

# The ABCs of RSCs

Todd Dorman

Zelda Gilliam

Patricia Bowman



**JOHNS HOPKINS**  
**M E D I C I N E**

---

**CONTINUING MEDICAL EDUCATION**

[www.hopkinscme.net](http://www.hopkinscme.net)



JOHNS HOPKINS

M E D I C I N E

---

CONTINUING MEDICAL EDUCATION

# Disclosures

No Relevant Financial Relationships with Commercial Interests

**Dr Todd Dorman**  
**Zelda Gilliam**  
**Patricia Bowman**

# Goals

- Define RSCs
- Application process
  - Administrative issues
  - Application components
- Record keeping
  - Planning notes
  - Sign in lists
  - Disclosures
  - LOA & Budget
  - Evals
- CME tracking
- Marketing
- Turner rooms
- Services/support/monitoring
- Q&A

# Regularly Schedule Conferences

- Definition
  - Educational activities that occur on a recurring basis within a defined year aimed primarily at Hopkins faculty
- Examples
  - M&M
  - Case Conference
  - Tumor Board
  - Grand Rounds

# Application: Admin

- Accreditation cycle
  - 2 year
  - Records submitted yearly\*\*
- Dates
  - Aug 1 to July 31
  - Plan to submit 3-4 months in advance of expiration
- Costs
  - \$500 for the 2 year application\*
- Caveat
  - \*additional charges can be incurred- see CME tracking
  - \*\*Can be increased – see monitoring

# Application Components

- Administrative data fields
- Needs
- Objectives
- Instructional design/methods
- Results/evaluations

# Needs

**The ACCME requires each provider to use needs assessment data to plan CME activities.**

- What sources/data did you use to identify your intended audience's educational needs for your activity?
- Summarize the type(s) of data and how you incorporated that data into the planning of your CME activity.
- Three separate needs Assessments are required for all activities



# Why is it necessary to collect Needs Assessments?

- To determine what training is relevant,
- To determine what training will improve performance,
- To determine if training will make a difference,
- To distinguish training needs from organizational problems, and
- To link improved performance with the organization's goals and bottom line.

