

First Fridays Webinar Series: Medical Education Group (MEG)

August 6th, 2010



Series Goals (5)

1. To provide insights into how Pfizer's Medical Education Group (MEG) functions – an operational overview
2. To share an up-to-date status of Pfizer's MEG timelines and grant review cycles
3. To share best practices that the CE provider community has submitted in recent grant cycles
4. To gain insights into how Pfizer's MEG might improve processes to best support the CE community
5. To answer outstanding questions from the CE provider community



1. Introduction & CGA Update
2. Presentation: Planning for and Assessing the Impact of Learning Activities
3. Q and A



Organization Type	Interprofessional Education	Menopause	Psychosis	Totals
Academic Medical Center	15	5	14	34
Hospital/Health Care System	5		2	7
National Medical Society	3		1	4
Other Non-Profit	4		2	6
State or Regional Medical Specialty Society	1		1	2
Totals	28	5	20	53



- Transplant needs assessment
- Non-small-cell lung cancer

Please return by Wednesday, September 15th



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Planning for and Assessing the Impact of Learning Activities

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Vanderbilt University
School of Medicine



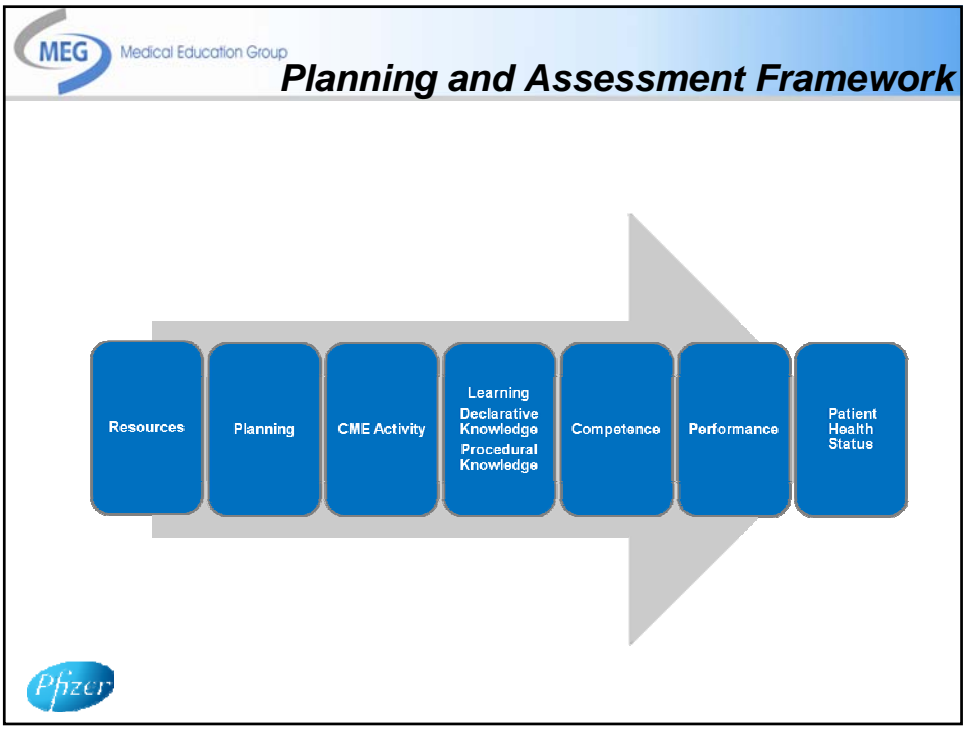
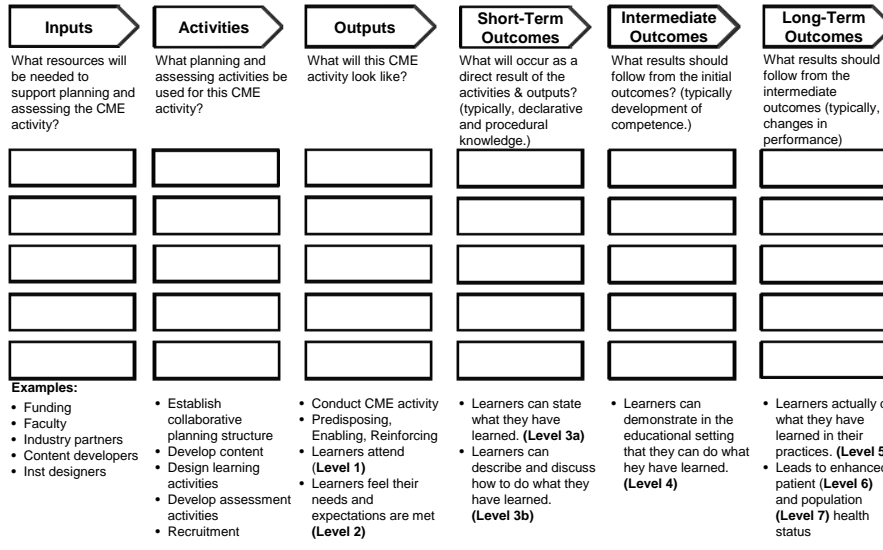
Today's Objectives (4)

