

# Office of Continuing Medical Education (OCME)

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Medical Education that Makes a  
Difference in Patient Care

Ronald S. Gibbs, MD

Professor, Department of Obstetrics & Gynecology

Associate Dean, Continuing Medical Education

# Disclosure

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- Novartis Diagnostics and Vaccines – Consultant in pharmacosurveillance.
- Pretty much a novice myself in educational methodology.

# Learning/Performance Objectives

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**At the end of this session, teachers and learners will be able to:**

1. Assess gaps in learner's knowledge, competence, or performance in their patient's outcomes.
2. Develop "Learning/Performance Objectives" to fill these gaps.
3. Structure CME content to achieve the Learning/Performance Objectives.
4. Use educational methods that are effective in adult learning.

# Fundamental Questions About Your/Our Teaching

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1. How do you know what to teach?
2. What do you want your “learners” to come away with?
3. How do you structure the sessions?
4. What are the effective methods to each adults?

# Who's Here?

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A. Faculty

B. Fellows or Residents

C. Students

D. Staff

# Which of the following BEST reflects your view of medical teaching?

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- A. I love to teach!
- B. I enjoy teaching, but other professional activities (research, patient care) have a higher priority to me.
- C. Teaching is a burden; I have so much else to do.
- D. Teaching is only for those who can't do research or give patient care.

**Have you ever had ANY formal training (a course, seminar, workshop) on medical teaching?**

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A. Yes.

B. No.

C. I don't recall.

**How confident do you personally feel about doing a “Gap Analysis” (that is, determining what your CME participants don’t know or can’t do)?**

- A. Very confident.**
- B. Somewhat confident.**
- C. Not sure.**
- D. I’m lost!**

**How confident do you personally feel about using principles of adult learning to make CME activities more effective?**

- A. Very confident.**
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- C. Don't know much about principles of adult learning.**
- D. People tell me I don't even act like an adult!**

# What's New About Accredited CME?

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# What's New About Accredited CME?

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- Change objectives to competency, performance, and outcomes (as well as knowledge).
- Rigorous planning.
- Interactive learning.
- Principles of adult learning.
- Learner-centered education.
- Accountability.
- Management of Conflict of Interest.
- Integrated with QI/QA.
- Performance Improvement.

# Are there barriers to new Accredited CME (ACCME criteria)?

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# Are there barriers to new accredited CME (ACCME criteria)

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- “Hey, who are these people and why do they keep making up rules?”
- “When will these damn changes stop?”
- “I’ve been doing CME for 23 years and I always get great evaluations.”
- “I just don’t have time for this on top of everything I have to do!”

# Are there barriers to new accredited CME (ACCME criteria)

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- “My residents (or course attendees) need to know this!”
- “This is just a gimmick!”
- “This is a bunch of bull\_ \_ \_ \_ (feces)!”
- “This will cost too much!”

**The OCME is  
not...**







In Accredited CME, we care about the practice of medicine; we want CME that makes a difference in patient care.

