

A. Introduction:

This planning tool for leaders was developed using the principles of **Appreciative Inquiry**. It is intended to help you to discover the resources available and the human capital involved in creating and enhancing your department's strategic value to our institution and to our community, using these principles:

- **Constructionist principle:** the need to read, understand and analyze organizations as living human constructions.
- **Poetic principle:** the value of different interpretations of events and narratives.
- **Simultaneity principle:** recognizing that inquiry and change are not separate moments, that collecting data is simultaneously an intervention.
- **Anticipatory principle:** human systems move in the direction of their images of the future. The more positive and hopeful the image of the future, the more positive the present-day action.
- **Positive principle:** the need for positive emotion for improved performance principles.
- **Wholeness principle:** the need to have "whole system" in the room, or at least someone representing each group of stakeholders.

Sources:

Cooperrider, D. L. & Srivastva, S. (1987). "Appreciative inquiry in organizational life". In Woodman, R. W. & Pasmore, W.A. (eds.). *Research in Organizational Change And Development*. Vol. 1. Stamford, CT: JAI Press. pp. 129–169 https://www.oio.nl/wp-content/uploads/APPRECIATIVE_INQUIRY_IN_Orgnizational_life.pdf

<https://coachingleaders.co.uk/appreciative-inquiry-anticipatory-principle/>

<https://appreciativeinquiry.champlain.edu/learn/appreciative-inquiry-introduction/5-classic-principles-ai/>

B. Take inventory:

Step 1: Start with a Strategic Plan for your Department

- ____ a. (Think aloud **What parts of your department's mission need some "T. L. C."?** Describe the parts that are already strong? _____
- ____ b. (Relax and reflect) **Describe the current strengths in your department's training and morale? What are some observed deficits ?** _____

Step 2: Leadership Development Plan for Department

First, Designate your Team of Leads:

- ____ a. Who is your Dept's Chair? _____
- ____ b. Who is your Dept's Budget Manager/Administrator? _____
- ____ c. Who is your Dept's Vice Chair (or Lead) for Education? _____
- ____ d. Who is your Dept's Vice Chair (or Lead) for QI? _____

- ____ e. Who is your Dept's Lead for Teamwork? _____
- ____ f. Who is your Dept's Lead for Wellness? _____
- ____ g. Who is your Dept's Lead for Diversity, Equity, and Inclusion? _____
- ____ h. Who is your Dept's Lead for Inter-professionalism? _____
- ____ i. Who are your Leads of other major efforts? (i.e. Process Improvements, Patient Education, Community Affairs, Health Disparities) _____

Step 3: Discuss & Invest in People Development with your Team of Leads

- **Consider the impact on Staff Performance and Retention** of having Life-Long Learning (LLL) opportunities available to staff. Under-investing in people development can create a “revolving door” syndrome.
- **Ask your team about their experiences with by employers regarding LLL.** A common Rule of Thumb is to budget 5-10% of your Dept's annual payroll for Professional Development expenses. Note that Google allows its staff to spend 20% of their time on innovation and side projects.
(See : <https://bit.ly/3csqhBm>)

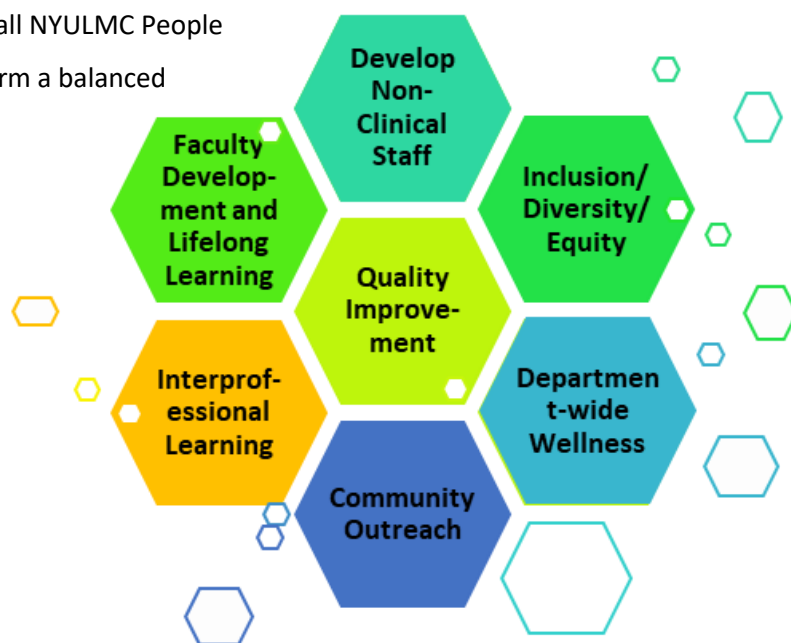
____ a. What is your annual departmental payroll? _\$ _____