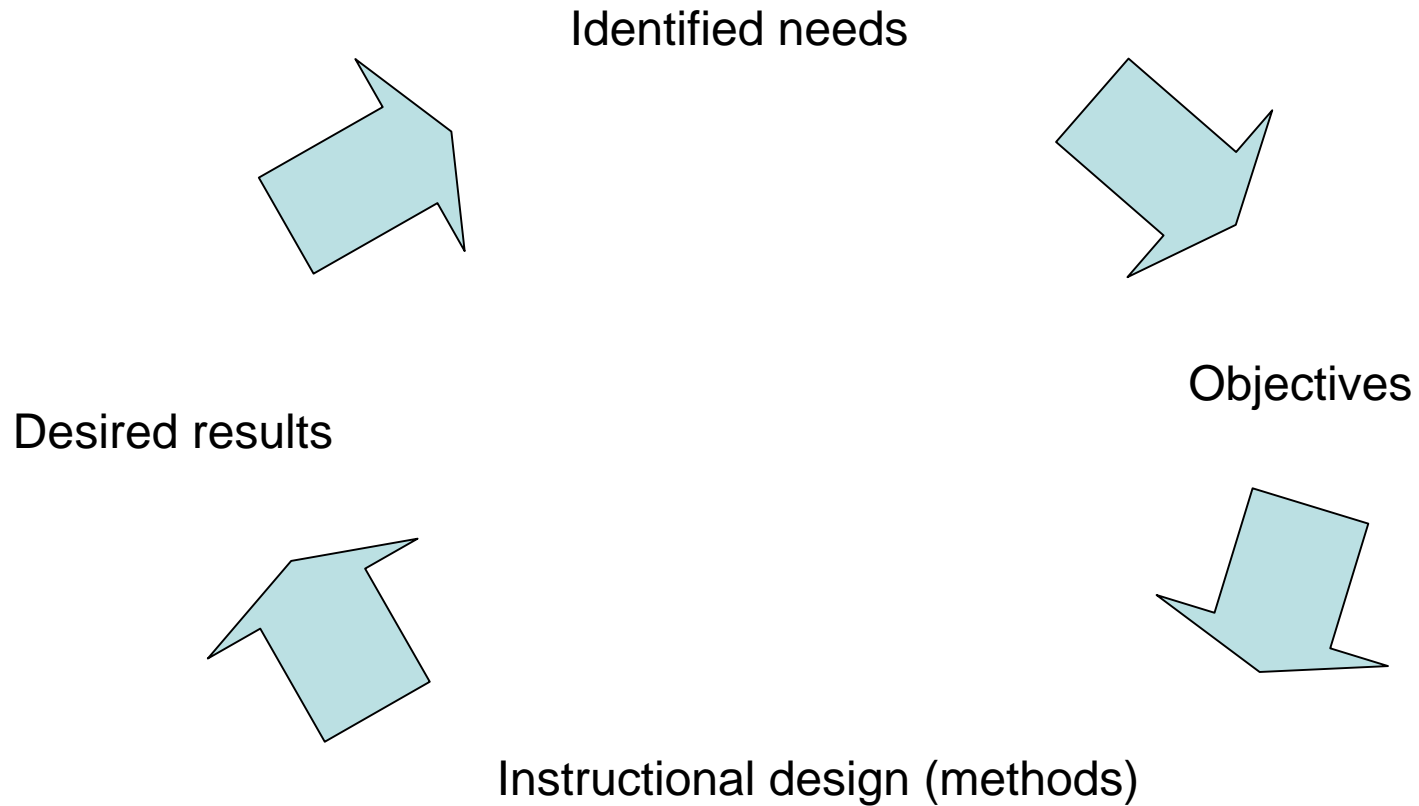
# Needs

- A decision-aiding tool for activity planning and evaluation
- A systematic set of procedures for setting priorities and making decisions
- A total decision-making process in which data are but one component
- A process that looks at the problem at hand from many perspectives

Witkim BR, Altschuld JW. Planning and conducting needs assessment: A practical guide. 1995 Sage Publications

Expert	Participant	Observed	Environmental Screening
Planning Cmte	Evaluations	Health system analysis	Other CME
Departmental Chair	Focus panel	Clinical observation	Lay Press
Activity faculty	Organizational assessment	M&M	Direct to consumer ads
Expert panels	Requests	Epidemiological data	Societal trends
Peer review		National guidelines	
Research findings		Database analysis	
Authority			

# Needs Linkages



# Objectives

- The provider must communicate the purpose or objectives of the activity so the learner is informed *before* participating in the activity.
- Purpose or objectives of the activity express learning outcomes in terms of physician performance or patient health (i.e. in behavioral terms), and are communicated clearly and consistently to the learner.

# Objectives

- All activities require objectives
  - For open discussion-based activities (i.e. M&M, Case conference) objectives for the year are adequate
  - For lecture-based activities (i.e. Grand Rounds) objectives for the year are required as part of the application and then a minimum of a single objective per lecture is also required

# Communication Before Activity

- Series Objectives (e.g. those listed in application) should be sent to all faculty via email with OCME cc'd.
- Specific lecture objective (e.g. Grand Rounds) must be prominently displayed in learner environment
  - A slide could be displayed as people enter
  - An initial slide within speaker lecture
  - A print version placed with sign in sheets/electronic system
  - A poster or sign on doors/at entry into room

# Writing Better Objectives



# Exemplary Compliance

“Purpose or objectives of the activity describe learning outcomes in terms of physician performance or patient health and are consistently communicated to the learner”

# Definition

- Goal
  - Broad statement of purpose
  - The aim of the activity
- Objective
  - Clear statement of anticipated results
  - Focus primarily on what participants will do/learn as a result of attending the activity
  - Best when measurable

