Essential Messages for Planning Your CME Activity

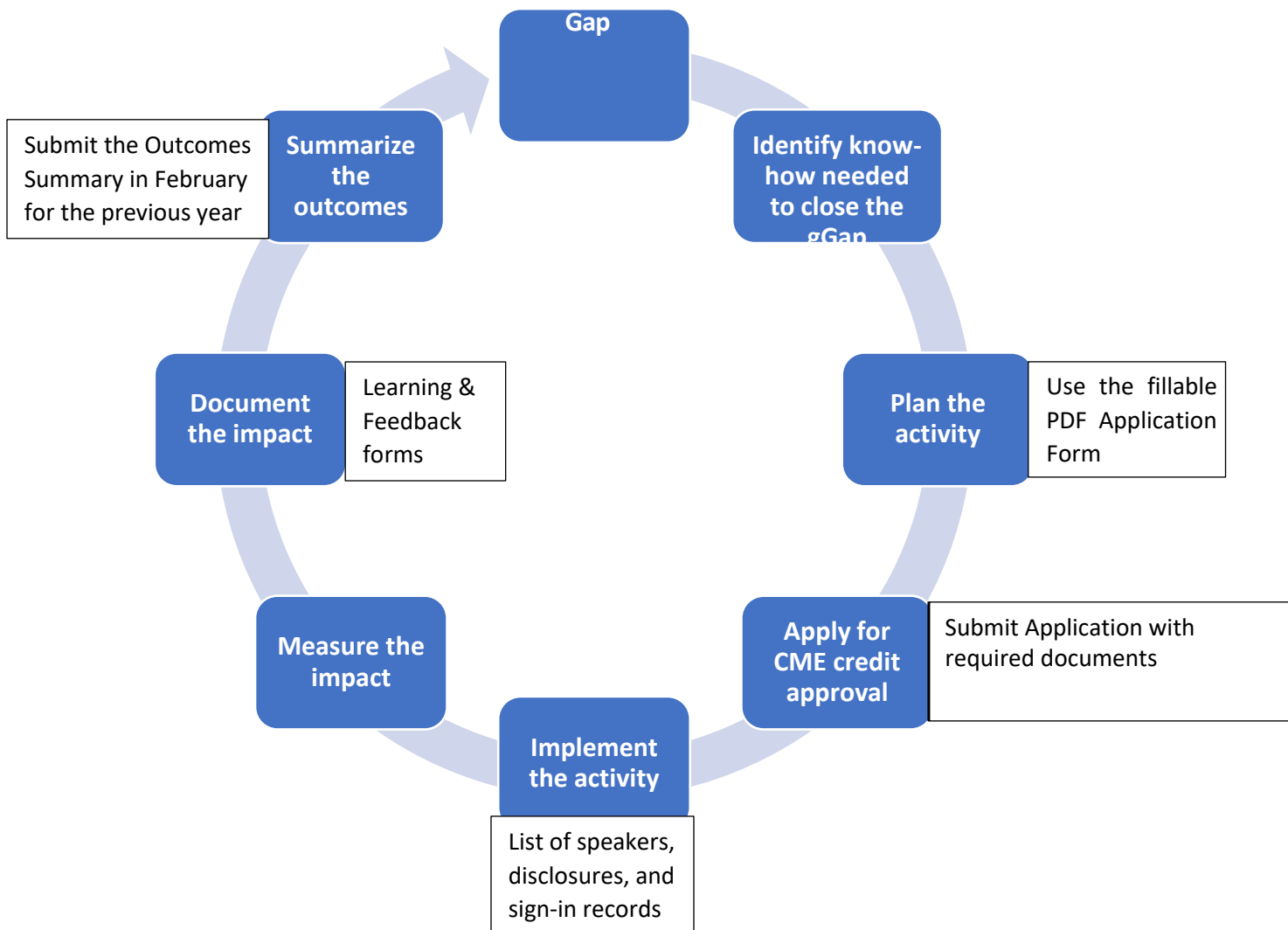## Essentials for Your CME Planning: #1 – The Process

If you're the planner or coordinator for a CME-eligible regularly scheduled series, or planning a course or workshop, you will receive instructions for submitting your CME application via email.

Would you benefit from a warm-up to the process? Take 4 minutes, right now, and watch our overview video.

