians have the strategies but don't actually practice them. |
| 2. Explanation of Medication | **Knowledge** – the physicians may not know appropriate therapies for pain control<br>**Performance** – the physicians may not be communicating what they are actually doing to relieve the pain. |
| 3. Pain Control | **Competence** – the physicians do not have adequate strategies/tools to assess pain |

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## Activity Planning Questions #3-5

"Change Competence, Performance, or Patient Outcomes" (C3)
"Barriers to Change" (C18)
"Factors Outside the Provider's Control" (C19)
"Educational Method/Format" (C4)

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## Questions #3-5

Criteria 3, 5, 18, 19

3. Based on these educational needs[2] and the 'expected results' described in our organization's *CME Mission Statement*, are we designing this activity to **change competence, performance, or patient outcomes**—individually, or in some combination?
4. What are the potential **barriers**, whether perceived or real, that may prevent our learners from achieving the expected change[3] in competence, performance, or patient outcomes? How might we **address or overcome** these barriers?
5. What **educational method/format** will help us facilitate this change[3] in competence, performance, or patient outcomes in our learners?

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## What did **you** say?

3. *Designed to **change** competence, performance, or patient outcomes... (C3)*
4. *What are **potential barriers** to physician change? How will we address/overcome them? (C18/C19)*
3. *How will **format** match the change you want? (C4)*

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## Question #3

Based on these educational needs[2] and the 'expected results' described in our organization's *CME Mission Statement*, are we designing this activity to **change competence, performance, or patient outcomes**—individually, or in some combination?

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## County Medical

**Expected results:**

The activity will be designed to change,

a)the physician's ability to meet patients' expectations regarding communications (courteous, respectful, listening or offering explanations).

b)The physicians' ability to (1) communicate effectively with patients regarding pain management, and (2) have strategies to manage pain.

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## Question #4

What are the potential **barriers**, whether perceived or real, that may prevent our learners from achieving the expected change[3] in competence, performance, or patient outcomes? How might we **address or overcome** these barriers?

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## County Medical

**Potential barriers:**

Because the activity is for the ER physicians, we want to keep in mind that both the **systems in place** and **other health care professionals** in the ER may be acting as barriers to change or adequate practice.

There may be some system changes that we can achieve through educational intervention and the opportunities for interprofessional education to address these barriers.

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## Question #5

What **educational method/format** will help us facilitate this change[3] in competence, performance, or patient outcomes in our learners?

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## County Medical

**Educational method/format:**

Multiple encounters with the learners through ER RSSs;

Educational & Evaluation Formats

- Lectures
- facilitated small group discussion
- standardized patients
- direct observation in practice

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## Activity Planning Question #6

"Analyze Changes in Learners" (C11)

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## Question #6

Criterion 11

How will we **measure** these changes in competence, performance, or patient outcomes, which are the expected results[5] of this activity? What **analysis** of this data will allow us to determine if the activity has been effective in changing learner competence or performance, or patient outcomes?

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## What did **you** say?

6. *How will we **measure and analyze** learner changes of competence, performance, or patient outcomes? (C11)*

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## Question #6

How will we **measure** the changes[3] in competence, performance, or patient outcomes that are the expected results of this activity? What **analysis** of this data will allow us to determine if the activity has been effective in changing learner competence or performance, or patient outcomes?

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## County Medical

**Measure Change:**

1.Survey patients and nurses regarding physician communication (using the questions from the initial survey for 'before and after' comparison)

2.The American Pain Society self assessment (available at http://www.ampainsoc.org)

3.Focused data gathering after some educational sessions (e.g. pharmacology of analgesics)

**Data Analysis:**

•CME committee will meet periodically to review data and draw conclusions/insights to what we've achieved. Meeting minutes will be recorded. We included representatives from other departments, included medical staff services, nursing, and QI.

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## Activity Planning Questions #7-10

"Non-educational Approaches" (C17)
"Desirable Physician Attributes" (C6)
"Collaboration and Cooperation" (C18/C20)
"Address or Remove Barriers" (C19/C20)

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## Questions #7-10
### Criteria 6, 17, 18, 19, 20

9. Are there non-educational approaches that are currently being used to enhance these changes[5]? If not, what **adjunctive strategies** *(eg, reminders, flagging charts, feedback systems)* could we use to promote change—beyond the CME activity alone?
10. What **desirable physician attributes** *(e.g. professional competencies)* set forth by national organizations of medicine *(eg, IOM, ACGME, ABMS)* does this activity address?
11. To help improve the impact of this activity, are there **other initiatives within** our institution working on these issues *(ie, the quality gap[2], the professional practice gap(s)[3])*? Are there **other organizations** we could **partner** with who are working on these issues?
12. In what ways could we include these internal or external groups in our CME activity to help us address or **remove barriers**[6] to learner change identified above? How might these collaborations improve the effectiveness of this activity, or our entire program of CME, **beyond** the performance of our learners to address quality gaps[3] in the delivery of care?