# Where's the Gap?

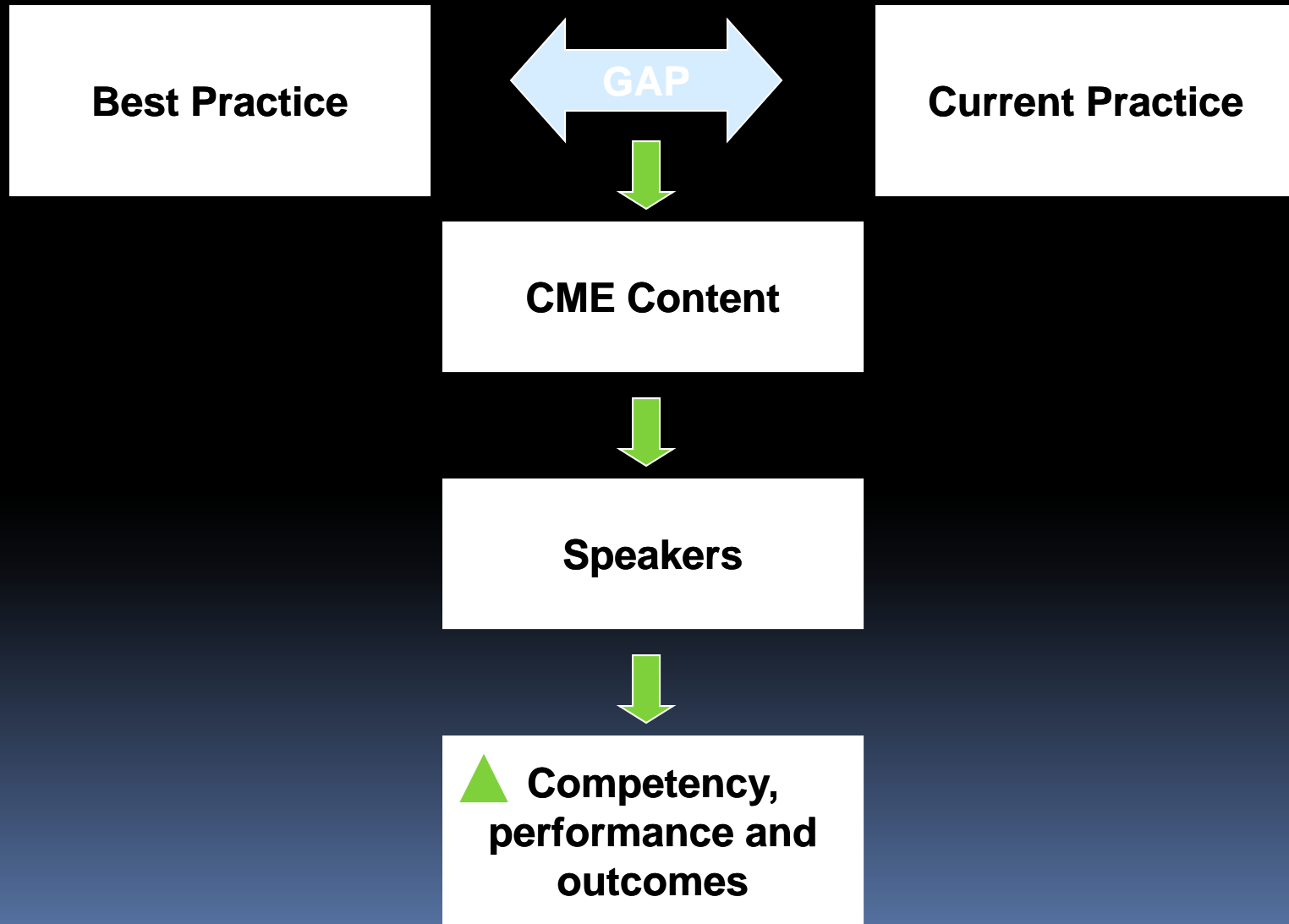
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What is it you (*your learners*) or we (*the faculty*) don't know or can't do?

GAP

What the heck is  
a “Gap Analysis”?

# Gap Analysis



# Where Do I find “Best Practices”?

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- Examples of websites:

AHRQ: [www.ahrq.gov/clinic](http://www.ahrq.gov/clinic)

AAFP: [www.aafp.org/online/en/home/clinical](http://www.aafp.org/online/en/home/clinical)

ACS: [www.acsnsqip.org/main/about\\_history.asp](http://www.acsnsqip.org/main/about_history.asp)

# Proposed Performance Measures

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- Percentage of women receiving prenatal care who are screened for Hepatitis B by Hepatitis B Surface Antigen testing. (ACOG PB #86, October 2007).
- The percentage of patients who have endometrial sampling performed and results of histopathology reviewed before endometrial ablation. (ACOG PB #81, May 2007).
- The percentage of patients evaluated for an asymptomatic pelvic mass who receive a transvaginal ultrasound examination. (ACOG PB #3, July 2007).
- The percentage of women with diagnosed symptomatic pelvic organ prolapse who are offered pessary use as first-line treatment. (ACOG PC #85, September 2007).