# Examples

- Goal
  - Improved behavior management in patient with dementia
- Objective
  - Design treatment strategies based upon nationally published guidelines that improve behavior management in patients with dementia
  - According to NIH guidelines, select an appropriate treatment option for mood stabilization in a patient with dementia

# Components of High Quality Objectives

- Condition
  - Commonly a disease, state, process, step
- Behavioral verbs
  - Tells what is expected from the learner
- Published standard
  - Allows performance to be measured against some standard

# Importance of Words

- Some verbs are better than others
- Those that relate to specific actions or behaviors are critical

# Bad Objectives use.....

- Know, learn, understand, improve, increase
- Think critically, really know, expand horizons, appreciate, grow
- These words should be rarely if ever used as they are not measurable and are viewed as bad words by the ACCME

# Good Words

- Involve cognitive outcome domains
  - Knowledge, application, synthesis, evaluation
- Involve affective outcome domains
  - Receiving, responding, valuing
- Involve psychomotor outcome domains
  - Perception, adaptation, origination

# Behavioral Verbs: Cognitive

<b>Knowledge</b>	<b>Comprehension</b>	<b>Application</b>	<b>Analysis</b>	<b>Synthesis</b>	<b>Evaluation</b>
Define	Discuss	Compute	Distinguish	Diagnose	Evaluate
List	Describe	Demonstrate	Analyze	Propose	Assess
Recall	Explain	Illustrate	Compare	Design	Justify
Name	Identify	Perform	Contrast	Manage	Judge
Recognize	Translate	Interpret	Categorize	Summarize	Rate
State	Restate	Apply	Appraise	Plan	Choose
Repeat	Express	Use	Classify	Formulate	Decide
Record	Convert	Practice	Outline	Arrange	
label	Estimate	Predict	Differentiate	Organize	



