First Fridays Webinar Series:
Medical Education Group (MEG)
Webinar #2 – June 4th, 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
2. Topic One: Overview of MEG Windows 1 & 2
3. Topic Two: Anatomy of a Funded Request
4. Q and A

Today’s Objectives (3)

Upon completion of today’s call participants should be able to:

1. Describe how the processes of MEG are designed to support the Mission, Vision, and Goals of the group
2. Recognize that the volume and magnitude of the requests MEG receives each quarter drive up the quality of what is funded and ensures that best proposals are supported
3. Develop a checklist that simplifies proposal development by ensuring compliant and logical planning and learner-focused education
**Who is MEG?**

**MEG Strategy**
- Maureen Doyle-Scharff, MBA, FACME
  - Senior Director, Team Lead

- Ericka Eda, MBA, CPA
  - Director, Team Lead

**MEG Operations**
- Christine Perri
  - Grant Manager, Specialty

- Laura Bartolomeo
  - Grant Manager, Primary Care (APM/CNS)

- Meg Mullen
  - Grant Manager, Oncology & Innovations

- Jaclyn Santora
  - Grant Manager, Primary Care (CV/Met/Uro/Resp)

- Amanda Fetterly
  - Manager

**Who is MEG?**

**VISION:** Accelerating the translation of clinical science to quality patient care

**MISSION:** To cooperate with health care delivery organizations and professional associations to narrow professional practice gaps in areas of mutual interests through support of learning and change strategies that result in measurable improvement in competence, performance or patient outcomes.

**GOAL:** To increase the number of patients who receive the highest quality, safe and effective, individualized, and evidence-based care from physicians, other health care professionals, and the health care system.
Why Does MEG exist?

- MEG exists to provide educational grant support to the medical community in a compliant and effective manner.

- Effective education accelerates the adoption curve of evidence-based clinical skills and practices.

- By funding good education, commercial support improves the quality of patient care.

The MEG 2-Step: Overview

1. Registration:
   - Duty of Care Providers
   - 1 per Organization

2. Grant Application:
   - Quarterly Competitive Review

<table>
<thead>
<tr>
<th>Application Period</th>
<th>Decision Dates</th>
<th>LOA Deadline</th>
<th>Activity Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 1, 2019 – Jan 15, 2020</td>
<td>Mar 6, 2020</td>
<td>Minimum of 2 months before start date or 30 days before decision date</td>
<td>After Mar 31, 2020</td>
</tr>
<tr>
<td>Mar 1, 2019 – April 15, 2020</td>
<td>June 5, 2020</td>
<td></td>
<td>After June 30, 2020</td>
</tr>
<tr>
<td>June 1, 2019 – July 15, 2020</td>
<td>Sept 4, 2020</td>
<td></td>
<td>After Sept 30, 2020</td>
</tr>
</tbody>
</table>

For assistance: mededgrants@pfizer.com or 1-866-MEG-4647
Overview of MEG Windows 1 & 2

The Volume and Magnitude of MEG Requests
**Q2 Timeline**

- **March 1\(^{st}\) grant request window opened**  
  ~ 6 wks
- **April 15\(^{th}\) grant request window closed**  
  ~ 8 days
- **April 16\(^{th}\)** GMs begin to triage and review  
  - Compliance, alignment, & completeness  
  - Routing pathways are established  
  ~ 6 wks
- **April 26\(^{th}\)** GMs and EDs complete review
- **June 4\(^{th}\)** Decisions are communicated
Observations

Compared to 2009, in 2010:

• Q1
  – total spend increased 29%
  – total requested from Pfizer increased 44%
  – total number of requests increased 3%

• Q2
  – total spend increased 8%
  – total requested from Pfizer increased 54%
  – total number of requests decreased 13%

The trend continues. Comparing Q1 versus Q2 in 2010:

• Total spend increased 10%
• Total requested from Pfizer increased 18%
• Total number of requests decreased 11%
Volume of Submissions 2007 through 2010

- During 2007 and 2008, applications were accepted year-round
- For 2009, competitive quarterly review period was implemented.
- **NOTE:** Submissions received in between application periods are held for review until the subsequent window opens.