After participating in today's call, you should be able to describe and discuss:

1. A framework for integrating planning and assessment in the development of learning activities
2. Four principles to guide planning and assessment
3. Selecting learning and assessment strategies appropriate for the outcome level desired
4. **Three or more changes that you will introduce in your approach to planning and assessing learning activities**



Planning and Assessment Framework



After participating in today's call, you should be able to describe and discuss:

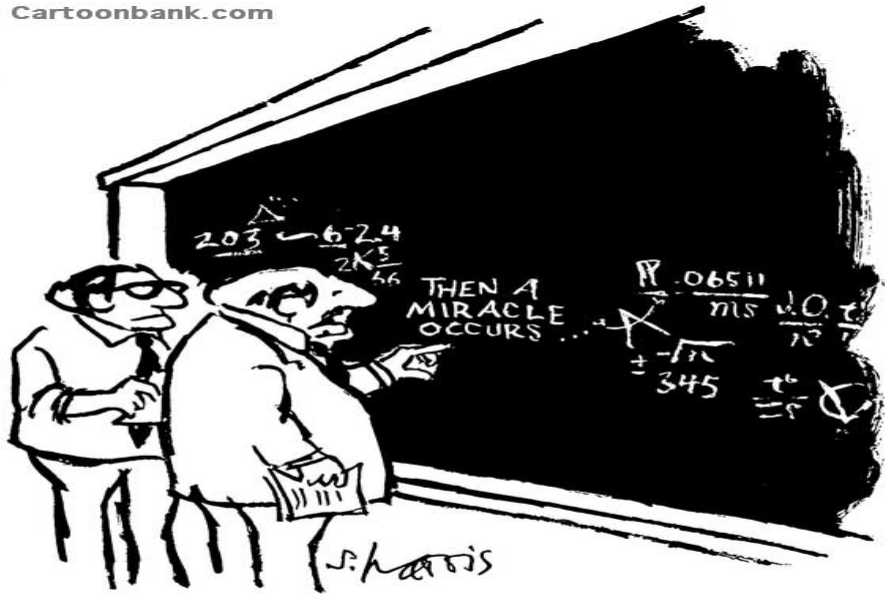
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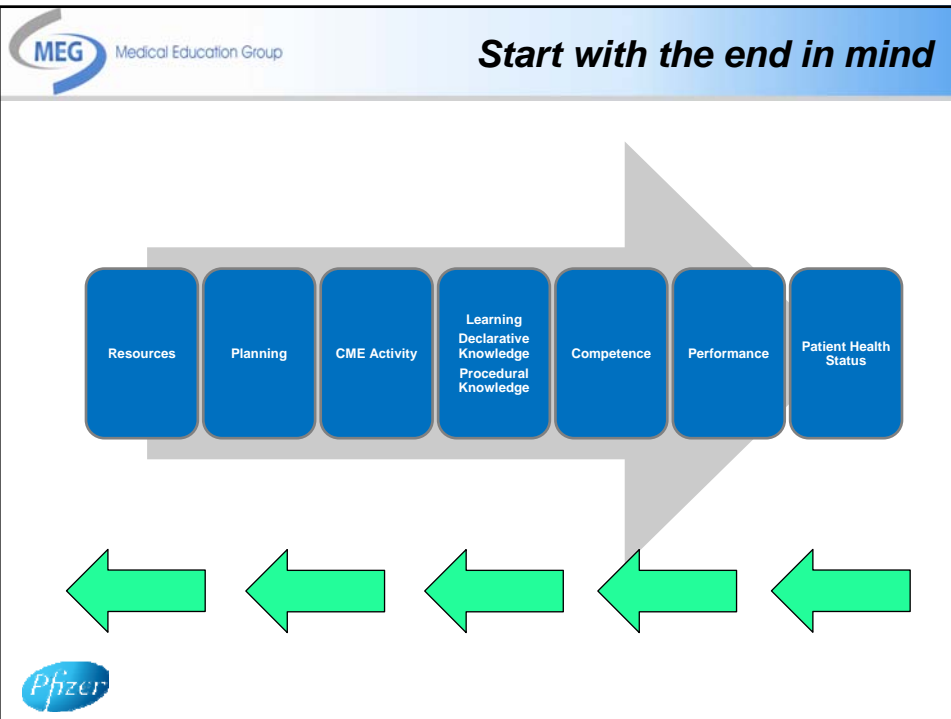
- Start with the end in mind
- Consider physician stages of learning
- Focus on clinical problems and knowledge that can be used in practice
- Provide opportunities for practice and feedback



