EDUCATIONAL PLANNING FOR A LIVE CME ACTIVITY
How to Complete the Credit Request 7/29/2010

General Info:

- 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 by helping you through the UCSF CME credit request.

Planning Tips:

- The CME office should be involved from the start of the planning process.
- While the Course Coordinator/Conference Manager can play an intimate role in completion of the application, the Course Chair should be particularly involved in completing the sections on Practice Gaps, Educational Needs, Desired Outcomes, and Objectives.
- *Disclosure forms for the Course Chair as well as all members of the planning committee **MUST** be turned in with the completed and signed application.*

Describing the Practice Gap(s):

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 one-third 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 the 2/3 of eligible patients who don't receive in-hospital VTE prophylaxis but should.

  Reference: 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. Accessed 6-22-10

- 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

- QA (quality assurance), QI (quality improvement), or PI (performance improvement) data / initiatives from your own department or campus. This is an ideal source for internal education programs such as Grand Rounds, which are directed towards the learners within your department or institution.
- "Never Events:" The 2006 NQF report reflects consensus on a list of unambiguous, serious, preventable adverse events. The events on the list are identifiable and measurable, and the risk of occurrence of these events is significantly influenced by the

policies and procedures of healthcare organizations. (28 reportable events -link to pgs 15-24) (Full report - link to full report)

- Reported Quality Measures: This file contains 367 reported quality measures by Moffit hospital (link to file). The rates of these quality measures for Moffit and nationally can be found at (need these files)
- 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.
- The literature can provide a source of the Practice Gap when the above sources are not pertinent. 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.
    - Sutherland A, et al. Ann Emerg Med. Oct 2008;52(4):339-43.
    - Spittell PC, et al. Mayo Clin Proc. Jul 1993;68(7):642-51.
    - von Kodolitsch Y, et al. Am J Med. Jan 15 2004;116(2):73-7.
- In the rare cases where there is no data from the above sources or literature , expert experience can provide additional evidence of a gap, such as a description of frequent referrals of patients who have been misdiagnosed.

How Many Gaps?

Educational programs, such as a 3 day live course or a weekly grand round series, often contain multiple areas of instruction. In addition, topic selection may continue after the credit request is submitted, as for Grand Rounds or Performance Improvement conference. The goal of the credit request is to have one or more practice gaps addressed by the program. A practice gap does not need to be defined for every lecture or meeting of a multi-meeting series/course.

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 (ref: National Quality Forum: National Voluntary Consensus Standards for Prevention and Care of Venous Thromboembolism: see above)

    - 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

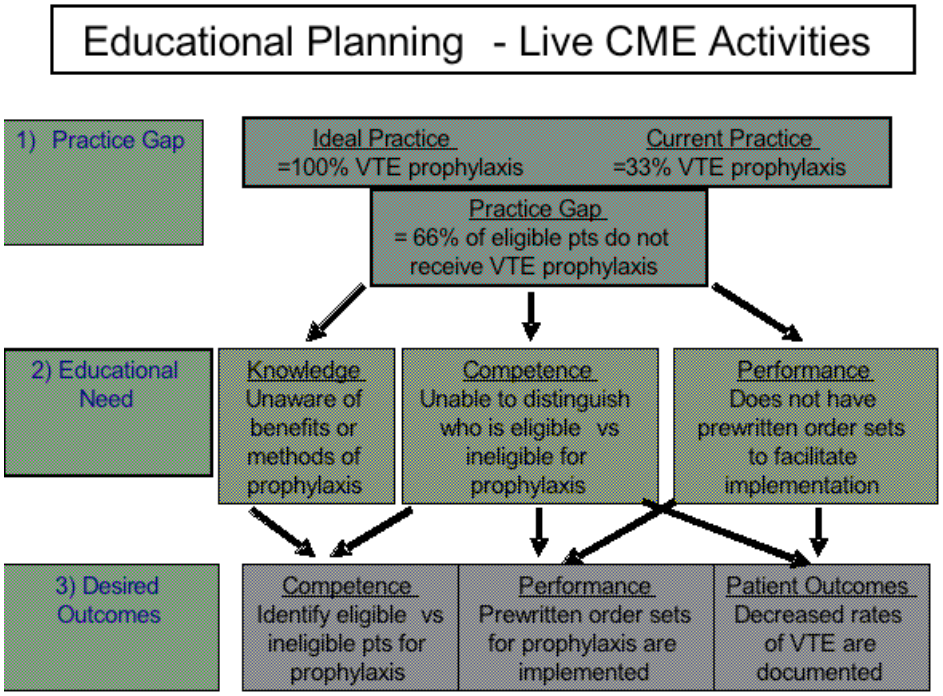
    - Performance improvements may be needed to close the gap, such as system changes to elicit desired behaviors (electronic reminders , preprinted orders, etc..)

Identify the Desired Outcome(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 scenarios
  - 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
Describe the objectives for each presentation. Remember, these need to be linked to your identified practice gaps when appropriate and written to reflect the desired outcomes in competence, performance, or patient outcomes. 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


Educational Planning - Live CME Activities
1) Practice Gap
Ideal Practice
=100% VTE prophylaxis
Current Practice
=33% VTE prophylaxis
Practice Gap
= 66% of eligible pts do not receive VTE prophylaxis
2) Educational Need
Knowledge
Unaware of benefits or methods of prophylaxis
Competence
Unable to distinguish who is eligible vs ineligible for prophylaxis
Performance
Does not have prewritten order sets to facilitate implementation
3) Desired Outcomes
Competence
Identify eligible vs ineligible pts for prophylaxis
Performance
Prewritten order sets for prophylaxis are implemented
Patient Outcomes
Decreased rates of VTE are documented