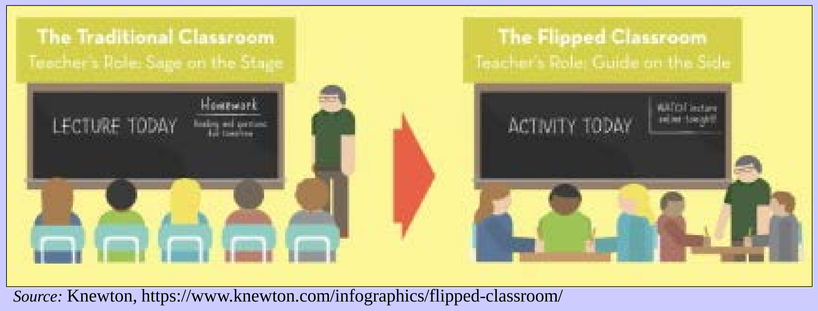
Developing Activity Directors and Planners For IPE: Results Of A "CME/CE 101 Series" at an Academic Medical Center

NYU Winthrop Hospital

Rob Armstrong Martin, MBA, CHCP; JR Scott, EdD, MPH; and Peter Sandre, BA
Department of Academic Affairs, NYU Winthrop Hospital, Mineola, New York

ABSTRACT

Course Directors sometimes lack the ability to plan comprehensive learner-centric activities and thus increase the CME/CE department's responsibility for learning design. Acquiring the requisite planning skills provides essential leadership abilities and autonomy in curriculum, resource and assessment development. Course Directors who advanced their self-reliance when organizing and leading activities, further reduced CME staff burden. This instructional model demonstrates best practices in activity leadership among inter-disciplinary course directors.



Source: Knewton, https://www.knewton.com/infographics/flipped-classroom/

INTRODUCTION

Based on a needs assessment review of 17 live course applications and 35 Regularly Scheduled Series annual CME recertification applications, existing and aspiring Course Directors lack the ability to plan comprehensive CME/CE activities, so the closing of certification gaps in course planning materials often falls to an over-committed staff in the CME/CE office.

These gaps include: **a)** unfamiliarity with use of measurable verbs in learning objectives, **b)** inability to articulate evidence basis for learner needs, c) unfamiliarity with common medical education outcomes frameworks (i.e. Miller/Moore levels), **d)** lack of awareness of interprofessional planning best practices, and **e)** little experience with assessment item writing.

Evidence was also found that many activity directors do not have or want awareness of budget resourcing for education activities, preferring to rely on non-clinicians in the CME office to ghost-write clinical needs assessments when grant support is needed to bridge funding gaps. Acquiring such requisite skills provides essential leadership abilities in curriculum, resource and assessment development.

METHODS

Approach Used: We designed and implemented a seven-part, one-hour interactive and flipped classroom model to train directors and planners in accreditation standards. Sessions were held over Wednesday afternoons in July and August from 1:30 -2:30pm, and were promoted via hospital-wide email flyer, with pre-registration encouraged, but no fees were charged.

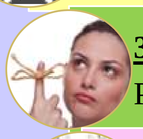
Content domains included: needs/gap analysis ("What to teach"); instructional design elements ("How to teach"); adult and IPE learning principles ("Will they retain it?"); test and outcome measurements ("Did they retain it?"); accreditation standard validation ("Can it be accredited?"); resource/budget planning ("What will it cost?) and measuring practice change impacts ("Will it make a difference?").

Using a Flipped Classroom model, preregistered participants received a reading assignment 24-48 hours ahead of the session. Sessions began with a brief self-assessment of learning objectives, then round robin introductions of audience members, followed by 25-30 minutes of didactic slide presentation with cold-calling discussion questions. A workshop activity was introduced in the second half of each hour to encourage small group collaboration. Session-specific Learning Objectives appear below.

