

Outcome Summary Report for 2022 Activities – Example 2

Accreditation Period: **Calendar Year 2021**

Activity ID: **RSS-429**

Activity Title: **Clinical Neuroscience Grand Rounds**

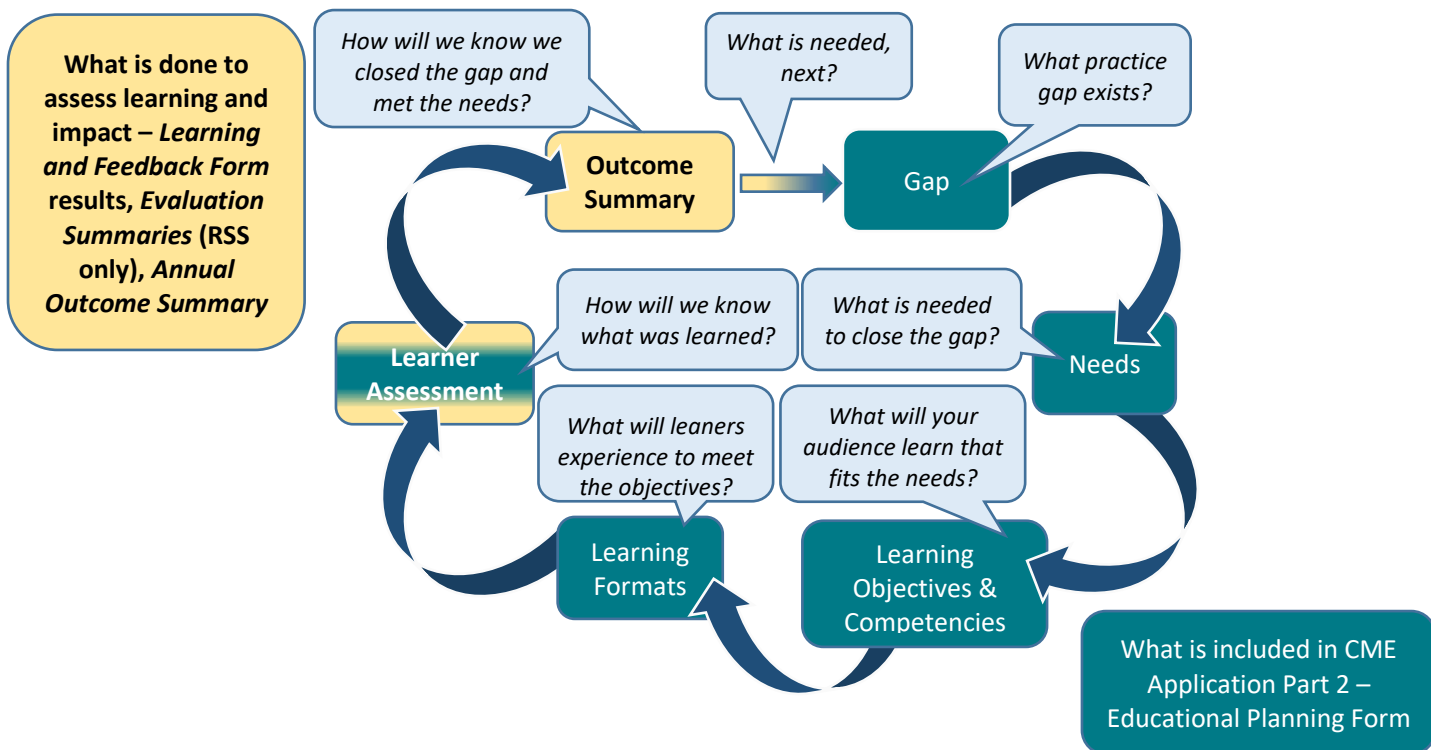
Prepared by: MG

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

Your *Outcome Summary* presents the evidence that you achieved what you intended when you planned your activity. Your Education Plan was approved based on the alignment of your gaps, needs, and learning objectives, and on the evaluation plan you outlined in your Learning & Feedback Form.

You need to present the evidence you gathered of changes in competence, performance, and/or patient/learner outcomes; changes in knowledge only are not sufficient. A description of the evidence, or a statement that there *is* evidence, is not sufficient. Quantitative evidence may be in the form of a chart or graph, a table, or a brief narrative. Qualitative evidence is also acceptable. Please contact CPL if you have questions or need further clarification.

Outcome Summary – Closing the CME Loop



The education planning cycle begins with identifying a gap, then planning one or more learning experiences to address that gap by changing competence, performance, or patient outcomes. The Outcome Summary presents the evidence that the gap was closed or narrowed, and intended changes occurred as a result of participation in the learning experience or series.

Gaps

What were the gaps you indicated in your Education Planning Form?

These are the professional-practice gaps that motivated your CME activity and you identified in the Application Part 2. The gap is a description or numerical value representing the difference between actual performance and desired performance. The gap may be illustrated by quality improvement and patient safety metrics, CME-learner surveys that identify individual or collective gaps, department/division strategic planning goals, patient satisfaction data, practice guidelines, published research results, UME and/or GME learner surveys, etc. Please identify sources of data and information that led to identifying and prioritizing the gaps.

Based on learner surveys, practice guidelines, and published research results, our learners need to understand how to manage:

1. Quantitative imaging, genetics when diagnosing Alzheimer's disease
2. Hemorrhagic stroke according to new UNM Guidelines and protocols
3. Seizures in patients with neurocysticercosis
4. Compassionate comprehensive care for patients with disabilities
5. Skull base disease, subdural hematoma, varicella infections, spinal cord injuries

Provide evidence from your completed activity for the extent to which each gap was narrowed or closed.

Commitment-to-Change statements following various presentations in the series indicated an intent to incorporate the new learning into the participant's clinical practice. Following are some excerpts from these statements:

- I will incorporate new AD treatments I learned about in Dr. Williamson's presentation.
- I will prescribe newly approved seizure medication to my patients with neurocysticercosis.
- I will collaborate with Radiology to use quantitative imaging techniques for AD diagnosis.

Outcomes

Restate how the changes in competence, performance, patient outcomes, and/or student/resident learning outcomes were evaluated.

Changes in competence were evaluated subjectively with a retrospective pre/post survey.

Provide evidence from your completed activity for the change(s) in competence, performance, patient outcomes, and/or resident/student learning outcomes that you stated in your application would be evaluated.

What data did you use to track changes in competence, performance, patient outcomes, and/or resident/student learning outcomes? It is often helpful to consult the same sources of information that you used to delineate your gaps to show improvement.

See Attachment 1

Attach a schedule of presenters, their credentials and affiliation, and the title of their presentation. Identify speakers as fellow, resident, or student.

Attachment 1: Clinical neuroscience change in competence

Number of attendees	20
Number of respondents	13
Response rate	65%

Change in competence before/after participating in the activity

Proficiency in managing clinical neuroscience conditions		Not at all proficient (1)	Slightly proficient (2)	Moderately proficient (3)	Very proficient (4)	Extremely proficient (5)	Weighted average
Quantitative imaging, genetics when diagnosing Alzheimer's disease	Before	4	6	11			2.3
	After			8	13		3.6
Hemorrhagic stroke according to new UNM Guidelines and protocols	Before	3	7	11			2.4
	After			7	13		3.5
Seizures in patients with neurocysticercosis	Before	2	9	10			2.4
	After		1	9	11		3.4
Skull base disease, subdural hematoma, varicella infections, spinal cord injuries	Before	3	10	8			2.2
	After		1	12	8		3.3