### 2010 Volume and Approval Rates

<table>
<thead>
<tr>
<th></th>
<th># of Requests</th>
<th>In Q2 Review</th>
<th>Approved in Q1</th>
<th>% Q1 Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>1588</td>
<td>630</td>
<td>261</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Primary Care</strong></td>
<td>842</td>
<td>336</td>
<td>156</td>
<td>31%</td>
</tr>
<tr>
<td><strong>Oncology</strong></td>
<td>256</td>
<td>104</td>
<td>34</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Specialty Care</strong></td>
<td>426</td>
<td>151</td>
<td>59</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Innovations</strong></td>
<td>64</td>
<td>39</td>
<td>12</td>
<td>48%</td>
</tr>
</tbody>
</table>
Magnitude of 2010 MEG Requests

<table>
<thead>
<tr>
<th>Clinical Area/Topic</th>
<th>Total Requested $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis Pain</td>
<td>509,045</td>
</tr>
<tr>
<td>Cardiovascular Risk</td>
<td>19,807,440</td>
</tr>
<tr>
<td>Thrombosis</td>
<td>4,736,688</td>
</tr>
<tr>
<td>Overactive Bladder</td>
<td>4,777,184</td>
</tr>
<tr>
<td>COPD</td>
<td>4,459,842</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>16,310,846</td>
</tr>
<tr>
<td>Menopause</td>
<td>7,700,570</td>
</tr>
<tr>
<td>Hematologic Malignancies</td>
<td>1,209,153</td>
</tr>
<tr>
<td>Oncology - Solid Tumors</td>
<td>20,553,138</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>632,245</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>1,096,590</td>
</tr>
<tr>
<td>Growth Disorders</td>
<td>224,800</td>
</tr>
<tr>
<td>HIV</td>
<td>479,750</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>469,586</td>
</tr>
<tr>
<td>Psychosis</td>
<td>5,715,062</td>
</tr>
<tr>
<td>Women’s Health</td>
<td>8,500</td>
</tr>
<tr>
<td>Bacterial</td>
<td>5,726,229</td>
</tr>
<tr>
<td>Fungal</td>
<td>1,862,605</td>
</tr>
<tr>
<td>Pulmonary Hypertension</td>
<td>935,315</td>
</tr>
<tr>
<td>Pneumococcal Disease Prevention</td>
<td>9,625,649</td>
</tr>
<tr>
<td>Transplant</td>
<td>715,626</td>
</tr>
<tr>
<td>Hemophilia</td>
<td>198,220</td>
</tr>
<tr>
<td>Innovations</td>
<td>12,847,767</td>
</tr>
<tr>
<td>Rheumatoid Arthritis</td>
<td>7,240,913</td>
</tr>
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Thus far in 2010, MEG has received $161,595,829 in educational requests

*** please check Areas of Interest document ***

Summary Q1 and Q2 MEG Review

Oncology Example:

Q1 Average Approved: $100,000
Q1 Median Approved: $22,500

Q2 Average Approved: $57,708
Q2 Median Approved: $30,000

# of Request proposed based on local PI/QI initiatives = 0
Highlights Q1 and Q2 MEG Review

Oncology:
1. **AccessTLC: Improving Access to Treatment for Lung Cancer Patients**
   - University of Wisconsin and National Lung Cancer Partnership are investigating and addressing delays in lung cancer treatment
2. **NCCN 2010 Oncology Patient Safety Summit**
   - NCCN member organizations will begin sharing best practices related to patient safety
3. **Recent Advances in Renal Cell Carcinoma**
   - NCCN and Clinical Care Options have developed a Clinical Decision Support Tool based on NCCN guidelines
4. **Oncology Virtual Practice: Focus on Early-Stage Breast Cancer**
   - University of Michigan and Prova Education have built a year-long, case-based curriculum addressing management challenges related to the patient with early-stage breast cancer

Summary of MEG Windows 1 & 2

- Q2 decisions have recently or are currently being communicated
- The competitive, batched process simplified the submission and review process, ensuring that the best proposals are funded
- The vast majority of funding is provided to smaller requests addressing smaller, more-defined, learner populations (vs anonymous learners)
- Despite the evolution of the grant review process, we are still not seeing requests that are designed based on local QI/PI initiatives
Anatomy of a Funded Request
An Overview of the Grant Proposal Review Criteria

