



Pennsylvania
MEDICAL SOCIETY[®]
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Element 2.5 – Overall Program Evaluation A Tool Kit

Pennsylvania Medical Society
2004 CME Accreditation Conference
April 22 – 23, 2004
Harrisburg, PA

Element 2.5 Overall Program Evaluation Case Study Tool Kit

Step 1 – What Kind of Data Should be Collected?

I. Data on Activities

A. Type and Number of Activities

The annual report required by the Pennsylvania Medical Society (which is aggregated and submitted to the ACCME) contains this information. When considering the type of activities offered in a program evaluation, you should include the following: single lecture series, tumor board, journal club, medical grand rounds, theme conferences, workshops (PALS, CPR, ACLS, ATLS, etc.), self-directed learning, department and committee meetings, and enduring materials (Internet, monographs).

B. Target Audience

This can be gathered in two ways: either by activity, which is most common, or by specific group of physicians/healthcare providers, which is less common. Examples of gathering data by group could include primary care, specialists/sub-specialists, general medical staff, departmental staff (ER, OB, cardiologists, surgical staff, etc.), committee members, and individual physicians (self-directed learning).

C. Attendance

Both physician and non-physician attendance should be considered. This information is also required on the Medical Society's Annual Report.

D. Total Credit Hours Awarded

This can be compiled either grouped by types of activities or as a final annual total. This information is also required on the Medical Society's Annual Report

E. Documentation and Compliance of Each Activity or Type of Activity

The activity files for programs or series of programs should either be reviewed on a regular basis or have a mechanism in place to ensure that compliance with the criteria for CME such as disclosures and necessary documentation is completed. Identification of deficiencies addresses both improvement and recognition of problems prior to arrival of site surveyors.

F. Major Content Areas

The programs should be categorized (*medical knowledge, specialty topics, skills, risk management, etc.*).

G. Trends in Evaluation Data

This area involves the most thinking. Consider questions such as:

- Does your evaluation data consist of solely evaluation forms?
- Are you moving towards methods of determining knowledge retention (immediate or delayed)?
- Are you actually measuring data corresponding to physician behavior?

The data can take many forms (boolean, cardinal, ordinate, etc.). Corresponding clinical issues may be limited or extensive:

- use or avoidance of specific treatment, medications, or other intervention;
- reduction in outliers;
- number and type of medical errors;
- demonstration of knowledge retention;
- compliance with specific regulations, requirements;
- recognition of conditions, etc

II. Budget Data - The following information is standard for every program. It breaks down the costs of producing the activities. Much of this information is also required in the report and accreditation application submitted to the Medical Society.

A. Expense Evaluation

1. Speakers
2. Meals (luncheons/breaks)
3. Staff (salary & benefits for both full- and part-time employees)
4. Supplies/Postage/Printing
5. Advertisement/Marketing

B. Income Evaluation

1. Institutional Support
2. Commercial Support
3. Registration/Advertising income
4. Trends - How has the income component changed over the recent past and how is it expected to change?
5. Evaluation of the appropriateness of fees that are assessed
This requires a reflection on whether you are charging too much, too little, or appropriate fee. Look at the attendance, the costs of the program, and competitive venues.
6. Average costs per program
This information allows the committee and institution to better place value on the various activities. It also allows for budgeting for future programs. It can also be broken down into cost per attendee per program or cost per targeted attendee per program

III. Qualitative Data - Basically this area consists of all non-quantitative data.

A. Evaluations

The use of evaluation forms would be considered qualitative when considering the summaries of the responses about facilities, quality of activity and lecturers, biases, future needs, etc. Unfortunately, these areas of the evaluation forms tend to be the areas most often not completed by attendees

B. Changes/Revisions in Program Processes

On a yearly basis the Committee should report what, if any, changes have been made to the CME Program. This may range from the actual process, staffing, to new activities. It showcases what the Committee has been doing. This will also include identification of deficiencies and changes made to correct them. As always, be careful in the wording.

C. Growth and New Initiatives

Compile a list of proposed new activities or initiatives as well as the origin of the needs assessment for each

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Step 2 – Who Should be Included in the Evaluation?

I. Departments

All Departments or groups producing Category 1 activities should be involved in providing data and perhaps feedback for the Evaluation. Be sure to include not only medically related departments, such as Surgery, Nursing, etc., but also administrative such as Planning & Marketing and Training & Development.

II. Committees

All Committees providing data to CME Committee for needs assessments, this may include any or all of the following:

- QI
- Infection Control
- Transfusion/Tissue
- Pharmacy
- Utilization
- Library (Librarian)
- Medical Executive
- Legislative Affairs
- Board of Directors
- Physician Staff Committees
- Patient Representative

III. Support Groups

All groups of people that include support to the CME program should be included in data collection and evaluation including, but not limited to the following:

- A. Administrative and Secretarial Staff
- B. Dietary and Food Services
- C. Medical Photography/Printshop
- D. Patient Support Groups
 - Breast Cancer
 - Lupus
 - Diabetes
 - Any other active patient support group

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Step 3 – How do you conduct an overall program evaluation?