____ a. What percentage do you wish to allocate to Professional Development? _____%

C. Refine the Needs:

We suggest that your department align to the overall NYULMC People mission by including these seven components to form a balanced Strategic Plan:

- Interprofessional Learning;
- Quality Improvement;
- Faculty Development and Lifelong Learning;
- Inclusion/Diversity/Equity;
- Developing Non-Clinical Staff;
- Departmental Wellness; and
- Community Outreach.



A) Interprofessional Learning Plan, including regularly scheduled CME series and major activities

1. Describe any educational activities would your department like to sponsor next year (**hint: think ‘interprofessional’!**) _____

B) Quality Improvement Plan, or Portfolio of QI priority projects

2. Describe any Quality Improvement Projects your Dept wishes to have recognized for MOC credit: _____

C) Faculty Development and Life-Long Learning Plan

1. How many clinicians receive education reimbursement from dept? _____
2. What amount do you reimburse/provide them per year? _____
3. Who is eligible? _____

Of all your department’s Faculty (appointed, employed, voluntary), how many are engaged in:

_____ UME/Pre-Clinical

_____ UME/Clinical

_____ GME/Resident/Fellow Core

_____ CME course development

_____ Developing other medical educators

D) Inclusivity, Diversity, Equity Plan

1. Has your department convened an Inclusivity Initiative planning session? ____ Y ____ N ____
2. What are the goals of the Inclusivity Initiative? _____
3. What is the period of the Inclusivity Initiative? _____

E) Professional Development Plan for non-clinician Staff

1. How many **non-physician** clinical staff receive education reimbursement from your department? _____
2. What amount do you reimburse/provide them per year? _____
3. How many non-clinical staff receive education reimbursement from your department? _____
4. What amount do you reimburse/provide them per year? _____
5. How many FTE of your department administrative staff is assigned to each of these:
(Express in fractions of FTE, i.e. 60% of full time staff = 0.6 FTE)
_____ administering UME/Pre-Clinical education
_____ administering UME/Clinical education

- _____ administering GME/Resident/Fellow education
- _____ administering CME/CE/MOC/CPD
- _____ administering Faculty development or staff development

F) Departmental Wellness Plan:

1. Has your department convened a Wellness Initiative planning session? Y _____ N _____
2. Who is included in the Wellness Plan? _____
3. What are the components of the Wellness Plan? _____
4. What is the timeline of the Wellness Plan? _____

G) Community Outreach Plan:

1. How many ambulatory/community practitioners and voluntary clinicians are affiliated with your Department at all locations? _____
 - _____ a. **What percent of these clinicians now attend** your live Grand Rounds and other CME series? _____%
 - _____ b. **What percent of these clinicians now attend your live** annual Symposia or other live CME? _____%
2. **As a potential source of teaching cases for your department**, how would you evaluate these ambulatory/voluntary practice locations? _____

Step 4: Consult the Office of CPD for guidance and partnership

- Meet annually with Assistant Dean for CPD to discuss your Strategic Plan.
- This Annual Strategic Planning Tool is now online at <https://bit.ly/39jCkix>
- *Contact me with any questions or to schedule a consultation:*

Rob Armstrong Martin, MBA, CHCP, CPHIMS
 Director, Continuing Medical Education
 Assistant Dean, Continuing Professional Development
 NYU Winthrop Hospital
 Clinical Instructor, Foundations of Medicine
 NYU Long Island School of Medicine / NYU Langone Health
 (O) 516-663-3784
 (C) 917-319-4393
Robert.Martin2@nyulangone.org

Don't forget the "2" in my email-^, so it goes to the right person.