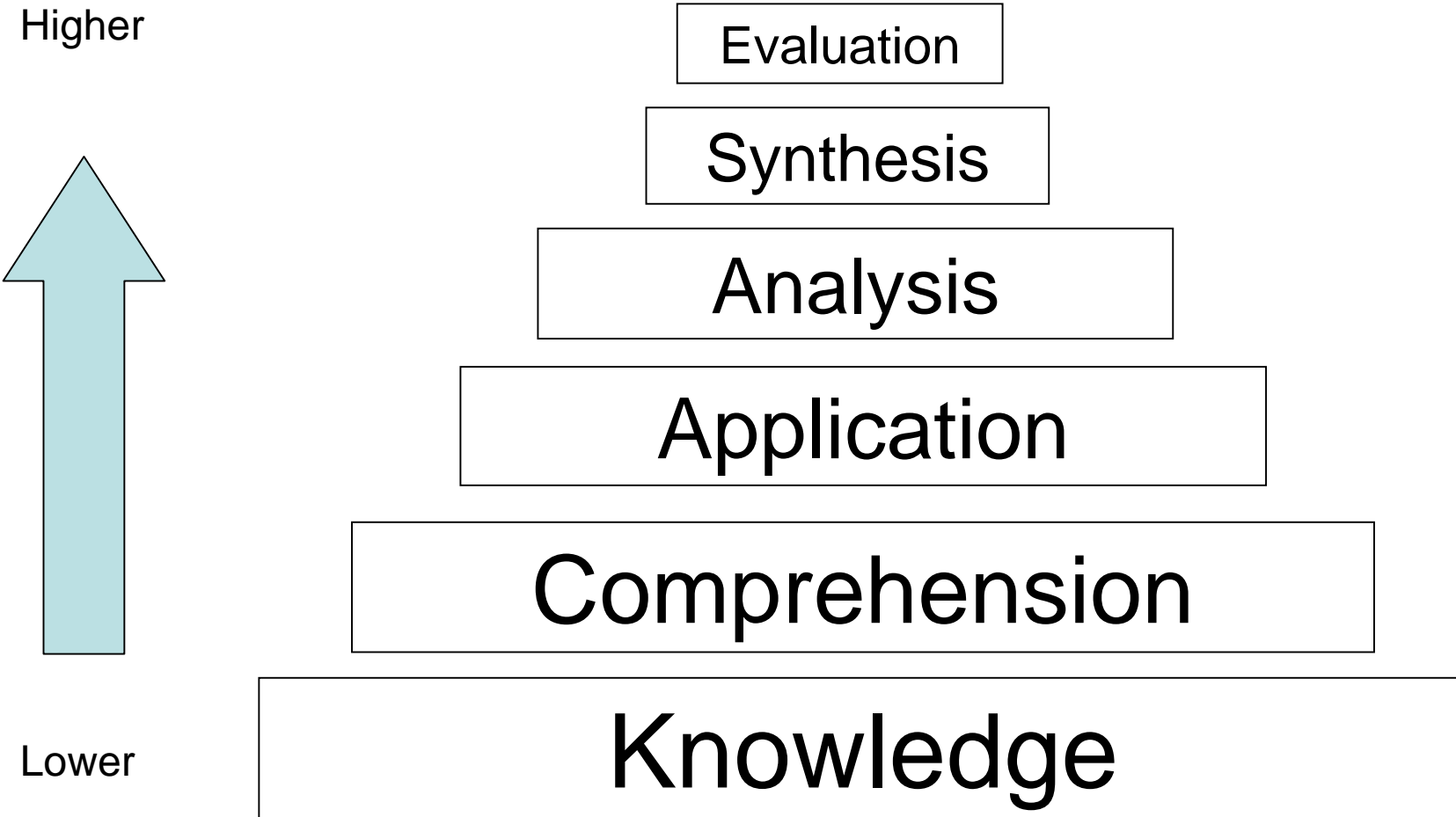
# Behavioral Verbs: Affective

<b>Receiving</b>	<b>Responding</b>	<b>Valuing</b>	<b>Organization</b>	<b>Value Complex</b>
Sit erect	Answer	Join	Adhere	Act
Reply	Greet	Share	Integrate	Practice
Accept	Read	Complete	Organize	Discriminate
Show	Report	Follow		Influence

# Behavioral verbs: Psychomotor

Perception	Set	Guided response	Mechanism	Complex	Adaptation	Origination
Identify	React	Display	Display	Display	Adapt	Create
Detect	Respond	Manipulate	Manipulate	Manipulate	Revise	Compose
Differentiate	Start	Work	Work	Work	Change	Arrange
		Perform	Perform	Operate		

# Cognitive Pyramid



# Examples

- Given a healthy child, list the routine vaccines for a two year old that are currently recommended by the CDC
- In a simulation of ventricular fibrillation, you will direct a team through appropriate ACLS protocol until the mannequin shows a normal cardiac rhythm
- For your terminally ill patient, successfully defend your position on physician assisted suicide in an ethics committee meeting

# Instructional design/methods

- Research has repeatedly shown that learners' attention and focus are significantly improved by the instructional design and assessment process.
  - If the instruction focuses primarily on the correct identification of factual information, learners will merely direct their time and energy toward the memorization of facts and definitions.
  - On the other hand, if the instruction requires learners to demonstrate a more complex understanding, learners will concentrate their effort on acquiring the relevant skills.
  - This leaves the instructor with the task of implementing measures that accurately reflect the desired educational objectives & outcomes

# Results/evaluations

- The provider must evaluate the effectiveness of its CME activities in meeting identified educational needs.
- Accredited CME activities are to be evaluated consistently for effectiveness in meeting identified educational needs, as measured by practice application and/or health status improvement.