Step II: Application – Rationale

Quarterly, competitive review:
1. Ensures that highest quality requests are supported
2. Standardizes processes and expectations
3. Simplifies reporting and communication
4. Simplifies financial accounting

Typical quarter:
• ~ 550 request / ~ 110 approvals = ~ 20-25%
Grant Request Review Criteria

1. Compliance
2. Alignment
3. Educational Planning:
   a. Needs Assessment
   b. Educational Objectives
   c. Educational Design
   d. Evaluation and Outcomes
4. Innovations
5. Importance

Criteria #1: Compliance

• The Big Five includes directives from:
  - Office of Inspector General of the Department of Health and Human Services (OIG)
  - Food and Drug Administration (FDA)
  - Accreditation Council for Continuing Medical Education (ACCME)
  - American Medical Association (AMA)
  - Pharmaceutical Research and Manufacturers of America (PhRMA)

• These organizations’ positions are complimentary, often endorsing the statements contained within another’s position statement.
• Each directive was created with a specific audience and intent in mind.

Woodall, BS. Guidelines, Codes and Standards—Oh My!. Almanac Alliance for CME. 30(9). 2008.
Criteria #2: Alignment

A Convergence of Interest Model

Patient Needs

Business Needs

Healthcare System Gaps

HCP Performance Gaps

IOM Report: Redesigning CE in the Health Professions. 2010 (p74)

Criteria #2: Alignment

Medical Education Grant Process

Pfizer is continuously striving to improve its medical education grant process with the goal of ensuring regulatory compliance while providing grants that accelerate the translation of clinical science into quality patient care.

Scope

- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Evidence-Based Learning and Improvement

View the full descriptions of these six competencies.

Pfizer medical education grant support goes beyond activities focused on traditional updates in knowledge to broader educational and systematic interventions related to these competencies.

www.pfizermededgrants.com
Criteria #2: Alignment

Clinical Areas of Interest
Pfizer is currently accepting grant applications for independent education in the following areas:
- Cardiology
  - Coronary artery disease
  - Thrombosis
- Endocrinology
  - Growth Disorders
- Healthcare Disparities
- Adherence
- Value-based Health Initiatives
- CHDCPD Professional Competency Module

View additional information regarding Pfizer’s areas of interest for grants in support of Healthcare Quality Improvement and Continuing Professional Development.

www.pfizermededgrants.com

Pfizer Medical Education Group
Areas of Interest for Grants in Support of Healthcare Quality Improvement and Continuing Professional Development

Updated March 31, 2010

The detailed Clinical Areas of Interest and goal statements for the Pfizer Medical Education Group are listed below. New this quarter, a column providing examples of metrics for evaluation (quality measures) has been added. The metrics are provided in example.xlsx; there are many sources of nationally accepted measures (NCQA, AHRQ, FQHC, DQIN, NQF, AHA etc.) and individual hospitals and clinics also offer their own metrics of quality care.

The intent of listing example metrics is to highlight our interest in supporting education in which the provider has carefully identified needs (gap) and has clearly defined expected results.

Across clinical areas, the grants most likely to be funded are those that are designed to improve health care provider performance and patient health status indicators through the integration of educational, systems-based, and quality improvement strategies.

By supporting initiatives that target measurable improvements in professional practice we are in alignment with current guidance from the Accreditation Council for Continuing Medical Education (ACCME). http://www.accme.org/standards/performance-measures

www.pfizermededgrants.com
Criteria #3: Educational Planning

From here anything and everything is possible

Needs & Objectives

Educational Intervention

Evaluation & Assessment

Instructional System Design (ISD) Concept Map

http://www.nwlink.com/~donclark/hrd/ahold/isd.html
Criteria #3: Educational Planning


Criteria #3a: Needs Assessment

• “Frequently an educational activity has been offered for no reason other than someone’s belief that is is a good idea. Many programs springing forward from such humble beginnings have been quite successful in meeting the educator’s goals, but many others have failed.”

• “Without consideration of the educational needs of a specific population, continuing educators risk offering the wrong programs, at the wrong times and places, in the wrong formats, and marketing them to the wrong populations. When this happens, neither the [provider] nor the [learners] it strives to address is well served.”