CPD/CME Budgeting & Strategic Planning for Academic Departments

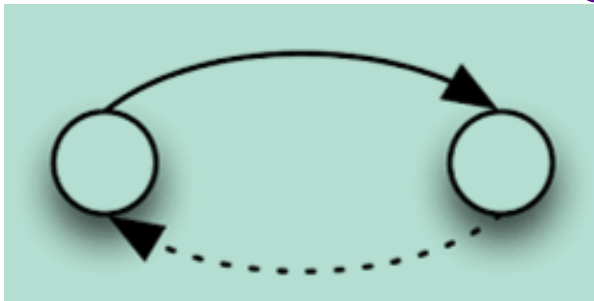
Chairs and Dept Heads: March 10, 2020

Rob Armstrong Martin, MBA, CHCP, CPHIMS

Director, Continuing Medical Education

Assistant Dean, Continuing Professional Development (CPD)

Appreciative Inquiry: Humanistic methods in CPD



1. **Constructionist principle:** the need to read, understand and analyze **organizations as living human constructions.**
2. **Poetic principle:** the value of different interpretations of events and narratives.
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Appreciative Inquiry: Humanistic methods in CPD



4. Anticipatory principle: human systems move in the direction of their images of the future. The more positive and hopeful the **image of the future**, the **more positive the present-day action**.



5. Positive principle: the need for **positive emotion** for improved performance principles.



6. Wholeness principle: the need to have “**whole system**” in the room, or at least someone representing each group of stakeholders.

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Continuing Education for Healthcare Professionals is becoming Interprofessional Education(IPE):

“Interprofessional Education occurs when students from **two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes....**This is a key step in moving health systems **from fragmentation to a position of strength.**”



Source: World Health Organization (WHO). (2010) Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization. See: http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf

As taken from IPECollaborative.org

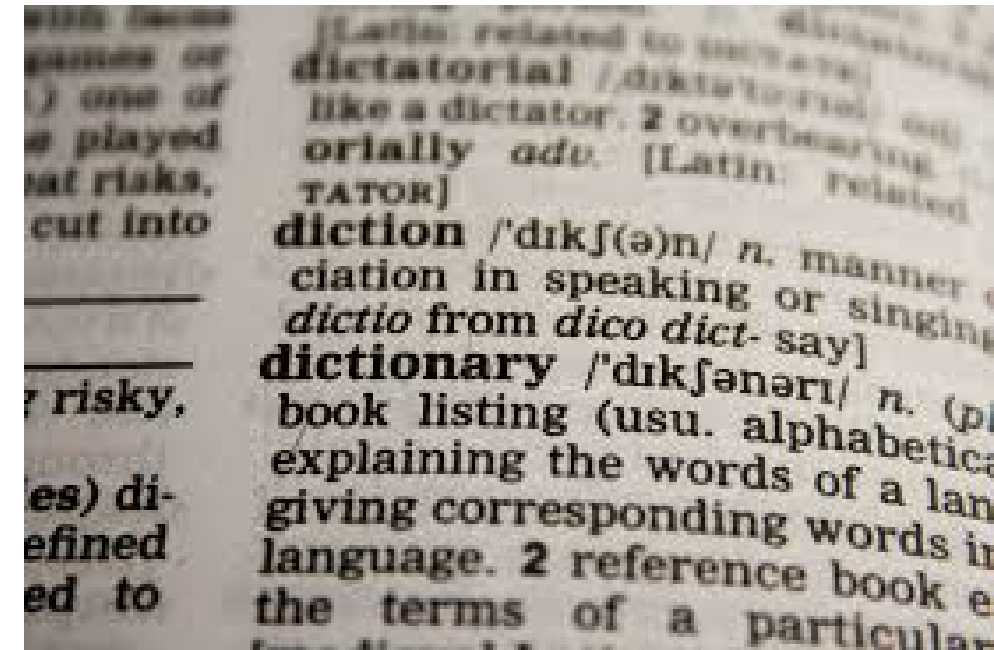
In recognition of the importance of IPE to patient outcomes and learning, *let's update our vocabulary!*

Who is the audience?

- CME is a physician-only term
- Various terms (CE, CEU, Contact Hours) used by non-physicians
- **IPE is the preferred & inclusive term**

What is the domain?

