



THE BASICS: PLANNING A LIVE CME ACTIVITY

Understanding Practice Gaps and Identifying Needs

What CME Isn't – Coffee, Donuts, and Oh! Throw in some CME credit

General Information:

- Over the last several years, changes in national CME accreditation requirements have required changes in educational planning, assessment, and documentation for all CME activities. This document will assist you in the educational planning required for a live CME activity and help you through the CME Planning Application.

Planning Tips:

- **The CME Administrator needs to be involved from the start of the planning process.**
- Applicants play a first-hand role in the completion of the application, particularly in identifying Practice Gaps, Educational Needs, Desired Outcomes and Objectives.
- *Faculty Disclosure forms for anyone involved in the planning process of a CME activity **MUST** be completed and submitted with the signed application.*

Describing the Practice Gap(s) - The First Step:

What practice needs to be improved? (What problem are we trying to solve?)

- This is the “professional practice gap,” defined as the difference between 1) currently observed health care performance/outcomes and 2) those potentially achievable on the basis of current professional knowledge and standards of care.
- **Example:**
 1. Description of **current** practice:
 - a. Despite the fact that prophylactic mechanical and pharmacologic interventions have been shown to decrease the rate of VTE (venous thromboembolism) only 1/3 of all patients at risk for VTE who are appropriate candidates receive such therapy.
 2. Description of **desired** or **achievable** practice
 - a. All eligible patients should receive prophylaxis.
 3. The Practice Gap is then – 2/3 of eligible patients do not receive VTE prophylaxis but should.

Reference sources that confirm the Gap and support the Need: National Quality Forum: National Voluntary Consensus Standards for Prevention and Care of Venous Thromboembolism: Policy, Preferred Practices, and Initial Performance Measures
http://www.premierinc.com/safety/topics/Venous-Thromboembolism/downloads/5_NQF-VTE-Vote-draft22707b.pdf.
- While practice gaps may seem unavailable for many activities, there are actually a surprising number that are available that can direct planning

Identifying the Practice Gap (cont.)

- To eliminate personal bias by applicants for CME (and to differentiate between valid educational interventions and “marketing or **increasing referrals** for a specific service line”, **this CME Program requires a minimum of two sources of needs documentation from different categories.** At this point in your application for CME credit, you may need to confer with the CME Professional for an explanation of acceptable sources.

- QA, QI or PI data/initiatives from your own department are ideal sources for internal education programs such as Grand Rounds, which are directed towards the learners within your department or institution.

- Society Guidelines, Clinical Policies, and Practice Recommendations: These describe optimal or potentially achievable health care performance. While they *do not necessarily* define practice gaps, they often include descriptions of current practice or practice gaps.

- Literature can provide a source of the Practice Gap when the above sources are not pertinent.

Example: To improve physician competence in the diagnosis of aortic dissection, the literature provides evidence that an estimated 38% of acute aortic dissections are missed on initial evaluation, which provides the practice gap for this competence.

- Citing example: Sutherland A, et al. Ann Emerg Med. Oct 2008; 52(4): 339-43

How Many Gaps?

Educational programs, such as a Live full day symposium, weekly or monthly grand rounds series, often contain multiple areas of instruction. The goal of the credit request is to have more than one practice gap addressed by the program. A practice gap does not need to be defined for every meeting of a multi-meeting series/course. **Note: Bringing in outside faculty requires approval. Presentations require content validation as well as Faculty Disclosures and all normal CME processing. (Contact CME Administrator)**

Identify the Educational Need(s):

What improvement is needed to “close the gap?” (Why does the gap exist?)

- Examples:
 - Knowledge improvements may be needed to close the gap, such as the fact that VTE is a reported quality measure and prophylaxis decreases VTE events, or a description of organizational approaches that are associated with improved compliance, i.e. *Get With the Guidelines*.
 - Competence improvements (the application of knowledge) may be needed to close the gap, such as the ability to select the appropriate medication for individual patients, skills to implement prophylaxis in different clinical settings, the ability to counsel patients, or the ability to work in teams and advocate for organizational change
 - Performance improvements may be needed to close the gap, such as system changes to elicit desired behaviors (electronic reminders, preprinted orders, etc...)

Identify the Desired Outcomes(s):

The desired outcome is what you will actually measure after your activity. These should link directly to your Practice Gap. At a **minimum**, the goal of your activity should be improved competence. Note that while improved knowledge can be an educational need utilized to close the gap, **improved knowledge is not considered by the current accreditation system to be a sufficient outcome.** Only include the type of outcome that you plan to actually monitor.

- Examples of desired CME activity outcomes

- **Competence:** Such as the ability to identify patients eligible for prophylaxis, the ability to counsel patients, or ways to advocate for organizational change
 - This can be measured at the end of the course by intent to change surveys or testing using clinical case presentations/scenarios and asking the audience
- **Performance:** Such as an increase in the number of eligible patients receiving prophylaxis through implementation of changes such as reminders, or pre-printed order sets
 - This can be measured subsequent to the course by a follow up performance survey
- **Patient Outcomes:** Such as decreased rates of VTE or death
 - This is measured subsequent to the course with follow up reporting of changes in patient data, for example with chart audits, or department or hospital performance improvement data

Objectives

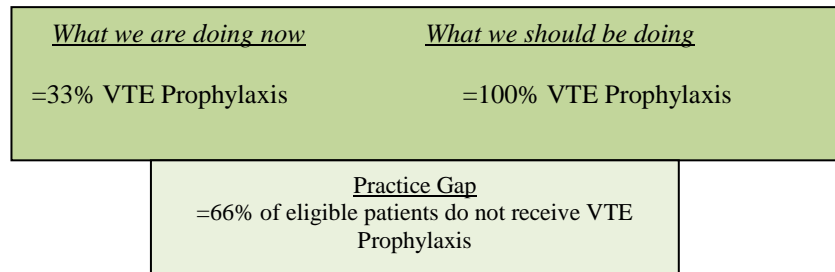
Well thought out learning objectives serve as a guide to instructors so that they create content that will help learners close the identified gap(s). Moreover, planners should present the learning objectives to instructors and faculty, **NOT** vice versa. Similarly, activity content should reflect the premises outlined in the learning objectives. (The verb “Understand” is not acceptable because one’s understanding cannot be readily measured.)

- Examples include:
 - Describe and implement current guidelines for VTE prophylaxis
 - Perform an effective problem-focused history and physical examination for evaluation of eligibility for VTE prophylaxis
 - Describe and implement systems which have been shown to increase selection accuracy and improve rates of implementation for VTE prophylaxis

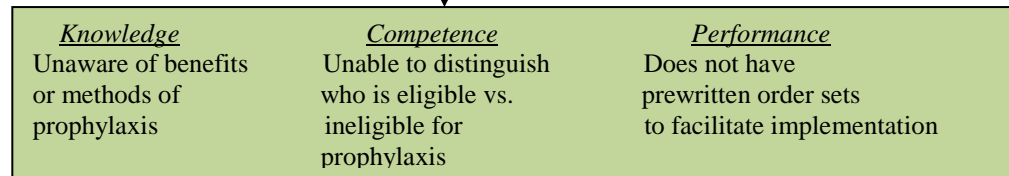
Method for Planning a CME educational intervention/activity-

Example

1. Practice Gap



2. Educational Need



3. Desired Outcomes