CPL is here to support you as you develop high-quality learning experiences that meet the goals and needs of your programs while also meeting ACCME accreditation requirements.
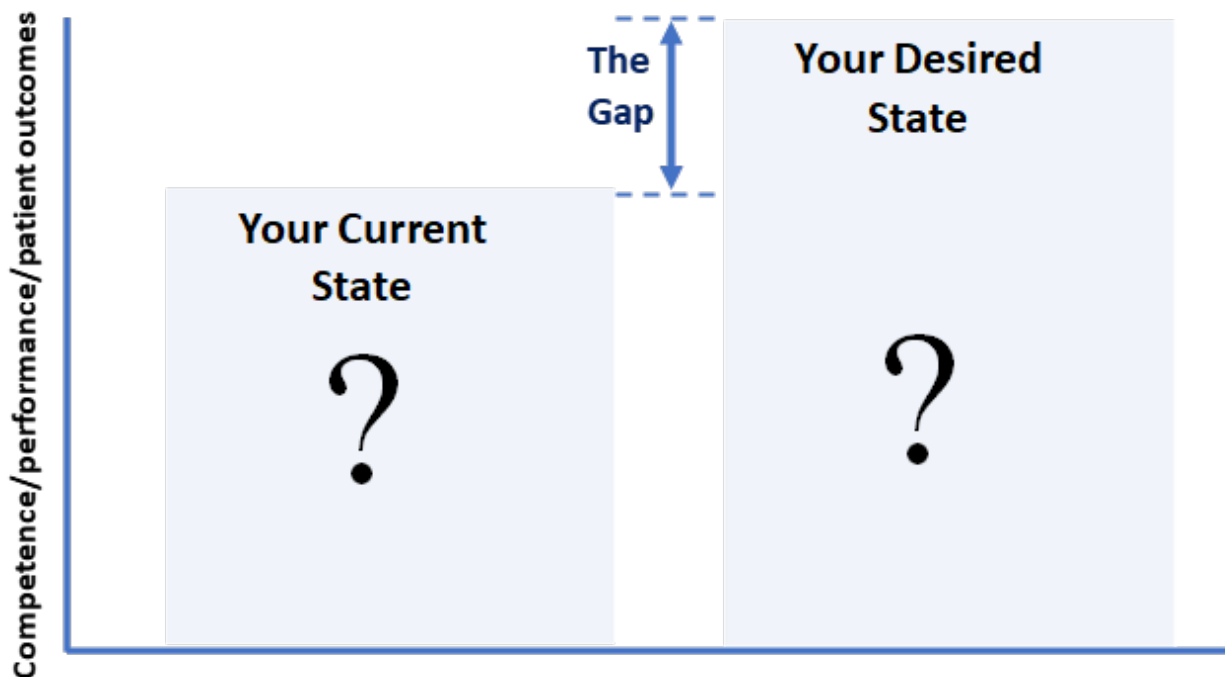
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How do CME activities get approved for ACCME credit?

Gap

Summarize the outcomes — Submit the Outcomes Summary in February for the previous year

Identify know-how needed to close the gGap

Plan the activity — Use the fillable PDF Application Form

Document the impact — Learning & Feedback forms

Apply for CME credit approval — Submit Application with required documents

Measure the impact

Implement the activity — List of speakers, disclosures, and sign-in records

Essentials for Your CME Planning: #2 – The Gap

Why does the Application ask you to define the gap in competence, performance or patient outcome? Defining the gap between the current state and the desired future state, informs your planning with data and other evidence to establish a baseline, or point of reference, that will help you clarify the learning needs and prepare you to write focused, measurable learning objectives. You will state these learning needs in your application. Sometimes your learners will need support <u>after</u> the scheduled learning activity, such as reminders or checklists, to help ensure the gap is narrowed. You will indicate these on your application.

Watch this video to see how defining the gap can help you focus your learning activities. Then write your current state and desired future state in the diagram below.

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Essentials for Your CME Planning: #3 – The PDF Fillable Application Form

Why use the fillable form first rather than Smartsheet?

The PDF fillable Application is a planning tool to help ensure that all the elements of your application are aligned before submitting it to CPL using the Smartsheet link. Unlike Smartsheet, the PDF worksheet allows you to navigate around the application to ensure that your learning objectives are clear and measurable, that they address your gaps and needs, and that you have a plan to gather the data you need to provide evidence for a change in competence, performance and/or patient outcomes, thereby closing the gap you identified at the beginning of the process.