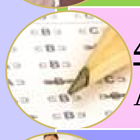
Session Topics Framework

1. Discovery: Formulating an Evidence-based Needs Assessment and Learning Gap

2. Construction: What is a Measurable, Achievable, Practical Learning Objective?



3. Design: Learning Modes, Styles and Preferences of the Adult Professional



4. Assessment: Test Item Writing for Assessing Clinical Professionals

5. Foundations: Interprofessional Continuing Education

6. Delivery: Refining Instructional Methods and Maximizing Delivery Resources

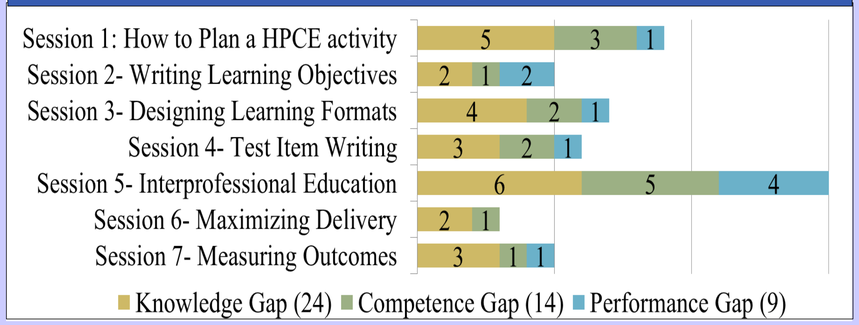
7. Outcomes: Assessing Impacts of the Education Activity on Practice Change

Scale: *Strongly Agree=5, Agree=4, Disagree=3, Strongly Disagree=2, No Opinion=1*	N =	Mean Score
Session 1: How to Plan a HPCE activity	5	**4.65**
Session 2: Measureable Learning Objectives	3	**4.92**
Session 3: Designing Learning Formats	5	**4.80**
Session 4: Test Item Writing	4	**4.75**
Session 5: Interprofessional Education	6	**4.89**
Session 6: Maximizing Delivery	3	**5.00**
Session 7: Measuring Outcomes	3	**5.00**

RESULTS – Learners Reached

Learner Mix	#1	#2	#3	#4	#5	#6	#7
Session attendance by Profession	How to Plan a HPCE activity	Writing Learning Objectives	Designing Learning Formats	Test Item Writing	Inter-profes-sional Education	Maximizing Delivery	Measuring Outcomes
Attending Physician			1				
Registered Nurse	1		1		3	1	
Other (specify)	4	3	3	4	3	2	3
Dean/Med. educator	1				1		
Athletic Trainer		1	1	1		1	1
CME Specialist	1	1					
Law, Public Health	1					1	1
Perinatal Sonographer	1	1	1	1			
Social Work				1	1		

RESULTS – Cited* Learning Gaps that were Overcome



SUMMARY

Self-Assessment Mean Scores: Pre-session = 3.15; Post-session = 4.65 (> 1.50)

Post session effectiveness (Moore's Level 1): unanimous agreement at 5.00/5.00

Therefore, participants increased their knowledge and self-efficacy in CME activities and agreed unanimously that these instructional modules were effectively organized and conducted, thus increasing the series value for inter-professional development. Further ongoing analysis will be reported for individual sessions and longitudinal retention of knowledge.

Impact: Directors advanced their self-reliance when organizing and leading activities further reducing CME staff burden. This instructional model demonstrates best practices in activity leadership among inter-disciplinary course directors.

CONCLUSIONS

Flipped Classroom was found to be productive for advancing engagement with materials and concepts. However, allowing for "drop-in" learners makes workshop sessions difficult for those who did not prepare. The one-hour weekly format was felt to be insufficient by both instructors and learners for making progress in course planning projects during the workshop setting.

Scheduling challenges (summer Wednesdays, not at lunch hour) provided additional logistical barriers to attendees. No learner attended all 7 topics. It was felt that much of the didactic lecture material (accreditation standards and bodies, adult learning theory, outcomes methods) could be delivered alternately via enduring video, to provide more workshop time during the live sessions.

REFERENCES

- Davis D., et al Interactive methods in CME: Impact of Formal Continuing Medical Education; *JAMA* (1999) v. 282 #9;
- De Muth JE, Hanson AL. Validation of a Formula for Assigning Continuing Education Credit to Printed Home Study Courses. *Am J Pharm Edu.*2007;71(6):121.
- Green, L.W. & Glasgow, R.E. (2006). Evaluating the relevance, generalization, and applicability of research: Issues in external validation and translation methodology. *Eval Health Prof 29*(1), 126-153.
- Interprofessional Education Collaborative Expert Panel (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington D.C.
- Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment, *J Contin Ed Health Prof.* 2009 Winter: 29 (1): 1-15.
- Smidt A, Balandin S, Sigafoos J, Reed VA. The Kirkpatrick model: A useful tool for evaluating training outcomes. J Intellect Dev Disabil. 2009 Sep;34(3):266-74.
- Wholey JS Hatry HP, Newcomer KE Handbook of practical program evaluation. Jossey-Bass: San Francisco. (2004)