The overall program evaluation is really an ongoing, year-round process. Addressing it requires attention to data, stakeholders, the overall environment of the program, and accountability. To do this well requires some internal process. The one outlined below is a hybrid of some practices being used in various programs around the state. It is suggested as a way of thinking and proceeding rather than as the final blueprint. Each program will need to adapt or tailor according to its individual needs.

- I. Prepare the Annual Report for the Pennsylvania Medical Society
 - A. Data Collection - this gives you and the committee some data concerning the activities and costs of the program for the calendar year.
 - B. Compilation of Report - preparing the report is usually completed in January or February due to reporting deadlines from the Medical Society

- II. Collect Other Data
 - Identify other data needed for assessing the overall performance of the program over the past year. Examples of data to be collected are outlined in Step 1 of this Tool Kit and can include information regarding finance, evaluations, outcomes, attendance, changes in performance, changes in committee or CME program. Be sure to include the Stakeholders identified in Step 2 of this Tool Kit

- III. Review the Mission
 - A. Evaluation - At this point some evaluation needs to occur using the data that has been collected and the Mission Statement of the CME Program. Are the types and numbers of the activities being offered as well as the target audience and measured outcomes still within the scope of the Mission?
 - B. Application - This review is a logical outcome of the evaluation process, and results in a “it looks like we need to _____ next year” kind of thinking.

- IV. Format and Time Frame - Determine the format and date for in-depth evaluation
 - A. Format
 1. The format can be as simple as an extended meeting or can be a half-day “retreat” by the committee
 2. A worksheet or fact sheet is needed to guide the discussion. This would include the work done in III in a clear format.
 - B. Time Frame Options
 1. Academic Year - since many programs follow the academic year, this is best done about four or so months before “new year” for CME activities.
 2. Fiscal Year - there are some programs that follow the fiscal year and so this meeting would be helpful before the budget is due.

V. Outcomes

- A. Key Outcomes - determine key outcomes across the program; this is the core of the meeting and addresses general or specific improvements
- B. Processes - a second focus is on the administration of the program and can include processes the committee uses, the way the program is administered, record keeping, joint sponsorship issues, commercial support.

VI. Written Summary

- Make the overall program evaluation summary available to stakeholders, as appropriate (see Step 5 of the Tool Kit). Physicians might just be sent a “Wow!” email while the medical staff committee and administration may be sent a summary of the financial and impact analysis.

VII. Planning for Next Year

- Use the report as basis for planning for the overall program for the coming year. The logical last step of this process is to outline key outcomes and activities for the coming year. This forms the blueprint for the year, while allowing you to attend to “Just In Time” activities as they arise.

The actual data collection should be an ongoing process; some institutions do a quarterly report to the committee and key stakeholders. In these instances, they base the data collection on key variables being tracked for the year to determine performance and improvements made. Sometimes committees adjust practices, but forget to document that this action was an attempt to improve a process, based on data received and fits well into the intent of 2.5.

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Step 4 – Environmental and Internal Analysis

Environmental Analysis

Question 1: What is happening outside the healthcare industry that impacts CME?

The following chart can help identify some key elements outside the healthcare industry that may impact CME. This process is typically called a STEEP analysis.

Social	Technological	Economic	Ecological	Political-Legal
<ul style="list-style-type: none"> • Demographics • Culture • Literacy rate • Education level • Customs • Beliefs, values • Opinions • Likes & dislikes • Popular trends • Lifestyles • Age distribution • Geographic distribution • Norms • Race • Family make-up and size 	<ul style="list-style-type: none"> • Innovations • Technological change • New products and services • New approaches to products and services • Advances in science • New applications of technology 	<ul style="list-style-type: none"> • Distribution of resources in society • Employment rates • Productivity • Exchange rates • Interest rates • Inflation rates • Credit availability • Fiscal and monetary policies • Debt patterns • Spending patterns • Income levels • GNP or GDP • Trade surpluses and deficits 	<ul style="list-style-type: none"> • Physical and biological environment • Global climate • Development, land use and allocation • Recycling • Pollution • Product life cycles and impact • Sources of raw materials • Environmental regulation 	<ul style="list-style-type: none"> • All levels of government • Lobbying • Interest groups • Regulatory climate • Political parties • Politicians • Laws • Ethics • Public and stakeholder communication • Regulations by professional organizations • International trade alliances

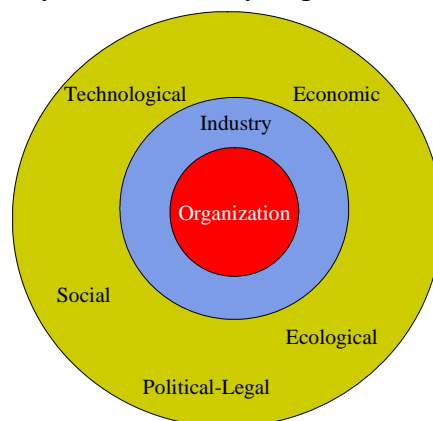
Examples may include:

- The shifting demographics – baby boomers retiring
- Changes in culture, demographics, literacy rates, etc. in your community
- Changes in Internet use and expectations for use
- Recent economic struggles – increases in uninsured population
- Public perceptions concerning malpractice legislation reform in PA

Question 2: What is happening within the healthcare industry that impacts CME?

