# 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

<table>
<thead>
<tr>
<th>Organization Type</th>
<th>Interprofessional Education</th>
<th>Menopause</th>
<th>Psychosis</th>
<th>Totals</th>
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<tbody>
<tr>
<td>Academic Medical Center</td>
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<td>5</td>
<td>14</td>
<td>34</td>
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<tr>
<td>Hospital/Health Care System</td>
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<td>2</td>
<td></td>
<td>7</td>
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<td>National Medical Society</td>
<td>3</td>
<td>1</td>
<td></td>
<td>4</td>
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<tr>
<td>Other Non-Profit</td>
<td>4</td>
<td>2</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>State or Regional Medical Specialty Society</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
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<tr>
<td>Totals</td>
<td>28</td>
<td>5</td>
<td>20</td>
<td>53</td>
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</tbody>
</table>
New CGAs

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

Please return by Wednesday, September 15th

Guest Faculty

Don Moore, PhD
Director, Division of CME
Director of Education and Evaluation, Office of Graduate Medical Education
Faculty Associate, Office of Teaching and Learning in Medicine
Professor of Medical Education and Administration
Vanderbilt University School of Medicine
Planning for and Assessing the Impact of Learning Activities

Don Moore, PhD
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

### Inputs
What resources will be needed to support planning and assessing the CME activity?
- Funding
- Faculty
- Industry partners
- Content developers
- Inst designers

### Activities
What planning and assessing activities be used for this CME activity?
- Establish collaborative planning structure
- Develop content
- Design learning activities
- Develop assessment activities
- Recruitment

### Outputs
What will this CME activity look like?
- Conduct CME activity
- Predisposing, Enabling, Reinforcing
- Learners attend (Level 1)
- Learners feel their needs and expectations are met (Level 2)

### Short-Term Outcomes
What will occur as a direct result of the activities & outputs?
- Learners can state what they have learned. (Level 3a)
- Learners can describe and discuss how to do what they have learned. (Level 3b)

### Intermediate Outcomes
What results should follow from the initial outcomes? (typically, development of competence.)
- Learners can demonstrate in the educational setting that they can do what they have learned. (Level 4)
- Learners actually do what they have learned in their practices. (Level 5)
- Leads to enhanced patient (Level 6) and population (Level 7) health status

### Long-Term Outcomes
What results should follow from the intermediate outcomes (typically, changes in performance)?
- Learners can state what they have learned. (Level 3a)
- Learners can describe and discuss how to do what they have learned. (Level 3b)
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Four Principles

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

Start with the end in mind
Start with end in mind

- 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

Needs assessment: Identifying gaps

GAP

current level  desired level
### Start with the end in mind

<table>
<thead>
<tr>
<th>Planning question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a gap between current and desired patient health status…</td>
<td>Look for the cause of the gap in performance</td>
<td>There may not be a need for a CME activity</td>
</tr>
<tr>
<td>Is there a gap between current and desired performance…</td>
<td>Look for the cause of the gap in competence</td>
<td>Look for the cause of the gap in other areas</td>
</tr>
<tr>
<td>Is there a gap between current and desired competence…</td>
<td>Look for the cause of the gap in procedural knowledge</td>
<td>Plan a CME activity to address the gap(s) in performance</td>
</tr>
<tr>
<td>Is there a gap between current and desired procedural knowledge…</td>
<td>Look for the cause of the gap in declarative knowledge</td>
<td>Plan a CME activity to address the gap(s) in competence</td>
</tr>
<tr>
<td>Is there a gap between current and desired declarative knowledge…</td>
<td>Plan a CME activity to address the gap(s) in declarative knowledge</td>
<td>Plan a CME activity to address the gap(s) in procedural knowledge</td>
</tr>
</tbody>
</table>