The fillable PDF is a convenient way to communicate within your planning group to make sure everyone knows how the data will be collected after each activity and who will be collecting and compiling it for later reporting in the Outcome Summary. The fillable form also provides links to resources that help guide you at each step of the process. Here is the first page of the worksheet:

CME Application

Plan the activity→ Apply for CME credit approval → Implement the activity → Complete an *Outcomes Summary*

Planning is just the beginning of the process. You are making a commitment to measure changes in competence, performance, and/or outcomes that result from your activity, and to report them in your annual Outcomes Summary.

START HERE

Watch this video: How to plan your CME activity for learning impact (video 3:41)

Here are additional resources to assist you in completing the application:

- Understanding the relationship between knowledge, competence, performance, and outcomes (PDF)
- How to write good learning objectives: the STAR Model (PDF) (video 9:32)
- How to choose learning formats that help you meet your learning objectives (PDF)
- How to assess how well you met your learning objectives (PDF)
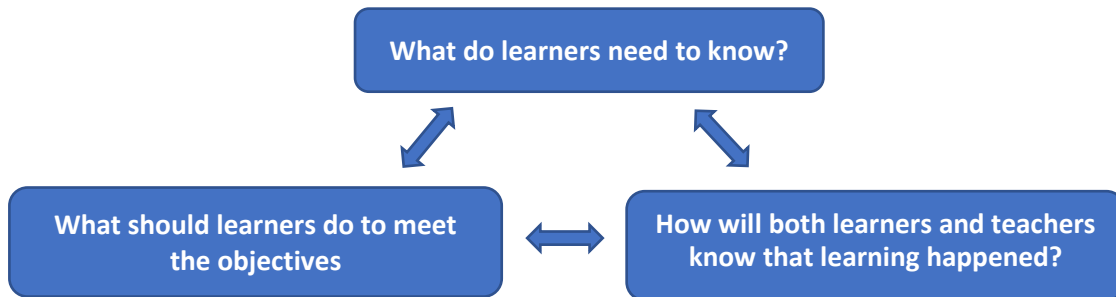- How to evaluate your program (PDF)

This is a worksheet only. You must click on the Online link at the bottom of the PDF Fillable Application Form to copy and paste your responses. Do not attach this form to the application.

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Essentials for Your CME Planning: #4 – How to craft a good learning objective

Learning objectives guide the design of learning activities. They clearly state what **the learner** is expected to learn and be able to do as a direct result of the learning experience. A learning objective is **not** a statement of what **the presenter** plans to do. The learning objectives help ensure that learning outcomes contribute to narrowing the gaps and meeting the needs that motivated the learning experience.

What do learners need to know?

What should learners do to meet the objectives

How will both learners and teachers know that learning happened?

[STAR objectives](#) are specific and measureable, time-bound, attainable, and relevant.

What are the essential elements of a learning objective?

Specific enough to recognize or measure achievement

Time-bound expectation for achievement

Attainable for the audience within scheduled time and specified conditions

Relevant to what the learner needs, and is motived, to learn

Watch this [video](#) (9:32).

Well-written objectives, for the activity as a whole (such as an RSS), and its constituent sessions, will clearly align with the *retrospective pre/post survey* on the *Learning & Feedback Form*.

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The meaning and requirement of a change in competence

You need to provide evidence for a change in competence, performance, or patient outcomes to show that you have closed or narrowed the gap you identified at the beginning of the process. A change in knowledge is not sufficient for receiving CME credit.

Accredited CME activities must be designed for and evaluate changes in the blue part Moore's Pyramid shown below. We sometimes request revisions of the application because of confusion about knowledge, competence, and performance. Change in competence can mean procedural competence that might be demonstrated through role play or learner procedure on a mannequin. But, it can also be considered by asking the learner to self assess (subjective) or respond to quiz questions (objective) that show how the learner would diagnose or treat a patient, if they had the opportunity to do so. Performance, on the other hand, refers to ***performance in actual practice*** and not via role play or procedural assessment during the learning activity. We encourage assessing change in performance but that cannot occur during the activity and would require follow up data collection (CPL can offer guidance on how, if desired).

These changes are documented in the ***Learning & Feedback Form*** you customize for your particular learning activity and submit with your application.