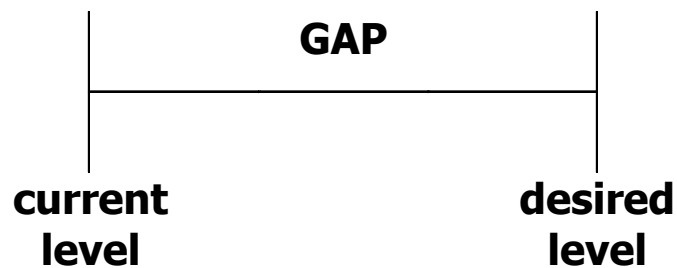
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"I think you should be more explicit here in step two."



- Needs assessment – process of determining the gap between “what is” and “what should be”.
- Using the framework for planning and assessing, and starting with the end in mind, CME planners should begin planning by assessing community health status.
- Sequence of needs assessment:
 - Community health status
 - Group practice or individual physician practice
 - Performance
 - Competence
 - Procedural knowledge
 - Declarative knowledge



MEG Medical Education Group **Start with the end in mind**

Planning question	Yes	No
Is there a gap between current and desired patient health status...	Look for the cause of the gap in performance	There may not be a need for a CME activity
Is there a gap between current and desired performance...	Look for the cause of the gap in competence	Look for the cause of the gap in other areas
Is there a gap between current and desired competence...	Look for the cause of the gap in procedural knowledge	Plan a CME activity to address the gap(s) in performance
Is there a gap between current and desired procedural knowledge...	Look for the cause of the gap in declarative knowledge	Plan a CME activity to address the gap(s) in competence
Is there a gap between current and desired declarative knowledge...	Plan a CME activity to address the gap(s) in declarative knowledge	Plan a CME activity to address the gap(s) in procedural knowledge

