



Documenting Change in CME Activities

Transcript of Video FAQ
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<http://education.accme.org/video/accme-video-faq/documenting-change-in-cme-activities>

Description: What can I show the ACCME from my CME planning process to document compliance with ACCME's accreditation Criteria?

One of the parts that's required in accreditation, accreditation by the ACCME, is that we look for verification of implementation of the Criteria. But we don't want to turn accreditation into a documentation event. We want it to be about education, designing activities to change.

But, imagine the example of morbidity and mortality rounds, where we want to identify for the record the professional practice gap and what was developed in the group as far as a change in competence. And imagine it as simply as an email from the moderator or from one of the house staff to the rest of the group after the round, saying: This is the conclusion that we came to. We arrived at this professional practice gap for this issue and we decided that this was going to be our new strategy. The new things that we were going to do in the future for this patient problem going forward in our institution, and it was listed in an email. And that would be documentation, verification, of what was accomplished in that educational activity. Both from an administrative perspective, it would be of value because it's a reminder, it's a notice; and from a measurement perspective, it would show the measurements that were made. You could consider it a possibility for compliance with Criterion 17, non-educational interventions, non-educational actions, by sending around something to people who weren't there, saying: This is what we've accomplished and this is what is going to go on in the future. And it could act as a reminder for what people should do when they are faced with a certain clinical problem.

There are other kinds of spontaneous and in-the-moment measures of change that one could use. If you're doing an educational intervention on prescribing certain products, let's say the prescription of narcotics for pain in the elderly, and you make the assumption that according to the literature, the physicians are not well-rounded in the use of certain classes of drugs and certain kinds of drugs for certain pain problems in this age group. You start off the educational activity by handing out a piece of paper and saying: I'm presenting a scenario of an elderly person with a certain kind of pain, with this expected timeline. Say: write a prescription for this lady, for her pain control medication, that she's going to use in the first week that this is developed. The docs write out their prescription and then you say: Put it in your pocket. When you do the educational activity, you talk, you discuss, you present the information, you present the data, you talk about new strategies. You come to a conclusion about how pain control should be used in that case scenario and in every other case, and you say: We're done. We've talked about it, now pull out that prescription and correct it. Write it how you would write it now.



Have a look. Then, you can say: Hand them in. Goodbye. We're done. Or, you could say: Let's talk about the corrections. You there, what did you change on your prescription? And you could start to talk in dialogue about what people learned in the educational activity. The group would realize all of the things that were learned and some things that they might have missed in the educational activity. And then the final prescription can be handed in and you can look at them and analyze where it was, what it was that the physicians learned in your educational activity, from a competence perspective, or strategy or their performance — writing the prescription. And you might be lucky enough to look at it and find some things that you missed. Find some things that people carried away that weren't right, that they had not changed. You could do one-on-one interventions or you could use it as the basis of a few minutes of follow-up at the next educational session. Again, only limited by your creativity.

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