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## What did **you** say?

7. Non-educational strategies... (C17)
8. Desirable physician attributes... (C6)
9. Collaboration and Cooperation (C18, C20)
10. Removing/overcoming barriers... (C19, C20)

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## Question #7

Are there **non-educational strategies** that are currently being used to enhance this change[3] in our learners? If not, what adjunctive approaches *(eg, reminders, flagging charts, feedback systems)* could we use to promote change—beyond the CME activity alone?

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## County Medical

**Adjunctive strategies:**

- Patient satisfaction questionnaires
- Flyers with reminders about the "keys of communication" posted in the ER staff rooms
- Addition of a question to ER discharge interview that asks if medications have been explained to the patient

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## Question #8

What **desirable physician attributes** *(e.g. professional competencies)* set forth by national organizations of medicine *(eg, IOM, ACGME, ABMS)* does this activity address?

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## County Medical

**Desirable Physician Attributes:**

| From ACGME | From IOM |
|---|---|
| – Professionalism<br>– A knowledge of basic science that forms the basis of clinical medicine<br>– Effective communication | **Patient-centered:** providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. |

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## Question #9

How can we improve the impact of this activity through **collaboration and cooperation**? Are there other initiatives within our institution that are also working to address the professional practice gaps[1] or quality gaps we have identified? Are there other organizations we could partner with?

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## County Medical

**Collaboration:**

- **within** my institution – Nursing, Pharmacy, Pastoral Care, Social Work, Anesthesia (Pain Service), patient advocates, Child Life, Oncology
- **other** organizations - American Society of Pain Management, American Academy on Communications in Healthcare

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## Question #10

In what ways could we include these internal or external groups in our CME activity to help us **address or remove barriers**[4] to learner change identified above? How might these collaborations improve the effectiveness of this activity, or our entire program of CME, **beyond the performance of our learners** to address patient outcomes?

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## County Medical

**Address or remove barriers:**

The barriers are either internal to the physician (e.g. they don't know, they can't do, they won't do) and/or imposed on the physicians (e.g. no access to adequate analgesia, rushed, Nursing has its own protocols).

1.Recruit other groups as partners and collaborators in development and presentation of the activity.

2.Find out their perspectives that explain the gaps.

3.Identify their perceptions of solutions.

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## Activity Planning Questions #11-14

"Scope of Practice" (C5)
"Content Validity" (C10)
"Independence" (C7)
"Conflict of Interest" (C7)

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## Questions #11-14

11. Based on the professional practice gap[1], needs[2], and desired change[3] of the activity, what is the right content to cover? Can we verify that the content for this activity will apply to the **scope of practice** of our learners *(eg, patient demographics, clinical specialty, what they do in their daily practice)*? Should the activity contain content outside of this clinical topic? Should it involve other professional disciplines *(eg, nursing/allied health)*?

12. What are we doing to ensure that the content of the activity **promotes improvements in healthcare and not proprietary interests of a commercial interest**? (eg, clinical recommendations supported by evidence, cited research conforms to accepted standards of experimental design, balanced view of therapeutic options).

13. Based on the format and method we have chosen, what attributes and skills will we expect of planners, teachers, and authors to help ensure that the learners achieve the change[3] we expect to occur?

13. What **financial relationships** does each person who will control the content of this activity (teachers, authors, planners) possess with ACCME-defined commercial interests? How do we determine whether these financial relationships are relevant to the content of this activity, such that they create a **conflict of interest**? How will we manage and resolve the conflict(s) that we identify?

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## What did **you** say?

11. Content and scope of practice?... (C5)
12. Ensuring content is valid and independent of commercial bias... (C10)
13. Expectations of teachers/authors?
14. Managing and resolving conflicts of interest... (C7)

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## Question #11

Based on the professional practice gap[3], needs[4], and expected results[5] of the activity, what is the right content to cover? Can we verify that the content for this activity will apply to the **scope of practice** of our learners *(eg, patient demographics, clinical specialty, what they do in their daily practice)*? Should the activity contain content outside of this clinical topic? Should it involve other professional disciplines *(eg, nursing and allied health)*?

