



Insights for Planning Regularly Scheduled Series (RSS)

Transcript of Video FAQ
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<http://education.accme.org/video/accme-video-faq/insights-for-planning-regularly-scheduled-series-rss>

Description: What insights can you share about planning and documenting Regularly Scheduled Series (RSS) in a strategic way?

Regularly scheduled series of an institution are an important part of the continuing medical education enterprise in the whole country, and certainly within many accredited providers. Some accredited providers, 80 percent of their educational effort is carried out through the regularly scheduled series, through many departments, through many series, through many sessions. And it's fair for the accredited provider to look and organize that group of educational activities in a manner that is most efficient for their operations and for their change strategy for their institution.

Years ago, accredited providers looked at those as 50, 75, 100, 500, 1,000 individual educational activities, each of which had to have a set of documentation, a set of objectives, a set of needs, an evaluation, and each of those could be randomly selected by the accrediting body. So the October 15th pediatric grand rounds would be as likely to be picked as the internal medicine from December of the year before, for scrutiny by the ACCME.

And the ACCME discovered that accredited providers were spending all of their time documenting and not enough time focusing on education and educational design and educational intervention. And the ACCME said, fundamentally said, You should look at these like a large specialty society looks at their annual meeting. It's an event. It is an educational event for your institution that has multiple sessions. For the annual meeting of a specialty society, it's all of those sessions crammed into five days. They're organized with objectives and purposes and addressing professional practice gaps. They're evaluated, some session by session, some day-by-day, some overall. They're planned centrally by the accredited provider, the staff and the CME committee of the specialty society, and each of the individual sessions has selected faculty and a moderator. Each of them includes disclosure, but each of them is a manifestation of the implementation of the Criteria. That's how a regularly scheduled series of an institution could be looked at by the accredited provider. It's an event that occurs over a year, over four years. It has multiple sessions. Instead of a day on this, it has a series on internal medicine, it has a series of general surgery, it has a series of plastic surgery. Each of them is linked to a professional practice gap, meaning each of the series is linked to a professional practice gap. If you want, each of the individual sessions to be their own professional practice gap, it will be the provider's choice. But, each of those series is linked to a professional practice



gap and together they are the whole regularly scheduled series enterprise, educational activity, of an accredited provider, if that's how the accredited provider organizes it.

We ask that the provider know about compliance, know about their own compliance. And we ask them to do it by sampling. So, instead of going to every session and finding out if disclosure occurred at every session, we ask that the provider sample across all of the series between 10 and 25 percent of the sessions. They should go and look and find out if disclosure occurred. If you go every time and disclosure did not occur, you can be fairly certain that disclosure did not occur in any of the other sessions and you need to put systems in place to ensure that a proper disclosure occurs. And then you go back and you measure and say: Disclosure is now occurring and we are satisfied that we measured this way and found 20 percent compliance. We measured this way this time after our intervention and found 90 percent compliance. It's like performance improvement CME for the accredited provider. And that way, the accredited provider is working on planning and monitoring at a much less dramatic or work intensive way.

The planning of regularly scheduled series should be our focus. The planning of regularly scheduled series that implements the Accreditation Criteria can be done at each of the department levels without any input from the accredited provider centrally except for oversight. Or at the other end of the spectrum, the accredited provider can bring together the principals of each of the series and say: How are we going to do the series this year in this institution? What are we going to address? Are we going to address an institution-wide professional practice gap or a set of them? What is it that you have planned that you would like to do and how are you working to identify the underlying needs issues, competence or strategy issues or performance issues? And as an educational resource, the accredited provider can lift up the caliber of these educational interventions. Doesn't mean that they have to take over, doesn't mean the plastic surgeons won't be responsible for selecting the speakers, writing the narrative, finding the simulations, doing the evaluations, but the accredited provider will assert themselves into the process to get a higher level outcome, a better outcome. And to supervise the monitoring and the administrative aspects of the regularly scheduled series. So the options, the opportunities are great. We can have a very centralized organization where every session is passed through that body. We can have an input from the central office that is from a faculty development perspective to ensure that each of the interventions is as good as it can be. And you can have a very decentralized system where the central office monitors and each of the highly-competent educational people in the varying departments designs, implements and monitors the educational activities. It's really up to each accredited provider to determine what model that they're going to use.

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