# NCI Performance Measures

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- Percentage of women aged 40 and older who have had a mammogram within the past 2 years;
- Percentage of adults 50 and older who reported that they had a fecal occult blood test within the past 2 years; or
- Percentage of adults aged 50 and older who reported that they ever had an endoscopy (proctoscopy, sigmoidoscopy, colonoscopy).

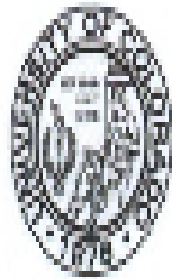
Best Practice	Gap	Current Practice
<p>Percentage of women aged 18 years and older who reported that they had a Pap test within 3 years (NCI).</p>	<p>Physicians need to improve screening rate for early cervical cancer.</p>	<p>In national data for 2008, percentage having had a Pap smear during preceding 3 years was 70-80% for 18-64 years of age, and 40-60% for <math>\geq 65</math> years of age. (MMWR April 16, 2010)</p>

Very nice, but  
what if I don't  
have any data?

# No Data?

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- Then collect data from your learners.
  - Self reporting is okay, at least in part.
    - Conduct a survey.
    - Hold a focus group.



Department of Obstetrics & Gynecology  
University of Colorado School of  
Medicine

Grand Rounds RSS  
Academic Year 2010-2011

# Needs Assessment

Please reflect upon your practice and fill in the boxes for those topics that will most help you improve competence performance and outcomes. **Check all that apply.**



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Grand Rounds RSS  
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## Needs Assessment

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### General Medicine

- |  |  |
|--|--|
| <input type="checkbox"/> Patient Safety in Obstetrics & Gynecology | <input type="checkbox"/> Obesity                           |
| <input type="checkbox"/> Alternative Medicine                      | <input type="checkbox"/> Case discussions of "near misses" |
| <input type="checkbox"/> Thyroid Diseases in Women                 | <input type="checkbox"/> Databases                         |
| <input type="checkbox"/> Coding                                    | <input type="checkbox"/> Depression                        |

### Gynecology

- |   |  |
|---|--|
| <input type="checkbox"/> What's new in Gynecologic Literature   | <input type="checkbox"/> Medical Mgmt of Endometriosis                                 |
| <input type="checkbox"/> Osteoporosis   | <input type="checkbox"/> Endometrial Ablation  |
| <input type="checkbox"/> 2009 US Preventing Services Task Force Guidelines in Breast Cancer Screening | <input type="checkbox"/> Evaluations of Operations for Urinary Incontinence            |
| <input type="checkbox"/> Screening for Colorectal Cancer  | <input type="checkbox"/> Treatment of Urinary Tract Infections in Non-Pregnant Women   |
| <input type="checkbox"/> Mgmt of Adnexal Masses   | <input type="checkbox"/> Premenstrual Symptoms   |
| <input type="checkbox"/> New GYN surgical techniques  | <input type="checkbox"/> Techniques of Hysterectomy                                    |
| <input type="checkbox"/> Cervical Dysplasia   | <input type="checkbox"/> Benign Breast Disease   |
| <input type="checkbox"/> Mgmt of Refractory Vulvovaginitis  | <input type="checkbox"/> Chemoprevention of Breast Disease                             |
| <input type="checkbox"/> Pre-implantation Genetic Diseases  | <input type="checkbox"/> Mgmt of Anovulatory Bleeding                                  |
| <input type="checkbox"/> Ethics in Reproduction   | <input type="checkbox"/> Gynecologic Care of the Adolescent                            |
| <input type="checkbox"/> Update on Women's Health Initiative Study/ Hormone Replacement Treatment     | <input type="checkbox"/> Use of Hormonal Contraception in Women with Medical Disorders |
| <input type="checkbox"/> Vitamin D Deficiency   | <input type="checkbox"/> Sexuality   |
| <input type="checkbox"/> 2009 ACOG Guidelines on Cervical Cytology Screening                          | <input type="checkbox"/> Work-up of Incontinence                                       |
| <input type="checkbox"/> Primary and Preventative Care: Periodic Assessments                          | <input type="checkbox"/> Work-up of Pelvic Prolapse                                    |
| <input type="checkbox"/> Treatment of Cervical Carcinoma  | <input type="checkbox"/> Sexuality Transmitted Diseases                                |
| <input type="checkbox"/> Treatment of Endometrial Cancer  | <input type="checkbox"/> Polycystic Ovarian Syndrome                                   |
| <input type="checkbox"/> Diagnosis and Treatment of Ovarian Cancers                                   | <input type="checkbox"/> Chronic Pelvic Pain   |
|   | <input type="checkbox"/> Medical Mgmt of Abortion and its Consequences                 |