Pfizer

MEG Medical Education Group **Start with the end in mind - Measures**

Outcome level	Measure	Objective	Subjective
Health status	Blood pressure	Health record	Survey
	Lipid profile	Health record	Survey
	Quality of life	Health record	SF-36/SAQ
Performance	% of patients for whom test was ordered when indicated	Health record	Survey
	% of patients for whom guideline treatment was prescribed	Health record	Survey
Competence	# of patients for whom test was ordered when indicated	Standardized patient	Scenario response
	# of patients for whom guideline treatment was prescribed	Standardized patient	Scenario response

Pfizer



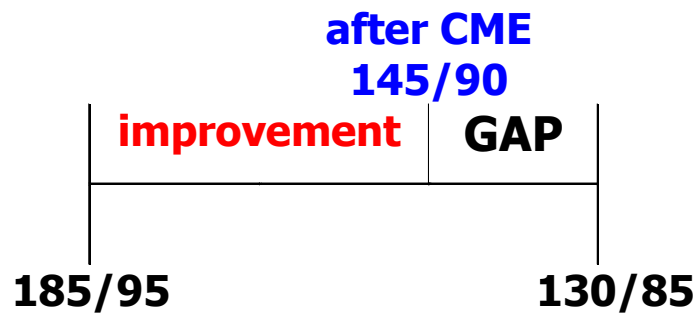
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Identifying gaps: patient health status



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Goal of CME: Improved measures

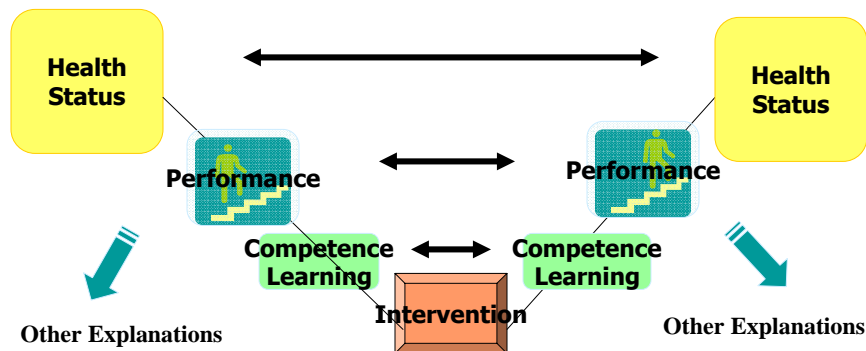


Measures in Planning and Assessment

	Needs Assessment	Predisposing Activity	Enabling Activity	Formative Assessment	Reinforcing Activity	Summative Assessment
	Identify the gap in level specific behavior in terms of level specific measure	Describe the gap in terms of level specific measure	Teach to level specific desired results in terms of level specific measure	Assess level specific behavior in terms of level specific measure and provide feedback about level specific measure by describing gap	Recall desired results in terms of level specific measures and provide level specific reminder about desired results in level specific measure	Final assessment of level specific behavior in terms of level specific measures and comparison with desired results to determine status of gap
Health Status ↓ Performance ↓ Competence	Patients in scenarios who have indications for lifestyle counseling did not receive adequate life style counseling. All patients who have blood pressure and lipid profiles that are not within normal limits should receive lifestyle counseling.	65% of patients who have indications for lifestyle counseling receive life style counseling. Plus Patients who have indications for lifestyle counseling did not receive adequate life style counseling. Guideline	Motivational interviewing for diet, exercise, and smoking cessation. Presentation Example Practice Feedback	Practice with scenarios and ARS Feedback	Reminder for charts	Final scenarios with reminders



Planning and Assessment (Bob Fox)



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Considering physician learning

PREDISPOSING		ENABLING		REINFORCING
Recognizing an Opportunity for Learning	Searching for Resources for Learning	Engaging in Learning	Trying Out What Was Learned	Incorporating What Was Learned
NEEDS ASSESSMENT		FORMATIVE ASSESSMENT		SUMMATIVE ASSESSMENT



What should CME planners do?