- CME, CE, MOC, QI, Scholarship, Research are function-specific
- **Continuing Professional Development (CPD) is preferred term, enveloping of all of these functions**



Annual Budgeting and Revenue Projection for Continuing Professional Development (CPD) in your department, *in four easy steps!*



Annual Budgeting and Revenue Projection for Continuing Professional Development (CPD)

- **Step 1:** Start a *Strategic Plan* for your
Department: Take inventory

- (Think aloud)
 - What parts of your department's mission are already strong?
 - What parts need some "T. L. C."?
- (Relax and reflect)
 - Describe the current strengths in your department's training and morale?
 - What are some observed deficits?

B. Take inventory:

Step 1: Start with a Strategic Plan for your Department

- a. (Think aloud **What parts of your department's mission need some "T. L. C."?** Describe the parts that are already strong?

Our Clinical Care is very strong, including volumes. However, our patient satisfaction could be higher, including provider communication ratings by patients.

- b. (Relax and reflect) **Describe the current strengths in your department's training and morale? What are some observed deficits ?**

Residents are well –trained to staff the initial consult but the high volume seems to be reducing the resident and faculty sense of well-being and teamwork skills with the nursing staff. Occasional fingerpointing over patient wait times.

Annual Budgeting and Revenue Projection for Continuing Professional Development (CPD)

- **Step 2: Designate your Leader Team**
 - *Dept. **Manager/Administrator***
 - *Vice Chair for **Education?***
 - *Vice Chair for **QI?***
 - *Vice Chair for **Teamwork?***

“If the leader is not willing to improve the system, who else is going to do it?”

-W. Edwards Deming

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h. Who is your Dept's Lead for Inter-professionalism? _____

i. Who are your Leads of other major efforts? (*i.e. Process Improvements, Patient*

Education, Community Affairs, Health Disparities) _____

Annual Budgeting and Revenue Projection for Continuing Professional Development (CPD)

- **Step 3:** Discuss Goals & Invest in **People Development**
 1. Choose: **Balanced goals** from the 7 domains of CPD
 2. Delegate: A '**Project Lead**' for each major goal
 3. Discuss: How Life-Long Learning (LLL) impacts **Performance/Retention of staff and clinicians**
 4. Budget: **5-10%** of dept. annual payroll for **Professional Development** expenses
 - Google **allows staff 20%** of time for **innovation** and **side projects**

Source: <https://www.inc.com/adam-robinson/google-employees-dedicate-20-percent-of-their-time-to-side-projects-heres-how-it-works.html>

Step 3: Discuss & Invest in People Development with your Team of Leads

- **Consider the impact on Staff Performance and Retention** of having Life-Long Learning (LLL) opportunities available to staff. Under-investing in people development can create a “revolving door” syndrome.
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(See : <https://bit.ly/3csqhBm>)

_____a. **What is your annual departmental payroll? _\$_____**

_____a. **What percentage do you wish to allocate to Professional Development? _____%**

Seven Domains of Continuing Professional Development (CPD) *for Academic Medical Centers*

- A) Interprofessional Learning;
- B) Quality Improvement;
- C) Faculty Development and Lifelong Learning;
- D) Inclusion/Diversity/Equity;
- E) Developing Non-Clinical Staff;
- F) Departmental Wellness; and
- G) Community Outreach.



A) Interprofessional Learning Plan, including regularly scheduled CME series and major activities

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Annual Budgeting and Revenue Projection for Continuing Professional Development (CPD)

- **Step 4:** *Consult the Office of CPD*
for guidance and partnership
 - **Set measures and timelines** for each goal chosen
 - **Meet annually** with Assistant Dean for CPD
 - Annual Strategic Planning Tool is now online
 - <https://bit.ly/380oyQk>



F) Departmental Wellness Plan:

1. Has your department convened a Wellness Initiative planning session? Y ☐ N ☐
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Do you have a CME Course in mind to develop?

LISOM CME Business Model (service fees) goes into effect 9/1/2020 for FY2021

Several CME Accreditation options will be available to Activity Directors, depending on (your) sponsoring department's staffing, needs & budget resources.

A. Low-Risk: Restricted spending for courses with uncertain income

B. (also known at Grossman SOM as “opt-into risk pool”)

C. Full-Service: CME Office-manages the event, in exchange for revenue-sharing. *(also known at Grossman SOM as “opt-out of risk pool”)*

D. Self-Managed: Departments desire to control planning & flat fees

(also known at Grossman SOM as “department-managed course”)

Department Administrators, leaders and CME Field Agents will receive training on the mechanics of budget planning for CME in spring of 2020.