### Obstetrics

- |  |   |
|--|---|
| <input type="checkbox"/> What's new in Obstetrics Literature                             | <input type="checkbox"/> Antibacterial Medication Use During Pregnancy and Risk Birth Defects |
| <input type="checkbox"/> Asthma in Pregnancy   | <input type="checkbox"/> Antiphospholipid Antibody Syndrome in Pregnancy                      |
| <input type="checkbox"/> Diabetes Mellitus in Pregnancy                                  | <input type="checkbox"/> Rh Disease in Pregnancy  |
| <input type="checkbox"/> Preeclampsia and Chronic Hypertension in Pregnancy              | <input type="checkbox"/> Third Trimester Bleeding including Placenta Accreta                  |
| <input type="checkbox"/> Multiple Gestation  | <input type="checkbox"/> Maternal Phenylketonuria   |
| <input type="checkbox"/> External Cephalic Version and Management of Breech Presentation | <input type="checkbox"/> 2010 CDC Guidelines for Group B Streptococci                         |
| <input type="checkbox"/> Use of Psychiatric Medications during pregnancy and Lactation   | <input type="checkbox"/> Nicotine Use in Pregnancy  |
| <input type="checkbox"/> Preterm Labor   | <input type="checkbox"/> Premature Rupture of the Membranes                                   |
|  | <input type="checkbox"/> Thrombophilias in Pregnancy  |
|  | <input type="checkbox"/> Preconception Care   |

# **“Learning Objectives” – or better yet, “Performance Objectives”**

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**Okay for some to be knowledge-based.**

**“Cite the three leading causes of...”**

**“Understand the epidemiology of...”**

**“List the four criteria for diagnosing...”**

# “Learning Objectives” – or better yet, “Performance Objectives”

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BUT, others MUST now be competency, performance, or outcomes-based.

“Implement the 2010 CDC Guidelines on...”

“Develop a plan for screening for...”

“Screen diabetics in my practice for...”

“Improve my practice’s rate of screening for Hepatitis B among pregnant women.”