Evidence for a change in competence can be gathered through a **Retrospective Pre/Post Survey** completed by participants at the end of a learning activity. This survey asks the respondent to indicate their level of proficiency before and after the learning activity for each learning objective, if the objective is presented as a competence change (e.g., a change in guideline for diagnosis or treatment; a change in conducting a procedure)

Evidence for a change in competence can also be provided by a **Commitment-to-Change** that states how the participant will incorporate the new learning into his or her practice.

A **change in performance** can be self-reported (subjective) or assessed by an observer or through practice data (objective).

Patient outcomes are extremely difficult to attribute to a single learning activity and should generally not be chosen as an evaluation method.

Clear and measurable learning objectives are essential!

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Essentials for Your CME Planning: #6 – Learning Formats
What is the best learning format for meeting your objectives?

You have identified needs, the changes in competency and/or performance that you plan to measure, and specific learning objectives. Now, you need to think about what is the best way to meet those goals. Will those objectives and changes be best reached through small group discussion, examining cases, demonstration, one of the other learning formats shown in the table, or a combination of formats?

Learning formats commonly used in CME activities

Learning Format	Definition
Small-group discussion	An exchange of opinions, observations, ideas, or experiences
Case-based learning	Patient cases can stimulate discussion, questioning, problem solving, and reasoning
Panel	A discussion in front of an audience on a specific topic among panelists (experts) with differing perspectives
Demonstration	A performance, observable action, display of specimens, etc., along with an explanation
Role play/ dramatization	Learners adopt or perform the role or activities of another individual
Audience response tool	Real-time anonymous feedback from the audience (e.g., PollEverywhere, Kahoot!)
Lecture	Didactics - instruction or verbal discourse by a speaker before a group of learners
Virtual learning - synchronous	Online learning in real time with concurrent exchanges between participants
Virtual learning - asynchronous	Online learning not in real time with delayed exchanges between participants
Simulation	Scenarios designed to replicate real healthcare situations using lifelike mannequins, physical models, standardized patients, or computers
Independent learning	Guided learning activities outside of formal educational settings (classroom, lab, clinic)
Reflection	Examination by the learner of his/her personal experiences of an event
Self-directed learning	Learners initiate their own learning: diagnosing needs, formulating goals, identifying resources, implementing appropriate activities, and evaluating outcomes
Audit and feedback	Professional practice or performance is compared to professional standards or targets with expert feedback
Peer observation	Individuals observe each other's teaching or clinical practice and debrief to learn from one another

Clear and measurable learning objectives are essential!

What will learners do to achieve the objectives?

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Essentials for Your CME Planning: #7 – The Learning & Feedback Form

Did you know that it is insufficient to simply ask your attendees to evaluate their satisfaction with your CME activity? For accreditation, CME activities must include measures of changes in competence, performance, or patient outcomes identified on your Application Part 2. Learners cannot receive CME credit if they do not document their learning. It's important to remember that a change in knowledge, alone, is not sufficient to meet accreditors requirements.

This is why you create a Learning & Feedback Form (L&FF) for your activity. The L&FF provides evidence for the changes in competence, performance, or patient outcomes that you committed to on your application, and connected to your stated learning objectives. You will customize the L&FF template for your particular learning activity and submit it with your application. Data collected from your L&FF provides you with feedback to improve your planning process. It also provides data needed to report the outcomes of your learning activity on the Outcomes Summary. Here are the most commonly used options, and they are commonly combined:

Retrospective Pre/Post Survey provides evidence for a change in competence. It is completed by participants at the end of a learning activity. This survey asks the respondent to indicate their level of proficiency before and after the learning activity for each learning objective.

Commitment-to-Change is another way you can provide evidence for a change in competence. It states how the participant will incorporate the new learning into his or her practice.

Clear and measurable learning objectives are essential!

You will summarize the L&FF data in the Outcomes Summary

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Beyond the Learning Event: Supplemental materials

What will you do to promote learning after the activity? When a learning experience continues beyond the end of the course, workshop, or RSS session, learning gains are greater, competence and confidence are reinforced, and ultimately, there is more likely to be a greater positive impact on provider performance and patient outcomes.

CME activities are more effective when they are followed by engaging the learners with supplemental materials and experiences. This may include sending reminders about what was taught, sharing slides used in the presentation, or providing on-demand web resources. It might include review of clinician "report cards" or patient surveys, or giving and receiving peer feedback.

If Commitment-to-Change was one of the evaluation methods you included in your Learning & Feedback Form, follow-up on what changes were actually made and the impact they had is a powerful way to gauge the extent to which your activity has closed the gaps that motivated your activity.

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