Physician Learner

Recognizes that there is an issue with performance

Takes ownership and accepts opportunity for improvement

Commits to learning

Tries out what is learned

Incorporates what is learned where appropriate

Planning CME

Predisposing

Enabling

Reinforcing



- **Predisposing CME activities**
 - Something that is predisposing will make someone do something
 - Creates a teachable moment and/or help a physician recognize a teachable moment that already exists
- **Enabling CME activities**
 - Helps people to do something by supplying them with knowledge and opportunities to use that knowledge
 - Considers the systems within which the knowledge will be used
- **Reinforcing CME activities**
 - To reinforce is to strengthen by adding extra support or additional material
 - Strengthens cognitive imprint and facilitates incorporation of new knowledge into the way of doing things



- **Examples of Predisposing CME Activities**
 - Providing feedback from performance improvement
 - Providing information about practice guidelines
 - Providing information about clinical trials
 - Presentation of needs assessment data
 - Comparison with guidelines and/or other practices



- **Enabling CME activities should include**
 - Lecture
 - Demonstration
 - Practice
 - Feedback



- **Examples of Reinforcing Activities**
 - Reminders
 - Commitment to Change
 - Practice Portfolios
 - Feedback
 - Post-course Materials
 - Communities of Practice



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- **Focus on clinical problems and knowledge that can be used in practice**
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- Practicing physicians are in a continuous search for information related to help them provide the best possible care for their patients.
- When physicians select learning resources, one of the features important to them is focus on clinical issues.
- Less interested in a detailed description of the basic science or clinical research that led to the findings that have clinical implications.
- Basic science information is important when it contributes to clinical decision making and should be included.

- Start with the end in mind
- Consider physician stages of learning
- Focus on clinical problems and knowledge that can be used in practice
- **Provide opportunities for practice and feedback**

- Developing competence in a **formal CME activity**
 - Effective CME helps physicians apply what they learned in their clinical setting.
 - Transfer to their clinical setting is facilitated if physicians
 - Can **practice** what they have learned in a setting that resembles as closely as possible their clinical setting (authentic setting)
 - Receive **feedback** from knowledgeable people in the area of their learning.
- Improving performance in **practice-based learning**
 - Opportunities for simulation
 - Just-in-time feedback, e.g. prompts and reminders in technologically enhanced environments
 - Interprofessional quality improvement team – daily rounds
 - CME coaches
 - Performance dashboards

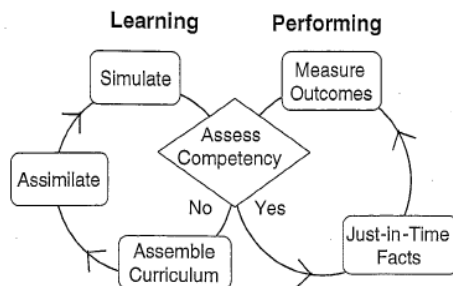


FIGURE 7-3 Continuous learning during performance.





Your plane will be flown by pilots who have been exposed to the principles of flight and the procedures used for successful take offs and landings.
And your next visit with your doctor?...



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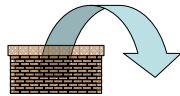
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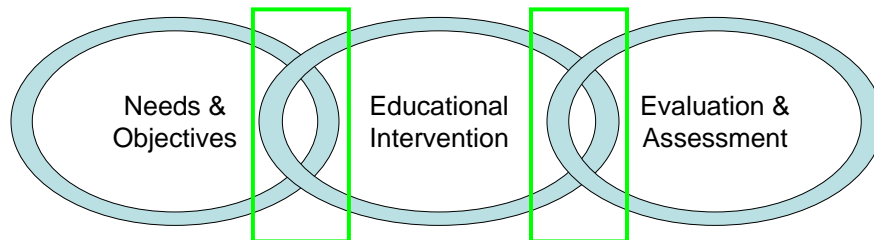


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From here anything and everything is possible





