

2008 Alliance Award for Innovation in Continuing Professional Development for the CME Professional and/or Enterprise

In Recognition of Outstanding Innovation in Continuing Professional Development for CME Professionals

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Increasing the Effectiveness of Medical Educators: A Model for CME Professional Development

The Kaiser Permanente (KP) Northern California CME program includes 16 accredited CME programs, serves 18 hospitals and 7,000 staff physicians, and certifies 4,000 CME activities annually. Like many CME providers, KP faces challenges in delivering more effective education. A typical KP medical center has only a part-time education chief, CME coordinator, and volunteer CME committee to oversee a CME program serving 200–400 staff physicians. Generally, there has been limited training available to develop the skills and effectiveness of CME professionals, CME committee members, and clinical faculty. Many individuals who play vital roles in implementing CME have limited knowledge of its requirements, methods and best practices.

To help the multiple CME programs be more proactive and better integrated into the structures of quality and performance improvement, KP sponsored a series of innovative activities to increase the skills and effectiveness of its CME professionals and medical educators. This project targeted clinical educators, physician education chiefs, CME coordinators, CME committee members, quality staff, graduate medical education (GME) directors, and regional specialty planners and trainers. The anchor of this effort was a one-day conference, held in March 2007, which featured 19 sessions and 34 presenters. Learning was reinforced through web-based resources, online follow-up assessments, local facilitation and live interactive webinars. The aim of this project was to increase the overall effectiveness of KP's 16 separate CME programs. Sharing the experiences gained by staff from the multiple programs helped to better equip clinical educators at all levels to apply proven CME methods that deliver focused education and result in improved practice and patient care.

Needs Assessment

Four methods were used to assess learner needs. Web-based surveys explored ways to increase the value and impact of CME programs, improve faculty effectiveness, enhance planning and evaluation, and streamline program management. CME applications and planner consultations were analyzed to identify weaknesses in the planning of routine CME activities. Requests for professional development training (eg, faculty development) were compiled. Last, literature relating to best practices in education and CME was reviewed for applicability.

Learner needs fell into three categories:

- Focusing educational strategies (eg, aligning CME with clinical priorities, identifying gaps in practice)
- Planning and implementing effective activities (eg, linking needs to outcomes, making CME patient-focused, designing interactive instruction, targeting appropriate audiences, reinforcing learnings and enabling learners)
- Improving program organization (eg, recruiting effective CME Committees, creating collaborative partnerships with quality, reducing the volume of activities, eliminating industry influence and using new educational technologies).

Educational Interventions

Centered around a one-day conference on education, a variety of innovative activities were employed to provide professional development opportunities to a diverse group of educators and CME planners.

There were four key learning objectives:

- Align CME activities to better address identified gaps in practice and organizational priorities.
- Apply proven educational tools and strategies in order to ensure demonstrated improvements in clinician practice and patient health status.
- Increase competency in developing needs-based education that links to measurable higher-level outcomes.
- Increase levels of communication and multidisciplinary collaboration among all sectors initiating clinical improvement.

The KP Conference for Medical Educators featured both plenary and interactive breakout sessions. Tracks were designed for educators in different roles and at different levels of experience. The conference was designed to model optimal CME planning, design and evaluation. Chiefs, CME coordinators and regional staff personally invited key individuals to attend. A web-based registration captured participant's learning needs and role within education. This helped refine the conference content. The executive sponsor, Dr. Sharon Levine, Associate Executive Director, launched the conference with a keynote address that highlighted how education can make a difference in patient care and outcomes.

Participants received an email link to a web-based evaluation that captured intent-to-change. A completed evaluation was required to receive CME credits. After two months, participants completed a second web-based survey to determine what actions they had taken to improve CME activities, teaching methods and approaches to clinical education.

A variety of activities were also structured to reinforce and enable conference learnings (See Figure 1). All conference slides, handouts, and resource materials were made available in a web-based *virtual binder*. This permitted participants to download, review and leverage resources within their local CME programs and with educators who had not attended. During the conference, participants were encouraged to complete an *action planning worksheet*. On this form, participants identified new strategies and practices they intended to try relative to each conference session. Following the conference, education chiefs convened conference attendees in order to brainstorm best ways to improve education within their medical center. Finally, a series of noontime webinars was offered to expand on key topics. Webinar sessions addressed interactive instructional design, cultural competency, patient-focused education, needs assessment/objectives/outcomes, regularly scheduled series, planning and library resources.