### Start with the end in mind - Measures

<table>
<thead>
<tr>
<th>Outcome level</th>
<th>Measure</th>
<th>Objective</th>
<th>Subjective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health status</td>
<td>Blood pressure</td>
<td>Health record</td>
<td>Survey</td>
</tr>
<tr>
<td></td>
<td>Lipid profile</td>
<td>Health record</td>
<td>Survey</td>
</tr>
<tr>
<td></td>
<td>Quality of life</td>
<td>Health record</td>
<td>SF-36/SAQ</td>
</tr>
<tr>
<td>Performance</td>
<td>% of patients for whom test was ordered when indicated</td>
<td>Health record</td>
<td>Survey</td>
</tr>
<tr>
<td></td>
<td>% of patients for whom guideline treatment was prescribed</td>
<td>Health record</td>
<td>Survey</td>
</tr>
<tr>
<td>Competence</td>
<td># of patients for whom test was ordered when indicated</td>
<td>Standardized patient</td>
<td>Scenario response</td>
</tr>
<tr>
<td></td>
<td># of patients for whom guideline treatment was prescribed</td>
<td>Standardized patient</td>
<td>Scenario response</td>
</tr>
</tbody>
</table>
Identifying gaps: patient health status

GAP

185/95

130/85

Goal of CME: Improved measures

after CME

145/90

improvement

GAP

185/95

130/85
Measures in Planning and Assessment

<table>
<thead>
<tr>
<th>Needs Assessment</th>
<th>Predisposing Activity</th>
<th>Enabling Activity</th>
<th>Formative Assessment</th>
<th>Reinforcing Activity</th>
<th>Summative Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify the gap in level specific behavior in terms of level specific measure</td>
<td>Describe the gap in terms of level specific measure</td>
<td>Teach to level specific desired results in terms of level specific measure</td>
<td>Assess level specific behavior in terms of level specific measure and provide feedback about level specific measure by describing gap</td>
<td>Recall desired results in terms of level specific measures and provide level specific reminder about desired results in level specific measure</td>
<td>Final assessment of level specific behavior in terms of level specific measures and comparison with desired results to determine status of gap</td>
</tr>
</tbody>
</table>

**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.

**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**

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Planning and Assessment (Bob Fox)
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• **Consider physician stages of learning**
• Focus on clinical problems and knowledge that can be used in practice
• Provide opportunities for practice and feedback
Considering physician learning

<table>
<thead>
<tr>
<th>PREDISPOSING</th>
<th>ENABLING</th>
<th>REINFORCING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognizing an Opportunity for Learning</td>
<td>Searching for Resources for Learning</td>
<td>Engaging in Learning</td>
</tr>
<tr>
<td>Trying Out What Was Learned</td>
<td>Incorporating What Was Learned</td>
<td></td>
</tr>
</tbody>
</table>

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
What Should CME Planners Do?

• **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

What Should CME Planners Do?

• **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
What Should CME Planners Do?

• Enabling CME activities should include
  – Lecture
  – Demonstration
  – Practice
  – Feedback

What Should CME Planners Do?

• Examples of Reinforcing Activities
  – Reminders
  – Commitment to Change
  – Practice Portfolios
  – Feedback
  – Post-course Materials
  – Communities of Practice
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Clinical focus

- 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.

Four Principles

- 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
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

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**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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Linkage

From here anything and everything is possible
**Outcome specific linkages**

<table>
<thead>
<tr>
<th>Needs Assessment</th>
<th>Predisposing Activities</th>
<th>Enabling Activities</th>
<th>Formative Evaluation</th>
<th>Reinforcing Activities</th>
<th>Summative Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declarative knowledge</td>
<td>Knowledge test</td>
<td>Lecture</td>
<td>Lecture</td>
<td>Knowledge test</td>
<td>Outline</td>
</tr>
<tr>
<td>Procedural knowledge</td>
<td>Case-based test</td>
<td>Lecture</td>
<td>Lecture plus examples</td>
<td>Case-based test</td>
<td>Outline with examples</td>
</tr>
<tr>
<td>Competence</td>
<td>Scenario with ARS or SP</td>
<td>Lecture</td>
<td>Lecture, example, practice, feedback</td>
<td>Scenario with ARS or SP</td>
<td>Guideline</td>
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<tr>
<td>Performance</td>
<td>Chart audit</td>
<td>Lecture</td>
<td>Workplace learning</td>
<td>Chart audit</td>
<td>Interactive guideline</td>
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<td>Patient Health Status</td>
<td>SF-12</td>
<td>Lecture</td>
<td>Patient teachers</td>
<td>SF-12</td>
<td>POC SF-12 results</td>
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An Ideal Planning Process

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
From here anything and everything is possible

Needs & Objectives  
Educational Intervention  
Evaluation & Assessment

Outcomes Measures

- 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:

2. If you have comments or suggestions please send an email: mededgrants@pfizer.com

How can we help?