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## County Medical

**Content**:

1. Communication strategies in an ambulatory setting
   - What our patients feel about us
   - Bad practices /Best practices
   - Self assessment
   - What others can offer us as strategies
   - Integrate these best practices/other practices into our individual and team based care
2. Applying new strategies in the context of pain management

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## Question #12

What are we doing to ensure that the content[13] of the activity promotes **improvements in healthcare and not proprietary interests of a commercial interest**? (eg, clinical recommendations supported by evidence, cited research conforms to accepted standards of experimental design, balanced view of therapeutic options).

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**Independence/Promotes improvements in healthcare:**

- The RSS sessions on communication – do not involve recommendations for clinical care; therefore, there is no opportunity to promote the business interests of a commercial interest
- The RSS sessions on pain management – will have recommendations for clinical care and may have commercial support; therefore we will use an independent, content review process to ensure that the content promotes improvements in healthcare and is not biased.

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## Question #13

Based on the **format and method** we have chosen, what attributes and skills will we expect of planners, teachers, and authors to help ensure that the learners achieve the change we expect to occur?

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## County Medical

**Faculty & Planners:**

Might **include**

- **A patient representative**
- **A selection of persons from among the internal and external groups that would include persons with the content and process of communication down pretty well.**
- **Someone to present a module or two on pain management.**

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## Question #14

What **financial relationships** does each person who will control the content of this activity (teachers, authors, planners) possess with ACCME-defined commercial interests? How do we determine whether these financial relationships are relevant to the content of this activity, such that they create a conflict of interest? How will we manage and resolve the conflict(s) that we identify?

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## County Medical

**Financial Relationships:**

We will do this activity without commercial support.

There may be relevant financial relationships for some of the physicians we get involved in pain control treatment – but we will check into those when we invite them to our planning meetings or to be teachers/authors.

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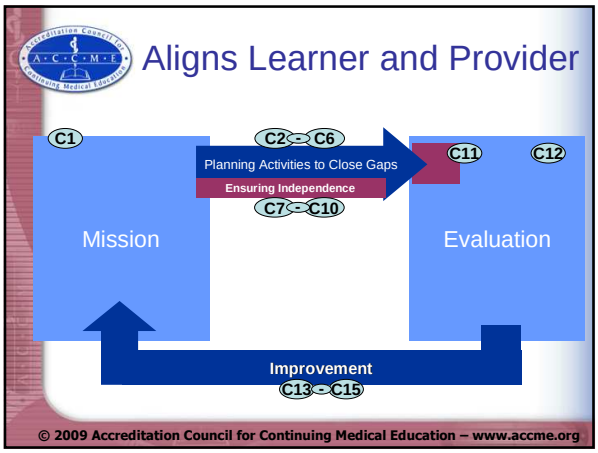


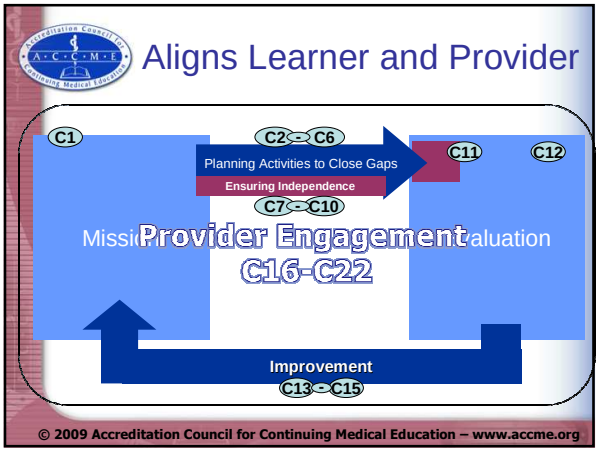


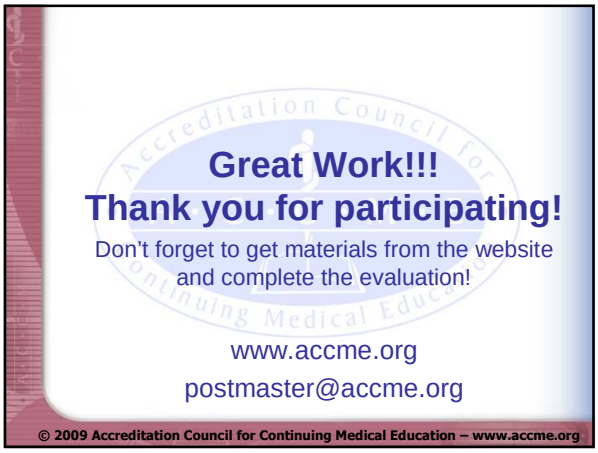


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