# Knowledge-Based vs. Performance-Based Objectives

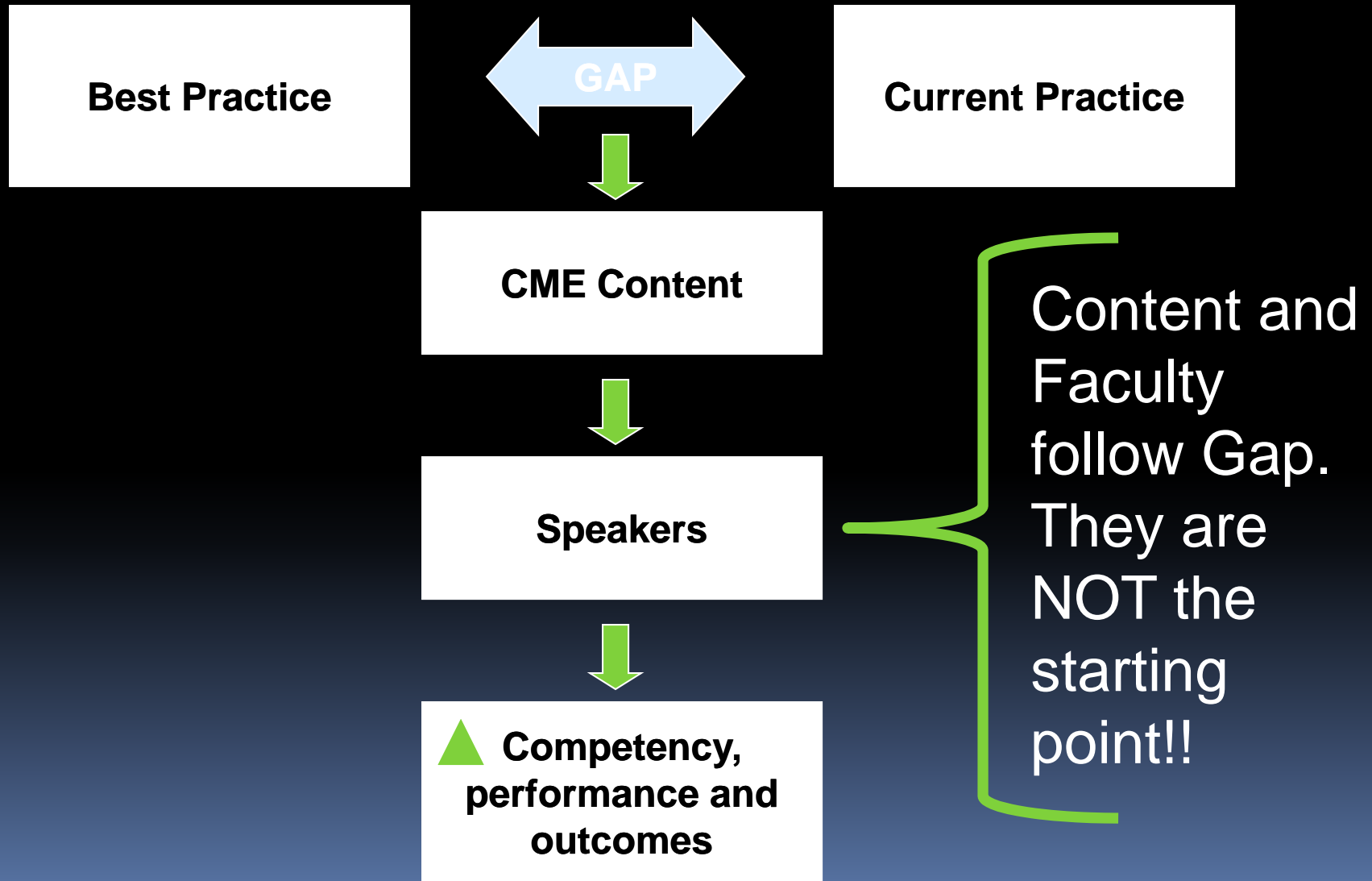
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“State the criteria for screening women for *Chlamydia trachomatis*.”

VS

“In my practice, annually screen women less than 25 years old for *Chlamydia trachomatis*.”

# Rigorous Planning



# How Do Adults Learn?

## What are the Principles of Adult Learning?

- Learning about what is important to them – relevant to their practice.
- Learning by interacting.
- Lecture format may impart information, but adult learners “leave the lecture without leaving the lecture room.”