### Criteria #3a: Needs Assessment

- “[Needs assessment] can be ‘the key to adult learning. Without it there is no honest defining of learning needs, no dialogue, no listening.”

- “The thoroughness with which the [needs assessment] is planned and executed is more critical to its usefulness and value than the size and sophistication of the process employed.”

- “Finally, only when used properly can the data gleaned from a needs assessment produce satisfactory results. Proper use precludes generalizing from a convenience sample to a total population, for example…”

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#### Waterfall Concept Map

- Clinical Gap(s)
  - Barriers
  - Needs Assessment - Solutions
  - Objectives/Goals
  - Anticipated Outcomes

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McGowan, BS. From Needs Assessment to Patient Outcomes: How to Use Technology and Partnerships for Performance Improvement. 20th Annual Conference of the National Task Force on CME Provider Industry
McGowan, BS. From Needs Assessment to Patient Outcomes: How to Use Technology and Partnerships for Performance Improvement. 20th Annual Conference of the National Task Force on CME Provider Industry

Criteria #3a: Needs Assessment

- Criteria #3a: Needs Assessment
  - Clinical Gap(s)
    - Barriers
      - Needs Assessment - Solutions
      - Objectives/Goals
      - Anticipated Outcomes
    - Needs Assessment - Solutions
      - Objectives/Goals
      - Anticipated Outcomes
  - Anticipated Outcomes

Criteria #3b: Objectives

- Drives educational planning to support purpose
- Clarifies the expectations for the learner as defined by the instructor(s);
- Clearly identifies the knowledge, skills, or behaviors learners are expected to acquire or construct;
- Can include three learning domains – cognitive, affective, and psychomotor.

http://www.ncope.org/assets/ppts/show_for_web.pps
Criteria #3b: Objectives

- Should be SMART in nature
  - Specific, Measureable, Attainable, Relevant, Time-bound
- Must be driven by the needs assessment
- Look to Bloom’s Taxonomy for support

http://www.odu.edu/educ/roverbau/Bloom/blooms_taxonomy.htm

Criteria #3b: Objectives - Cognitive

1. **Remembering**: can the student recall or remember the information?
   - define, duplicate, list, memorize, recall, repeat, reproduce state
2. **Understanding**: can the student explain ideas or concepts?
   - classify, describe, discuss, explain, identify, locate, recognize, report, select, translate, paraphrase
3. **Applying**: can the student use the information in a new way?
   - choose, demonstrate, dramatize, employ, illustrate, interpret, operate, schedule, sketch, solve, use, write.
4. **Analyzing**: can the student distinguish between the different parts?
   - appraise, compare, contrast, criticize, differentiate, discriminate, distinguish, examine, experiment, question, test.
5. **Evaluating**: can the student justify a stand or decision?
   - appraise, argue, defend, judge, select, support, value, evaluate
6. **Creating**: can the student create new product or point of view?
   - assemble, construct, create, design, develop, formulate, write.

http://www.odu.edu/educ/roverbau/Bloom/blooms_taxonomy.htm
Criteria #3b: Objectives - Psychomotor

1. **Imitation**: Observing and patterning behavior after someone else. Performance may be of low quality.
   - Copying a work of art.
2. **Manipulation**: Being able to perform certain actions by following instructions and practicing.
   - Creating work on one's own, after taking lessons, or reading about it.
3. **Precision**: Refining, becoming more exact. Few errors are apparent.
   - Working and reworking something, so it will be "just right."
4. **Articulation**: Coordinating a series of actions, achieving harmony and internal consistency.
   - Producing a video that involves music, drama, color, sound, etc.
5. **Naturalization**: Having high level performance become natural, without needing to think much about it.
   - Michael Jordan playing basketball, Nancy Lopez hitting a golf ball, etc.