Outcome specific linkages

	Needs Assessment	Predisposing Activities	Enabling Activities	Formative Evaluation	Reinforcing Activities	Summative Evaluation
Declarative knowledge	Knowledge test	Lecture	Lecture	Knowledge test	Outline	Knowledge test
Procedural knowledge	Case-based test	Lecture	Lecture plus examples	Case-based test	Outline with examples	Case-based test
Competence	Scenario with ARS or SP	Lecture	Lecture, example, practice, feedback	Scenario with ARS or SP	Guideline	Scenario with ARS or SP
Performance	Chart audit	Lecture	Workplace learning	Chart audit	Interactive guideline	Chart audit
Patient Health Status	SF-12	Lecture	Patient teachers	SF-12	POC SF-12 results	SF-12



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1. Identify gap and its causes

- a. Review of individual MD or group practice.
- b. Evidence-based measures (AMA PCPI)
- c. Identify cause for the gap

2. Plan to address the identified gap and its causes.

- a. Plan and offer blended learning activity related to gap and measure. (Presentation; Example; Practice; Feedback)
- b. Content: clinical; system; improvement
- c. Action plan in PDSA format

3. Implement, monitor, and evaluate PDSA

- a. **Study:** flow charts; run charts; Reports: 3; 6; 9; 12 months
- b. Improvement - incorporate change (**A**)
- c. No improvement – repeat PDSA with lessons learned.

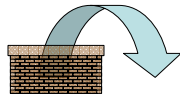


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How integrated planning is assessed in the Pfizer grant review process

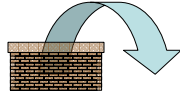


- The needs assessment is minimal or does not exist
- The needs assessment has a literature review but does not go beyond articulating the science area of need and/or includes only broad generalized data
- Goes beyond basic literature review and begins to link the science foundation to an actual need for education
- The needs assessment has specific localized quantitative data sources to document practice gaps
- In addition to having documentation of an actual practice gap, the provider has also established the need for education as a strategy in potentially helping to close the gap

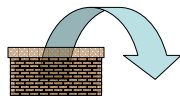
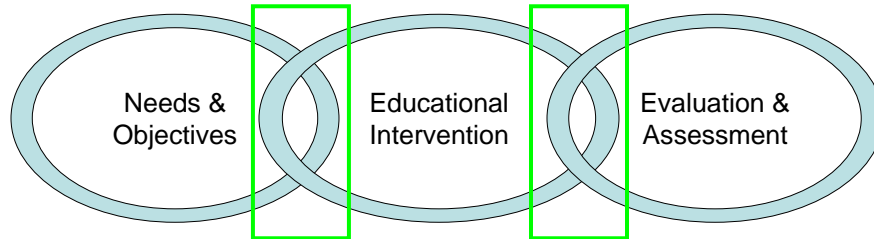


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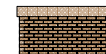




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- None or measurements limited to participation and/or satisfaction.
- Measurements include acquisition of knowledge, skills or attitude change.
- Follow up with learners will ask about self-reported change in practice or use methodology like case vignettes to assess likelihood of practice impact.
- Measurements include actual documented practice change through chart audit or independent observation, etc.
- Measurements include individual patient health outcomes.
- Community or population health impact will be measured.



1. 2010 goal to improve dialogue with the CE community
 - Upcoming webinars:
 - September 10 – Invitations to be sent out around August 25th
 - 11AM EST: Oct 1 – Nov 5 – Dec 3
 - Pre-work – please read these two articles:
 - McGowan B. The Great ASCO Tweetup. MeetingsNet. 2010. Available at: <http://meetingsnet.com/social-media/0701-great-asco-tweetup/index1.html>
 - McGowan B. The Alliance for CME. MeetingsNet. 2010. Available at: <http://meetingsnet.com/medicalmeetings/mag/0701-cme-alliance-begins/>
2. If you have comments or suggestions please send an email: mededgrants@pfizer.com



How can we help?