# Evaluation Cycle

- Evaluations are required for all activities
- They must be done on at least a yearly basis and submitted with yearly material
- Ideally they would be done on an activity, monthly or quarterly basis in order to further improve the educational experience for all

# The Future

- Needs
  - Standards of care, gap analysis, barriers
- Objectives
  - Focus on application to practice, competency
- Design
  - Interactive, serial education, contracts to improvement
- Outcomes
  - Serial evaluations, vignette or assertions, pre/post,
  - Certificate based on completion of series



# Record Keeping

- Planning notes
- Sign in lists (electronic preferred)
- Disclosures
- Letters of agreement/summary budgets
- Evaluations
- CVs of speakers
- Final list of speaker/topics

# Planning Notes

- As previously discussed, needs assessments are required for all activities
- A planning session is part of the needs assessment process and helps provide evidence of educational intent.
- The planning session also provides an opportunity to establish the linkage between needs, objectives, instructional design, and results/outcomes.

# Sign-In Documents

- Every activity must maintain sign in documents for 6 years.
- They can be either electronic (bar-coding system) or hard copy. Our preference is electronic (MS Excel).
- We must receive in our office no later than July 31 of each year.
- Our office will routinely monitor RSC activities. If there are no sign-in sheets or other breeches are identified, we may increase the frequency at which all data elements must be returned to OCME.

# Disclosures

- All speakers (internal or external) must sign a disclosure before the lecture begins.
- For RSCs where the content is more open discussion-based (i.e. tumor boards, M & M's, case conferences) where all faculty might participate, a disclosure form can/should be signed at the beginning of the RSC year and then retained on file. Those will then be turned into our office with the sign-in sheets by July 31 of each year.
- Disclosure must be made to learner in advance of learning. The paperwork does not suffice.

# LOA'S/FINANCIAL

- When seeking commercial support, a LOA (letter of agreement) must be completed and signed by the Associate Dean for CME.
- Original will be sent to commercial supporter and a copy will be retained for the accreditation file for the RSC.
- Monies ***must*** come through our office; they will be deposited into a budget created by us; at the end of the fiscal year, the monies will then be transferred back to the department (no tax applied).
- **Do not, under any circumstances, deposit these into a department account!**

# LOA'S/Financial continued

- Support checks should be mailed to our office from industry:

Johns Hopkins/OCME

P. O. Box 64128

Baltimore, Maryland 21264-4128

# LOA'S/Financial continued

- With the material due in July a summary budget is required. i.e. \$1,000 on food; \$500 on honorariums
- Again, none of these should ever be deposited directly into a departmental account and they will not incur a Deans tax

# Food at CME Accredited Events

- “A commercial supporter can not provide food directly nor arrange its delivery. Policy requires that a LOA be signed, the funds provided to the provider (CME office budget for RSC) and then the RSC sponsor (the department/division) orders, arranges delivery and pays for the food.”
  - Dennis Lott, Manager Accreditation, ACCME July 2005



# Evaluations

- Suggest to have 5-10 questions.
- Basic core questions to ask:
  - Was content appropriate?
  - Can you name any changes that should be made?
  - Was there any commercial bias? If so, when? By whom?
  - Have you changed your practice based upon the content of this activity? If so, please describe.
- Followed by other related questions: topics for further lectures? Are there any topics unclear to you? Etc.

# Evaluations

- Each attendee should receive an evaluation to complete.
- Course director should review for comments and/or suggestions by attendees.
- Course director can use as a planning need for the renewal of the RSC.
- Evaluations should be tallied and provided to us in a summary format.

# Additional Items

- CVs of all speakers
- Final list of speaker and associate topic

# Onsite Summary

- Sign in sheets (paper or electronic)
  - **Acknowledgement of commercial support**
  - **Objective for that lecture**
  - **Disclosures for speaker**
- 
- ***The last 3 are the most common cause of non-compliance during on-site monitoring***

# Suggestion

- Collect Disclosure and objectives from speaker
- Obtain our sample slides from web
- Make a disclosure and objective slide for the speaker
- Send these to speaker and have them add to the beginning of talk
- Ask for confirmation that they are received and embedded.