Criteria #3c: Educational Design

The intervention is by the needs assessment

1. **Whom:**
   - The needs assessment will have begun to identify the population with the needs

2. **Where/When:**
   - The needs assessment will have begun to define the learning calendar and preference for existing formats/channels – or, if new strategies are needed

3. **What:**
   - The learning objectives will have clearly articulated what the intervention should accomplish

Criteria #3c: Educational Design

**Objective:**

1. Remembering - Lecture and repetition
2. Understanding - Lecture and discussion and repetition
3. Applying - Simple case studies
4. Analyzing - Complex case studies
5. Evaluating - Complex cases with moderated debriefing
6. Creating - Complex cases leading debriefing
7. Imitation - Video how-to training
8. Manipulation - Working groups with tailored feedback
9. Precision - Longitudinal simulation with practice/feedback
10. Articulation - Broadened, real-life practice w/ mentoring
11. Naturalization - Minimum of 10,000 hours of focused exposure, practice, and natural inclination

**Intervention:**

- Lecture and repetition
- Lecture and discussion and repetition
- Simple case studies
- Complex case studies
- Complex cases with moderated debriefing
- Complex cases leading debriefing
- Video how-to training
- Working groups with tailored feedback
- Longitudinal simulation with practice/feedback
- Broadened, real-life practice w/ mentoring
- Minimum of 10,000 hours of focused exposure, practice, and natural inclination


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**Criteria #3c: Educational Design**

**TABLE 2: Possible Learning Techniques for Preceding, Enabling, and Reinforcing Activities**

<table>
<thead>
<tr>
<th>Category</th>
<th>Learning Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceding: Create or reinforce &quot;habitual moment&quot;</td>
<td>1. Presentation of data describing current performance. 2. Presentation of guidelines or standards of care using academic detailing or local opinion leaders. 3. Presentation that compares current performance with guidelines or standards of care. 4. Panel discussion to identify factors contributing to the difference between current and desired performance. 5. Community or improvement across education and other.</td>
</tr>
<tr>
<td>Enabling: Develop competence related to reachable moment</td>
<td>1. Presentation/teach. a. Lecture to a level 2a outcome (declarative knowledge; Miller’s “what”). b. Lecture to a level 3 outcome (procedural knowledge; Miller’s “how to”). 2. Case that describes in detail how the practice guideline or standard of care is used in practice. 3. Observation of implementation strategies, including management of tension, committing evidence where available. 4. Example/Process ○ a. Leads to a level 2b outcome (practical knowledge; Miller’s “how”). b. Leads to a level 4 outcome (performance; Miller’s “shows how”). 5. Complex case with audience response course in key decision points (live or on the Web). 6. Observation with standardized patients. 7. For psychomotor skill (tactual and perceptual) development.</td>
</tr>
<tr>
<td>Reinforcing: Achieve in result of competence</td>
<td>1. Commitment to change: translation to practical agreements. 2. Case studies: Summarize of guidelines with suggestions for implementation and strategies for dealing with barriers. 3. Summarize that could be placed as charts of patients for whom the guidelines are relevant. 4. Case studies designed over several months with opportunities to test CME results. 5. Invitations/ opportunities to participate in a “performance-improvement” CME project.</td>
</tr>
</tbody>
</table>

Criteria #3d: Evaluations

<table>
<thead>
<tr>
<th>Original CME Framework</th>
<th>Miller’s Framework</th>
<th>Expanded CME Framework</th>
<th>Description</th>
<th>Source of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation</td>
<td>Participation</td>
<td>LEVEL 1</td>
<td>The number of physicians and others who participated in the CME activity</td>
<td>Attendance records</td>
</tr>
<tr>
<td>Satisifaction</td>
<td>Satisfaction</td>
<td>LEVEL 2</td>
<td>The degree to which the expectations of the participants about the setting and delivery of the CME activity were met</td>
<td>Questionnaires completed by attendees after a CME activity</td>
</tr>
<tr>
<td>Learning</td>
<td>Knows</td>
<td>LEVEL 3A</td>
<td>The degree to which participants state what the CME activity intended them to know</td>
<td>Objective: Pre- and post measures of knowledge; Subjective: Self-report of knowledge gain</td>
</tr>
<tr>
<td></td>
<td>Knows how</td>
<td>LEVEL 3B</td>
<td>The degree to which participants state how to do what the CME activity intended them to know</td>
<td>Objective: Pre- and post measures of knowledge; Subjective: Self-report of knowledge gain</td>
</tr>
<tr>
<td></td>
<td>Shows how</td>
<td>LEVEL 4</td>
<td>The degree to which participants show in an educational setting how to do what the CME activity intended them to be able to do</td>
<td>Objective: Observation in educational setting; Subjective: Self-report of competence; intention to change</td>
</tr>
<tr>
<td>Performance</td>
<td>Does</td>
<td>LEVEL 5</td>
<td>The degree to which participants do what the CME activity intended them to be able to do in their practices</td>
<td>Objective: Observation of performance in patient care setting; patient charts; administrative databases; Subjective: Self-report of performance</td>
</tr>
<tr>
<td>Patient health</td>
<td>Patient health</td>
<td>LEVEL 6</td>
<td>The degree to which the health status of patients improves due to changes in the practice behavior of participants</td>
<td>Objective: Health status measures recorded in patient charts or administrative databases; Subjective: Patient self-report of health status</td>
</tr>
<tr>
<td>Community health</td>
<td>Community health</td>
<td>LEVEL 7</td>
<td>The degree to which the health status of a community of patients changes due to changes in the practice behavior of participants</td>
<td>Objective: Epidemiological data and reports; Subjective: Community self-report</td>
</tr>
</tbody>
</table>