# How Can You Make Your CME Activity More Interactive, More Effective at Improving Behavior?

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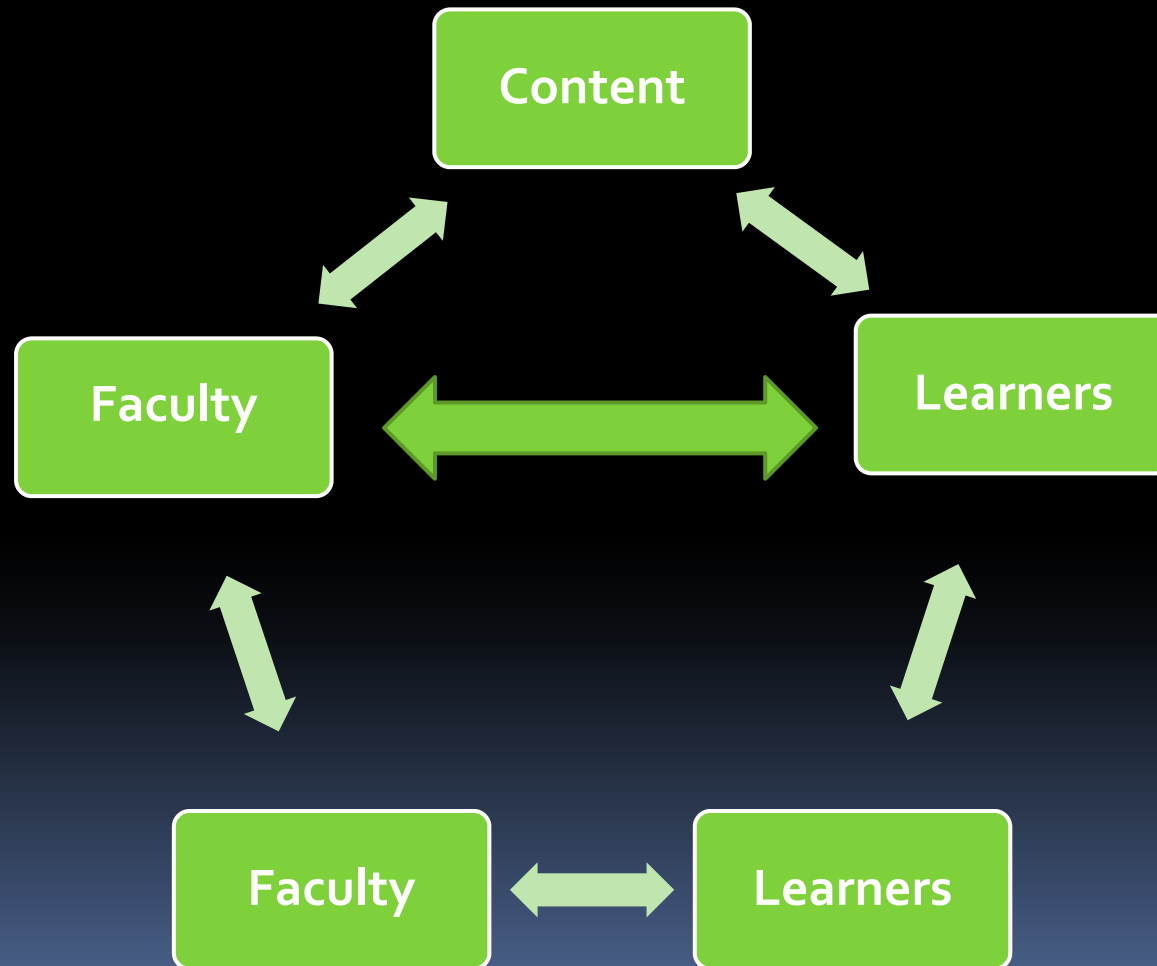
# How Can You Make Your CME Activity More Interactive, More Effective at Improving Behavior?

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- Case discussions – solicit cases ahead of time.
- “Deteriorating cases.” (Serial “facts”)
- Break outs/workshops.
- EARS/“MARS”.
- Leave slides blank.
- Structured, open-ended questions.
- Journal Clubs.
- Learners interact with each other.

# Interactive Learning

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**But wait a minute... isn't this just putting  
"cosmetics on a dead horse"?**

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**Whatever method you employ, remember:**

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The educational method  
should fit the objectives.

(Don't make the method the objective)

# Encouragement & Development

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With these interactive techniques, help your CME faculty as they may initially feel:

- Loss of Control
- Less Confident
- Less Material Covered

# Interactive Learning: The Pay-Off

- Keeps audience engaged, keeps audience's attention.

(Don't learn if you've "left the lecture room.")

- Makes learning more effective.

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# Conclusions

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1. Accredited CME should be based on gaps in competency, performance or outcomes.
2. Objectives should be performance-based, not just knowledge-based.
3. Interactive educational techniques improve engagement and foster behavior change.
4. Accredited CME facilitates MOL and MOC.