Outcomes

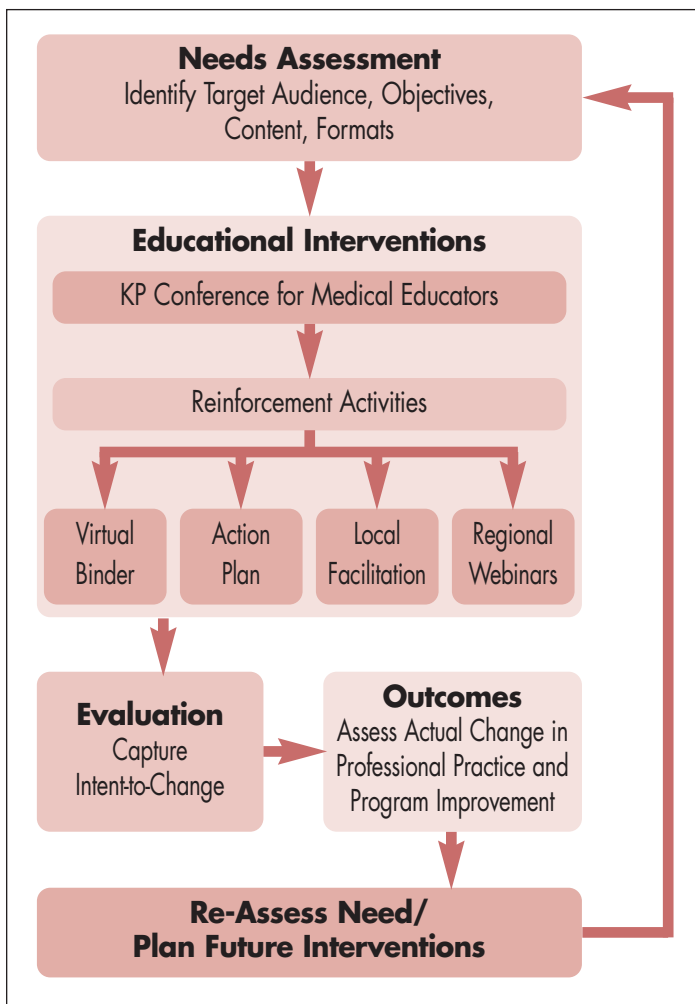
Various methods were used to assess the impact of our educational interventions. The first challenge of this project was to engage clinical educators in a way that would encourage participation. The conference was attended by 212 educators (59% physicians) representing 16 CME programs and 47 medical facilities. Participants included CME committee members, education chiefs, CME coordinators, clinical educators, quality staff, GME leadership and regional trainers. The use of reinforcement resources also proved significant. During the first two months following the conference, the virtual binder was accessed 600 times and 625 documents were downloaded. More than 300 educators participated in the webinar series.

For many, the conference helped create a framework and network for future educational efforts and reinforced their role in helping achieve strategic priorities to improve practice and patient care. The conference helped educators to connect and collaborate with their educator colleagues.

At the end of the conference, 80% said they intended to improve how they plan, conduct or evaluate education; another 14% were considering change. After two months, 43% had implemented change in how they plan, present, evaluate or manage education; 48% were still considering new approaches.

Self-reported changes included implementing more methodical CME planning, improving needs assessment, using learner-focused objectives, making education less didactic and more interactive, assessing higher-level outcomes, using strategies that address patient education and cultural competency, planning better-targeted conferences, improving CME committee representation and effectiveness, linking CME better to quality and clinical initiatives, and improving overall CME program management and efficiency.

Figure 1: Model for CME Professional Development



The following is a sample of learner comments:

- “A very good overview of what CME is and where it is headed. Excellent experience for the newcomer and seasoned CME developer.”
- “I write more active objectives as opposed to passive ones. I am able to plan CME in a more organized manner. I appreciate the value of CME more fully.”
- “I put more emphasis on patient education, health literacy and addressing cultural diversity in CME programs.”
- “We now use a multi-pronged approach for assessing CME needs in our department. And we’re aiming to have more measurable outcomes of CME activities.”

Additionally, education chiefs and CME coordinators reported that CME committee members who attended the conference were energized and more motivated to plan and conduct better-targeted, more-effective CME. Their CME faculty had a better understanding of CME requirements and how these lead to more productive education. Education chiefs also broadened CME committees to include representatives of leadership, quality and clinical initiatives. New chiefs and CME coordinators said they had gained an invaluable orientation to CME fundamentals.

Several future activities are planned to further the

cycle of professional development and enhance CME program effectiveness. Education chiefs and CME coordinators will conduct CME program self-assessments; individualized consultation and training will be offered to address identified program needs, and a second Conference for Medical Educators may be sponsored.

Significance of Professional Development

CME does not occur in a vacuum. Many professionals in the medical center setting (leadership, quality staff, department chiefs, and educators) share responsibility for influencing and improving physician practice and patient outcomes, but some may be unaware of how CME can support these efforts through focused, needs-driven education. The talent and experience within CME programs can be leveraged to share best practices and better align CME with clinical priorities and performance improvement. Web-based assessments, resources and interactive webinars can help reach a diverse audience of educators and help sustain improvements in CME practices. Collaborative professional development has the potential to result in a community of CME professionals and educators that is better informed, focused, skilled, connected and motivated.

More information and resources related to this project are available online at:
www.tpmgphysicianed.org/cpd.html.