# CME Tracking

- Now automatic
- No charge to the individual
- Charge structure
  - No charge if sign in sheets submitted in approved electronic versions in adequate condition
  - Otherwise, \$5/CME recipient/year

# Marketing Rules

- All material must include
  - Objectives
  - Intended audience
  - Accreditation statement
  - Designation statement
    - Can not say AMA credit applied for

# Accreditation Statement

The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide medical education for physicians



# Designation Statement

*The Johns Hopkins University School of Medicine designates this educational activity for a maximum of [number of credits] AMA PRA Category 1 Credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.*

# Special Circumstances

A "save the date" announcement (such as on a card mailer with limited space) may indicate that AMA PRA credit will be provided without stating the exact amount, but only if the provider (program committee) has already certified the activity for AMA PRA category 1 credit. It may read, "This activity has been approved for AMA PRA credit." Providers may not indicate in any brochure or announcement that "AMA PRA credit has been applied for."

# Turner Rooms

- The CME office handles the following conference rooms:

Turner (750 pp); Tilghman (150 pp); BRB G01 (50 pp); West (40 pp); BRB G03 (25 pp); East, Miles and BRB G07 (15 pp each); Turner and BRB Concourse area

- If you would like to request a room, reservations should be sent to: [turnerrooms@jhmi.edu](mailto:turnerrooms@jhmi.edu)

Phone number 410-955-5881

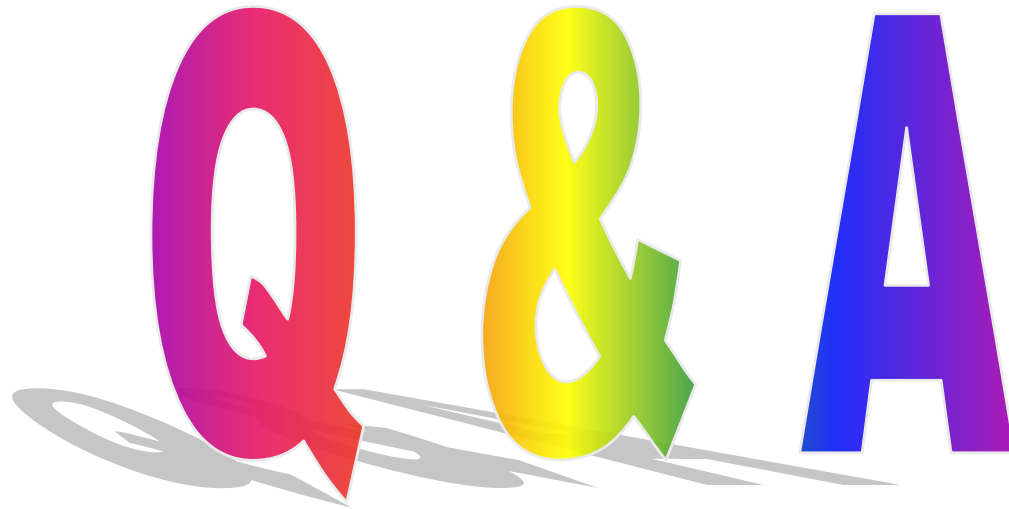
[http://www.insidehopkinsmedicine.org/campusresources/conference\\_rooms.cfm](http://www.insidehopkinsmedicine.org/campusresources/conference_rooms.cfm)

# Info Needed from Rooms

- Meeting title
- Host
- Contact phone number
- Billing address
- Expected # attending
- Seating set up
- AV
- Special needs

# Services/Monitoring

- Accreditation fee for AMA Cat 1 credit
- Yearly training sessions
- Help with applications
- Random monitoring
- Financial management
- Database management
- CME certificate preparation and distribution



[www.hopkinscme.net](http://www.hopkinscme.net)