

Outcome Summary Report for 2022 Activities

Accreditation Period:

Activity ID:

Activity Title:

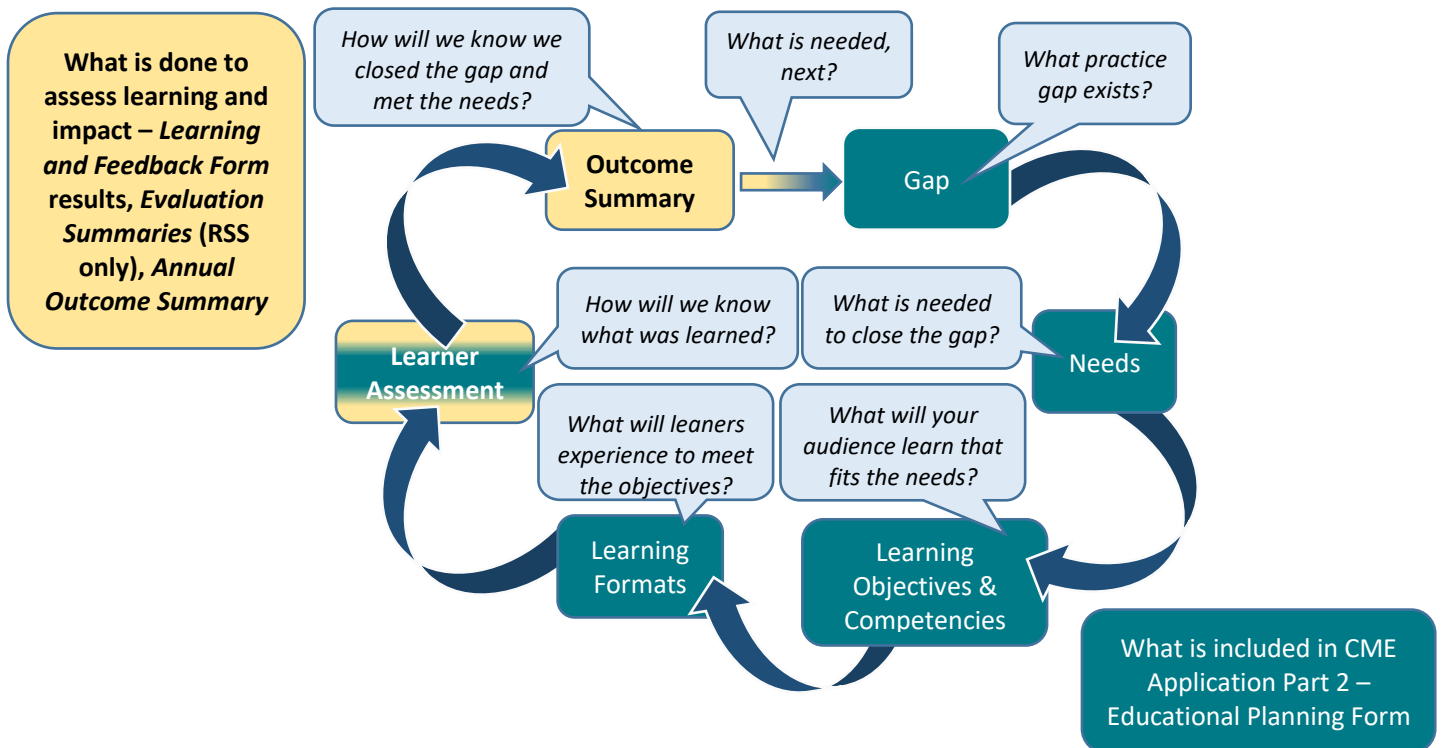
Prepared by:

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.

Example 1: EMRs show that there is a gap between current practice and state-of-the-art diagnosis and treatment of _____. As new studies are published and practice guidelines evolve, healthcare providers must continually update their knowledge and skills.

Example 2: There are gaps in knowing how to apply new knowledge in patient care, how to apply federal and state regulations, how to create and maintain an equitable and inclusive learning environment, communication and presentation skills, and self-care. Each of these areas will be addressed in this series of learning sessions.

Example 3: There are gaps between the current state of the healthcare delivery system and the ability of providers to implement process and system improvements. More skilled practitioners are needed to implement quality improvement projects to target these gaps.

Example 4: There is a need to narrow the gap between the level of care available at UNMH and the level of care available at rural healthcare facilities.

Restate the gaps or cut and paste from the Application Part 2 (Education Planning Form)

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

Example 1: EMRs show 36 cases where recently developed treatments presented in this activity have been implemented during this reporting period.

Example 2: The attached summary shows learning objectives from selected RSS sessions the degree to which those objectives were met as indicated by a summary of the retrospective pre/post surveys.

Example 3: During this reporting period, 18 providers have been trained and certified and 12 quality improvement projects have been completed. [See attachment for details.]

Example 4: Capabilities of rural healthcare facilities have been enhanced across the state through distance learning professional development activities. The attached table shows the names of those trained, the specific skills developed, and level of confidence to use those skills in practice. [See attachment for further details.]

Outcomes

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

Refer to Sections 10 and 11 of the Application Part 2 (Education Planning Form)

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.

Example 1: Changes in competence were evaluated through self-reports of increased competence and confidence using a retrospective pre/post survey. These surveys were compiled and summarized. The results are shown in the attachment.

Example 2: Changes in competence and performance were evaluated through self-reports of increased competence and confidence using a retrospective pre/post survey and/or through commitment-to-change statements. These surveys and statements were compiled and summarized. The results are shown in the attachment.

Example 3: Changes in competence and performance were evaluated in the attached Quality Improvement Reports in which specific process and system improvements are described in detail.

Example 4: Changes in competence were evaluated through self-reports of increased competence and confidence using a retrospective pre/post survey. These surveys were compiled and summarized. The results are shown in the attachment.