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TABLE 3. Suggested Assessment Methods and Levels of Assessment

<table>
<thead>
<tr>
<th>Patient Health Status</th>
<th>Observed</th>
<th>Self-report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 6</td>
<td>Patient health record</td>
<td>Physician questionnaire</td>
</tr>
<tr>
<td></td>
<td>Administrative records</td>
<td>Patient questionnaire</td>
</tr>
<tr>
<td>Performance</td>
<td>Patient health record</td>
<td>Physician questionnaire</td>
</tr>
<tr>
<td></td>
<td>Administrative records</td>
<td>Patient questionnaire</td>
</tr>
<tr>
<td>Level 5</td>
<td>Observation during practice and feedback during learning activity</td>
<td>Physician questionnaire</td>
</tr>
<tr>
<td></td>
<td>OSCEs</td>
<td>Clinical scenarios (electronic)</td>
</tr>
<tr>
<td></td>
<td>Scenarios with ARS</td>
<td>Clinical scenarios (print)</td>
</tr>
<tr>
<td></td>
<td>Scenarios in small groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Standardized patients</td>
<td></td>
</tr>
</tbody>
</table>

Criteria #4: Innovations

Example considerations:

- Does the initiative explore creative and original planning strategies and tactics?
- Does the initiative include innovative educational methodology that should be encouraged and supported?
- Does the initiative move the field of medical education forward?
- To what extent does the initiative represent an improvement or advance for the requesting organization that should be recognized and encouraged?

Criteria #5: Importance

Example considerations:

- Will the results of the activity or educational intervention be published and disseminated to broaden the general body of knowledge of medical education?
- How important is the proposed activity/intervention to advancing knowledge and understanding within its own clinical area or across different clinical areas?
- Does the initiative address a critical clinical or subtopic that is rarely addressed?
- Does the initiative advance innovations in medical research such as genetics, biomarkers, personalized medicine, etc.?
- Does the initiative meet the needs of underrepresented groups (e.g., gender, ethnicity, disability, geographic, etc.)?
Compliance
Alignment
Educational Planning:
  Needs Assessment
  Educational Objectives
  Educational Design
  Evaluation and Outcomes

Innovations
Importance

Summary

- Ensure that planning progresses logically and is learner-focused
- Beware the logic leap…
  - Medical Education is not the right solution to every problem
  - Educational needs in one population do not always translate to another population
- Choose the educational methods based on the needs of the learner
  - Interventions should meet objectives
- Never underestimate the importance of evaluation and outcomes
- Create a grant writing checklist
- If you require (additional) support to implement an activity, check out our website to determine if funds are available
1. 2010 goal to improve dialogue with the CE community
   • Upcoming webinars:
     • July 9th – Invitations to be sent out the week of June 28th…
     • 11AM EST: Aug. 6th – Sept. 10th – Oct. 1st – Nov. 5th

2. Upcoming Call for Grants Application (CGA)
   • TBD

3. If you have comments or suggestions please send us an email: MedEdGrants@pfizer.com

How can we help?