Narrowing the focus, we now look within the healthcare industry for key issues that may impact CME. Examples may include:

- Shifts from inpatient to outpatient care
- Increased competition from specialty practices setting up outpatient services as businesses
- Reimbursement issues
- Act 13
- Electronic medical records and privacy
- JCAHO, Department of Health, State Board of Medicine, PMS, other regulatory organizations
- Evidence-based medicine
- Pharmaceutical industry in general and in relation to CME
- Research, current practice, accreditation standards for CME
- Health professional labor shortage



Internal Analysis

Question 3: What is happening within our organization that impacts CME?

Narrowing the focus even further, we now look inside our own organization for key issues that may impact CME. Examples may include:

- Relationship of physicians/medical staff to organization (politics)
- Medical staff requirements, credentialing, board certification
- Financial, operational, and other health of the organization
- Physician involvement in PI, administration, and other key functions of the organization
- Continuum of care and services provided by organization
- Key issues, strategies, initiatives, focus, mission, etc. of the organization
- Community/stakeholder/organization issues

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Step 5 – Who should see the review/evaluation?

After the report is developed, it should be circulated to key constituencies in the organization. By doing this, key stakeholders are informed about the role of the CME program in the organization as well as environmental trends that may affect the scope and effectiveness of programming. In addition, feedback from various stakeholders may prove valuable for identifying opportunities and barriers for future initiatives.

The first step of the process should include the *CME Committee*. The committee should discuss the strengths and weaknesses of the program, exploring opportunities for improvement. This information will be used to evaluate the degree to which the mission is being met and to determine the scope of upcoming programming. Members of the committee should become familiar with the issues described in the report in order to become informed advocates of the program.

Following review by the CME committee the report can be circulated to a number of individuals within and external to the hospital. This process can be valuable in a variety of ways, including: preparing stakeholders for participation in the CME survey, raising awareness of the value of the CME program, and raising opportunities for linkages of CME with other projects. Prior to distribution, the document should be reviewed to assure that content is appropriate for dissemination. Potential recipients might include:

- *Key medical staff committees, particularly quality improvement committees:* This affords an opportunity to explore linkages between CME quality initiatives, for the purposes of needs assessment, programming, and outcomes measurement. In addition, medical staff members may become more aware of the value of the CME program to the institution. This process may be useful for identifying potential new members of the CME committee.
- *The medical executive committee and vice president of medical affairs:* The medical staff leadership should have an opportunity to review the report in order to explore potential linkages of CME with other initiatives and to provide feedback on alignment of CME with the medical staff strategic priorities (quality improvement, credentialing, referral development, etc.). Medical staff leadership may become key advocates of the CME program through this process.
- *Key hospital departments:* The report/evaluation may create opportunities for tighter linkages of the CME program with other departments, such as planning and marketing and staff/nursing education.
- *The CEO:* After sending the report to the CEO, it might be worthwhile to arrange an appointment with the CME committee chair and other key individuals to review major issues, including strategic priorities and resource allocation. This process may be very valuable in preparing the CEO for the CME survey.
- *The hospital board of directors.* Distribution of the report to the hospital's board should be thoroughly discussed with senior leadership of the organization, including the CEO. Approval

should be obtained before providing any documents to board members. Rather than forwarding the full report, consideration may be given to including key points in committee meeting minutes or developing a brief presentation for a board or sub-committee meeting.

- *Community groups.* The CME office may consider forwarding the report or certain portions of it to individuals outside of the hospital who participated in the self study process or to other organizations that might become partners in future educational programs. Such entities might include patient advocacy groups, business leaders, or community agencies. Plans for external distribution should be discussed with senior leadership of the hospital, including the planning and marketing or community relations departments. Approval from administration should be obtained before any documents are sent to external entities or individuals.

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Post-Session Worksheet

Please answer the following questions based on your institution's CME Program. Use the tools that you were instructed to bring with you: your Mission Statement and Organizational Chart, as well as any evaluation process that you already participate in. This exercise is to help you begin thinking of how to prepare or improve your institution's overall program evaluation.

Your answers will be collect at the end of the session, but will be returned to you before the end of the conference. You can use the information on this worksheet as a foundation to begin or refine your institution's overall program evaluation.

1. What changes have occurred to the program over the past year?

2. How well does your mission statement reflect the CME activities at your institution?

3. What processes have been put in place to assist in an overall program evaluation?

4. How does the CME program provide value to the institution?

5. As a result of present or future activities, what kind of outcome measurements are you tracking or planning to track?

6. What issues or outside forces have had an affect on your CME program? Are there any issues or outside forces that may affect it in the future?

7. Who are the key stakeholders?

8. How do you (or could you) communicate with the stakeholders regarding program needs and outcomes or overall program evaluation results?

9. What are the expectations of the stakeholders in your institution and how well does the program already address those expectations?