NYUWH/LISOM CPD Fees Menu	FY'20	FY'21	FY'22	Scala ble?
Series Accreditation Review	\$0	\$0	\$0 if IPE; \$1500 if MD-centric	No
Video Accreditation Review	1500	\$1500	\$1500	No
<u>Symposia Accreditation options:</u>				
A. Opt-In/Pooled Risk/Low Budget	\$0	CPD office absorbs all risk and profit; your Dept takes no risk or profit		Y
B. CPD-Produced Event <i>includes labor for components #1-9 below</i>		> of 20% Gross Rev. or \$7500	> of 20% of Gross Revenue, or \$7500	Y
C. Department-Managed Event <i>using your dept. staff for #1-9 below, or “A la carte”</i>	\$1500	> of 20% Gross Rev. or \$2500	> of 20% Gross Rev. or \$2500	Y
1. Content Dev./ Needs Assessmt./Grant Dev.	\$0	\$500	\$1000	No
2. Grant Submissions, per target	\$0	20% grant yield	> of 20% yield or \$100 each	Y
3. MOC Assessment Development	\$500	\$500	\$500	No
4. Speaker Management, per speaker	\$0	\$300/speaker	\$500/speaker	Y
5. Exhibitor Management, per vendor	\$0	20% sales yield	20% sales yield	Y
6. Marketing Strategy	\$0	\$500+	\$750+	No
7. Meeting Planning (Catering & Event Set-up)	\$0	\$500	\$750	No
8.Certificate Fees, per person	\$0	\$5 registration surcharge	\$7.50 registration surcharge	Y
9.Grant Reconciliation Reporting, per grant	\$0	\$1500 ea	\$1500 each	Y

Winthrop CME Skills Academy:

6 Certified Training Pathways for Clinicians & Curriculum Planners







It's Free!

Sign up here→

Or at

Winthrop.Cloud-CME.com



CMEAD	CMEFA	CMEFA2	NEPT	IPCEPT	MOCAD
CME Activity Director Training for Faculty Physicians	"CME Field Agent" Level I Training for Administrators	"CME Field Agent" Level II Training includes: -Nurse CEU -MOC credits -Planning Video/Remote CME	Nursing Education Planner Training	Inter-professional Clinician CE Planner Training	MOC Assessment Developer Training
					
Certificate = 2.5 CME hours	Certificate = 3.5 Hours CE	Optional Certificate = 3.5 Hours CE	Certificate = 3.25 ANCC Contact Hours	Certificate= 3.25 CEU	Certificate = 3.25 CME/CE/CEU

Winthrop CME Skills Academy Program Congratulations to Faculty who Certified:

Is your
department
represented?

Anthony Corcoran, MD - Urology

Aleksey Etinger, DO – *Hospitalist Med.*

Mark Grossman, MD- Orthopaedics

Jason C Hoffman, MD - *Radiology*

Robert Lee, DO - *Pediatrics*

Lester Paula, MD – *Geriatric Med.*

Patrizio Petrone, MD - *Surgery*

- In addition, we congratulate those administrative staff members for earning their CME Field Agent (CMEFA) Level 1 Certification***

- Cindy Alsamarraie
- Joanne Annette
- Francesca Bieniek
- Jennifer O Brown
- Kim Brown
- Barbara Cohen
- Kathleen Condon, PA
- Debbie Famigletti
- Denise Foti
- Jaclyn Freydborg
- Kristen Garvey
- Kristen Johnson
- Ellen McCaffrey
- Anna M Messana
- Melissa Mooney
- Nicole Oquendo
- Celeste Rachell
- Michelle Rea
- Diana L Richmond
- Jessica Romano
- Stephanie Sanchez-Riffle
- Jose Zavala

Thank You!

- *Contact me with any questions or to schedule a consultation:*

Rob Armstrong Martin, MBA, CHCP, CPHIMS

Director, Continuing Medical Education

Assistant Dean, Continuing Professional Development

NYU Winthrop Hospital

Clinical Instructor, Foundations of Medicine

NYU Long Island School of Medicine / NYU Langone Health

(O) 516-663-3784

(C) 917-319-4393

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